

Domestic Violence, Childhood Experiences, and Socialisation among Adults in South Africa: A Collective Case Study Analysis

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Abstract

Over the past two years, we have seen the COVID-19 pandemic impact all spheres of our lives – i.e., social, political, economic, and educational. While governments worldwide have been grappling with the primary objective of slowing the infection rates by imposing lockdowns and curfews to reduce the spread of the virus, we have seen an alarming increase in reports of domestic violence. The social environment perpetuated by the lockdown and curfew restrictions has resulted in an ideal setting for the perpetrators of domestic violence to isolate their victims, restrict movement, and limit access to critical social services that could render the support needed. While many social programmes have been forthcoming to address this social ill, the lasting effects of domestic violence cannot be ignored. In this paper, I seek to explore the childhood experiences of adults who have lived in domestically violent homes to determine the effects of domestic violence on them as children and how these effects have affected their socialisation both in childhood and adulthood. To do this, I draw on a collective case study approach comprising interviews of eight participants ($n=8$). By constructing narratives of each participant and thematically analysing the data, I articulate seven core findings that must be considered for any meaningful intervention to domestic violence.

Keywords: domestic violence, domestic violence exposure, socialisation, social isolation, childhood experiences, adulthood challenges, collective case studies, socio-educational framework, South Africa.

Introduction: Problematising a Changing Social Context

Since the onset of the COVID-19 pandemic lockdown, we have witnessed increased social isolation and reduced social support systems, culminating in higher numbers of domestic violence cases against women and children (see Kumar 2020). Evans (2020) argues that the COVID-19 pandemic has put a spotlight on numerous ongoing public health crises, including violence within the home, as lockdown measures and their socio-economic effects have increased the vulnerability of women when faced with abusive partners while limiting their access to services (see *Mail & Guardian* 'Facts and Figures: Global Domestic Violence Numbers' 2021). As the COVID-19 global pandemic continued, more and more countries were adopting dedicated measures to slow the spread of the virus. While actions such as encouraging people to adopt 'social distancing', mandating school and business closures, and imposing travel restrictions might have reduced the transmission of the virus, unfortunately, not all found safety in the resulting seclusion (Campbell 2020:1). Many domestic violence victims were trapped in the home with a violent perpetrator during a time of severely limited contact with the external world.

As more countries report infection and impose harsher lockdowns, more domestic violence helplines and shelters worldwide report rising calls for help. In many countries, government authorities, women's rights activists, and civil society partners have flagged increasing reports of domestic violence during the crisis and greater demands for emergency shelters (Mlambo-Ngcuka 2020). Confinement has resulted in tensions emanating from health, security, and financial concerns, leading to the isolation of women with abusive partners who need access to critical resources to help them in their current situation (Mlambo-Ngcuka 2020). An increasing risk of domestic violence-related homicide is also a growing concern as reports¹ continue to surface around the globe of intimate partner homicides with ties to stress or other factors related to the COVID-19 pandemic (Campbell 2020:1).

¹ The growing global trend of increasing reports of domestic violence cases is likely to continue throughout the pandemic and may only represent a 'tip of the iceberg' as many victims still find themselves trapped with the perpetrator and unable to report the abuse (Campbell 2020:2). Campbell (2020:2) rightfully states that 'the reality is, we were hardly 'winning' the fight to end domestic violence even before the pandemic shook the world'.

It is not uncommon for domestic violence abusers to isolate their victims as an act of control or reduce opportunities for disclosure of abuse. The current societal conditions are likely furthering the impact of these actions (Campbell 2020:1). Mandated reporters, such as teachers, childcare providers, and clinicians, also have fewer interactions with children and families and fewer opportunities to assess, recognise and report signs of abuse than they did before the pandemic (Evans 2020). Perpetrator-imposed restrictions and continued surveillance of social media, the internet, and cellphones may also limit the ability of the victims to reach out for help electronically. Further, schools, libraries, and churches are all critical staples in family routines around the globe (Campbell 2020:1). These institutions often offer families of domestic violence the necessary emotional support and provide opportunities for a ‘reprieve’ from their abusive home environment – which they were unable to get during the COVID-19 pandemic. The outcomes of domestic violence are long-lasting for its’ victims and rampant for the responses that are often inadequate. Hence, it remains crucial to maintain a sense of urgency in domestic violence cases, even during crises (Mittal & Singh 2020), such as the COVID-19 pandemic.

The narrow definition of domestic violence has also posed a critical challenge in reporting victimisation. According to Basinskaite, Berg, and Blanche (2011:16), domestic violence is a pattern of abusive and threatening behaviour within the home, including physical, emotional, economic, and sexual violence and intimidation, isolation and coercion. It is intentional behaviour whose purpose is to establish and exert power and control over another person (ibid.). In this study, I use the term *domestic violence* to apply to physical assault, sexual assault, and homicide committed, threatened, or attempted by spouses, common-law spouses, or cohabitants towards their partners in intimate relationships such as marriage, family, or cohabitation.

To further contextualise this to the South African context, research shows that the problem of domestic violence in South Africa persists despite the strategies aimed at addressing it (Msheweshwe 2020). In South Africa, as many as 51% of women have experienced violence at the hands of an intimate partner in their lifetime (De Wet-Billings & Godongwana 2021), with 76% of South African men noting they have perpetrated domestic violence at some stage in their lives (African Health Organisation 2021). With one in every five women in South Africa being a victim of domestic violence, this is significantly greater than the global or continental averages, placing South

Africa amongst the worst in the world (see Unilever SA 2019). This is further exasperated by the alarming statistics of POWA² (2010), which shows that South African women in domestically violent relationships can stay in such relationships for an average of 10-15 years.

While there is much-needed research on this crucial social problem, I narrow my focus to domestic violence's impact on children abused or exposed to this social ill in this paper. I draw on Parker, Stewart, and Gantt's (2006:47) definition of *domestic violence exposure* as viewing the abuse, hearing it from another room or seeing evidence of abuse such as bruises or other physical indicators. In 75%-90% of domestic violence incidents, children are in the same or the next room (see Women's Aid 2006). Approximately 10% of children are exposed to domestic violence annually, and 25% are exposed to at least one event during childhood (Parker *et al.* 2006:45). According to Huecker *et al.* (2021), males who batter their wives batter their children 30%-60% of the time. Pingley (2017) argues that children's exposure to domestic violence is highly prevalent, with such children posing a higher risk for problems in holistic development³.

Parental non-disclosure of domestic violence coupled with wariness toward social services has a deep-rooted history, partly due to feelings of guilt, shame, and fear of children being taken into care. There are many reasons for under-reporting. Children may feel that disclosing to professionals or other adults could result in family members becoming angry and upset and holding the child responsible for consequences (Lloyd 2018:5). Statistics indicate that children aged 12-19 report only about one-third of crimes against them, compared with those in older age groups (Huecker *et al.* 2021).

Against this background, this paper seeks to explore the childhood experiences of adults who have lived in domestically violent homes to determine the effects of domestic violence on them as children and how these

² POWA = People Opposing Women Abuse.

³ Children who witness domestic violence are at an increased risk for post-traumatic stress disorder (PTSD), aggressive behaviour, anxiety, impaired development, difficulty interacting with peers, academic problems and they have a higher incidence of substance abuse. They are also at greater risk for adverse psychosocial outcomes (Huecker *et al.* 2021). Far from passive witnesses, children who are exposed to domestic violence live with it and experience it directly.

effects have affected their socialisation both in childhood and adulthood. This paper approaches domestic violence from a socio-educational perspective to support children exposed to domestic violence. This paper seeks to describe the recollections of adults who have been exposed to domestic violence during their childhood to understand what is needed to develop effective services for child victims of domestic violence.

Current Discourses on Children in/ and Domestic Violence

A review of the scholarly literature over the years demonstrates the growing interdisciplinary focus on domestic violence. In the context of this paper, I highlight *five emerging discourses* that focus on children in/and domestic violence. These discourses set the parameters for my research study.

