

FALLING THROUGH THE CRACKS: YOUNG ADULTS' RECOLLECTIONS OF EXPOSURE TO DOMESTIC VIOLENCE DURING CHILDHOOD

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Exposure to domestic violence during childhood impacts on the child's overall development in a way that affects functioning in adulthood (cf. Rzepka, 2007:2; Bogeanu, 2012). This article seeks to describe the recollections of young adults who were exposed to domestic violence, so as to develop an understanding of what is needed to develop effective services to child victims of domestic violence. The description is based on a qualitative research study that confirmed a lack of services to children exposed to domestic violence. The participants described the influence on their childhood and on their current lives, and made suggestions for social work services. Ms Danelia Warnick, Social worker; Department of Social Development and former master's student in the Department of Social Work, University of South Africa, Pretoria, South Africa.

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INTRODUCTION

Domestic violence manifests in a variety of ways. Most literature and research focuses primarily on these forms of domestic violence and their devastating effects on women (cf. Breetzke, 2012; Slabbert & Green, 2013), while less focus is placed on how children who are exposed to this violence are affected. Home is not a safe place for these children and the damage done to them is often overlooked (Alberta Children and Youth Services, 2008:2). Richards (2011:2) agrees with this viewpoint and notes that these children can be described as “the ‘silent’, ‘forgotten’, ‘unintended’, ‘invisible’ and/or ‘secondary’ victims of domestic violence”. A lack of focus on them during services to families where domestic violence takes place may result in socio-emotional problems for them later in life (Rzepka, 2007:2; Bogueanu, 2012). For this reason, the focus of the research that informed this article was on young adults who were exposed to domestic violence during childhood. The aim was to develop a better understanding of how this exposure affected them then and now.

This article will describe the background and the theoretical framework within which the investigation that informed this present discussion took place, followed by a description of the research methodology that was employed. The findings will be unpacked and compared to the literature on the topic. The article will be concluded with some recommendations for social work services to children exposed to domestic violence.

BACKGROUND

The term ‘domestic violence’ refers to “a pattern of assaultive and/or coercive behaviours, including physical, sexual, and psychological attacks, as well as economic coercion” within the family system (Child Welfare Information Gateway, 2013:1). The Domestic Violence Act 116 of 1998 (Republic of South Africa, 1998), distinguishes between two terms, namely: ‘abuse’ and ‘other forms of damage’. *Abuse* refers to physical, sexual, emotional, verbal, non-verbal and psychological abuse. *Other forms of damage* refers to intimidation, harassment, stalking, damage to property, entry into a residence without consent, and any other controlling or abusive behaviour.

Women are seen as particularly vulnerable to becoming victims of domestic violence. The World Health Organisation (WHO, 2013:9) reports that “30% of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner”. The mentioned report further reveals that as many as 38% of all global female murders are committed by their intimate partners. This is confirmed by Jewkes, Abrahams & Mathews (2009:1) in the South African context, who report that domestic violence often results in the murder of women by their husbands and boyfriends as an “extreme consequence of partner violence”. For the purpose of this discussion it is important to note that these women are often the mothers of children who are also exposed to the domestic violence (Hogan & O’Reilly, 2007:34-39). However, Vetten (2014:6) asserts that one cannot rely on statistical descriptions of domestic violence in South Africa, as they reflect only reported cases that resulted in protective orders. The author argues that they therefore does not denote the true extent of domestic violence in the country (cf. Watson, 2012:3). They also do not indicate the prevalence of, and services to, children exposed to domestic violence.

Bendall (2010:101) concurs that there are numerous mistaken ideas on why domestic violence is tolerated. For example, a study by Hogan and O’Reilly (2007:34-39) revealed that children exposed to domestic violence experienced it as “a chaotic part of their lives”. These experiences of domestic violence as a part of their lives relate to domestic violence being viewed as a normal practice in South Africa, as the majority of men and over half of the women, including young girls, who were surveyed in 2012 believed that women should obey their husbands (Breetzke, 2012:299). Additionally, a

research study conducted by Chitashvili, Javakhishvili, Arutiunov, Tsuladze & Chachanidze (2010:1) found that 78.3% of female victims of domestic violence believed that it is a matter to be handled within the family and should therefore not be reported.

The above social perceptions, among others, are based on emotive experiences of domestic violence. Emotions experienced by children exposed to domestic violence that may impact upon their lives at a later stage include fear, anxiety, anger and aggression (Alberta Children and Youth Services, 2008:6). Moreover, children exposed to domestic violence assume roles and utilise survival strategies that may be helpful, but in the long run these could prove to be more harmful and costly (Överlien & Hydén, 2009:282). The long-term negative effects of childhood exposure to domestic violence may include mental blocks or emotional disconnection, fantasising about escaping the situation or creating a better life elsewhere, physically avoiding situations of conflict, self-blame, looking for reasons why the violence occurs, seeking love and acceptance in the wrong places, protecting younger siblings and the parent who is being abused, self-injury, and suicidal gestures. Yet some children learn how to reach out to others for help and re-direct their emotions into positive activities (Överlien and Hydén, 2009:282).

Young adults who have been exposed to domestic violence as a child face challenges, such as internal and external socio-emotional effects, damaged relationships, psychological effects, physical effects and the intergenerational cycle of abuse (Rzepka, 2007:2). Confirming the latter point in particular, the United Nations Children's Fund (UNICEF, 2006:8) reports that the "single best predictor of children becoming either perpetrators or victims of domestic violence later in life is whether or not they grow up in a home where there is domestic violence".

