

**THE IMPACT OF DOMESTIC VIOLENCE ON LEARNERS IN THARAKA  
SOUTH DIVISION, THARAKA DISTRICT  
KENYA**

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**A RESEARCH REPORT PRESENTED TO THE INSTITUTE OF OPEN AND  
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REQUIREMENTS FOR THE AWARD OF BACHELORS  
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**AUGUST, 2010**

## DECLARATION

I hereby declare that this research report is my own original work and not a duplicate similarly published work of any scholar for academic purpose as partial requirement of any university or otherwise

Student..... Date.....

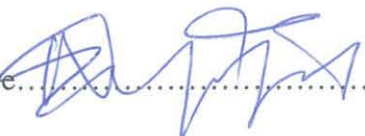
Signature.....

This research report has been submitted for examination with my approval as the candidate's university supervisor

Supervisor.....Tindi Seje..... Date.....

16<sup>TH</sup> Aug. 2010.

Signature.....



## DEDICATION

This study paper is dedicated to my dear wife Katherine Kagendo and my children; Bosco, Maureen and Emily for their prayers, patience and moral support during my study.

## ACKNOWLEDGEMENT

I wish to acknowledge my heartfelt gratitude to my supervisor Mr. Tindi Seje who despite his tight schedule took his precious time to read through my work and make necessary corrections. I also acknowledge his professional guidance which made it possible to tackle the work with fewer problems.

I also acknowledge the heavy task which was done by sample school teachers and parents for filling and sending back my questionnaires.

Anyone, indirectly or directly helped me on the research desires to be acknowledged my work alone would not have yielded to what this research is all about.

Finally to all my family members who lovingly gave me a word of comfort while under going this course.

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## ABSTRACT

Exposure to domestic violence has significant negative repercussions for children's social, emotional, and academic functioning. In the past decade, mental health professionals have developed treatment programs and approaches aimed at mitigating these deleterious effects. Their efforts, however, are often hampered by difficulty identifying and gaining access to the target population because the occurrence of domestic violence remains a family secret in many households. Clinicians and researchers have published descriptions of group and individual therapy approaches for children who witness domestic violence. These approaches share several goals: promoting open discussion about children's experiences with domestic violence, helping children to deal with the emotions and consequences that follow such exposure, reducing the problematic symptoms children experience, strengthening children's relationships with their nonabusive caregivers, and helping children and their families to create and maintain relationships and living situations that are free from violence and abuse. One limitation of the literature describing these interventions is the absence of controlled outcome studies demonstrating the effects of these programs, in the short and long terms.

Thus, development of such evaluative components is an important future direction for this field. Some of the other challenges that confront clinicians include working with children's families, addressing children's complex and intense emotional experiences, and determining whether children have themselves been victims of abuse or neglect (and then interfacing with child protective services).

## CHAPTER ONE

### INTRODUCTION

#### 1.0 Background of study

In the past two decades, there has been growing recognition of the prevalence of domestic violence in our society. Moreover, it has become apparent that some individuals are at greater risk for victimization than others. Domestic violence has adverse effects on individuals, families, and society in general.

Domestic violence includes physical abuse, sexual abuse, psychological abuse, and abuse to property and pets (Ganley, 1989). Exposure to this form of violence has considerable potential to be perceived as life-threatening by those victimized and can leave them with a sense of vulnerability, helplessness, and in extreme cases, horror. Physical abuse refers to any behavior that involves the intentional use of force against the body of another person that risks physical injury, harm, and/or pain (Dutton, 1992). Physical abuse includes pushing, hitting, slapping, choking, using an object to hit, twisting of a body part, forcing the ingestion of an unwanted substance, and use of a weapon. Sexual abuse is defined as any unwanted sexual intimacy forced on one individual by another. It may include oral, anal, or vaginal stimulation or penetration, forced nudity, forced exposure to sexually explicit material or activity, or any other unwanted sexual activity (Dutton, 1994). Compliance may be obtained through actual or threatened physical force or through some other form of coercion. Psychological abuse may include derogatory statements or threats of further abuse (e.g., threats of being killed by another individual). It may also involve isolation, economic threats, and emotional abuse.



Domestic violence is widespread and occurs among all socioeconomic groups. In a national survey of over 6,000 American families, it was estimated that between 53% and 70% of male batterers (i.e., they assaulted their wives) also frequently abused their children (Straus & Gelles, 1990). Other research suggests that women who have been hit by their husbands were twice as likely as other women to abuse a child (CWP, 1995).

Over 3 million children are at risk of exposure to parental violence each year (Carlson, 1984). Children from homes where domestic violence occurs are physically or sexually abused and/or seriously neglected at a rate 15 times the national average (McKay, 1994). Approximately, 45% to 70% of battered women in shelters have reported the presence of child abuse in their home (Meichenbaum, 1994). About two-thirds of abused children are being parented by battered women (McKay, 1994). Of the abused children, they are three times more likely to have been abused by their fathers.

Studies of the incidence of physical and sexual violence in the lives of children suggest that this form of violence can be viewed as a serious public health problem. State agencies reported approximately 211,000 confirmed cases of child physical abuse and 128,000 cases of child sexual abuse in 1992. At least 1,200 children died as a result of maltreatment. It has been estimated that about 1 in 5 female children and 1 in 10 male children may experience sexual molestation (Regier & Cowdry, 1995).

As the incidence of interpersonal violence grows in our society, so does the need for investigation of the cognitive, emotional and behavioral consequences produced by exposure to domestic violence, especially in children. Traumatic stress is produced by exposure to events that are so extreme or severe and threatening, that they demand extraordinary coping efforts. Such events are often unpredicted and uncontrollable. They overwhelm a person's sense of safety and security.

Terr (1991) has described "Type I" and "Type II" traumatic events. Traumatic exposure may take the form of single, short-term event (e.g., rape, assault, severe

beating) and can be referred to as "Type I" trauma. Traumatic events can also involve repeated or prolonged exposure (e.g., chronic victimization such as child sexual abuse, battering); this is referred to as "Type II" trauma. Research suggests that this latter form of exposure tends to have greater impact on the individual's functioning. Domestic violence is typically ongoing and therefore, may fit the criteria for a Type II traumatic event.

With repeated exposure to traumatic events, a proportion of individuals may develop Posttraumatic Stress Disorder (PTSD). PTSD involves specific patterns of avoidance and hyperarousal. Individuals with PTSD may begin to organize their lives around their trauma. Although most people who suffer from PTSD (especially, in severe cases) have considerable interpersonal and academic/occupational problems, the degree to which symptoms of PTSD interfere with overall functioning varies a great deal from person to person.

The Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV; APA, 1994) stipulates that in order for an individual to be diagnosed with posttraumatic stress disorder, he or she must have experienced or witnessed a life-threatening event and reacted with intense fear, helplessness, or horror. The traumatic event is persistently reexperienced (e.g., distressing recollections), there is persistent avoidance of stimuli associated with the trauma, and the victim experiences some form of hyperarousal (e.g., exaggerated startle response). These symptoms persist for more than one month and cause clinically significant impairment in daily functioning. When the disturbance lasts a minimum of two days and as long as four weeks from the traumatic event, Acute Stress Disorder may be a more accurate diagnosis.

It has been suggested that responses to traumatic experience(s) can be divided into at least four categories (Meichenbaum, 1994). Emotional responses include shock, terror, guilt, horror, irritability, anxiety, hostility, and depression. Cognitive responses are reflected in significant concentration impairment, confusion, self-blame, intrusive thoughts about the traumatic experience(s) (also referred to as flashbacks), lowered self-efficacy, fears of losing control, and fear of reoccurrence of the trauma.

Biologically-based responses involve sleep disturbance (i.e., insomnia), nightmares, an exaggerated startle response, and psychosomatic symptoms. Behavioral responses include avoidance, social withdrawal, interpersonal stress (decreased intimacy and lowered trust in others), and substance abuse. The process through which the individual has coped prior to the trauma is arrested; consequently, a sense of helplessness is often maintained (Foy, 1992).

More than half of the school-age children in domestic violence shelters show clinical levels of anxiety or posttraumatic stress disorder (Graham-Bermann, 1994). Without treatment, these children are at significant risk for delinquency, substance abuse, school drop-out, and difficulties in their own relationships.

Children may exhibit a wide range of reactions to exposure to violence in their home. Younger children (e.g., preschool and kindergarten) oftentimes, do not understand the meaning of the abuse they observe and tend to believe that they "must have done something wrong." Self-blame can precipitate feelings of guilt, worry, and anxiety. It is important to consider that children, especially younger children, typically do not have the ability to adequately express their feelings verbally. Consequently, the manifestation of these emotions are often behavioral. Children may become withdrawn, non-verbal, and exhibit regressed behaviors such as clinging and whining. Eating and sleeping difficulty, concentration problems, generalized anxiety, and physical complaints (e.g., headaches) are all common.

Unlike younger children, the pre-adolescent child typically has greater ability to externalize negative emotions (i.e., to verbalize). In addition to symptoms commonly seen with childhood anxiety (e.g., sleep problems, eating disturbance, nightmares), victims within this age group may show a loss of interest in social activities, low self-concept, withdrawal or avoidance of peer relations, rebelliousness and oppositional-defiant behavior in the school setting. It is also common to observe temper tantrums, irritability, frequent fighting at school or between siblings, lashing out at objects, treating pets cruelly or abusively, threatening of peers or siblings with violence (e.g., "give me a pen or I will smack you"), and attempts to gain attention through hitting,

kicking, or choking peers and/or family members. Incidentally, girls are more likely to exhibit withdrawal and unfortunately, run the risk of being "missed" as a child in need of support.

Adolescents are at risk of academic failure, school drop-out, delinquency, and substance abuse. Some investigators have suggested that a history of family violence or abuse is the most significant difference between delinquent and non delinquent youth. An estimated 1/5 to 1/3 of all teenagers who are involved in dating relationships are regularly abusing or being abused by their partners verbally, mentally, emotionally, sexually, and/or physically (SASS, 1996). Between 30% and 50% of dating relationships can exhibit the same cycle of escalating violence as marital relationships (SASS, 1996).

For some children and adolescents, questions about home life may be difficult to answer, especially if the individual has been "warned" or threatened by a family member to refrain from "talking to strangers" about events that have taken place in the family. Referrals to the appropriate school personnel could be the first step in assisting the child or teen in need of support. When there is suggestion of domestic violence with a student, consider involving the school psychologist, social worker, guidance counselor and/or a school administrator (when indicated). Although the circumstances surrounding each case may vary, suspicion of child abuse is required to be reported to the local child protection agency by teachers and other school personnel. In some cases, a contact with the local police department may also be necessary. When in doubt, consult with school team members.

If the child expresses a desire to talk, provide them with an opportunity to express their thoughts and feelings. In addition to talking, they may be also encouraged to write in a journal, draw, or paint; these are all viable means for facilitating expression in younger children. Adolescents are typically more abstract in their thinking and generally have better developed verbal abilities than younger children. It could be helpful for adults who work with teenagers to encourage them to talk about their concerns without insisting on this expression. Listening in a warm, non-judgmental,

and genuine manner is often comforting for victims and may be an important first step in their seeking further support. When appropriate, individual and/or group counseling should be considered at school if the individual is amenable. Referrals for counseling (e.g., family counseling) outside of the school should be made to the family as well.

In homes where domestic violence occurs, children are at high risk for suffering physical abuse themselves. Regardless of whether children are physically abused, the emotional effects of witnessing domestic violence are very similar to the psychological trauma of being a victim of child abuse.

Children in homes where domestic violence occurs may "indirectly" receive injuries. They may be hurt when household items are thrown or weapons are used. Infants may be injured if being held by the mother when the batterer strikes out.

- Older children may be hurt while trying to protect their mother.
- Children in homes where domestic violence occurs may experience cognitive or language problems, developmental delay, stress-related physical ailments (such as headaches, ulcers, and rashes), and hearing and speech problems.
- Many children in homes where domestic violence occurs have difficulties in school, including problems with concentration, poor academic performance, difficulty with peer interactions, and more absences from school.
- Boys who witness domestic violence are more likely to batter their female partners as adults than boys raised in nonviolent homes. There is no evidence, however, that girls who witness their mothers' abuse have a higher risk of being battered as adults.
- Taking responsibility for the abuse.
- Constant anxiety (that another beating will occur) and stress-related disorders.
- Guilt for not being able to stop the abuse or for loving the abuser.
- Fear of abandonment.
- Social isolation and difficulty interacting with peers and adults.

- Younger children do not understand the meaning of the abuse they observe and tend to believe that they “must have done something wrong.” Self-blame can precipitate feelings of guilt, worry, and anxiety.
- Children may become withdrawn, non-verbal, and exhibit regressed behaviors such as clinging and whining. Eating and sleeping difficulty, concentration problems, generalized anxiety, and physical complaints (such as headaches) are all common.

Unlike younger children, the pre-adolescent child typically has greater ability to externalize negative emotions. In addition to symptoms commonly seen with childhood anxiety (such as sleep problems, eating disturbance, nightmares), victims in this age group may show a loss of interest in social activities, low self-concept, withdrawal or avoidance of peer relations, rebelliousness and oppositional-defiant behavior in the school setting. It is also common to observe temper tantrums, irritability, frequent fighting at school or between siblings, lashing out at objects, treating pets cruelly or abusively, threatening of peers or siblings with violence, and attempts to gain attention through hitting, kicking, or choking peers and/or family members. Girls are more likely to exhibit withdrawal and run the risk of being “missed” as a child in need of support.