The *first discourse* focuses on identifying the problem of domestic violence in the home. According to Wolfe and Jaffe (1999:1), domestic violence that goes unnoticed has devastating effects on children. Many health care providers attending to the needs of battered women rarely inquire about the impact this has on children living in the same household, despite research highlighting the overlaps between domestic violence and maltreatment (see Roberts *et al.* 2006: 8; and Murphy 2009). The early detection of an abusive situation is therefore crucial. The first five years in a child's life are the most important in developing self-image and relationships with other people (Hornor 2005:206; McKendrick & Hoffman 1990:210). The earlier an abusive situation is detected, the better the prognosis⁴ is for the child to develop a positive self-image and normal relationships with peers and older people. Children who witness domestic violence may become traumatised and experience a host of negative symptoms (Ross 2010:81). This includes an increased risk for child abuse, neglect, mental disorders, aggressive behaviour, drug abuse, physical problems, school difficulties, teenage rebellion and pregnancy, relationship problems with peers and adults, and engaging in criminal behaviour during adolescence and adulthood (*ibid.*). Despite the South African government making significant commitments over the past few

⁴ The identification of abuse is the first step in a long process, involving all the relevant disciplines, aimed at correcting the psychosocial dynamics of the family, thereby ensuring that the victim can grow up to be a satisfactory member of society (Asay *et al.* 2014:xviii).

years to protect victims of violence through the development of policies and legislation and attempting to educate the country through awareness campaigns targeting gender-based violence, the identification of children as victims, and the provision of protection and other necessary services to children traumatised and victimised, remains problematic.

The *second discourse* focuses on understanding the home environment in a domestically violent home. According to Bancroft, Silverman, and Ritchie (2012:1), domestic violence is perpetrated at higher rates towards mothers than towards women who do not have children. Domestic violence creates a home environment where children live in constant fear. Exposure to fighting makes children more sensitive. Although it is commonly believed that children who are exposed to parents' conflict normalise these behaviour patterns, studies indicate that the more they are exposed to the fighting, the more sensitive they become to violence (Wexler 2006:184). The experience of living in a home where domestic violence exists is different for each child. Some children may primarily hear (Roberts *et al.* 2006:129) or sense the violence, while others may witness physical, emotional, and/or sexual abuse perpetrated most often against their mothers. Although many abused women work hard to hide the abuse, this is rarely possible. Children in battering relationships face immediate risk of becoming co-victims during an assault on their mother and suffering psychological consequences (Hamberger & Phelan 2004:137) because of the exposure to violence. Many children try to offer protection or to seek help, either actively or passively. Even from small children, responses include pleading with their fathers to stop, screaming, crying, or trying to hide (Sawyer & Burton 2012:21). This is further supported by Bancroft *et al.* (2012:2), who notes that children are present at nearly half of all police calls relating to domestic violence. Children who have witnessed domestic violence but are not physically abused themselves often suffer from living in a stressful, hostile environment (Murphy 2009). They lose all sense of security, especially when the abusing father manipulates (Wallace 2002:184) or forces them into directly or indirectly hurting their mother, either physically, emotionally, or psychologically.

The *third discourse* focuses on identifying children who have been exposed to domestic violence. McCarthy and Edwards (2011:53) argue that while it is impossible to know with certainty what goes on behind the closed doors of homes, there are some tell-tale signs and symptoms of emotional abuse and domestic violence. Children who have been subjected to physical

violence within domestic and family settings are often afraid to speak out. They may keep silent either in response to threats from the perpetrator or a sense of loyalty. They also worry about the family break-up should they be taken into care by social workers and the perpetrator sent to prison. Both women and children may also individualise the violence and abuse and see it in some way as their own fault (McCarthy & Edwards 2011:53). Expressions of symptoms can be observed in multiple areas of functioning, including school, with peers and personal functioning (Roberts 2007:182). Domestic violence can lead to erratic school attendance or difficulties with punctuality for many children. The anxiety that many children feel about their victimised parents affects their ability to concentrate while in school. Some children may leave school early or phone their parents during the day to check up on them (Sawyer & Burton 2012:20). In domestic violence cases, children have reported fearing that their abused parent will either be killed by their abusive parent or attempt suicide due to depression while at school, thus adding to their concentration difficulties. For some children, school can be a great source of stability and distraction from their problems at home, and they may perform very well academically because they view school as a haven. Other children may express a reluctance to confide in educators and others who may be a potential source of support, as they may fear poor responses from schools, including the fact that their privacy may be compromised (Sawyer & Burton 2012:20). Keeping the secret of domestic violence can lead to children feeling burdened and separate from their friends and others from whom they must keep the secret. This has an impact on social interaction (Sawyer & Burton 2012:21). Fear of social relationships⁵ undermines group learning and collaborative education (Mignon *et al.* 2002:43).

The *fourth discourse* focuses on understanding the experiences of a child who has been exposed to domestic violence. According to Magano (2004: 20), while human interaction is a fundamental requirement for an ideal home, many children who live in domestic violence do not experience healthy human interactions. Steward (2012) further argues that children do not have to be

⁵ Children of primary school age are recorded as being likely to present broader-based fears and behaviours, such as fearing their own or others' anger, abandonment, being killed, or a parent being killed (Sawyer and Burton 2012:20). Adolescents may escape into drugs, run away, or fall victim to early pregnancy (Shannon 2009:59) or marriage.

physically abused to be impacted by violence in the home. In domestically violent homes, there is likely to be a lack of routine, structure, and consistency, all of which are essential factors for a child's sense of security, confidence, and boundaries (Sawyer & Burton 2012:19). For any child living with domestic violence, the basic need for a safe, secure home goes unmet. Wilson (1997:17) notes that the methods of establishing control over another person are grounded on the 'systematic, repetitive infliction of psychological trauma'. Even if children themselves are not direct targets of the abuse, they are profoundly affected by the violence⁶, the attitude of the abuser, and their own feelings as to what is going on in the home (Mullender & Morley 1994:218). For some children, loving the abusive parent can feel like betraying the victimised parent (Roberts *et al.* 2006:135). They are frequently confused, torn, and traumatised as they are forced to choose one parent or the other (Pence and Peymar 1993:149) and may find it difficult to talk to either one of them (Shannon 2009:11).

The *fifth discourse* focuses on the effects suffered by children who are being exposed to domestic violence. Few researchers dispute the fact that growing up witnessing domestic violence is detrimental to the healthy and holistic development of a child (Hattery 2009:43). The level and nature of the perpetrator's emotional abuse of the mother is an essential factor in children's levels of distress and is a strong predictor of children's social behaviour and adjustment problems (Bancroft *et al.* 2012:46). Children who have been exposed to domestic violence exhibit somatic, psychological, and behavioural dysfunctions. Studies of the effects on children from exposure to domestic violence are mainly dependent on what is measurable. They can underestimate children's emotional distress in cases where the child's general functioning remains high (Bancroft *et al.* 2012:43). Even though research shows that all children exposed to domestic violence are affected by it somehow, each child is an individual, and no two children are likely to experience the impacts in the same manner. According to *Alabama Coalition Against Domestic Violence: Effects of Domestic Violence* (2010), the following are some of the notable behavioural effects on children:

⁶ Research indicates that observing physical violence between parents is highly related to later marital aggression and can be as damaging to children as their own physical abuse (see Magano 2004: 14). Under such demoralising and hazardous conditions, a child's self-esteem, dignity, and sense of hope are at stake. Children living in an environment where the threat of violence is ever-present learn survival skills or techniques (*ibid.*).

- (1) *social effects* – isolation from friends and relatives, and difficulty trusting others;
- (2) *emotional effects* – shame, guilt, and self-blame;
- (3) *physical effects* – somatic complaints, nervousness, and anxiety;
- (4) *psychological effects* – low self-esteem and anxiety;
- (5) *cognitive effects* – learning disorders; and
- (6) *behavioural effects* – withdrawal, aggression, and passivity.

Most public and written discussions of the impact of domestic violence on children focus on emotional, behavioural, and cognitive effects. Equally important, however, are the effects on children's belief systems. According to Bancroft *et al.* (2012:63), there are indications that skewed belief systems play a crucial role in preparing children to be the future perpetrators and victims in the domestic violence cycle.