The South African government has made significant commitments over the past few years to protect victims of violence through the development of policies and legislation. The Constitution of the Republic of South Africa (Republic of South Africa, 1996) aims to protect the fundamental human rights of all South Africans. Although this document does not specifically mention the rights of victims of domestic violence, it does stipulate the rights of victims in general. The Constitution then directed the development of the Domestic Violence Act 116 of 1998 (Republic of South Africa, 1998). This Act acknowledges that domestic violence is a serious social problem in South Africa and refers to victims as "among the most vulnerable of the members of society". It was introduced with the purpose of providing victims of domestic violence with protection and preventing further abuse from taking place. The needs of victims of crime in general are also acknowledged in the Service Charter for Victims of Crime in South Africa, (Department of Justice and Constitutional Development, 2004:8). The Charter supports the Constitution of the Republic of South Africa (1996) and is aligned with the United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (United Nations General Assembly, 1985).

This article approaches domestic violence from a social work perspective as a support service to children who are exposed to domestic violence. Social services to victims of domestic violence are directed by the Department of Social Development's (2013b:31) Framework for Social Welfare Services. This framework acknowledges that all services should be equal for all people, but emphasises that the family, as the central unit in communities, should receive specific attention. In addition, specific target groups were identified, including women and children. Services to families should focus on, among other things, capacity building, empowerment programmes, life skills programmes, awareness campaigns, advocacy, and information/advisory services. A further guideline for social services to victims of domestic violence, and further accentuating the focus on the importance of families, is the White Paper on Families (Department of Social Development, 2013a). This White Paper is aimed at developing positive family wellbeing and the overall socio-economic development in the country. The vision is to enable families to provide care, as well as physical, emotional, psychological, financial, spiritual and intellectual support to their members. However, Hogan, O'Reilly & Willis (2007:7) and Hague, Harvey & Willis (2011:1) highlight the fact that the exact nature of social work support to children exposed to domestic violence and its effectiveness are not clear.

A variety of research has been done on the topic of domestic violence. For example, studies by Jewkes et al. (2009) and Davis and Snyman (2005) focused on the prevalence and nature of domestic violence, and Breetzke (2012) and Bendall (2010) reported on how society views the phenomenon of domestic violence. These studies point towards a tolerance in communities and families that allows domestic violence to continue. Domestic violence in terms of customary laws in rural South African communities was investigated by Curran and Bonthuys (2004), while Murray (2008:71) and Payne and Wermeling (2009:1-6) looked at the reasons why women do not leave the violent situation. Jansen van Rensburg (2004) and Slabbert (2014:256) investigated cases where women successfully dealt with domestic violence, while Chitashvili et al., (2010:51-58) focused on different forms of domestic violence, as well as their consequences. In the Western Cape region, where the study that informed this present discussion was conducted, and with a focus on services, Petersen (2006) investigated challenges experienced by clergy when dealing with domestic violence.

Lupri and Grandin (2004) investigated the prevalence of domestic violence against men and concluded that men find it difficult to admit that they are victims of this form of violence. Minaker and Snider (2006:771) elaborated on this theme and highlighted that the assumption that only women can be victims should receive attention. These authors recommend a shift towards the term ‘family violence’ to ensure that all family members are viewed as potential victims.

Looking at the impact of domestic violence on children, studies by Murrell, Christoff & Henning (2007:531), Kaur and Garg (2008:73-76) and Finkelhor, Turner, Ormrod, Hamby & Kracke (2009) concluded that there is an association with childhood exposure to violence. It was found that children growing up with domestic violence are more likely to resort to violence at school or in the community in response to perceived threats, as well as attempt suicide, use and abuse substances, commit crimes such as sexual assault in particular, use violence to enhance their reputation and self-esteem, and become abusers themselves in later life. With a specific focus on services, Hogan and O’Reilly (2007:7) assert that service providers are challenged to understand how domestic violence influences children as either being victims or witnesses. The authors continue to argue that, although the impact of domestic violence on children has been acknowledged, children have not been heard when policies and services are being developed, and that continuous research is still needed (Hogan and O’Reilly, 2007:6). Similarly, Hague et al. (2011:1) report on adult survivors of domestic violence and state that research on adults who experienced domestic violence as children is “scarcely an issue at all”. These authors assert that practice could draw on the memories of the adult survivors to develop a better understanding of the challenges they experienced as well as the ways in which they coped with these challenges.

The discussion above informed the choice of a suitable theoretical framework, as described next.

Theoretical framework

Hutchison, Wood and Charlesworth (2015:38-42) describe the *systems perspective* in terms of human behaviour as the “reciprocal interactions of persons operating within linked social systems”. Hence, the family system is made up of interrelated members. Each part of the system impacts on all the other parts, and on the system as a whole. Within a family system, the structure of roles is viewed as important to maintain the balance of the system. It means that children in the home where domestic violence occurs will take on specific roles to cope with the situation. The *social behavioural perspective* views human behaviour as learned behaviour through interaction with the environment. Hutchison et al. (2015:60-63) assert that the principles of learning within this perspective are “association of environmental stimuli, reinforcement, imitation, and personal expectations and meaning”. This perspective emphasises that services and support by external systems can contribute to a change in social behaviour (Kaur & Garg, 2008:73-76). These two perspectives highlight the influence of what happens in the home as well as outside the home on children.

