

**THE IMPACT OF DOMESTIC VIOLENCE ON FAMILY RELATIONSHIPS  
AND DEVELOPMENT IN KAMPALA DISTRICT  
A CASE STUDY OF NSAMBYA PARISH**

**BY**

**AMIA GRACE BITHUM**

**A DISSERTATION SUBMITTED TO THE COLLEGE OF HUMANITIES  
AND SOCIAL SCIENCES FOR PARTIAL FULFILMENT OF THE  
REQUIREMENT FOR THE AWARD OF BACHELOR'S  
DEGREE OF GUIDANCE AND COUNSELING OF  
KAMPALA INTERNATIONAL  
UNIVERSITY**


**AUGUST, 2013**

## DECLARATION

I, Amia Grace Bithum, declare that the material in this dissertation has been done entirely by me and has not been presented elsewhere for any academic award.

AMIA GRACE BITHUM

Sign.....

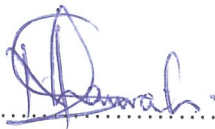
Date ..

### APPROVAL

This is to certify that this dissertation by Amia Grace Bithum has been done under my supervision and is ready for Submission to the College of Humanities Social Sciences for examination with my approval.

**Ms Nassiwa Shamirah**

**(Supervisor)**

Signature.....

DATE: .....22nd August 2013.....

## **DEDICATION**

I would like to dedicate this research work to my parents who did contribute too much and my brothers and sisters for their unifying support both financially and morally. Lastly to my friends for advice they injected in me while pursuing this course. Thank you, may the Almighty God bless you.

## ACKNOWLEDGEMENTS

Above all am grateful to the Almighty God for His Grace and favor upon the completion of this work.

To the college of Humanities and Social Sciences, my supervisor Ms Nassiwa Shamirah. Thank you so much for sacrificing a lot of your time, may the Almighty God bless you.

I appreciate with gratitude the assistance of various other people, whom their contributions have been instrumental in the course of my studies. To my family, I appreciate your kindness exhibited entirely in the enduring moments of my study.

My thanks also go to all my respondents, my lecturers, and my course mates and friends, in general for providing the necessary conducive learning environment to complete the course. To my relatives who prayed for me and tolerated my inconveniences I have caused them in one way or another, contributed enormously to my academic success. However, all errors and omissions are entirely mine.

God bless you all.

## TABLE OF CONTENTS

DECLARATION.....	i
APPROVAL.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENTS .....	iv
TABLE OF CONTENTS .....	v
LIST OF TABLES.....	viii
ABSTRACT .....	ix
<b>CHAPTER ONE .....</b>	<b>1</b>
INTRODUCTION .....	1
1.1 Background of the study .....	1
1.3 Purpose of the study .....	3
1.4 Objectives of the study. ....	3
1.5 Research questions .....	3
1.6 Scope of the study. ....	4
<b>CHAPTER TWO .....</b>	<b>5</b>
REVIEW OF RELATED LITERATURE.....	5
2.0 Introduction .....	5
2.2 Factors ccontributing to Domestic Violence.....	8
2.3 Domestic Violence and Its Impact on Development.....	13
<b>CHAPTER THREE .....</b>	<b>22</b>
METHODOLOGY .....	22

3.0 Introduction .....	22
3.1 Research design .....	22
3.2 Target Population.....	22
3.3 Sample and sampling procedure .....	22
3.4 Data collection .....	22
3.5 Data analysis techniques.....	22
3.6 Validity and reliability of the instruments .....	23
3.8.1 Validity of the instruments .....	25
3.8.2 Reliability .....	25
3.9 Data analysis and Presentation.....	26
3.9.1 Editing and Spot Checking .....	26
3.9.2 Coding .....	26
3.10 Limitations.....	26
3.11 Ethical considerations.....	27
<b>CHAPTER FOUR.....</b>	<b>28</b>
PRESENTATION, ANALYSIS AND DISCUSSION OF THE FINDINGS .....	28
4.0 Introduction .....	28
4.1 Socio-demographic Characteristics.....	28
4.1.1 Age of the respondents .....	28
4.1.2 Marital Status of the respondents .....	29
4.1.3 Gender of respondents .....	29
4.1.3 Education background of respondents.....	30