Research Methodology: Collective Case Studies

In this paper, I employ a *collective case study approach* of interviews and observations to explore and describe the effects domestic violence has on the socialisation of adults who have been exposed to domestic violence during childhood. By employing this research approach, I intend to gain a direct and holistic understanding of the experiences and effects suffered by the participants. An interpretive paradigm⁷ is used to explain the subjective meanings and reasons regarding social actions. I use collective case studies as an approach to gain a rich and comprehensive understanding of people, investigating how an individual changes over time, perhaps as a result of particular circumstances or interventions (Leedy & Ormrod 2010:137). Although each case study is unique and the participants' experiences may not be exactly the same, common factors emerge that provide critical insights of similarity. Due to the different experiences that underpin each case study, the findings can never be generalised. Still, they do bring greater clarity on how people make meaning of phenomena in a specific context, thus aiding greater understanding of the human condition.

⁷ The ultimate aim of interpretivist research is to offer a perspective of a situation under study to provide insight into the way in which a particular group of people make sense of their situation or the phenomena they encounter (Maree 2007:60).

All the participants⁸ in this study came from homes where their fathers were abusive towards them, their mothers, and their siblings. There were four male participants and four female participants ranging between the ages of 23 and 70. The social aim of gathering information from their childhood experiences and their experiences during adulthood was to ascertain which of the social effects experienced during childhood have lasted into adulthood and to what extent.

Two of the male participants (namely *Participant 1*, aged 56, and *Participant 2*, aged 70) and three of the female participants (namely *Participant 4*, aged 66; *Participant 5*, aged 60 and *Participant 6*, aged 68) are siblings. They were born to the same parents and lived together until they became financially independent. They come from a family of nine children; however, only five are participants in this study. Their parents remained married throughout the childhoods of all their children. Their father was an alcoholic and physically abused his wife and children. Their abusive father passed away at the age of 68 due to natural causes. Their mother then lived with one of her daughters until her death 27 years later.

Participant 3 is 29 years old and one of two children. He has a younger sister. His parents were married for 20 years before his mother filed for divorce after years of abuse. Her husband had started abusing her in the very early stages of their married life, including while she was pregnant. His father would drink socially with friends, but the most violent episodes would occur when he was sober. He was physically and emotionally abusive toward both his wife and his son. After the divorce, his abusive father ceased to have contact with his family. Today, the participant has a good relationship with his mother but has no connection with his father.

Participant 7 is 23 years old and is one of two children. He has an older sister. His parents were married for 16 years. They were living in South Africa when the abuse started, but violent episodes were infrequent. Later, they moved abroad, away from close family members, where the abuse became increasingly frequent. Violent attacks also increased in severity when alcohol and substance abuse became part of the father's daily routine. The participant's mother then ran away with her children from her abusive husband. She was forced into hiding to keep herself and her children safe. The participant and his sibling had no contact with their father for nine years. He only made contact

⁸ The general term '*participant*' will be used in place of the participant's real name, in adherence to the ethical laws of confidentiality and anonymity.

with his father once he had learned that his father was seriously ill. His father passed away shortly after.

Participant 8 is the youngest of five children. She is 30 years old. Her family immigrated to South Africa while her mother was pregnant with her. She is the only one of her siblings to have been born in South Africa. Her parents divorced when she was 19 years old. She reported that her father was addicted to gambling and also had a drinking problem. He was abusive to his wife and occasionally to his children. In this family, it appears that the mother was also abusive to her husband and her children. The participant felt more individually victimised by her mother than by her father. After the parents' divorce, it appears that the mother has remained close to only one or two of her children. However, the mother and all five children still come together for family occasions. The father is only in contact with one of his children as they work in the same environment.

The four men were interviewed first and then the four women. Each participant was interviewed separately, as each case study was unique. The first differentiating factor between participants was that they do not all belong to the same generation. This was purposeful sampling as it may have provided a different viewpoint and insight into the age-old social problem of domestic violence. The second differentiating factor was that not all of the participant's mothers had remained trapped in abusive relationships. In some families, the parents divorced, and in one family, the abused spouse fled from her abusive partner. This was important in determining and comparing the differences in outcomes for people who stayed in abusive relationships instead of those who could get out.

Findings and Discussion

My findings in this paper are developed from semi-structured interviews that elicited the participants to share their own social experiences from living in a domestically violent home during their childhood. These interviews were then constructed in the form of narratives (i.e., socially constructed stories of a sequence of past events as they appear in present time to the narrator, *see* Matthews and Ross 2010:265). These narratives were then analysed using a thematic approach to identify dominant emerging themes across the case studies. All the participants have individual personalities and have used different coping strategies. They have not all suffered the same effects due to

petrified of her father and would avoid him whenever possible. She thought of her father as a ‘stranger’, a ‘stranger she feared’. After admitting that he was incredibly fearful of his father, *Participant 1* said, ‘he was kind in his own way...’ and ‘...he wasn’t horrible to me always’. This was interpreted as defending his father’s character. *Participant 1* also mentioned that he felt his father lacked the education to ‘know that what he was doing was wrong’.

Another participant felt that she did not know much about her father but still described him as a good man with a ‘heart of gold’. Another participant spoke of her father by saying, ‘He had his faults, but as a sober man, he was the most wonderful father anyone could wish for’. Later it was revealed that this father was an alcoholic and barely spent a sober moment with his family. Her description stands out as being a somewhat fictional idea of her father. By applying Kagan’s (2004:39) theorising of coping strategies in domestic violence, this participant has reimagined her abusive father to embody the traits of an ideal father to cope with the current crisis. Victims try to cope emotionally by numbing themselves, and they avoid thinking about the violence perpetrated in the home or even block out or ‘forget’ the worst incidents (ibid.).

Emerging from the interviews, it is clear that all participants lacked any conducive relationship with their abusive parents. They have lived most of their childhoods consumed by fear when around their fathers. Most participants described their relationships with their perpetrating parents as non-existent. Many were too fearful to even converse with their violent parent. On the odd occasion when they would be spoken to, they were likely to say anything the violent parent wanted to hear to please them and avoid confrontation. Even though the participants had been fearful during childhood, and some even expressed feelings of hate, they still feel confused about their feelings. They recall that one moment they felt consumed with hatred, wishing that the abusive parent would die, and the next moment they felt guilty because he was their father. Sterne and Poole (2010:27) say that victims who fantasize about hurting or killing their abuser use this thought pattern as a coping mechanism, reflecting ongoing stress. The following comments support this theorising:

Participant 7: The fear I had for my dad was like, yes, I hope he dies tomorrow, so I don’t have to feel this anymore. But then I would think I don’t want him to go. He’s my father, the same man I know. The good man I was talking about.

Participant 3: I might even have driven over him if I had to see him in the road.

Participant 4: When I was small, I hated him; I wished him dead. That's how much I hated my father as a child.

According to Cleaver and Nicholson (2007:22), circumstances sometimes change, which may cause children's responses to change over time. It may also cause them to adopt different coping strategies. Some participants may have longed for a relationship with their fathers and may have used coping strategies such as denial, rationalisation, and minimisation. Three participants appear to have dissociated and have chosen to remember the better experiences they had with their fathers, whether real or fictional.

Almost all the participants said they had healthy and positive relationships with their mothers. They described their mothers using words such as 'loving', 'soft-hearted', 'kind', 'caring', and 'protective'. The participant who described his father as 'a quitter' described his mother as a 'fighter', viewing them as complete opposites. Although he believes that his father had given up on their family, he feels that his mother fought very hard to keep them together, making many sacrifices for her children. One participant mentioned that her mother had always been very protective of her and her siblings, often hiding little things that may have angered her father so that he would not target the children as well. Another participant spoke of the compassion and sadness he felt for his mother, 'If I angered my father, my mother would try to alleviate the physical abuse targeted at me by transferring it to herself'.

Most of the participants regard their mothers as the 'one who got them through it', which confirms Mullender's (2002:119) theory that in domestic violence, strong relationships with the non-abusive parent can play a protective role in terms of children's coping strategies. McGee and Jaffe argue that having a close maternal bond is a significant protective factor in minimising the impacts of violence (in Harne & Radford 2008:65).

However, two participants did not feel that their mothers helped them cope. Although *Participant 4* described her mother as a gentle person with a soft heart, she admitted to not having had much of a relationship with either of her parents as a child. She felt that she withdrew from everybody, even her

mother. It is also possible for immediate family members to experience isolation from each other due to their difficulties. This can manifest itself in more subtle ways, such as avoiding each other or lacking open communication (see Sawyer & Burton 2012:23). This was not the case with *Participant 4's* siblings. Her siblings have drawn incredible strength from their mother. This again proves that children who have been exposed to the same environment may have different experiences and reactions to violence in a domestic context, depending on the individual's personality, coping strategies, and level of understanding (see Bancroft *et al.* 2012:51).