Based on the abovementioned perspectives, the *attachment theory* was identified as the appropriate theoretical framework to conduct the research that informed this discussion from. This theory provides a framework from which one could develop an understanding of how people respond to being hurt within

specific relationships, when they are separated from loved ones, and/or when they perceive specific situations as a threat. According to this theory, human beings develop the ability to trust others and themselves based on positive experiences, or they experience an inability to trust based on negative experiences with caregivers during childhood. This then directs how they will react in threatening situations, how they build relationships, and what their basic expectations of others are (Waters, Corcoran & Anafarta, 2005:81). Howe (2011:69) explains that this ability to form trusting relationships with the self and others during adulthood stems from the security and care provided by the primary caregiver during childhood. The author asserts that this impacts on the child's social and emotional development. Therefore, exposure to domestic violence during childhood that results in a threatening situation where the child feels unprotected by the caregiver will impact on how he/she functions later on in life.

The background discussion and the chosen theoretical framework informed the choice of research methodology, which will be described below.

RESEARCH METHODOLOGY

The *research problem* identified the need to explore the experiences of children exposed to domestic violence based on the recollections of young adults. It was further noted that such an exploration is needed to inform social work services to address the needs of these children effectively. The following *research questions* emanated from the identified problem, namely:

- What are the experiences of children regarding domestic violence as recollected by young adults who were exposed to such experiences as a child?
- How should the social work profession support children who experience domestic violence?

A qualitative research approach was chosen, as it provided a suitable framework to explore the perceptions and experiences of young adults who were exposed to domestic violence during childhood and to proffer suggestions for social work services to child victims of domestic violence (Leedy & Ormrod, 2013:94-97). The *phenomenological and contextual research designs* were chosen to gain a better understanding of the phenomenon of domestic violence through an interpretation of the contextual experiences and perceptions of young adults who had been exposed to domestic violence during their childhood (Nicholls, 2009:587; Monette, Sullivan & DeJong, 2010:219). In order to encourage participants to 'tell their stories', the *explorative research design* was chosen (Borum, 2006:342). Additionally, in order to ensure that these experiences and perceptions were well described to obtain a deeper understanding of the research topic, the *descriptive research design* was chosen (Rubin & Babbie, 2005:125).

The *population* was identified as young adults who experienced domestic violence during childhood. The *non-probability sampling method*, together with the *purposive sampling technique*, were used to select participants who would be best equipped to answer the research questions (Creswell, 2009:125). The inclusion criteria were: young adults between the ages of 18 and 34 years, who have been exposed to domestic violence during childhood, and who received or are receiving social work support services in the Drakenstein Local Municipal Area in the Cape Winelands area of the Western Cape. The sample size was determined by data saturation (Grinnell, Williams & Unrau, 2010:162), which was identified after ten interviews. Two more interviews were conducted to ensure that no more new information came to the fore, resulting in 12 interviews.

Semi-structured interviews served as the *method of data collection*, as it provided a framework from which specific information related to the research questions could be obtained, while permitting new ideas to be included (Cohen, Manion & Morrison, 2007:270). Data were audio recorded and transcribed, together with field notes. Tesch's (1990) eight steps for *qualitative data analysis*, as described by Creswell (2009:186), provided a clear framework through which data could be coded and categorised in themes, sub-themes and categories in a logical manner.

The following aspects to ensure the verification of the qualitative data were included: credibility/authenticity (interview guide and techniques and the methods of data recording and analysis), transformability and dependability (thick description of methodology and literature control) and conformability (transcripts, field notes, independent coder and literature control) (Schurink, Fouché & De Vos, 2011:397).

In order to safeguard all participants and the data-collection process, the following *ethical considerations* were taken into account: do no harm, informed consent, confidentiality, anonymity, beneficence, debriefing of participants and management of information (Bless, Higson-Smith and Sithole, 2013:143; Kumar, 2014:212).

The discussion of the findings below should be viewed in terms of the *limitation* of the contextual nature of the study. The participants represented a specific geographical area, which might not represent all young adults who were exposed to domestic violence in South Africa.

FINDINGS

Permission to conduct the research was obtained from the Department of Social Development. Social workers working in the field of domestic violence acted as gatekeepers to provide access to participants who met the inclusion criteria. Eight young adults participated in this study. All the participants in this study were from the dominant (coloured) racial group in the Western Cape. The participants in this study were between the ages of 6 and 18 when they were exposed to domestic violence. It should be noted that the first memory of the violence in the household was identified and described, and that the ages therefore do not represent the exact ages of exposure.

The following statements reveal the destructive consequences of domestic violence on the lives of the participants:

“My life was a mess and just went from bad to worse.”

“I became homeless at the age of 16 years, because my biological parents sold our house and my mother relocated to another province and could not accommodate me with her. I stayed between family members for short periods. I got involved with wrong friends and experimented with drugs. My life changed for the worse. I lost contact with my mother and sister and was all alone and no one to turn to for support. I am still homeless and unemployed.”

For the purpose of this article, four themes will be presented, namely the influence of domestic violence on the participants' childhood; a description of services received or not received; the influence of the exposure on the young adult; and suggestions for social work services.

Theme 1: The influence of domestic violence on their childhood

Anger was identified as an emotional outcome of the exposure to domestic violence. *“I was full of anger and could never find a way to release that anger”*. The participants also described experiencing fear and concern for the safety of the one parent as follows:

“I was so afraid and thought my father could kill my mother.”