Adolescents are at risk of academic failure, school drop-out, delinquency, substance abuse, and difficulties in their own relationships.

## **1.2 Statement of problem**

The study intended to investigate the effect of domestic violence on learners in Tharaka south Division in Tharaka District. From the researcher’s personal teaching experience, domestic violence is a major influence in the academic performance of students and yet its not given much attention. This lack of attention to the most important drive to academic achievement drove the researcher to carry out the study.

### **1.3 Purpose**

The purpose of the study was to identify the effect of domestic violence on learners in Tharaka South Division in District, and a means of addressing the possible measures.

### **1.4 Objectives**

The objectives of the study was,

- 1) To identify the effects of domestic violence on learners.

### **1.5 Scope**

The study was conducted in Tharaka South Division in Tharaka District, Kenya. The study was limited to the objectives of the study. Any other aspect of the topic apart from that mentioned in the objectives was not investigated because of resource and time constraints.

### **1.6 Significance of the Study**

The study was of the following importance.

It analyzed the impact of domestic violence vis a viz its effects on learners. This would educate the society about the mistakes different family members commit whenever they engage in domestic violence.

The study showed the roles teachers, pupils, parents and area leaders may play to prevent and control domestic violence within a society. This would help to reduce the occurrence of the subsequent effects various families face as a result of violence on their members. The study devised appropriate strategies different families may adopt to prevent and control their members from engaging in domestic violence. This would serve as a remedy to the problems they would face. This study is a source of reference for future research into related studies to this one. This study partially fulfills the requirements for award of the degree of Bachelor of Education of Kampala International University to the researcher.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Overview

*Domestic violence* has dramatic consequences for the entire community. Although the term usually involves violence between two cohabiting adults, this terminology may also include *child abuse*, and for this reason some researchers prefer the term partner violence (Jasinsky & Williams, 1998) or family violence (Straus, 1998). (The terms marital violence *or* conjugal violence are inadequate as they both imply an unnecessary legality of the two cohabiting adults). As the phenomenon of partner violence is primarily directed to the female component of the adult dyad, the expression violence against women is also commonly used).

Although aggression has been a common symptom described in children exposed to partner violence (Wolak & Finkelhor, 1998), many of the studies reporting such findings came from clinical observations, and not from systematic research. With this literature gap in mind, Daniela Maldonado (2003) attempted to find out in her Master's thesis if children's aggressive behaviours in school could be an indicator of partner violence. The literature point-outs behavioural differences of exposure to violence according to gender, (Holden, Geffner & Jouriles, 1998; Fantuzzo & Lindquist, 1989). Girls tend to internalize their problems and boys to externalize them (as in the case of aggression), thus Maldonado (2003) chose to study boys.

The study compared 14 aggressive boys (Group A) with 14 of their non-aggressive peers (Group B), from the same classroom (grades 1 and 2), of three public schools in a mid-size city of South-western Brazil. To make the decision as to which group the boys belonged, teachers were asked to complete a Brazilian instrument: the *Teacher's Perception of Children's Aggressive Behaviour in School Scale* (Lisboa &



Koller, 2001). Thus, boys who scored higher in the Scale took part of Group A and the boys who had the lowest scores took part of Group B.

Afterwards, Maldonado interviewed all 28 mothers in their home-settings and the mothers completed a Portuguese version of the *Revised Conflict Tactics Scale* (CTS-2, Straus, Hamby, Boney-McCoy & Sugarman, 1996), a world-wide utilised scale to measure family violence.

### **2.1 What did both group of children's family have in common?**

The results indicated that children from both groups had the same family income and age, and only differed in aggression levels, which was expected for comparison reasons. 78% of the children had a family income within the UN definition of poverty line (UNDP, 1997). Interestingly, parental consequences to inadequate children behaviours were found to be similar in both groups. 21.4% of mothers from both groups reported using an object (such as a belt) to punish their children, and did not identify this as maltreatment. Although Brazilian laws do not permit corporal punishment, this is a fairly used cultural practice in the country, particularly with impoverished families.

### **2.2 What was different about both groups?**

Health problems were found in both groups, such as alcohol, drug abuse and depression, but they were more expressive on Group A (37.7% of mothers and 42.8% of fathers from Group A reported having health problems whereas for Group B the results were 21.4% of mothers and 28.5% of the fathers). As a matter of fact, two of the Group A mother's were found to be under the influence of alcohol during the researcher's home visit. It is a well know fact that depression and alcohol abuse are considered serious risk events to child development (Webster-Stratton, 1997).

Interestingly, when the CTS-2 results were analysed, both Groups presented equivalent frequency of violence (12 families in Group A, 11 in Group B). Why would this be? Here are some hypotheses: the participating families had a number of

violence risk factors, such as extreme poverty, drug and alcohol abuse, low educational status and limited social support from the community. However, it is important to notice that the CTS-2 encompasses a wide definition of violence. One may even argue that it is possible that most families would score in some mild form of psychological violence.

To assess the level or intensity of violence for both Groups, a further type of analysis was done. The results showed that *severe* forms of physical violence, psychological violence and sexual violence were significantly higher for Group A. In other words, all families acknowledged a considerate amount of violence exposure, however boys who presented aggressive behaviours in school, when compared to their non-aggressive peers, had families who experienced violence with *severe intensity*, as opposed to their counterparts.

Maldonado' study showed that there is, in general, a higher incidence of severity in exposure of domestic violence for boys who present aggressive behaviours in school, when compared to non-aggressive boys.

Educators sometimes interpret aggressive behaviour by school children as "a cry from help on the part of the child". The implications of the results from Maldonado (2003), is that student aggression may signalise that an entire family system is in need of support. In addition, when any particular family faces intense levels of violence the whole community is at stake.

### **2.3 Exposure to domestic violence and academic performance**

In a study examining battered women's concerns about their children, Hilton (1992) found that 55% of the women reported that their children had witnessed the physical and psychological aggression suffered by them. Other researchers verified that in 85% of domestic assault cases, children directly watched their mother's aggression (Brookoff, O'Brien, Cook, Thompson & Williams, 1997).

The child does not need to observe the aggression in order to be affected by it (Jouriles, McDonald, Norwood, & Ezell, 2001). According to Holden (1998), a child who watched their parents assault each other, overheard an incident of aggression, saw its result (bruises), or that experienced its aftermath when interacting with his or her parents, is a child exposed to violence.

Although violent families constitute a serious risk factor for good developmental outcomes in children (Jaffe, Wolfe & Wilson, 1990), research results do not imply that all children exposed to partner violence will experience problems, as many are capable of facing these stressful events adequately (Wolak & Finkelhor, 1998). In fact, about 37% of the children exposed to violence showed outcomes similar or better than the non-exposed child (Kitzmann et al., 2003). One cannot forget the existence of protective mechanisms that modify, improve or alter the person's response to some environmental threat (Rutter, 1987).