4.2 Forms of domestic violence.....	30
4.3 Causes of Domestic Violence among Families.....	32
4.4 Impact of Domestic Violence on a Family .....	33
<b>CHAPTER FIVE .....</b>	<b>34</b>
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS .....	34
5.0 Introduction .....	34
5.1.0 Summary findings .....	34
5.1.1 Socio-demographic Characteristics .....	34
5.1.2 Forms of domestic violence.....	34
5.1.3 Factors contributing to domestic violence.....	35
5.1.4 Impacts of Domestic Violence.....	36
5.2 Conclusion.....	37
5.3 Recommendations.....	37
5.4 areas for further research .....	38
REFERENCES .....	39
APPENDIX I: RESEARCH INSTRUMENTS .....	43
A. QUESTIONNAIRE ADDRESSED TO RESPONDENTS .....	43
B. INTERVIEW GUIDE.....	46



## LIST OF TABLES

Table 1 Age distribution of respondent .....	28
Table 2 Marital status of the respondents .....	29
Table 3 Gender of the respondents .....	30
Table 4: Educational level of the respondents.....	30
Table 5. Forms of domestic violence.....	31
Table 6. Causes of domestic violence among families.....	32

## ABSTRACT

The purpose of the study was to establish the impact of domestic violence on family relationships and development. It was guided the following objectives that included 1) to identify the different forms of domestic violence existing among families in our community 2) to identify the causes of domestic violence among families and 3) to examine the impact of domestic violence on family relationship and development .The study employed a descriptive survey design in its methodology and a sample size of 80 respondents participated in the study. From the study findings, it was revealed that Emotional violence as the leading form of domestic violence in families, Honor killings and acid throwing were among the forms of domestic violence. Jealousy was the leading factor for domestic violence. Other causes included; Mental illness, Termination of the Relationship and socioeconomic status. Child abuse was reported to be leading impact of domestic violence; substance abuse and Poverty marital conflict were the other effects. The study recommended that Education outreach should becoming major parts of establishing a more effective program for preventing domestic violence at home. Reduction in the supply of drugs. Drug abuse solutions can be viewed from many perspectives. On a national level, solutions are based and discussed in terms of the reduction in supply of drugs. From a social perspective, solutions are usually discussed in terms of prevention, early intervention and treatment, Sensitization. Prevention is better than cure. This adage holds good in fighting domestic violence too. Public education campaigns and stricter laws regarding domestic violence are measures that can adopted. Many areas have created coalitions of community and business leaders to address the problem of domestic violence, dealing with peer pressure. The biggest reason for domestic violence is because their friends utilize peer pressure. No one likes to be left out, and teens and some adults, too find themselves doing things they normally wouldn't do, just to fit in.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of the study

Domestic violence is a complex issue to research as the extent and forms of its occurrence remain largely hidden and there is a great degree of social acceptance of the issue. Data should be interpreted carefully as women often under-report violence out of a feeling of shame or because they do not view certain acts as violent (IIPS and OR Macro, 2000; NCLEN, 2000; Jejeebhoy, 1998b). According to NFHS 2, 21 percent of ever-married women in India have been physically mistreated by their husbands, in-laws or other persons since age 15; 19 percent have been beaten by their husbands; and 11 percent had been beaten in the 12 months prior to the study (IIPS and ORC Macro, 2000). While National Crimes Records Bureau figures reveal an increase in reporting of gender-based violence from 31 percent in 1995 to 45 percent in 1999 (NCRB, 1995-99), evidence is also emerging from population-based surveys suggesting that between 21 to 48 percent of women from different socio-cultural settings in India have experienced physical violence (INCLEN, 2000; Jejeebhoy, 1998b; Verma and Collumbien, 2003; Visaria, 1999b). These estimates are corroborated by studies investigating reporting patterns of men, with 21 - 40 percent of men in different studies reporting perpetrating physical violence (Duvvury, et al. 2002;

Martin et al., 1999; Verma and Collumbien, 2003). Estimates from facility-based surveys, such as hospitals, courts, NGOs and police records, reflect similar prevalence rates (Daga, et al. 1998; Jaswal, 2000). A closer scrutiny of the prevalence rates reveals some state-wise variation. Tamil Nadu shows the highest prevalence, with 40 percent of the women reporting experiencing physical violence since age 15. Andhra Pradesh, Karnataka, Meghalaya, Arunachal Pradesh, Mizoram, Orissa, Bihar and Jammu and Kashmir have prevalence rates higher than 20 percent. Himachal Pradesh shows the lowest prevalence rate at 5.8 percent, followed by Kerala (10.1 percent) and Gujarat (10.2 percent) (IIPS and ORC Macro, 2000).