“Outside the house I felt relieved, but also worried about my mother and thought of all the things my father was doing to her.”

Depression and suicidal thoughts as a result of their exposure to domestic violence were described and linked to feelings of guilt and being unloved.

“My father accused my mother that she is not fit to be a mother. During my teenage years I was diagnosed with depression. Most of the times I had suicidal thoughts, because I felt that I was the cause of all the violence between my mother and father.”

“I felt hopeless and thought to myself that my parents did not want me and I am not important to them.”

“I was an unhappy child and felt unloved.”

In line with the above descriptions, Thornton (2014:96) identifies fear, anger and confusion, as well as a general feeling of unhappiness as the emotional outcome of domestic violence on children, which could lead to long-term problems with their emotional wellbeing, such as depression. Similarly, Stanley, Miller & Foster (2012:192-201) found that children exposed to domestic violence often feel guilt and shame, which has a profound influence on their developing sense of self.

Dropping out of school (cf. Edleson, Ellerton, Seagren, Kirchberg, Schmidt & Ambrose, 2007:961-971) was identified as a consequence of the emotional influence of domestic violence on the participants.

“I lost interest in my school work and later dropped out of school at the age of 15 years. My parents did not even try to motivate me to complete my school career. They just did not care.”

“I was very clever in school, but after witnessing the violence between my parents I suddenly lost interest in my school work. After school I was wondering the streets until late in the evenings.”

Participants reflected on how they experienced shame (cf. Stanley et al., 2012:192), and felt judged by their community: *“I was always shy and wondering what the community was thinking of me and our family”*. According to Newman and Newman (2012:69-72), acceptance and recognition by one’s peers and community are important aspects of the healthy development of one’s identity during adolescence. Social isolation as a result was reported by the participants (cf. Edleson et al., 2007:961-971): *“As a family we never did things together and we never socialised due to the fact that we all knew what really transpired”*. This was further elaborated on in their descriptions of how they found it difficult to build friendships because of the domestic violence: *“I never had friends, because I was so afraid that something bad could happen when my friends visit our house, so I decided that I don’t need friends at all.”*

It was also noted that they became involved with negative peer groups, which caused further harm: *“I got involved with negative friends and experimented with drugs”*. Sawyer and Burton (2012:19) concur that as children grow up in homes where domestic violence occurs, their social functioning and ability to build healthy relationships outside the household are two aspects that are negatively influenced. A participant reported that the social influence also had an impact on her self-esteem: *“I felt that I draw all the negative elements into my life”*.

The participants described their family members’ responses to the domestic violence, as well as their own. The participants’ responses indicated that the mothers conveyed a sense of hopelessness and an inability to protect herself: *“My mother was a soft-spoken person and she never argued back with my father. My father always accused my mother of doing bad stuff and my mother accepted all the allegations against her”*. The Centre for the Study of Violence and Reconciliation (2016:6-7) reports that women who are victims of domestic violence often act helplessly, because of the controlling nature of the relationship and a lack of self-esteem. One participant shared how her mother lost control at one stage and became the abuser. She explained: *“The abuse happened on a daily basis and I think my mother became fed-up and then one afternoon she took a scissor and stabbed my father all over his body. She was uncontrollable that day”*. Cunningham and Baker (2007:13) confirm that female victims of abuse may end up finding negative or harmful ways to protect herself and/or her children. This includes substance abuse, leaving the home without the children, or becoming violent themselves.

The stories of the young adults highlight the fact that their siblings were experienced as either being absent or distant during episodes of domestic violence.

“My sisters always left the house when my parents had their fights. They preferred to ignore the situation.”

“My brother and sister used to cry a lot and just stayed in their bedroom.”

Others recollected how their siblings made an effort to intervene: *“My brother was deaf and used to try explain with sign language that our stepfather must stop”*. The oldest child reportedly also felt responsible to intervene: *“I think my sister wanted me to protect her, because I was the elder child.”*

Cunningham and Baker (2007:9) and Överlien and Hydén (2009:489) identified avoidance and a sense of responsibility towards one's sibling as an influence of domestic violence on adolescents. Devaney (2015:86) points out that these strategies help children cope with their reality. The author distinguishes between emotion-focused coping through managing and reducing stress through withdrawal, and problem-focused coping using physical intervention, distraction or summoning help. The participants described how they themselves tried to intervene during episodes of domestic violence and their outcome: *"I remember I used to scream, cry and plea for them to stop fighting, but they did not stop."* One participant associated withdrawal with fear: *"I was always very quiet in the household; too afraid I will witness fights again"*. In line with Devaney's (2015:86) view that withdrawal is a coping strategy, the participants described how withdrawing from the situation brought relief and helped them to deal with the stress.

"I walked away from them and left the house to sit on the roof where I looked over the neighbourhood all alone without any disturbance. The isolation made me feel better and gave me a chance to escape from the fighting in the house."

"Over years I started to see the space under the bed as my safe space where I felt safe."