Assessment of school performance in students exposed to partner violence is vital, since being a good student is a strong protective mechanism (Rae-Grant, Thomas, Offord & Boyle, 1989).

The second study to be described is based in Brancalhone's M.A. thesis (Brancalhone, 2003, Brancalhone, Fogo & Williams, 2004). Brancalhone's (2003) literature review found few investigations regarding the intellectual or academic performance of children exposed to marital violence. In addition, curiously, almost all of the studies that assessed the academic performance of children exposed to partner violence were conducted by professionals outside the psycho-educational area, such as physicians and nurses.

Thus, Brancalhone (2003) attempted to investigate if children who were exposed to partner aggression had their academic performance hindered, when compared to children who were not exposed to partner violence.

The study involved a total of 30 children. The exposed group (A) consisted of 15 children, age 7 to 11 of both sexes, who were attending Elementary School. Each participant's mother had reported partner violence in the *Women's Police Station*, a particular Police Station in operation in Brazil, since 1985, ran mostly by female officers to handle complaints by female victims or children (Williams, 2001). In order to be selected as participants, children needed to have a father figure at home (biological or not). Children who were found to be direct victims of violence were excluded from the recruitment procedure, as the study was interested in indirect exposure, as in the case of witnessing the mother being hit by father.

The non-exposed group (B) included 15 children matched with children in Group on variables, such as, classroom, sex, age, economic level and family configuration (presence of the father).

The researcher attended the São Carlos *Women's Police Station* for the study's duration and, individually, approached women who had pressed aggression charges. Another strategy employed was the examination of Police records, and subsequent request for permission and Consent signature, when women attended their court hearing.

Group B children ("non-exposed") were, randomly, chosen in the same classroom as their pairs, and once criteria were met, mothers signed Informed Consent. No Group B child had to be excluded for being exposed to violence, and all Group B mothers contacted agreed to participate. Teacher participation was determined by children participation, and teachers also gave written consent. The researcher made every effort to keep the anonymity of the child exposed to violence by not informing teachers of the identity of the child exposed to partner violence. The school principal also consented to conducting research in the particular school. Group B mothers were contacted by telephone, and interviewed by the researcher in the school or home.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Overview**

This chapter provides a detailed description of the research methods that was used in the study in order to accomplish the research objectives. It gives the plan, structure and strategies that were used to answer the research questions. The chapter will cover the research design, research population, sampling procedure, research instruments, research procedure, Data analysis, Ethical considerations and limitations of the study.

#### **3.1 Research design**

This study investigated on effect of domestic violence on learners. The researcher was interested in this study due to deteriorated performance of learners in Tharaka south Division due to effects of domestic violence on learners. The researcher collected data from pupils, teachers, parents, local residents and NGO workers in these units. The researcher used questionnaires and observation guide to collect the data, which processed through dating, coding and classification.

#### **3.2 Research population**

The researcher targeted population was parents and the children and teachers of these learners

#### **3.3 Sampling procedures**

Accurate sampling is crucial in order to minimize risk of sampling bias and to be able to draw accurate inferences about population with statistically estimable level of

confidence. Various sampling methods were used so as to obtain the intended sample size. These included: systematic sampling, purposive sampling and random sampling. Purposive sampling helped the researcher to get respondents who have relevant information about the study such as Division officials, Systematic sampling allowed for the selection of hamlets at regular intervals so as to obtain unbiased samples. For each school 3 hamlets were selected making a total of 6 hamlets. Random sampling helped to select few respondents 120 out of the large population of the area under research. These were then picked randomly one by one to obtain the intended sample. These techniques facilitated the researcher to test the data gathered and arrived at the aimed information.

### **3.4 Research Instruments**

The researcher used two instruments, interviewer guide and questionnaires. The questionnaires were both for teachers, parents, local residents and NGO workers. The one for teachers had a total of ten questions. Questions were mixed up some closed ended, while others will be open ended. The researcher delivered the questions by giving them to the respondents.

### **3.5 Research Procedure**

Before going to the field the researcher obtained an introduction letter from office of the Director of institute of open and distance learning. This introduced the researcher as a student attempting to carry out an academic research. The researcher sought permission from the concerned authorities of the Division to access information and to be introduced to other offices of the Division. To ensure promptness and accuracy some of the questionnaires were administered by the researcher and others, which were sent to officers, who had to respond at there own time

### **3.6 Data analysis**

After collection of data, the researcher processed and analyzed the raw data; this was done by going thorough the questionnaires for accuracy purposes. Later coding was done so that responses could be put systematically. Data was arranged and report written in tabulation for and interpretation done on the frequency table.

### **3.7 Ethical considerations**

The study was primarily engaged in all sorts of target people in Tharaka South Division who were viewed necessary for data collection and some selected key informants. Accordingly during the course of the study, the researcher provided personal or commercially valuable information about himself to the respondents. Then before an individual became a respondent of the study, he/she was notified of the aims, methods, anticipated benefits and the hazards of this study. Secondly it was a respondent's right to abstain form participation in this study and his/her right to terminate at any time. The confidential nature of their replies was promised and no pressure or inducement of any kind was applied to encourage an individual to become a respondent of the study

### **3.8 Limitations to the Study**

The researcher faced the following problems when carrying out the study.

Given that many people are ashamed of being regarded as victims of domestic violence, some never revealed the data required for this study. This led to false information that hampered the establishment of the magnitude of the study to some extent.

Some respondents were illiterate which limited their abilities in giving relevant data through different data collection methods such as questionnaires. The researcher faced the problem of poor time management from the respondents. Given the limited time some respondents were from distant places for effective Community Based Data Analysis (CBDA) thus, some were not available for data recording.

## **CHAPTER FOUR**

### **DISCUSSION OF FINDINGS AND THEIR FINDINGS**

#### **4.0 Overview**

The purpose of this study was to investigate the impact of domestic violence on learners in Tharaka South Division, Tharaka District, Kenya : implications for inclusionary practices The study was guided by the following main research question:- what is the impact of domestic violence on learners?. In order to be able to investigate the impact, the study focused on the following themes.

This chapter contains data from the field findings that were sought through the various data collection methods. These data were sought in relation to the study background, purpose and the demographic nature of the population. The results are from questionnaires and interview schedules. It's the pupils, teachers, parents local residents and NGO workers who answered both the questionnaires and interviews. Children just answer interviews but never answered questionnaires since most of them were not having enough information since could not ably write.

#### **4.1 Demographic Nature of the Population of Study**

The study considered the, Gender, Marital status level of Education, working experience and occupation of the respondents.