Participant 8 reported a very different experience compared to the seven participants before her. She suffered direct abuse at the hands of her mother. Even though her father physically abused her mother and occasionally abused her, she felt her mother took all her frustration out on her. She was victimised and abused by her mother during her childhood. Hampton (1991:75) is of the opinion that women who are victims of severe violence are more likely to use violence in resolving conflicts with their children. *Participant 8* is the first case that I have come across that supports Hampton's theory. This proves that every situation is distinctive and requires analysis of the uniquely defined, particular context in which it is embedded. Although findings cannot be generalised, they clarify how people find meaning in their situations, enabling a greater understanding of the human condition.

In this study, 6/8 participants formed a secure attachment to their mothers (the victimised parent). Strong bonding and good relationships with their mothers have played a protective role in the participants' coping strategies. They mentioned their mothers as instrumental in getting them through their ordeal. Despite having lived in a domestically violent home, the participants have still learned some appropriate socialisation skills from their mothers, such as having compassion for others, respect for one another, and caring for others. Given the nature of domestic violence situations in which the victims are generally isolated from friends and relatives, the children sometimes only have their mothers to confide in about their fears and insecurities. An essential element of coping is having someone to turn to for emotional support. For most of the participants, the confidantes in their lives were their mothers.

In the case of *Participant 4*, she has suffered a loss of supportive emotional attachments. She has not found the relationship with her mother particularly helpful as she did not feel that she could confide in her mother

about her feelings. Her family environment during childhood made her feel very unsafe, and this has made her insecure. She did not think that her mother could protect her as a child, so she withdrew completely. As noted, each person may react differently to the exposure to violence in a domestic context. This participant has experienced many emotional and social effects (i.e., fear, insecurity, anger, trauma, anxiety, withdrawal, depression, and stress). She found it very difficult to trust anyone, even her non-violent parent.

The mother of *Participant 8* can be referred to as ‘the victimised parent’, but she cannot also be referred to as ‘the non-violent parent’. *Participant 8* has ultimately experienced more violence from the victimised parent directly than from the perpetrating parent. Her relationship with her mother has been one filled with confusion, insecurity, and distrust. She has also felt an incredible sense of abandonment, as she has perceived the abuse from her mother as directly targeted on herself and has taken it personally. She thinks that her mother chose only her as the target, as she did not treat her other children with the same hostility.

It should be noted that these participants have found social situations particularly stressful, as their insecurities have made it very difficult to be comfortable around other people.

Finding 02: The Multifaceted Social Experiences of the Participants during their Childhood

School environments can emerge as complex and challenging for many abused children. To reiterate Sterne and Poole (2010:58), if a child has access at school to adults who understand domestic violence issues, there will always be ways to offer support to minimise the already devastating emotional effects of domestic violence. In each of the case studies, the fathers did not provide well for their families financially. This, in itself, is another form of abuse - financial abuse. In cases such as these, the father has the means to provide but chooses to neglect his family's financial needs. In homes where domestic violence occurs, social presentation is often affected. If there is poor hygiene or inappropriate dress due to neglect, children may appear different, experience bullying, or show a lack of confidence (Sawyer & Burton 2012:23).

Some participants attended school very poorly dressed and without shoes; others often went to school hungry. The family of nine children has a European heritage, and being ‘foreigners’ in a school that consisted of staunch

Afrikaans children in the 1950s-1960s in apartheid South Africa, presented various challenges. The children in the family were faced with discrimination and other difficulties such as bullying, intimidation, and cruelty. *Participant 4* (from the family of nine children) recalled the social aspect of school being challenging for her. She remembered being ridiculed by learners and educators alike for not being able to afford the regulation uniform and not having school shoes. She mentioned that one or two very kind educators genuinely cared and helped get her fed by asking classmates to bring extra lunch. Sometimes the educators would bring the extra lunch themselves, but it was not consistent. When she spoke of going to school without food, she suddenly spoke in a much softer, whispering voice. This indicated that she still feels ashamed of being neglected. When asked to clarify her feelings, she tearfully admitted that although she felt embarrassed as a child to take the hand-outs, she was so hungry that she could not refuse. Her older sister (*Participant 6*) admitted having additional problems at school, such as being partially deaf. She recalled feeling too embarrassed to tell educators that she could not hear. Her self-esteem was lowered even further as she did not perform well at school. This additionally supports the notion of poor academic performance by children coming from homes of domestic violence.

Participant 3 remembered that as the abuse seemed to escalate at home, he started misbehaving at school. He started rebelling and socialising with peers who were a bad influence in his life. He admitted to becoming a bully on the playground. He acted out at school what he was experiencing at home. He became violent and aggressive with classmates. This correlates with Bergen's (1998:27) opinion that in instances in which children intervene to protect their mother, as this participant often did, they become surrogate victims and become more aggressive in their relations with others. His educators noticed this behaviour, and he remembers the school calling his mother to discuss the situation. His mother was not truthful to the school authorities about their abusive home situation. He feels his educators may have suspected the truth because they treated him with compassion even though he misbehaved.

Participant 8 said she found her educators to be quite supportive. She has always had relatively poor eyesight, and it was her educator who bought her glasses when her parents did not. She also recalled educators bringing them food at home, even after they had left the school. They may have just thought that the family was poor, as the participant is unsure whether they knew of the abusive home situation. The educators of *Participant 8* and *Participant 3* seem

to have been more supportive than the educators of the older participants. They are two of the younger participants, indicating that there was more awareness and understanding of domestic violence in the 1990s than in the 1960s. In these cases, some intervention and support were provided, which enforces the view that with the correct support, the adverse effects of domestic violence can be overcome, to a certain extent, or at least minimised.

Three of the four male participants and one of the female participants were often involved in fights at school. *Participant 3* admitted to being the bully, while the other three participants (all siblings) felt it necessary to stress that they never started the fights but were still punished. They all mentioned that they detested violence and only fought back in self-defense, particularly when they were called ‘bugs’⁹. This derogatory term emphasised their poverty and dehumanised the participants. Sterne and Poole (2010:30 - 31) note how educators find it challenging to identify any particular trigger to a behavioural outburst, as a seemingly minor incident may provoke stress or panic. In the case of these participants, the term ‘bugs’ would always touch a sensitive part of their being and would generate an aggressive reaction. These participants lived with domestic violence at home and experienced a hostile environment at school too. Further to being victimised at home by their father, they were also bullied at school for appearing neglected, which would lead to a negative and poor self-image. These factors may all be contributors to their social maladjustment.

The fourth male, *Participant 7*, remembered keeping to himself at school. He noted that he had some friends to play with but no significant, meaningful friendships. He was never able to study for tests and did not achieve pleasing results. He believes that people may have known about his abusive home situation, and he feared rejection from peers. He was afraid that his peers would think he was just like his father. Thus he decided not to form any close friendships. Other participants admitted to not having had any friends while growing up. Others recall having one or two close friends at school. When asking these participants to identify who their friends were, they remembered their full names without hesitation. This indicates that these friendships were significant to them as children and must have positively influenced them. Despite these relations, the participants still had difficulty trusting people.

Only 2/8 participants mentioned that their fathers prohibited them

⁹ Referred to as ‘bugs’ by peers at school because they appeared neglected.

from visiting their friends, although they were not banned from having friends. One participant said she had been warned that she would ‘get a hiding’ if she visited any friends. Another participant noted that his father would stop him from socialising at any social gatherings where his father was present. He said that when his father visited friends and went along, his father warned him that he was not allowed to tell anyone about anything that happened at home. He was prohibited from playing with the other children. The participant was instructed to say that he did not want to play and not that he wasn’t allowed to play. ‘I didn’t mind at the time’, he said, ‘I felt it was safer just to stay with him anyway, just in case I accidentally did or said something wrong’.