According to McVay (2009:10), the experience of not mattering to important others results in an inability to find closeness in family relationships. In this study the participants confirmed this and reported: *"There were no real relationships between our family members. It was all artificial and pretending to be a family"*. However, one participant reported a strong and supportive relationship with her mother: *"I had a very strong relationship with my mother; she will always have open conversations with me and motivates me to excel in life"*. Some young adult participants described how they chose to break contact with the abusive parent: *"So my relationship with my father was broken by choice."* Others expressed feelings of anger towards their siblings for not intervening. This in turn had a negative effect on the quality of the relationship with their siblings. *"I had a lot of questions about their behaviour (not protecting the mother), but never had the courage to confront them."*

Following the descriptions of the influence of the exposure to domestic violence on their childhood, the participants also reflected on informal and formal support.

Theme 2: Support received or not received

In terms of support in the household, some support received from primary caregivers was noted: *"Only my mother supported me emotionally and tried in her unique way to comfort and keep me safe. She used to say that everything will get better one day and the family will be happy again"*. In contrast to this statement, a participant reflected on a lack of support: *"Nobody supported me, not even my mother comfort me the next day after their fights"*. Another statement describes a lack of support by both parents: *"My mother and stepfather accepted everything in the household as normal and didn't think that we needed any help"*. The WHO (2012) confirms that many children exposed to domestic violence receive little or no support, and notes that this could be a result of depression, numbness and a lack of trust in the household. A participant affirmed this viewpoint as follows: *"The communication within the house was bad and nobody trusts each other"*. However, some participants did acknowledge support between their siblings.

"I had a good relationship with my brother and sister and we used to share our feelings and dreams."

"My sister and I were very close and comforted each other."

Buchanan, Wendt and Moulding (2014:2) emphasise that supportive relationships between siblings can provide an important foundation of permanency, since these relationships are most likely to "be the longest-lasting relationships most people experience". In terms of sibling relationships in a household where domestic violence occurs, Kreider and Ellis (2011:70-126) highlight the fact that the mother-child relationship is not the only form of support to moderate the effects of domestic violence. These authors highlight the positive effect of sibling support and indicate that the emotional bond formed between siblings is often overlooked.

Outside the household, the participants identified their peers, community members, teachers and church members as support systems during their childhood.

“My school teachers and friends supported me. They [friends] used to listen to me and offer that I could spend weekends with them.”

“We received a lot of support from our local pastor and church board.”

“I can remember our family had a good family friend who always availed herself to look after me when my parents were drunk.”

Peers and community members not only provide support to children exposed to domestic violence, but according to O'Brien, Cohen, Pooley & Taylor (2013:96), also provide vulnerable children with safety and protection and models of healthy families. However, one participant noted that the support was welcome, but that the extent of the violence and its impact was unknown: *“... but they did not know the intensity of the violence and the major impact on my life.”*

In terms of social work services, some participants reported that the family received social work services, but that the domestic violence was not the focus of the services and that the social workers were unaware of the violence. Not informing the social workers was part of the unspoken rules within the family (cf. Carr, 2016:1-5): *“We did not receive any real support from a social worker on the topic of domestic violence. Domestic violence or any other problems were never mentioned to the social worker”*. Keeling and Van Wormer (2012:1354) refer to the unspoken rule of hiding domestic violence from social workers. They explain that the victims particularly fear the actions that social workers can take, for instance, removing the children from the home. The authors therefore emphasise the importance of long-term and intensive social work interventions for both victims and perpetrators of domestic violence. Additionally, the participants explained that they were not aware that they could seek social work support: *“I received no social work support, because I didn't know about their services and where to find them.”*

The participants explained that social work support was needed. Firstly, they highlighted that they needed to be made aware of the availability such services and how to reach out: *“I think if I had more knowledge about domestic violence and where to find help, I would have reached out for help”*. Secondly, they referred to support that the victim needed: *“They should have helped my mother”*. Thirdly, they reported that removal from the household for protection is one form of service that was needed: *“The social worker could have removed us, or protect us”*. Lastly, they noted that all the family members needed long-term counselling that should focus on the effects of the domestic violence and promote healing (cf. Keeling & Van Wormer, 2012:1354).

“They could have helped me through counselling to deal with my fears and how to deal with the domestic violence as a child.”

“I think the whole family needed counselling so that all of us could heal from the negativity in the family.”

The Framework for Social Welfare Services (Department of Social Development, 2013b:31) specifically places the emphasis on services to women and children as vulnerable groups in society, and highlights the importance of services to and within the family as a central unit in communities. Similar to the descriptions of the participants in this study, the Framework proposes that awareness campaigns and information services should be delivered together with services to empower victims to address the influence of the domestic violence on their lives.

The on-going influence of domestic violence on the lives of the young adult participants is described next.

Theme 3: The influence of exposure to domestic violence during childhood on the young adult

The participants explained that they are angry about the violence that occurred in their families and that they are still angry with the perpetrator for instigating the violence: *"Sometimes when I think about the past, I experience angry feelings towards my father and blame him for all my pain and suffering in the past"*. Hendricks, Bore, Aslinia and Morriss (2013:2) note that childhood exposure to violence as a way to deal with anger results in learned behaviour and impedes the ability to solve problems later in life. Further on-going emotional influence of the exposure to domestic violence was described as a lack of trust and fear of male persons: *"I am afraid of men, because I think that all men are the same and that they must dominate over a woman"*. They furthermore explained that their ability to deal with anger as young adults is still affected.

"Whenever I find myself in a conflict situation, I get angry and aggressive towards the next person."

"I believe that conflict must end up in fights, because my parents did it in front of me all the time."