An examination of the National Crimes Records Bureau statistics reveals that reporting of crimes against women at home, or cruelty by husband and his relatives, are higher in districts like Kayunga and Mukono (80 cases per million Journal of Emerging Trends in Educational

Research and Policy Studies (JETERAPS) 1 (2): 65-75 Scholar link Research Institute Journals, 2010 [jeteraps.scholarlinkresearch.org](http://jeteraps.scholarlinkresearch.org) Journal of Emerging Trends in Educational Research and Policy Studies (JETERAPS) 1 (2): 65-75 population) and Gujarat (82 cases per million population) (NCRB, 1995-99). While it is difficult to draw definite conclusions from data about the state wise variation, it can be clearly said that domestic violence is a country-wide phenomena.

The Kenyan case might not be different. Women in Kenya are specifically vulnerable; violence against women is widespread and persists in all layers of society. The Attorney-General of Kenya acknowledged in 1999 that “Violence against women pervades all social and ethnic groups. It is a societal crisis that requires concerted action to stem its scourge... Culture does influence the relationship between the various groups in society and ... some cultural practices, beliefs and traditions have had the tendency to relegate women to second class status in society thereby not only violating their rights as human beings (but also) leading to discrimination against women. Some... customs and cultural practices have found their way not only into law as justification for violence against women.” (Amos, W. 1999). As a result, this study will seek to establish the impact of domestic violence on family relationships and development violence in Kampala district, Nsambya parish with the hope of it being an eye-opener to the reality of the situation. For the purpose of this study, the term “domestic violence” includes violence against women and girls by an intimate partner, including a cohabiting partner, and by other family members, whether this violence occurs within or beyond the confines of the home.

While recognizing that other forms of violence are equally worthy of attention, this study does not cover the violence inflicted on women by strangers outside the home – in public places such as streets, Journal of Emerging Trends in Educational Research and Policy Studies (JETERAPS) 1 (2): 65-75 workplaces or in custody, or in situations of civil conflict or war. It did not look at the issue of violence against domestic workers, as this is perpetrated by individuals who are not related. As a result, this study will seek to establish impact of domestic violence on family relationships and development in Kampala district

## **1.2 Statement of the problem**

Domestic violence against women is a serious and widespread problem in Nsambya parish. This is mainly due to traditional culture permitting a man to discipline his wife. Domestic violence if not prevented is associated with adverse outcomes for children's development. Marital conflict has been found to be the strongest risk factor for behavioral problems in children such as social, attention and thought problems, the more frequent and intense episodes of inter parental conflict (violence), the more likely it is that children exhibit problem behaviors. Victims suffer physical injuries, psychological disturbances, emotional and social maladjustments. Based on the above; the researcher feels it necessary to establish the impact of domestic violence on family relationships and development to domestic violence, more so in low-income residential areas.

## **1.3 Purpose of the study**

The purpose of the study was to establish the impact of domestic violence on family relationships and development.

## **1.4 Objectives of the study.**

The researcher was guided by the following objectives;

- i. To identify the different forms of domestic violence existing among families in our community
- ii. To identify the causes of domestic violence among families.
- iii. To examine the impact of domestic violence on family relationship and development
- iv.

## **1.5 Research questions**

1. What are the different forms of domestic violence existing within our community?
2. What are the causes of domestic violence?
3. How does domestic violence impact family relationship and development?

### **1.6. Scope of the study.**

The research was carried out in Nsambya parish. Nsambya is a hill in the center of Kampala, the capital and largest city in Uganda. Nsambya is located approximately 4.8 kilometers (3.0 miles) south-southeast of the central business district of Kampala, along the road to Ggaba, a suburb of the city. The coordinates of Nsambya Hill are: 00 17 57N, 32 35 17E. This study will investigate the many forms of violence existing in Uganda, Africa and the world at large. This vice has a cause of which the researcher will be interested in knowing the cause of this frosty. And lastly the researcher will be interested in establishing the impact of domestic violence in the family. The study will cover a period of 1 year starting from 2012-2013 because this is a period domestic violence increased in Nsambya parish.

### **1.7 Significance of the study**

The study informed the stake holder such as government, ministries responsible for the welfare of the public such as gender and ethics minister, parliamentarians, human rights activists, non government organizations on the many forms of domestic violence that exist within our community. This is important in developing a gender or plan to address this vice. The study was able to trap first hand information on the impact of domestic violence on family relationship. The families in Kampala particularly (Nsambya) will benefit from the research because it will help them to handle and counsel those families affected by domestic violence to reduce and eliminate this in- human and degrading act. The community leaders benefit from the study by learning about the causes of domestic violence among families and new skills of addressing this problem. Having an understanding of the forms, cause and impact of domestic violence on the family relationship and its development. Constructive and systematic steps to rectify the vice will be taken above instantly and the sooner the better. The measures included enacting laws to protect women and children against abuse, offering sensitization and community awareness about the dangers of violence in homes, provision of free services to the public like Medicare, education and other social services to vulnerable groups.