##### **4.1.1 The Gender of the Population**

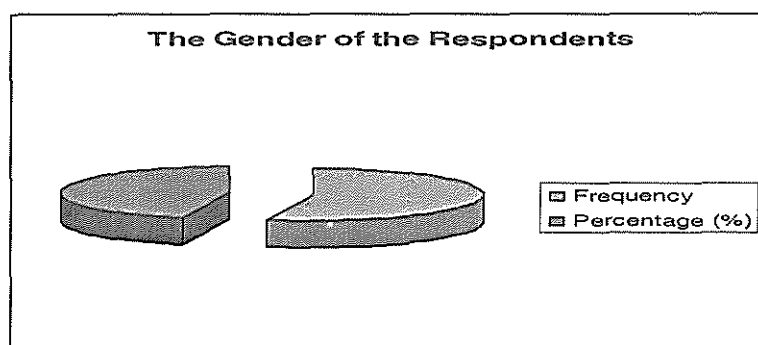
The study employed 120 respondents; 60 of which were male and 60 were female. There were 40 unmarried and married men, 10 children, 5 female local administrator and 5 NGO workers and Vice Versa. This information is presented in the table below.



**Table 4.1 The Gender of the Respondents**

Gender of respondents	Frequency	Percentage (%)
Male	60	50
Female	60	50
<b>Total</b>	<b>120</b>	<b>100</b>

**Source:** Research Field Findings 2009

**Chart 4.0 The Gender of the Respondents**

#### 4.1.2 Marital Status of the Respondents

With marital status, the researcher examined attributes such as being; married, single, divorced or being widower /widow. Out of 120 respondents; 52 (43.3%) were married, 33 (27.5%) were single, 24 (20%) were divorced and 11 (9.2%) were Widow /widower. This data is presented in the table below.

**Table 4.2. Marital Status of Respondents**

Marital status of the respondents	Frequency					Percentage	Total
	M	W	L.A	NGO	C		
Married	20	20	6	6	-	43.3	52
Single	5	5	2	1	20	27.5	33
Divorced	10	10	1	3	-	20	24
Widow /Widower	5	5	1	-	-	9.2	11
<b>Total</b>	<b>40</b>	<b>40</b>	<b>10</b>	<b>10</b>	<b>20</b>	<b>100%</b>	<b>120</b>

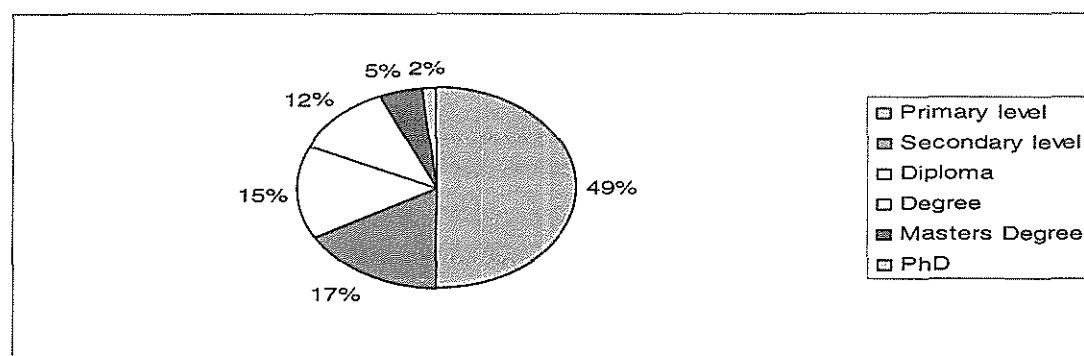
Source: Research Field Finding 2009

### Key

M= Men      W= Women      L.A= Local Administrators      C= Children  
 NGO= Non Governmental Organisations

### 4.1.3 The Levels of Education of the Respondents

The study considered the following education levels; primary, secondary, diploma, degree, masters' degree and PhD level. Of 120 respondents that participated in the study; 60 (50%) had primary school level, 20 (16.7%) had secondary, 18 (15%) had Diplomas, 14 (11.7%) had Degrees, 6 (5%) had masters degrees and 2 (1.7%) had doctorate of philosophy degrees. This information is presented in the table below.

**Figure 4.1 Levels of Education of the Respondents**

Source: Research Field Finding 2009

It was revealed from the study that, health of the respondents achieved primary level education. Also 66.7% of the respondents were not qualified for any profession while 33.3% were professionals. This helped much in establishing the magnitude of the study because most of the people that take drugs are people of low status.

#### 4.1.4 The Work Experience of the Respondents

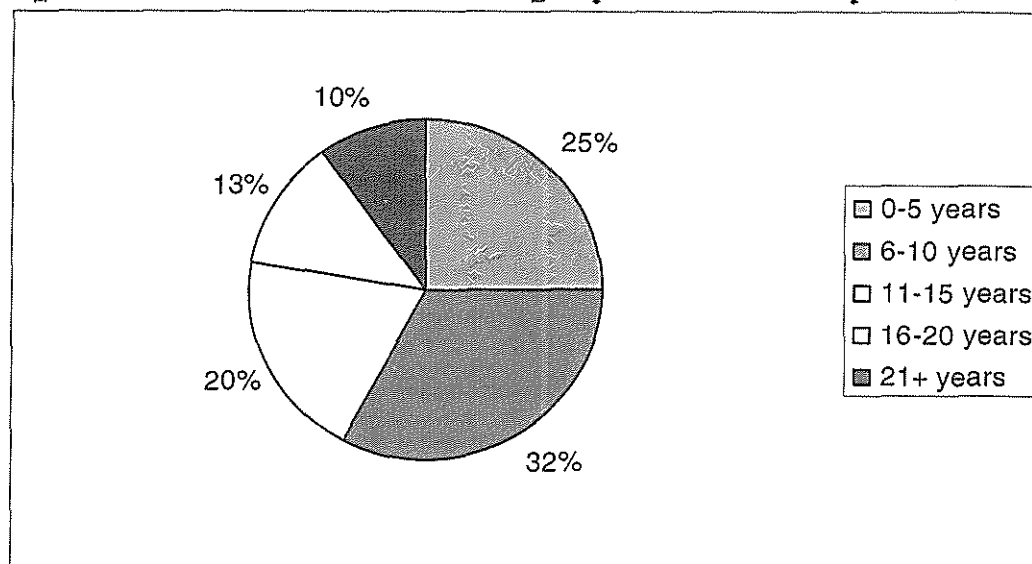
The work experience of respondents was based on five age segments in form of, below 5 years, 6-10 years, 11-15 years, 16-20 years and over 21 years. Out of 120 respondents; 30 (25%) had experience between 0-5 years, 39 (32.5%) had 6-10 years, 24 (20%) had between 11-15 years, 15 (12.5%) had experience between 16-20 years and 12 (10%) had experience from 21 years and above. This information is presented in h table below;

**Table 4.3 Parents working experience of the respondents**

Working experience of respondents	Frequency	Mean	Ratio	Percentage (%)
0-5 years	30	4	1:4	25
6-10 years	39	3.1	13:40	32.5
11-15 years	24	5	1:5	20
16-20 years	15	8	1:8	12.5
21+ years	12	10	1:10	10
<b>Total</b>	<b>120</b>	<b>1</b>	<b>1:1</b>	<b>100</b>

**Source:** Research field findings 2009

**Figure 4.2 Pie chart shows the Working Experience of the Respondents**



**Source:** Research field findings 2009

The working experience was investigated because it enabled the researcher to estimate the income levels of the respondents that influence them to take drugs.