The participants conceded that they abuse substances as a coping mechanism: *"I have a drinking problem, because I could not cope with the violence"*. Nakra (2014:217), as well as Hague et al., (2011:2) refer to the term 'adult survivors' and note that unresolved fears and anger lead to behavioural problems in adulthood. These behaviours include substance abuse and aggression and this is related to Jura and Bukaliya's study (2015:69), which found that children exposed to domestic violence often learn to deal with conflict through aggressive behaviours, which then informs the way they deal with problems and conflict as adults. Involvement with gangs was seen as a way to deal with anger: *"As a member of the gang I found a way to get rid of my anger where I got involved in serious fighting and serious crimes. Whenever I was involved in these fighting, I saw my father and imagined myself that I fight with him. I had these strong urge to kill him"*. Gang affiliation also provided the participants with a sense of belonging: *"I became friends with the biggest drug lords in the area, because they showed they are interested in what I am doing, they listened to me and made me feel I am of worth something"*. Slovak, Carlson and Helm (2007:77-99) suggest that exposure to domestic violence also means that the child or adolescent is exposed to antisocial norms and values in the family. This then influences their socialisation skills, and they tend to associate with antisocial peer groups.

The emotional and social influences of childhood exposure to substances resulted in a lack of self-worth: *"I have a low self-esteem and never get involved in serious love relationships. I am too scared for rejection. I am also afraid that I will fail to control my anger"* (cf. Moylan, Herrenkohl, Sousa, Tajima, Herrenkohl & Russo, 2010:53-63; Anda, Butchart, Felitti and Brown, 2010:93-98).

Continuing to discuss the influence on current relationships, some participants reported improved family relationships.

"The family relationships improved and everyone find ways to deal with the past."

"We are still not close, but we tried to accept each other with our shortfalls and try to do things different than in the past."

"I only have contact with my biological mother and totally broke any contact with my stepfather."

"Me and my sister still have a close relationship and still support each other."

One participant reported substantial improvement in his relationships due to his own efforts to change, but that there is still a lack of trust: *"Since I changed my lifestyle [substance abuse and gangsterism] it seems as if my relationship with my brother and mother starts to improve. I must admit that I still find it difficult to trust my mother"*. This lack of trust was elaborated on during descriptions of how a lack of

self-worth, a lack of closeness, unresolved anger and a lack of trust contributes to a poor or non-existent relationship between family members.

“I ignore all my family members, because I believe that nobody wants me in their lives.”

“Everybody is on their own and only interested in their own lives”.

“I don’t have a need to have a relationship with my mother, because she did nothing to protect us.”

“I feel it is impossible to forgive my father and he will be a stranger to me.”

“I can honestly say that I don’t trust my siblings.”

A lack of support, counselling and family work with people who are or were exposed to domestic violence can result in unresolved feelings, as well as an inability to develop healthy coping strategies and to adjust to relationships. The influences of domestic violence are therefore not dealt with, which means that these influences will continue to impact on the young adult’s functioning and interpersonal relationships (Magwa, 2013:583). This will not only affect family relationships, but also new relationships that are formed during young adulthood. Exposure to domestic violence provides the child with a negative model of how a relationship functions (Jura and Bukaliya, 2015:69). Breetzke (2012:299) explains that the young adult then views violence within a relationship as the norm. These viewpoints were confirmed by this statement: *“I engaged in an abusive relationship and I felt that the past repeats itself. So my adult life was the same as my mother’s life and past”.*

The last theme records the participants’ suggestions regarding different types of support they believe would be beneficial for children as well as parents exposed to domestic violence.

Theme 4: Suggestions regarding social work support for children exposed to domestic violence

The need for social work interventions to provide support and safety for family members was reported as follows:

“Social workers must involve parents in specific support groups or programmes.”

“I think social workers should have referred my mother to a safe house for abused women where she could have received counselling and professional help.”

Focusing on social work interventions with adult victims and perpetrators of domestic violence, Hamby, Finkelhor & Turner (2014:324-336) and Song (2015:527-548) emphasise the need for services that will ensure the safety of the victim and prevent incidents from reoccurring (cf. Republic of South Africa, 1998). Providing safety for the victims does not only include the direct victim, but also the children who are exposed to violence in the home (Song, 2015:540).

In terms of services to parents, it was suggested that interventions should focus on marriage counselling and parenting skills.

“I always think that my parents needed marriage counselling and parenting skills.”

“My parents did not think the abuse was wrong. If they could have received information about domestic violence and what it does to children, maybe they would have asked for help.”

Riel, Languedoc, Brown and Rodgers (2014:578-500) concur that couple counselling is an essential component of social work interventions in cases of domestic violence. However, these authors note that fear of the perpetrator must not be underestimated, and advise that strong trustful relationships with social workers are needed.

It was also emphasised that both parents and children should be involved in counselling services: *“Involve parents and children in counselling sessions”.* Bogeanu (2012) notes that excluding children exposed to domestic violence from services is detrimental. This author argues that, on the one hand,

these children are seriously affected and need access to services that will assist them to deal with their circumstances and experiences, and on the other hand, prevent them from leading dysfunctional lifestyles themselves based on unaddressed challenges later in life. The young adults continued to explain that social workers must address the individual needs of the children:

“Make more time for individually counselling with the children.”

“The focus must be on the child and his or her emotions.”