Finding 03: Emerging Addictions in the Abusive Family

In the context of emerging addictions, 7/8 participants described their fathers as being frequent drinkers. These fathers were noted as being aggressive while drunk and verbally and physically abusive towards their families. Some of the participants attributed alcohol to their fathers’ behaviour, as in some narratives, the fathers were described as being ‘quiet’ and ‘sheepish’ when sober. This does not prove that alcohol makes them abusive. What it does prove is that, according to Pryke and Thomas (1998:52), violent men get drunk to get themselves into a situation in which they know there is a strong likelihood that they will be violent. Getting intoxicated therefore becomes part of the denial of responsibility (Veer 2004:167).

Participant 7 suspected that his father might have also been taking drugs, as he can recall his father washing down pills with alcohol. He noted that he could not be sure what the pills were for, but they would negatively affect his father’s mood. He said, ‘It’s like he wasn’t just drunk; it was like something else - like another state like he had a demon inside him. He would have a different look on his face, and he would be full of energy. He would pick her up with just one arm and throw her across the room against the wall as if she were nothing’. *Participant 3* stated that his father was not dependent on alcohol at all to become abusive. In fact, he rarely drank. He drank only when socialising with his friends. The participant notes that his father was more dangerous when he had been drinking. Still, he was extremely violent and aggressive when utterly sober: ‘He was so unpredictable...’. This confirmed Murphy’s (2009) theorising that even when a perpetrator stops drinking, the battering continues.

Two of the male participants admit to being excessive drinkers, as their

father was. Neither of them had been excessive drinkers in their youth. However, their tendency to drink became more prevalent after facing other traumatic experiences during their adulthood. *Participant 1* began drinking excessively after the sudden accidental death of his infant son. *Participant 2* started drinking excessively as he fell further into financial debt accompanied by severe marital problems. It cannot be assumed that these experiences have driven them to drink. Still, it is possible that their genetically inherited tendency to drink became overwhelming once they faced emotional desperation. Although both men drink excessively as their father did, neither is physically abusive as their father was. *Participant 1* mentioned that he becomes argumentative and loud when he drinks, but he does not become physically aggressive. *Participant 2* stated the following: 'I argue, I can get verbally aggressive, and that is sometimes worse than physical aggression, I know that'. Even though neither of these two participants is physically abusive, they become verbally and emotionally abusive towards their spouses when drinking. This behaviour is not considered socially acceptable behaviour, and it cannot be excused, but it is, unfortunately, one of the widespread, lasting effects of having experienced domestic violence during childhood, especially if the individuals have not been for counselling or they have not been taught to regulate their emotions.

Participant 3 noted that he enjoys having a few drinks in a social environment with friends but does not allow himself to get to the point where he loses control of his actions, as he is fearful of how he might react towards others. *Participant 7* noted that he does not drink alcohol for the following reasons: 'First, I don't like it. Second, I respect it, well, what it can do. Third, I'm afraid to be like him'. When prompted for clarification, he explained that he respects alcohol like the sea: 'You should not be arrogant with it, as it is powerful and can overcome you, so you should respect it'.

During their individual interviews, the three sisters expressed a wish as young girls never to marry a man who drank. They have all married men who do not abuse alcohol. The absence of a drunken, abusive husband has likely enabled these women to cope with their childhood experiences as adults. The fourth woman said that she vowed never to marry a man who gambled as her father did. Given her experiences, she feels the lack of financial security was far worse than the physical abuse.

It can be argued that being exposed to domestic violence during childhood contributes to forming a socially maladjusted adult. Children who

have experienced abuse do not form many lasting or close relationships for various reasons, such as fear of being hurt, fear of hurting, or feelings of helplessness and worthlessness, as if they do not deserve a good relationship. In many situations, the transference of guilt and a desire to instate a coping mechanism can lead to excessive alcohol consumption rendering the individual disempowered to a mental state of alcohol dependency. Having said this, it can also be concluded that the presence of coping mechanisms and sound support systems can improve the social maladjustment of children who have been exposed to domestic violence, therefore contributing to a healthier member of society.

Finding 04: The Importance of an Emotional Support Base

In most domestically violent families, the perpetrator needs to exert power and control over the other family members. For the perpetrator to have total control, the abuser generally tends to isolate the people in the home from others who may want to 'interfere' with the balance of power in the home. The abuser often succeeds in separating his spouse and children from the rest of the extended family, making it more difficult and eventually impossible for the victims to escape. However, each case is different.

Participant 1 remembered how his father never denied him access to other family members. He believes that his father did not care who knew of the abuse as his father felt confident that no one would intervene as he was a rather muscular, strong man who was physically intimidating. The participant remembered being allowed to visit his mother's family during the holidays. He recalls feeling a great deal of love and support from his mother's brothers and sisters. The close bond formed between the participant and his uncles may have played an important role in his socialisation.

Participant 3 was not physically isolated from his family members either, but he did not have the freedom to tell them about the abuse. He had been warned never to talk to anyone about what happened at home, which is a form of isolation in its own way. When his mother revealed her bruises to her family, they became aware of her circumstances, yet it, unfortunately, did not bring about change even though they disapproved.

Participants 4, 5, and 6 recalled being sent to visit their father's sister for the holidays, who put them to work to clean the house and do hard labour on the farm for the duration of their stay. They remember feeling upset at

having to do the work, but their aunt would make them each a dress at the end of their stay, and they had been thankful for it. They did not reveal anything to their family members as they feared that their father would find out.

Participant 6 said she had felt isolated from the community because it appears her father had been feared by many, not just by his family but by the townsfolk as well, as he had a reputation of being strong and violently aggressive. On one occasion, the father assaulted the policemen who had arrested him for his involvement in a bar fight. He overpowered the policemen and locked them up in their own van. Generally, abusive men isolate their families from other family members and community members to keep their families under their control.

Participant 7 said his mother was very isolated. He remembered how he and his sister were allowed to socialise with female family members, as his mother was not allowed to be in the presence of any men, even his uncles. He says that everyone in his family had known about the abuse, but he believes they had all been too afraid of his father to intervene. He recalled taking refuge at a family member's home, but it had only been for the night, and the next day they had been forced to go back home.

Participant 8 felt completely isolated during her childhood: 'There was no one we could ever run to for help'. Her parents had immigrated from South America before she was born. Her entire extended family still lives there. In terms of community support, she recalls her mother often threatening to call the police, but she never did. There were occasions when the neighbours had called the police, but the police had merely reprimanded her father. Her mother would say, 'everything was fine', and the police would leave.

Participant 3 considered himself fortunate because he is a product of a later generation than some of the older participants. He feels that he has been exposed to more external assistance: 'In my time, there has been more freedom of speech and social networking; we can interact with people who have shared similar experiences. It is true that some people draw strength from others who have overcome difficult situations'. In the past, a topic such as domestic violence was not easily discussed. Even though it is still not easily discussed, there is much more transparency around the issue. *Participant 3* said, 'I feel very privileged to have had the support system of family and friends that we had after my parents got divorced'.

If children are physically isolated or warned/threatened not to communicate with others, they will be unable to form healthy social relation-

ships. Learning to communicate effectively is directly related to favourable socialisation; children who have been exposed to domestic violence lack this learned skill.

Finding 05: Perceptions and Attitudes towards Counselling

Participants' opinions regarding counselling differ substantially. Only 2/8 participants have been for counselling. 5/6 participants who have not had counselling, have chosen not to seek professional help. These participants say that as young adults, they regarded the abuse as something that had happened a long time ago, 'it was over'. They have dismissed counselling as they do not want to think of their negative experiences any longer. Refusing counselling can be seen as another social problem because they cannot trust a professional therapist with their experiences. This becomes a sign of social detachment.

Participant 1 admitted to thinking of his childhood often. Although he said that he feels he has dealt with his violent childhood experiences, his reactions suggest a person still traumatised. He became tearful and highly emotional when talking about his experiences. He stated during the interview, 'When I start thinking about it, I start picturing it', – 'it' implying the abuse.

Participant 2 noted that he hardly ever thinks of the domestic violence that took place during his childhood. He said he thinks of it only on the odd occasion if the topic comes up. He does not like to think of the 'bad times' but believes that he and his siblings have learned from their childhood. When asked what he means by that statement, he explained that living in an abusive home has made him and his siblings want to create a better family environment for their own children. He then added, 'I didn't need a psychologist to tell me that'.