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

#### **2.0 Introduction**

This chapter presents a review of existing literature relevant to the impact of domestic violence on family relationships and development in Kampala district, a case study of Nsambya parish. It will be based on the assessment of various scholars, writers and researchers who have studied this problem before and analyze the accuracy and their appropriateness of their findings as well as assessing the applicability of their conclusions and recommendations.

#### **2.1 Forms of Domestic Violence**

##### **Emotional**

Emotional abuse (also called psychological abuse or mental abuse) can include humiliating the victim privately or publicly, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, implicitly blackmailing the victim by harming others when the victim expresses independence or happiness, or denying the victim access to money or other basic resources and necessities. Degradation in any form can be considered psychological abuse. Emotional abuse can include verbal abuse and is defined as any behavior that threatens, intimidates, undermines the victim's self-worth or self-esteem, or controls the victim's freedom. This can include threatening the victim with injury or harm, telling the victim that they will be killed if they ever leave the relationship, and public humiliation. Constant criticism, name-calling, and making statements that damage the victim's self-esteem are also common verbal forms of emotional abuse. Emotional abuse includes forceful efforts to isolate the victim, keeping them from contacting friends or family. This is intended to eliminate those who might try to help the victim leave the relationship and to create a lack of resources for them to rely on if they were to leave. Isolation results in damaging the victim's sense of internal strength, leaving them feeling helpless and unable to escape from the situation. People who are being emotionally abused often feel as if they do not own themselves; rather, they may feel that their significant other has nearly total control over them. Women or

men undergoing emotional abuse often suffer from depression, which puts them at increased risk for suicide, eating disorders, and drug and alcohol abuse.( Amos Wako, (1999)

### **Verbal**

Verbal abuse is a form of emotionally abusive behavior involving the use of language. Verbal abuse can also be referred to as the act of threatening. Through threatening a person can blatantly say they will harm you in any way and will also be considered as abuse. It may include profanity but can occur with or without the use of expletives. Verbal abuse may include aggressive actions such as name-calling, blaming, ridicule, disrespect, and criticism, but there are also less obviously aggressive forms of verbal abuse. Statements that may seem benign on the surface can be thinly veiled attempts to humiliate; falsely accuse; or manipulate others to submit to undesirable behavior, make others feel unwanted and unloved, threaten others economically, or isolate victims from support systems .( Amos Wako, (1999).

### **Economic**

Economic abuse is a form of abuse when one intimate partner has control over the other partner's access to economic resources. Economic abuse may involve preventing a spouse from resource acquisition, limiting the amount of resources to use by the victim, or by exploiting economic resources of the victim. The motive behind preventing a spouse from acquiring resources is to diminish victim's capacity to support his/herself, thus forcing him/her to depend on the perpetrator financially, which includes preventing the victim from obtaining education, finding employment, maintaining or advancing their careers, and acquiring assets. In addition, the abuser may also put the victim on an allowance, closely monitor how the victim spends money, spend victim's money without his/her consent and creating debt, or completely spend victim's savings to limit available resources.( Amos Wako, (1999)

### **Honor killings**

An honor killing is the homicide of a member of a family or social group by other members, due to the belief of the perpetrators that the victim has brought dishonor upon the family or



community. Although these crimes are most often associated with the Middle East, they occur in other places too.

Honor killings are acts of vengeance, usually death, committed by male family members against female family members, who are held to have brought dishonor upon the family. A woman can be targeted by (individuals within) her family for a variety of reasons, including: refusing to enter into an arranged marriage, being the victim of a sexual assault, seeking a divorce even from an abusive husband or (allegedly) committing adultery. The mere perception that a woman has behaved in a way that "dishonors" her family is sufficient to trigger an attack on her life. (Amos Wako, (1999)