This viewpoint is confirmed by Healy and Link (2012:510), who assert that respecting the unique experiences, strengths and needs of the child is a core component of ethical social work practice. A participant emphasised that services should be long-term: *“Social workers should avail themselves for 12 months to help children recover from the effects of domestic violence”*. Acknowledging that long-term availability could pose a huge burden on the workload of social workers, Goodman and Smyth (2011:79-92) propose that social workers utilise a network of community resources. The participants continued to explain that regular contact with children exposed to domestic violence is needed, so that the social worker can become fully aware of their circumstances.

“Build a trust relationship with the child in order to reach them and for them to disclose.”

“Regular contact with the children. And home visits to see what is really happening.”

Another participant linked the availability of social work services with awareness of where to report a need for services: *“Services to family must be more available and children must be made aware where to report problems in the family”*. Continuing with this line of thought, the participants stressed the need for community awareness programmes: *“Community awareness programmes about domestic violence will be good where the whole community can get one message”*. Other participants proposed that services can be advertised in the community as follows:

“Social workers must be more available and visible in the communities. Important toll free numbers must be visible at schools, clinics and churches for everyone to have access to it.”

“Social workers should do life skills programmes at schools to make children at a young age aware of domestic violence and the different ways to report domestic violence.”

“The churches can also be involved with the social workers.”

In terms of content, the young adults suggested that the adult who needs services should be made aware of how and where she/he can seek assistance: *“Educate women in the communities about the available services for victims of domestic violence and their children. Explain the legal procedures to follow in order to protect themselves and their children”*. Goodman and Smyth (2011:79-92) concur that community awareness programmes should promote awareness of how and where victims can access support, and should involve community stakeholders. In this way victims of domestic violence can receive formal support that is supplemented by informal social support by family, neighbours and friends, as well as practical support (i.e. safety and protection) and emotional support by community-based resources (i.e. schools, churches, hospitals, etc.).

The findings provided some focal areas to draw conclusions and make recommendations for social work practice. These will be presented as the conclusion to the discussion.

CONCLUDING RECOMMENDATIONS

The reciprocal influence of the different systems within the household on each other has been highlighted in the findings. From the systems perspective, domestic violence that takes place within the parental system influences children on an emotional and social level (cf. Hutchison et al., 2015: 38-42). Emotionally, the exposure results in fear, anger, shame, guilt and feelings of being unwanted or unloved. These emotional experiences then lead to low self-worth, depression and suicidal ideation (cf. Thornton, 2014:96). A clear link between the emotional influence and the social influence of domestic violence on children was detected. Emotions that influenced social functioning included shame and

feeling judged by the community. This then led to social isolation, on the one hand, and to association with negative peer groups, on the other hand. A sense of hopelessness and unimportance furthermore leads to early school drop-out, substance abuse and association with gangs (cf. Stanley et al., 2012:192-201). Additionally, the sibling sub-systems are affected in the sense that they either withdraw from the family system, leaving the others feeling rejected, or attempt to intervene. The reported lack of success when they attempted to intervene further contributed to a sense of hopelessness and lack of self-worth among the participants in this present study (cf. Devaney, 2015:86). The parents who were the victims of the abuse were depicted as helpless and not able to protect themselves from the abuse. This description relates to the controlling nature of intimate partner violence, where the victim becomes helpless because of the controlling behaviour of the perpetrator (cf. The Centre for the Study of Violence and Reconciliation, 2016:6-7). It was noted that the parent who inflicted the violence totally disregarded its influence on family system.

The descriptions of the participants, as well as the literature (cf. Cunningham & Baker, 2007:9; Devaney, 2015:86) show that while withdrawing served as a coping and protective mechanism, the participants' efforts to intervene influenced them negatively. They reported that their efforts to intervene meant that they learned to act in a violent manner and that this became a way to deal with conflict in interpersonal contexts. Therefore, the social influence of domestic violence was highlighted. By recognising that their violent reactions to interpersonal conflict was a result of the anger they felt about what was happening in their households, a link was again drawn to the emotional influence. Based on these findings, it was concluded that the influence of domestic violence on children relates to the social behavioural perspective in terms of "association of environmental stimuli, reinforcement, imitation, and personal expectations and meaning" (cf. Hutchison et al., 2015:60-63). Social learning was identified as a key aspect needing attention when addressing the influence of domestic violence during service delivery (cf. Jura & Bukaliya, 2015:69; Kaur & Garg, 2008:73-76). Furthermore, in terms of attachment theory, the emotional influence affects the child's sense of self-worth, which leads to the avoidance of close relationships (cf. Godbout, Donald, Dutton, van Lussierc, & Sabourina, 2009:368).

In line with the anxious-resistant insecure (ambivalent) attachment that influenced the sense of security negatively (cf. Waters et al., 2005:81), some participants reported that they did not experience support in their homes. It can be concluded that, in such cases, the different family members withdraw and find individual ways to deal with the situation, which leads to members feeling isolated and left to fend for themselves. The participants described communication in these families as limited, which they attributed to a lack of trust between members (cf. World Health Organization, 2012). This, in turn, will affect future relationships.

In line with the systems perspective (cf. Hutchison et al., 2015:60-63), some participants noted that the siblings provided each other with comfort and a safe place, where they could share feelings and dreams. This points to a form of secure attachment that was experienced in the family system, although not from the primary caregivers (cf. Kreider & Ellis, 2011:70-126). Some participating young adults reported that the parent who was the victim of the domestic violence was the primary source of support in the home. These parents, as primary caregivers, contributed to the experience of being cared for, which facilitated social and emotional wellbeing, and in turn, the establishment of a secure attachment (cf. Waters *et al.*, 2005:81).