Participant 5 said that she has not been for counselling, nor would she ever consider it. When asked why not, she replied, 'I don't need it'. She said she often thinks back to her childhood but only recalls the good times. When asked if it is painful to remember the bad times, she replied that it is not painful because she feels she has dealt with it and has put it all behind her. In such a case, one could reference Humphrey and Stanley's (2006:60) that some children can recover completely once they are safe. Some appear to have the resilience to survive without particular lasting adverse effects.

Participant 6 says that she has never been for counselling, and when asked if it was her choice, she replied, 'No, I was just never given the opportunity to go. Nobody asked us. We would only talk about it to one

another'. She believed she is too old now to consider it. She also thinks of her childhood quite often but chooses to focus on the positive memories. 'I have been so fortunate. I married a very good man. He ensured I didn't go through it anymore. As long as I have a good life now, that's the main thing'.

Participant 7 did not elaborate when asked about counselling. He simply noted, 'No. I don't need to. I feel I've accepted it, and I understand it, and I don't think I need to speak more about it. Don't feel that I need to'.

Participant 4 said that over the years, she has seriously considered going for counselling. 'Sometimes I think I should still go for counselling even though I'm so old', she noted. 'Maybe it will make me a better person'. She says she is very bitter and wishes that she could interact freely with people without feeling nervous. She feels that she comes across as unfriendly and possibly rude but cannot help approaching strangers with an aloof demeanour. She wants to react differently but says she does not know how to change her approach. She is considering counselling, even at her age.

Participant 3 has received counselling and added that he considers even this research interview a counselling session. He has been to a professional therapist, but he did not initially see the counsellor for purposes of dealing with his abusive home situation. The participant witnessed his father being beaten and having a gun put to his head. Due to these events, the participant's aggression heightened, and his mother insisted that he go for counselling. *Participant 3* said that the counsellor encouraged him to talk about the violence at home, and he admits to learning much from these counselling sessions. He acknowledges that in a conflict situation, his first instinct is to become aggressive and violent but is thankful that his counsellor has taught him alternate ways of coping with his anger so that he does not have to resort to violence¹⁰. *Participant 3* also stressed that having positive adult role models in his life after his parents' divorce has been helpful, as he has been able to confide in them. He believes that the confidential sessions he has had with his mentors have contributed to the learning process during which he has learned not to resort to violence. According to Mullender *et al.* (2002:119), an essential element of coping is having someone to turn to for emotional support.

Participant 8 sometimes thinks of her childhood, even more so since she has become a mother herself. She does not feel that her childhood affects her any longer as she has been for counselling at the insistence of one of her

¹⁰ Children trained to acknowledge and regulate their emotions display fewer problematic behaviours when they get older (Valiente *et al.* 2007:264).

brothers. She admitted that she still feels emotional about her past experiences but is adamant that they do not affect her life. Counselling has taught her that the abuse was not her fault and that she is not bound to her past. She has suffered a great deal of emotional abuse from her mother, which has left her feeling vulnerable and inadequate. She has learned, through counselling, that she should not be dependent on anyone's approval. She believes that she no longer needs affirmation or constant recognition from others. She noted, 'Counselling really makes you realise... I'm comfortable in my own skin'. She also mentioned that counselling has made her acknowledge her weaknesses, such as her inability to trust and her habit of always assuming the worst, due to her lack of security during her childhood. 'I am aware of it now, and I do actively work on it', she noted.

The participants who have not received counselling appear to have suffered more long-lasting adverse outcomes than those who have received counselling due to the abuse. Those who have been allowed to receive professional support seem to have overcome the harmful effects of domestic violence better than those who have not. *Participants 3 and 8* have made use of individual therapy. In these sessions, they have been taught to define violence and responsibility for violence, express feelings of anger, improve communication, and increase their self-esteem through problem-solving skills and cognitive-coping skills.

Finding 06: The Long-Lasting Social Effects of Domestic Violence and the Impending Challenges in Adulthood

The long-lasting social effects of domestic violence vary considerably, as is evident in the eight participants taking part in this study. *Participant 1* noted that he laughs 'uncontrollably' when he is nervous. He recalls as a child that whenever he witnessed a violent episode, he would laugh, not out of pleasure or enjoyment, but because he was apprehensive. To this day, he still laughs at inappropriate situations as a result of his childhood trauma. His hands also shake when he is in a tense situation, and he has a nervous facial twitch. *Participant 1* has an infectious sense of humour; he is sociable and enjoys entertaining others at home. Although he has a wide circle of acquaintances, he admitted that he is not close to any of them. He does not confide in anyone and feels uncomfortable if someone looks as though they may want to share a confidence with him. He prefers all interaction with others to be light-hearted,

and conversations should not be too intense as his lack of trust does not enable him to commit to a friendship fully.

Participant 2 noted that if he is presented with a violent situation, he completely shuts off and becomes defensive rather than confronting the conflict. He believes this is due to the years of abuse suffered at the hands of his father and possibly aggravated by the fact that his wife also resorts to physical violence in their relationship. He has not learned effective ways of conflict resolution, which inevitably affects his socialisation with others.

Violence has had a very different lasting effect on *Participant 3*, which has not been considered thus far. He mentioned that if he is a witness to a violent incident, he feels compelled to intervene. A child exposed to domestic violence develops survival skills, commonly known as the ‘fight or flight’ reflex. Some traumatised children will run away from a violent situation because they are scared. Others will find themselves rushing towards the violence in an attempt to stop it, even though they, too, are afraid. Children who have not been physically abused themselves but have witnessed their mothers’ attacks tend to adopt the ‘flight’ reflex. They are fearful of becoming involved in the violence and withdraw from it to ensure their safety. Children who have themselves been targets of physical violence, such as *Participant 3*, tend to adopt the ‘fight’ reflex. If they do not fight back, they may not survive the attack. *Participant 3* explains that he still has the ‘fight’ reflex in response to violence. If he witnesses any violence, even amongst strangers, he cannot contain the urge to intervene. This can be seen as a social problem as his intervention implies he has to use a form of violence against the perpetrator, reinforcing the cycle of violence.

Participant 4 described herself as a highly nervous person as a result of her traumatic childhood. She becomes very anxious in a hostile or conflict-driven situation. She noted that her chest closes, and she cannot breathe when she is nervous, which indicates that she is prone to panic attacks. When members socialise and play card games in her family, there are sometimes disagreements, and they may begin to argue. This situation was very stressful for the participant as she recalled that any argument in her childhood home led to a physical fight. She prefers to avoid social gatherings in case an argument should break out. She tends to withdraw and remains isolated from social situations.

Participant 5 appears to be the most resilient. She says she cannot identify any lasting effects due to the violence experienced during her

childhood. She does, however, admit to being uncomfortable around argumentative people and often tries to diffuse the situation with humour. In contradiction to most cases, *Participant 5* is a highly extroverted, sociable person. One of her sisters envied her ability to socialise and engage with people positively. *Participant 5* seeks out social opportunities and makes friends quickly. She is comfortable exchanging pleasantries with people she may never encounter again, such as car guards or petrol attendants. This participant seems to have overcome the social effects suffered during her violent childhood. Whether she has worked through her experiences or simply suppressed them, she appears to have been the most resilient.

Participant 6 has developed intense hate for alcohol as she attributes alcohol to her father's abuse. She hates to see people abuse alcohol, whether they become aggressive or not. She also noted that she feels nervous when she witnesses her brothers or her sons argue as she always fears the worst; that is, they will become physical with one another. She is an introvert who prefers to observe and listen in a social environment rather than lead the conversation or take centre stage. She noted that she prefers to be in the 'background' and feels nervous if people focus on her.

Participant 7 noted that he is averse to confrontations. If he becomes angry, he will react verbally and then punch a wall or a door. He commented, 'I would rather hurt myself before I hurt another person'. Although he is not using violence against someone, he is still resorting to physical aggression when angry. When asked about any lasting social effects he may have, he mentioned that he starts shaking when anxious. He described himself as a nervous person in general and prefers to be vigilant. This participant is not at ease when talking to people and admitted that even though he was completely willing to participate in the interview, it has made him uncomfortable, and he 'feels on edge'. His body language confirmed what he was saying. He fidgeted and did not make much eye contact. He did not relax in his chair either. One of the main reasons for his discomfort around people is his constant anxiety that people will assume he is as violent as his father was. It does not occur to him that most people do not know his childhood circumstances. According to the participant, he closely resembles his father in physical appearance, and his father would often say to him, 'You're just like me'. This could have possibly affected his self-image.