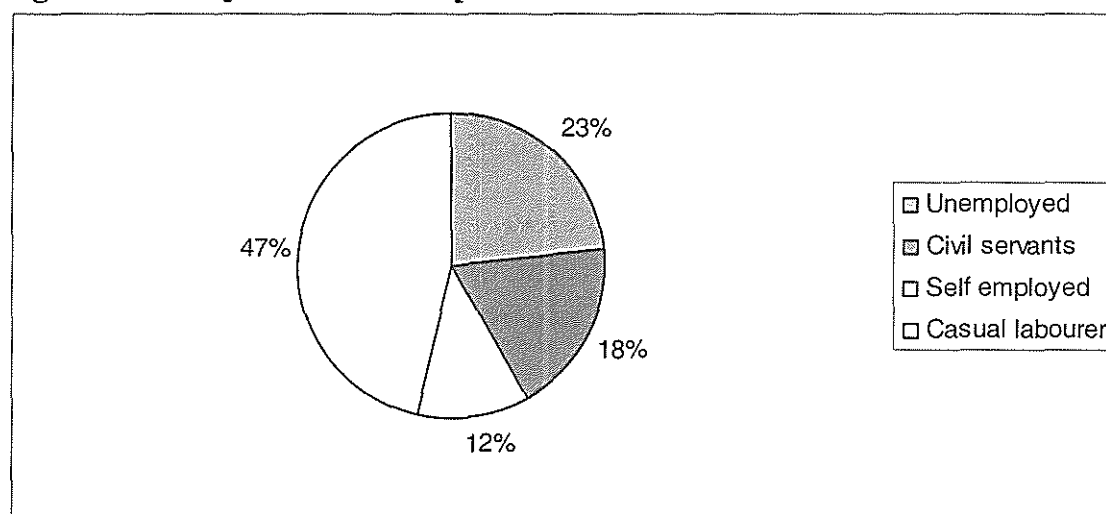
#### **4.1.5 Types of Occupation of the Respondents**

The study investigated this on attributes such as; unemployed, self employed, civil servant and casual labour. Out of 120 respondents; 28 (23.3%) were unemployed, 14 (11.7%) were self empowered, 22 (18.3%) were civil servants and 56 (46.7%) were casual labourers. This information is resented in the table below;

**Table 4.4 Occupation of the Respondents**

Type of occupation	Frequency	Percentage (%)
Unemployed	28	23.3
Civil servants	22	18.3
Self employed	14	11.7
Casual labourer	56	46.7
<b>Total</b>	<b>120</b>	<b>100</b>

**Source:** Research field findings 2009

**Figure 4.3 Occupation of the Respondents**

**Source:** Research field findings 2009

It was established that most of the respondents were casual labourers and constituted 46.7%, unemployed were 23.3%, civil servants were 18.3% and the self-employed were the least at 11.7%. Most of the respondents were low income earners.

#### 4.2 Reasons Why People involve themselves in domestic violence

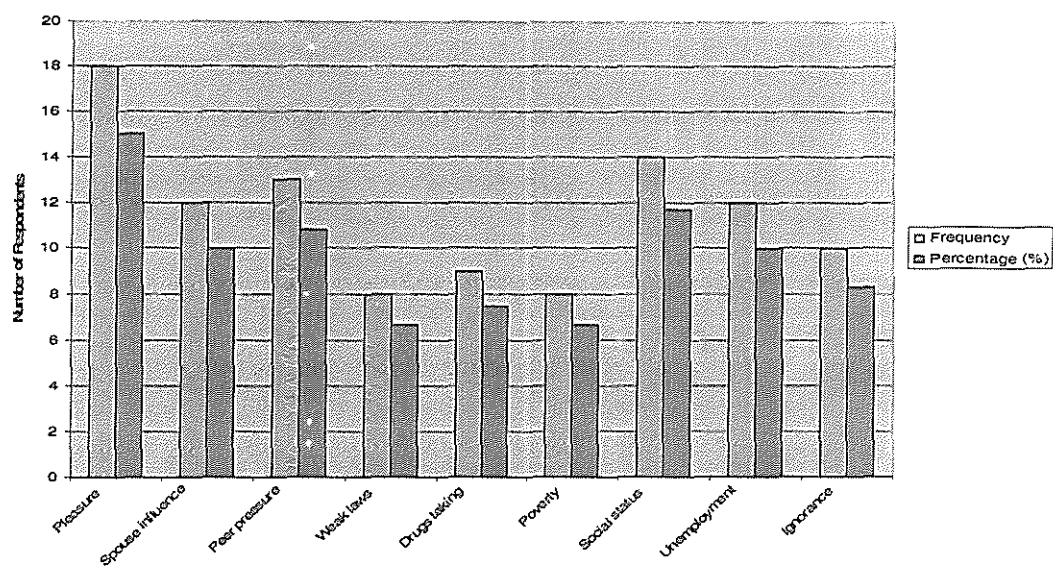
The study found the following reasons to account for domestic violence by the people in Tharaka South Division, Tharaka District of Kenya. These include; pleasure, spouse influence, peer pressure, weak laws to prohibit it, drug taking, ignorance about its effects, poverty and unemployment. The study established that out of 120 respondents; 18 (15%) take it for pleasure, 12 (10%) due to spouse influence, 13 (10.8%) peer pressure, 8 (6.7%) weak laws, 9 (7.5%) drugs taking, 8 (6.7%) poverty, 14 (11.7%) for social status, 12(10%) due to unemployment, 10 (1.3%) due to ignorance and 16(13.3%) due to domestic violence. This information is presented in the table below;

**Table 4.5: Why People engage in domestic violence**

Reasons why people take drugs	Frequency	Percentage (%)
Pleasure	18	15
Spouse influence	12	10
Peer pressure	13	10.8
Weak laws	08	6.7
Drugs taking	09	7.5
Poverty	08	6.7
Social status	14	11.7
Unemployment	12	10
Ignorance	10	8.3
<b>Total</b>	<b>120</b>	<b>100</b>

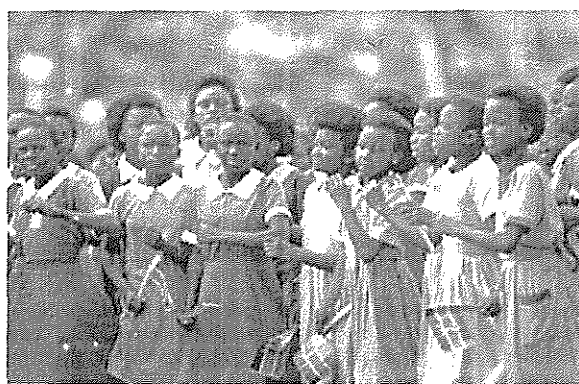
**Source:** Research Field Study 2009

**Figure 4.4 Why People engage in domestic violence**



**Source:** Research Field Study 2009

**Picture 1: Picture Of Pupils in A school in Tharaka South Division**



**Picture Of Pupils in A school in Tharaka South Division**

## CHAPTER FIVE

### DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.0 Overview

This chapter presents the general summary of the study, researcher's suggestions, questionnaires, interview and letters of permission.