Support outside of the household where the domestic violence occurred included peer groups, friends of the family, the school and the church. Although social support systems such as these have the potential to provide vulnerable children with protection and safety, the participants in this study indicated that they did not inform these systems of the extent of the domestic violence. The value of these support systems was that they provided a place where they could escape from the violence (albeit temporarily) and enjoy the positive experience of a healthy family (cf. O'Brien et al., 2013:96).

The participants, being young adults, also provided important information regarding the influence of childhood exposure to domestic violence on their present lives. It was concluded that, based on the specific social work support needs that were not met during childhood, these young adults are now in need of social work services to address unresolved emotions such as feeling lack of trust, fear, anger and aggression. In terms of attachment theory, these unresolved feelings lead to resistant insecure (ambivalent) attachment, which influences their relationships during young adulthood (cf. Waters et al., 2005:81; Hendricks et al., 2013:2). It is concluded that family relationships should receive attention so that the influence of ambivalent attachment can be addressed. The specific focus of relationship counselling should be on resolving emotions experienced by the different members, understanding the experiences of other family members through healthy communication styles that must be learnt, and developing self-worth within the family system (cf. Magwa, 2013:583). This new experience of family relationships can contribute to revised norms for relationships outside of the family (cf. Jura and Bukaliya, 2015:69; Breetzke, 2012:299).

Furthermore, the cycle of abuse becomes integrated in the way young adults who were exposed to domestic violence during childhood deal with problems and conflict, as they repeat the cycle and act violently as a way of responding to problems and conflict (cf. Rzepka, 2007:2). It is concluded that violent reactions during young adulthood are a form of social learning that needs to be addressed in an effort to break the cycle of violence (cf. Jura and Bukaliya, 2015:69). In terms of the social behavioural and systems perspectives, young adults need access to systems where they can be exposed to positive models of behaviour to become skilled in addressing problems and conflict effectively and without violence (cf. Hutchison et al., 2015:60-63; Hague et al., 2011:2; Nakra, 2014:217).

Social issues such as substance abuse, affiliation with gangs and involvement in crime among young adults exposed to domestic violence during childhood should be acknowledged when working with the above-mentioned social issues. Social workers should identify the need to be exposed to systems where alternative examples of social behaviour can be provided (cf. Slovak et al., 2007:77-99; Kasundu, Mutiso, Chebet & Mwirigi, 2012:8264), while acknowledging that the young adult who has become involved in the above-mentioned social issues needs to develop a healthy self-image, identity and self-worth (cf. Moylan et al., 2010:53-63; Anda et al., 2010: 93-98).

The focus of this research was on social work services to children exposed to domestic violence. The participants in this study, however, reported that they did not receive such services and support from social workers. Some contributing factors to the lack of services were identified as:

- The unspoken rule in these families not to divulge the true nature of the violence that was taking place in these households (cf. Carr, 2016:1-5);
- Services were provided, but focused on other social issues (e.g. substance abuse, financial issues, etc.) and not specifically the children (cf. Keeling & Van Wormer, 2012:1354); and
- The lack of awareness of the availability of services and where to find support.

The responses of the participants regarding services that they believe children exposed to domestic violence need point to services that include the whole family. It is concluded that services to the parents that are aimed at addressing the violent and controlling behaviour of one parent, considering that this parent could also have been exposed to domestic violence during childhood, and the empowerment of the parent who is the victim of the violence, will provide opportunities for change in the care of these children. The empowerment of the primary caregiver, who is often the victim of the domestic violence, can provide a platform where secure attachments can be formed (cf. Waters et al., 2005:81). The empowerment of parents can take place through individual and couples counselling, as well as through support groups and access to support services (cf. Riel et al., 2014:478). The family members must be made aware of how and where they can find safety (cf. Song, 2015:527-548; Hamby et al., 2014:325-336), with an emphasis on information provided to children living in such homes.

Specific services to children should place the emphasis on ensuring physical and emotional safety (cf. Song, 2015:527-548; Hamby et al., 2014:325-336). This should, however, not become the focus of the services to children. They need to be able to build trusting relationships with social workers (cf. Healy and Link, 2012:510), where the impact of resistant insecure (ambivalent) attachment (cf. Waters *et al.*, 2005:81) must be considered. Counselling ought to be based on the emotional and social needs of the children with the aim of providing them with a space where they can reach the different developmental goals and learn how to deal with the trauma they have experienced. In terms of the long-term exposure to domestic violence that was reported, social work services are required be long-term in nature. Community resources can be included to ensure that the long-term influence of exposure to domestic violence is addressed effectively (cf. Goodman & Smyth, 2011:79-92). In terms of the systems and social behavioural perspectives (cf. Hutchison et al., 2015:60-63), social support systems should be mobilised to address safety needs, provide emotional and social support, and to provide children with positive and healthy models of socio-emotional functioning.

This article reveals an alarming lack of social services to children exposed to domestic violence. It also shows how this lack of services influences the child into adulthood. It is envisaged that, working according to existing policy documents (cf. Department of Social Development, 2013a and b) and by including the aspects listed in the findings described in this article, services could not only address these children's immediate needs, but also impact on the cycle of abuse, thereby preventing domestic violence in the future.

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