Participant 8 noted that she feels her thought processes are 'unusual' due to her violent childhood: 'I always assume the worst, and I never give

anyone the benefit of the doubt. I have a lot of trust issues'. This has also made her somewhat obsessive about her independence, as she does not allow herself to trust anyone to care for her, not even her spouse. She admits that she needs to 'let go' and allow him to take care of her, but she also wants him to know that she is not reliant on his money for security. Perhaps this is because her father was an addictive gambler. Even though they often did not have much money, her father forbade her mother to work. Her mother was forced to stay with her father because she had no source of income.

For these participants to be functional members of society, they must learn to interact appropriately with others. These participants have all been fortunate enough to have had support groups, whether formal or informal. Even though most of them have not dealt with their abuse through a professional service, they have been supported by family and friends. Through the influence of other socially-adjusted individuals, they have understood that their childhood experiences of violence are not the norm, which is what they had believed as children. They have learned that the violence was not their fault and that they can create better conditions for themselves, which they have all successfully been able to do.

Finding 07: The Complexity of Social Friendships and Relationships with Intimate Partners during Adulthood

One consistent aspect in all eight participants is that they have developed a reluctance to trust other people. None of them have had many close friends growing up; there have been one or two friends if any at all. Generally, friendships form close bonds between people; shared experiences lead to the development of trust, and the friends start sharing intimate details about their lives. Many abused children avoid forming close friendships so as not to disclose their abuse. They are often made to feel embarrassed by the abuse as if it is somehow their fault. In most of the case studies in this report, the person the participant eventually allowed into their circle of trust was the person they eventually married.

Participant 1 did not have many friends growing up, but he jokingly says, 'Who needs friends when you have so many brothers and sisters?' He mentions his wife as a significant person in his life. They have been married for 31 years. He feels that she has always truly been there to support him, which makes him regret the emotional abuse he inflicts on her at times, as he knows

she does not deserve it. He says he still has a great deal of anger within him, which he sometimes verbally vents on his wife. *Participant 1* has a good relationship with his children and has provided well for them. He is very proud that he has allowed them to study, an opportunity he was never given.

Participant 2 was a member of a band during his young adulthood. Although that environment offered many opportunities to socialise, he did not form any meaningful relationships. *Participant 2* has been married for 33 years, and his wife is physically abusive towards him at times. He blames himself for this abuse, saying that he would not infuriate her into abusing him if he did not drink. He explained that she has an intense hatred for alcohol. He still speaks of his love for her and says they will remain married until death. Even though he is not physically abusive towards his wife, he admitted that he is emotionally abusive. *Participant 2* noted that he has a good relationship with his children. He mentioned that he has always strived to do the best for them, but he expressed a wish that he could have afforded to give them better financial opportunities.

Participant 3 has been married for two years. When asked to describe himself as a husband, he does not appear to have high self-esteem at first. He initially referred to what he considers to be his negative characteristics, which are consistent with the psychological effects (see Bergen 1998:20) suffered by children who have been exposed to domestic violence. He stated that he is not physically abusive, yet he admitted to being emotionally abusive at times. His friends are those he has had since childhood; they know his history. He made new friends later in life but admitted to never confiding in them about his past. He does not consider his past to be a part of him anymore. Thus he feels no reason to disclose those personal details to anyone now. Perhaps he is justified in his reasoning, but it could indicate a reluctance to trust new people. *Participant 3* is not yet a father, but when asked what kind of relationship he would like to have with his unborn children, he initially replied that he does not know. He mentioned that he wanted to consider his father as a mentor but obviously could not. That is what he would like to be to his children - a mentor.

Participant 4 still feels bothered that she is unable to interact with people without feeling uncomfortable. She noted: 'I sometimes wonder if I'm not like I am because of my childhood. I don't easily mix with people unless I get to know them. I don't talk to people. I think I come across as being rude'. She secretly wishes that she were more outgoing and less shy. *Participant 4* cried as she explained that she felt 'different' and does not like being an

introvert, yet she feels powerless to change who she is. She expressed a wish to be more like her younger sister (the one who appears to have incredible resilience), as she is very outgoing and popular amongst all who know her. *Participant 4* loves her children and feels that she has a good and stable relationship with each of them, yet it is a source of anxiety that she cannot talk openly, even to her children: 'I just feel that with my kids, even with my kids, I can't talk. I can't sit and have a conversation with my boys like I would like to. If we are all in a crowd, sitting and talking, it's different. But when we are alone...I go blank. Why? I can't understand that... and I hate being like that. I sometimes think, gee, what do my kids think of me?' *Participant 4* has a very good relationship with her husband. They have been married for 48 years. Her husband has been the only person who has always protected her. He was the one who confronted her father when he elbowed her in the ribs just before they were married. Her father never again hurt her when her husband was present.

Participant 5 says she had quite a few friends while growing up but admitted to never telling any of them about her abusive home environment. As a child, she preferred to pretend that everything was 'normal' and insisted that the abuse was 'not that bad'. Generally, children of batterers tend to minimise or rationalise their father's violence (see Bancroft *et al.* 2012:66). She acknowledges that her relationship with her second eldest brother (*Participant 2*) was an important one. She respects him for helping her with her homework and buying her some basic needs, such as pajamas, when her father did not. She also acknowledges her older sisters (*Participants 4* and *6*) for helping to take care of her and her younger sibling (*Participant 1*). These are relationships she holds very dear. *Participant 5* was married later in life and has been married for 28 years. She has a healthy, stable relationship with her husband and her children. She feels she is a good mother and proudly mentions that her children are not afraid of her. This indicated that she must have feared her father and considered that her children were not scared of her as an achievement.

Participant 6 noted that she did not have friends growing up. There may have been one or two girls in her class that she sat with at school, but they were not close friends. She did not want close friends because she was too embarrassed to invite them to her house. She commented, 'That's why I think I can't really communicate because we never really had friends'. She also feels that she never had the chance to socialise with anybody her age because, as the eldest daughter in the family, it was expected that she would help her mother

look after the younger siblings. She feels they are more like her own children rather than younger siblings. She does not recall forming a relationship with any significant adult other than her mother. *Participant 6* described her relationship with one of her younger sisters (*Participant 4*) as an important one. She says they are very close, and she considers her a confidante. They often shared the same responsibilities during childhood and often had the opportunity to share their experiences. *Participant 6* had been married to her husband for 41 years when he passed away. They were happily married and had a good relationship. She also has a healthy, stable relationship with her children. She feels she is a good mother and is confident that her children know she loves them.

Participant 7 noted that he did not have friends growing up. He acknowledges the relationship he has with his sister as an important one. He said that she has sometimes been like a mother to him as his mother had often been too hurt to care for him. He felt protective of her and says they share a close bond. He is unmarried and not yet a father. Although he says he is not sure what type of husband and father he would be, he does know with certainty that he will not resort to violence: 'I guarantee you that I will not be abusive'. He mentioned that he wants to be like his father as his father was a respected military man, but without the alcohol and possible substance abuse. This participant seems to use the same coping strategy as *Participant 5*. At times, they minimise the abuse to protect their father's memory.

Participant 8 recalled having only one close friend while growing up but admitted she did not confide in her friend about her abusive home situation. When asked why not, she replied: 'No, I was too embarrassed. I suppose now, as adults, I would tell her'. They have been friends for about twenty years, and she still has not told her close friend these personal details of her life. *Participant 8* has been married for four years and has a good relationship with her husband. She sees herself as a 'caring and giving wife' and as the financial provider for her family. She has two small children and loves them. They are still very young, but she noted that she knows she will never treat them like her own parents treated her. Only since she has become a mother has she truly realised how dysfunctional her relationship with her own mother was. She does not believe that she could ever treat her daughter the way her mother treated her. She sees herself as a soft-hearted, nurturing mother and feels it is critical to make sure that her children are financially secure and always have the stability she longed for as a child. She is on speaking terms with her mother,

and they occasionally visit, but the participant still feels very hurt as her mother continues to favour her siblings above her. *Participant 8* has no relationship with her father. They do not have any contact. She believes that her father knows his children care for him, and she thinks he would abuse that fact to manipulate them into feeding his gambling addiction.