#### 5.1 Discussion on the findings

The study found out that, the major reasons that lead people engage in domestic violence, for pleasure, spouse influence, peer pressure, weak laws, its drugs taking, and its poverty, for social status, unemployment, and ignorance of the people and poverty among other reasons.

Most people engage in domestic violence for pleasure. In Tharaka South people who take local brew converge in various Trading centres such as Tharaka, take, dance and eat. These people end up taking it irresponsibly and commit criminal acts such as domestic abuse and family neglect.

Spouse influence was another reason for domestic violence. Most women reported that their husbands induce them to engage in domestic violence especially when they have little misunderstanding in the house. Some people are of a view that those that do not beat their spouses do not enjoy life and are not "men enough" in the village according to one of the local administrators.

The study revealed that there are so many people suffering from poverty and disease. A lot of people are infected with HIV /AIDS and think they have no future such many people have become part of domestic violence. John one of the residents noted that his son started taking irresponsibility when he knew he was HIV infected. ANPPCAN



(2008) relates Excessive taking to problems in families where the culprits argue that they want to forget their problems.

Most youths start fighting due to peer group influence. Most adolescents adapt a lot of habits due to lack of self control and irresponsible parenthood. Samuel one of the NGO workers noted that even adults turn their homes taking places by using them as drugs taking places. McKean M (2006) similarly noted that taking clubs in Kenya highly account for increasing number of people who take drugs.

Cultural influence has attracted a lot of people to engage in domestic violence; some societies perceive that whenever a new bride is brought home then she must be welcomed by some beatings so that she can tore the new family life, if this is not done then, the ghosts will become annoyed

There is a high level of moral decadence among various families due to multiplicity of reasons. Domestic violence due irresponsible marriages, premature marriage, influence of western culture through immoral acts such as homosexuality and Lesbianism, sex abuse, disruption pf cultural values among other factors are major causes of moral decadence. Some local administrators noted with concern that the young, youth and adults highly disrespect leaders in that they hardly perceive their views as important. Similarly Tutu (2007) noted that people have evaded God that is why immoral practices catalyzed by drugs taking are common. Whenever one loses proper ethics, practices like drug abuse are inevitable.

The high levels of unemployment have made people redundant and desperate. High tension has developed in formulating ways of survival. Many people engage in domestic violence so as to solve problems in the house and also run away from responsibilities. The disappointed people resume to violence to forget their problems.

These governments of developing countries have inappropriate policies that hardly fulfill the needs of the people. There are poor infrastructures, poor legislation system,

poor economic planning among others. There are weak laws that would bar people from domestic violence. These factors such as break up; of cultural systems and poor political systems make it inevitable for people to engage in violence.

In summary, cultural attitudes, pleasure, unemployment, poverty, spouse influence and peer pressure are the major cause of excessive domestic violence in Tharaka.

## **5.2 Study Findings on the Consequences of Drug Abuse on Families**

The study established that domestic violence in Tharaka South Division leads; to

- Older children may be hurt while trying to protect their mother.
- Children in homes where domestic violence occurs may experience cognitive or language problems, developmental delay, stress-related physical ailments (such as headaches, ulcers, and rashes), and hearing and speech problems.
- Many children in homes where domestic violence occurs have difficulties in school, including problems with concentration, poor academic performance, difficulty with peer interactions, and more absences from school.
- Boys who witness domestic violence are more likely to batter their female partners as adults than boys raised in nonviolent homes. There is no evidence, however, that girls who witness their mothers' abuse have a higher risk of being battered as adults.
- Taking responsibility for the abuse.
- Constant anxiety (that another beating will occur) and stress-related disorders.
- Guilt for not being able to stop the abuse or for loving the abuser.
- Fear of abandonment.
- Social isolation and difficulty interacting with peers and adults.
- Low self-esteem.
- Younger children do not understand the meaning of the abuse they observe and tend to believe that they "must have done something wrong." Self-blame can precipitate feelings of guilt, worry, and anxiety.

- Children may become withdrawn, non-verbal, and exhibit regressed behaviors such as clinging and whining. Eating and sleeping difficulty, concentration problems, generalized anxiety, and physical complaints (such as headaches) are all common.

### 5.3 Conclusions

The study analyzed the influence of domestic violence on learners in Tharaka South Division in Tharaka District- Kenya. The purpose of the study was to identify the effect of domestic violence on learners in Tharaka South Division in Tharaka District, and a means of addressing the possible measures. The objectives of the study was to identify the effects of domestic violence on learners.

The study was guided by objectives The objectives of the study was to identify the effects of domestic violence on learners. The study was sought through quantitative and qualitative designs while the latter was derived from documentary review from various libraries.

The study established that, the Older children may be hurt while trying to protect their mother. Children in homes where domestic violence occurs may experience cognitive or language problems, developmental delay, stress-related physical ailments (such as headaches, ulcers, and rashes), and hearing and speech problems. Many children in homes where domestic violence occurs have difficulties in school, including problems with concentration, poor academic performance, difficulty with peer interactions, and more absences from school.

Boys who witness domestic violence are more likely to batter their female partners as adults than boys raised in nonviolent homes. There is no evidence, however, that girls who witness their mothers' abuse have a higher risk of being battered as adults. Taking responsibility for the abuse. Constant anxiety (that another beating will occur) and stress-related disorders. Guilt for not being able to stop the abuse or for loving the

abuser. Fear of abandonment. Social isolation and difficulty interacting with peers and adults. Low self-esteem. Younger children do not understand the meaning of the abuse they observe and tend to believe that they “must have done something wrong.” Self-blame can precipitate feelings of guilt, worry, and anxiety. Children may become withdrawn, non-verbal, and exhibit regressed behaviors such as clinging and whining. Eating and sleeping difficulty, concentration problems, generalized anxiety, and physical complaints (such as headaches) are all common.

The study suggested that; Schools should create a domestic violence response team made up of school personnel with specialized training in conducting in-depth assessments, safety planning, making appropriate community referrals, and facilitating linkages with appropriate services. Alternatively, a school could train existing student support services, family wellness centers, and/or child abuse or crisis teams to fulfill these functions.