Some Theoretical Presuppositions for Advancing a Socio-Educational Framework for Children in Domestic Violence

After carefully reviewing the data collected and re-listening to the very personal and sensitive information shared by the survivors of domestic violence, namely the participants of this study, it can be concluded that this social problem of domestic violence has devastating effects on those subjected to it. It is inconceivable that people lose control to such an extent that they feel compelled to inflict irreversible damage on the people closest to them. All participants have shown long-lasting effects in one or more of the following areas: social, emotional, physical, psychological, cognitive, and behavioural. It must be emphasised that although the various areas are discussed separately, many of these effects do overlap and are interlinked. Let me briefly highlight these presuppositions.

Social: Concerning the social effects, my findings support the hypothesis that exposure to domestic violence during childhood affects a child's socialisation. Some of the social effects that have lasted into adulthood include difficulty trusting people, poor anger management, low self-esteem, and some depressive symptoms.

Emotional: In all domestic violence relationships, the children are emotionally abused (see Humm 2014). Katz *et al.* (2007:531) have found that greater emotional understanding seems to equip children to build greater intimacy in relationships. Still, domestic violence contributes to children's lack of emotional stability. Without emotional stability, appropriate emotional development is not possible. With time and support, the participants have been able to develop greater emotional stability and have been able to overcome some of these effects. Some effects have, however, been carried through into adulthood. Some include confusion about conflicting feelings towards their parents, fear of abandonment, fear of expressing their feelings, anger, and depression. Many of the emotional effects inevitably affect the participants' social well-being.

Physical: One participant mentioned that the physical abuse was not the worst effect for her. She knew that the violent episode would eventually pass. The emotional abuse seemed to be more distressing in her experience. Even though the physical abuse was traumatic, she knew that the injuries would heal. The only physical effects noted that some participants still suffer today are anxiety (where an actual panic attack/closing of the chest is experienced) and nervousness (where some participants have a facial twitch or their hands shake from nerves).

Psychological: All eight participants, except one, seem to suffer from the psychological stigma of being abused. Unfortunately, these effects have been carried on into adulthood, some to a different extent than others. Many of the participants had said that they only felt fear, depression, and anxiety during their childhood but admit to having experienced some of these feelings again later on in life when they were feeling emotionally low or presented with a violent situation. One participant mentioned a fear of insecurity that haunts her to this day. Another participant was hospitalised during his adulthood for severe depression following suicide attempts.

Cognitive: The cognitive effects are complicated to determine, given the nature of this research study. The data collection tool used is not able to precisely determine the cognitive effects. Only two of the eight participants have been allowed to complete high school. Learning disorders have not been identified, but one can tell by their stories that they felt it was difficult to concentrate at school, given the circumstances at home. This could be due to several factors such as the abuse at home, the lack of nutritious food, the lack of sleep, the inability of their parents to offer support or assistance with homework, etc. It is incorrect to assume that they have reduced intellectual competency as six of the eight participants were forced to leave school early to help support their families financially or because of their low self-esteem brought about by increasing difficulty at school due to poor performance. Not being able to complete school has affected the self-esteem of some of the participants. Although they are all literate, many feel self-conscious about their reading and writing abilities, adding to their lower self-concept.

Behavioural: Many of the behavioural responses vary. According to a study by Katz *et al.* (2007:531), higher levels of domestic violence have been associated with lower emotional competence. Children with lower emotional competence have been found to have inferior peer relations and more behavioural problems. Some of these effects might have been carried on into

adulthood if there had not been sufficient intervention regarding the emotional and psychological support needed.

It is imperative to keep in mind that domestic violence has a remarkable impact on each child. How violence affects them depends on the existence and strength of several factors that can be either a source of resilience or risk in determining how they will be affected by the violence, both in childhood and later during adulthood. The results support the hypothesis that the socialisation of adults and their ability to form healthy relationships are hindered by being exposed to domestic violence during childhood. Early detection and identification of these hostile home environments are crucial if we hope to provide support to those affected to minimise these adverse outcomes for society. In terms of intervention goals, the basic principle is that children need to be provided with a safe environment, appropriate discipline, and a secure relationship with an attentive caregiver who fits with their age or stage of development (see Bentovim *et al.* 2009:296). Abused children need support from families, communities, teachers, and significant others. The lack of prevention programmes and the presence of intervention solutions that fail to address its cultural origins limit the reduction of the problem and the recovery of the victims (Rolle 2019).

The ultimate goal of intervening in the lives of children living with trauma and family violence, subject to a cumulative set of traumatic and stressful experiences, is to prevent further harm and transform their lives to recover and fulfill their potential (see Bentovim *et al.* 2009:270). Without proper social service and mental health intervention, the prognosis for recovery is poor (Huecker 2021). Without intervention, domestic violence usually recurs and escalates in both frequency and severity. From a socio-educational perspective, goals should include being taught to communicate and settle differences without violence to promote the development of well-adjusted social beings.

Human dignity is closely linked to one's wellness as it is interwoven in all wellness dimensions such as physical, emotional, social, intellectual, and spiritual wellness. For every child to develop optimally, all wellness dimensions should be nurtured, as well as one's human dignity (Magano 2021:19). Social support is an essential factor in mitigating and moderating the consequences of domestic violence and improving health outcomes (Ogbe 2020).

Conclusion

As the focus of the research was on the social effects of domestic violence, we should focus on interventions to assist individual survivors and improve their access to resources and coping strategies. Police and justice services must mobilise to ensure that incidents of violence against women and children are given high priority with no impunity for perpetrators (Mlambo-Ngcuka 2020). Since the mid-1970s, shelters for battered women and children have been at the heart of the system designed to provide a safe place and supportive services to victims fleeing their homes to escape the violence from their perpetrators. Shelters provide an environment where battered women and children can obtain food, shelter, and emotional support, as well as helpful information, advocacy, and services, but shelters are often underfunded and understaffed. There is an urgent need to increase public and professional awareness of the issue of domestic violence to appeal for sustainable funding that increases long-term support options for survivors and their children (Halliwell *et al.* 2021).

We need to create a social climate that breaks the code of silence on domestic violence and continue to bring this issue into the public light (Pingley 2017). The South African government has made some commitments over the past few years to protect victims of violence by developing policies and legislation (Warnick 2019), but this does not seem to be compelling enough when studying the country's statistics on gender-based violence. The government needs an aggressive nationwide campaign to promote awareness about domestic violence through news channels, radio, and social media platforms (Kumar 2020).

According to Mshweshwe (2020), in many South African cultural contexts, husbands continue to be viewed as 'leaders' of the home who are entitled to exercise power over their wives and children, thereby continuing the patriarchal nomenclature that disempowers women in society. We need to develop a national approach supporting men's change while holding them accountable (Powell 2021).

As many tell-tale signs of abuse are exhibited at school, teachers need to be vigilant and attentive to their students. Schools need to prioritise education about domestic violence and the importance of developing healthy relationships (Lloyd 2018:5-8). To ensure the sustainability and effectiveness of prevention education, teachers need to be trained on identifying the signs of abuse and how to handle disclosure of abuse. Teachers also need to be supported to integrate such education into the school curriculum (*ibid.*). Teachers

themselves need to feel supported by school processes and management. When addressing the needs of the children living with domestic violence, the school staff should be prepared with information about services, ensuring student safety, and knowing what to do following disclosure (ibid.). Without this information, children could be put in a worse situation. The teacher does not need to assume the social worker's role but instead becomes an effective channel for children to gain access to the services that can help them by opening up an early opportunity to confide that something is wrong (ibid.).

It is important to continue researching and keeping up to date with recent developments in the studies of socialisation concerning children who have been exposed to domestic violence. It is only through continuous research that we can develop contextually relevant, adequate, and effective prevention and support programmes to address the violation of human rights that so many women and children worldwide are subjected to. A simple intervention strategy of removal will not be enough to truly make a difference in the lives of the children who have been exposed to family violence. Intervention needs to be ongoing and adaptable, according to the development level of the child. Intervening professionals would do well to remember a statement made by Hamel and Nicholls (2007:551), 'Although we can take the children out of a violent environment, it can take years to take the violent environment out of them'.

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