School personnel should be prepared to respond appropriately to disclosures of domestic violence and/or violence in teen dating relationships.

All school personnel should be prepared to respond to spontaneous disclosures of students by offering support and assisting them in connecting with the school's domestic violence response team.

Schools should cooperate fully in the enforcement of all court orders, including orders of protection and orders for custody.

Schools should have written authorization from the custodial parent regarding the persons to whom the children can be released in the event of an emergency. This may include having photographs of both the abuser and the persons to whom a child can be released on file with the school.

Schools should actively promote a zero tolerance ethic for domestic violence in the school community, including the development of written policies and procedures for

reinforcing accountability and imposing consequences on students who perpetrate violence on school grounds.

The response to student abusers should be swift, consistent, and commensurate. Appropriate safety-related procedures should be implemented, including necessary school security procedures. These policies should be developed in conjunction with the in-house response team and domestic violence advocacy programs, and should be communicated to parents and to the public at large.

Schools should develop written policies and protocols for dealing with a situation in which a student has been a victim of another student's abuse in a dating relationship.

School personnel should also integrate parental notification into the policies and procedures should there be a violation of school imposed expectations of the abuser and/or a violation of an order of protection.

#### **5.4 Recommendations**

With reference to the above findings, the following recommendations were made;

- Schools should create a domestic violence response team made up of school personnel with specialized training in conducting in-depth assessments, safety planning, making appropriate community referrals, and facilitating linkages with appropriate services. Alternatively, a school could train existing student support services, family wellness centers, and/or child abuse or crisis teams to fulfill these functions.
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School personnel should also integrate parental notification into the policies and procedures should there be a violation of school imposed expectations of the abuser and/or a violation of an order of protection.

- Schools should develop a plan by which to provide crisis debriefing to students and faculty in the event a domestic violence-related incident occurs on school grounds and/or a fellow student or teacher is harmed in a domestic violence-related incident.
- Domestic violence and, when age-appropriate, abuse and violence in teen dating relationships should be addressed in classes dealing with health and/or life skills, such as Health Education. Education should include issues related to gender equity, sexual harassment, and safety planning, and should also provide information on the services and support available for affected students and/or their parents. In addition, domestic violence-related information should be integrated into other subjects areas.
- Resources available through school libraries should include age-appropriate books and other information on domestic violence, violence in teen dating relationships, gender equity, and sexual harassment.

Available information should include informational resources, as well as information regarding potential sources of help, both through the school and the larger community.

- All school personnel should receive comprehensive and ongoing training on domestic violence, including violence in teen dating relationships.

Personnel who should receive training include school faculty, nurses, health office assistants, teachers' aides, bus drivers, superintendents, school board members, and employee relations staff. The training program should include indicators of domestic violence, the impact of domestic violence on children, the dynamics of battering, and resources available in the community and in the school. Training should also include guidance in teaching issues related to gender equity and sexual harassment.

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## APPENDICES

### APPENDIX A: Questionnaire for Respondents

This research is carried out with an aim of **‘Investigating the effects of domestic violence on the learners** in your area. You are therefore humbly requested to give answers to this questionnaire to make this study a success. The results of this study will be treated with at most confidentiality and will be for academic purposes.

#### Instructions

- i) Be precise and concise
- ii) Answer as instructed before each section.

#### SECTION A

##### (Personal Identification)

From 1-5 tick the most appropriate answer of your choice among the objective given or give your own view.

1. sex?

a) Male	<input type="checkbox"/>	b) Female	<input type="checkbox"/>
---------	--------------------------	-----------	--------------------------

2. What is your marital status?

a) Married	<input type="checkbox"/>	c) Divorced	<input type="checkbox"/>
b) Single	<input type="checkbox"/>	d) Widow/Widower	<input type="checkbox"/>

3. What is your level of education?

- |                    |                          |                            |                          |
|--------------------|--------------------------|----------------------------|--------------------------|
| a) Primary level   | <input type="checkbox"/> | d) Degree level            | <input type="checkbox"/> |
| b) Secondary level | <input type="checkbox"/> | e) Master's degree level   | <input type="checkbox"/> |
| c) Diploma level   | <input type="checkbox"/> | f) Doctorate of Philosophy | <input type="checkbox"/> |

4. What is your working experience?

- |                     |                          |                  |                          |
|---------------------|--------------------------|------------------|--------------------------|
| a) Below five years | <input type="checkbox"/> | c) 16-20 years   | <input type="checkbox"/> |
| b) 6-10 years       | <input type="checkbox"/> | d) over 20 years | <input type="checkbox"/> |

5. What do you do for a living?

.....

## SECTION B

**(Reasons Why People Engage in Domestic Violence)**

6. What are the reasons for excessive domestic violence in this area?

Tick those mentioned.

Reasons	Tick
a) Pleasure	
b) Spouse influence	
c) Peer pressure	
d) No laws to prohibit it	

e) Poverty	
f) Culture	
g) For social status	
h) Any other reason (record below)	

### SECTION C

#### Consequences of Domestic violence on learners

7. What are the consequences of domestic violence taking on learners in your area?

Tick those mentioned

Consequences	Tick
a) Emmotional:- <ul style="list-style-type: none"> <li>• shock, terror, guilt, horror, irritability, anxiety, hostility, and depression.</li> </ul>	

<p>b) Cognitive:-</p> <ul style="list-style-type: none"> <li>• concentration impairment, confusion, self-blame, intrusive thoughts about the traumatic experience(s) (also referred to as flashbacks), lowered self-efficacy, fears of losing control, and fear of reoccurrence of the trauma.</li> </ul>	
<p>c) Biologically-based responses:-</p> <ul style="list-style-type: none"> <li>• sleep disturbance (i.e., insomnia), nightmares, an exaggerated startle response, and psychosomatic symptoms.</li> </ul>	
<p>d) Behavioral responses</p> <ul style="list-style-type: none"> <li>• avoidance, social withdrawal, interpersonal stress (decreased intimacy and lowered trust in others), and substance abuse.</li> </ul>	
<p>e) Any other effects (record below)</p>	

## SECTION D

### (Solutions to Problems that Result from Domestic Violence)

8. What can we do to reduce domestic violence in this area?

Tick those mentioned.

Solutions	Tick
a) Local administrators should educate people on dangers of domestic violence	
• Schools should develop written policies and protocols for dealing with a situation in which a student has been a victim of another student's abuse in a dating relationship.	
b) Schools should cooperate fully in the enforcement of all court orders, including orders of protection and orders for custody.	
c) Schools should create a domestic violence response team made up of school personnel with	



specialized training in conducting in-depth assessments, safety planning, making appropriate community referrals, and facilitating linkages with appropriate services.	
<ul style="list-style-type: none"><li>• School personnel should be prepared to respond appropriately to disclosures of domestic violence and/or violence in teen dating relationships.</li></ul>	
d) Any other solutions (record below)	

**Thank you**