### **Acid throwing**

Acid throwing, also called an acid attack or vitriol age is defined as the act of throwing acid onto the body of a person "with the intention of injuring or disfiguring [them] out of jealousy or revenge". Perpetrators of these attacks throw acid at their victims, usually at their faces, burning them, and damaging skin tissue, often exposing and sometimes dissolving the bones. The long term consequences of these attacks include blindness and permanent scarring of the face and body. Acid attacks are often connected to domestic disputes in places such as Pakistan and Bangladesh. These attacks are most common in Cambodia, Afghanistan, India, Bangladesh, and Pakistan and other nearby countries. (Amos Wako, (1999)

### **Dowry violence and bride burning**

In parts of the world, such as South Asia, the custom of dowry is related to severe forms of violence, including murder. Bride burning is a form of domestic violence in which a bride is killed at home by her husband or husband's family due to his dissatisfaction over the dowry provided by her family. The act is often a result of demands for more or prolonged dowry after the marriage. It is a major problem in countries such as India. Dowry death refers to the phenomenon of women and girls being killed or committing suicide due to disputes regarding dowry. (Jejeebhoy, Shireen,1998).

## **2.2 Factors contributing to Domestic Violence**

Understanding the risk factors associated with domestic violence will help you frame some of your own local analysis questions, determine good effectiveness measures, recognize key intervention points, and select appropriate responses. Risk factors do not automatically mean that a person will become a domestic violence victim or an offender. Also, although some risk factors are stronger than others, it is difficult to compare risk factor findings across studies because of methodological differences between studies. (Jejeebhoy, Shireen, 1998).

### **Age**

The female age group at highest risk for domestic violence victimization is 16 to 24. Among one segment of this high-risk age group undergraduate college students 22 percent of female respondents in a Canadian study reported domestic violence victimization, and 14 percent of male respondents reported physically assaulting their dating partners in the year before the survey. And although the victimization of teen girls is estimated to be high, it is difficult to “untangle defensive responses from acts of initial violence against a dating partner.” (Jejeebhoy, Shireen, 1998).

### **Socioeconomic Status**

Although domestic violence occurs across income brackets, it is most frequently reported by the poor who more often rely on the police for dispute resolution. Victimization surveys indicate that lower-income women are, in fact, more frequently victims of domestic violence than wealthier women. Women with family incomes less than \$7,500 are five times more likely to be victims of violence by an intimate than women with family annual incomes between \$50,000 and \$74,000. Although the poorest women are the most victimized by domestic violence, one study also found that women receiving government income support payments through Aid for Families with Dependent Children (AFDC) were three times more likely to have experienced physical aggression by a current or former partner during the previous year than non-AFDC supported women. (Visaria, 1999).

## **Race**

Overall, in the United States, blacks experience higher rates of victimization than other groups: black females experience intimate violence at a rate 35 percent higher than that of white females, and black males experience intimate violence at a rate about 62 percent higher than that of white males and about two and a half times the rate of men of other races. Other survey research, more inclusive of additional racial groups, finds that American Indian/Alaskan Native women experience significantly higher rates of physical abuse as well. It is unclear how much of the differences in victimization rates by race is the result of willingness to reveal victimization to survey interviewers (Tjaden and Thoennes, 2000).

## **Repeat Victimization**

Domestic violence, generally, has high levels of repeat calls for police service. For instance, police data in West Yorkshire (United Kingdom) showed that 42 percent of domestic violence incidents within one year were repeat offenses, and one-third of domestic violence offenders were responsible for two-thirds of all domestic violence incidents reported to the police. It is likely that some victims of domestic violence experience physical assault only once and others experience it repeatedly over a period as short as 12 months. British research suggests that the highest risk period for further assault is within the first four weeks of the last assault. (Visaria,1999).

## **Termination of the Relationship**

Although there is a popular conception that the risk of domestic violence increases when a couple separates, in fact, most assaults occur during a relationship rather than after it is over. However, still unknown is whether the severity (as opposed to the frequency) of violence increases once a battered woman leaves. (Visaria,1999).

## **Pregnancy**

Contrary to popular belief, pregnant women are no more likely than non-pregnant women to be victims of domestic violence. In fact, some women get a reprieve from violence during

pregnancy. The risk of abuse during pregnancy is greatest for women who experienced physical abuse before the pregnancy. Some additional factors increase the risk during pregnancy: being young and poor and if the pregnancy was unintended. Physical abuse during the pregnancy can result in pre-term delivery, low birth weight, birth defects, miscarriage, and fetal death. (Cleaver, et al, 1999)

### **Psychological**

Psychological theories focus on personality traits and mental characteristics of the offender. Personality traits include sudden bursts of anger, poor impulse control, and poor self-esteem. Various theories suggest that psychopathology and other personality disorders are factors, and that abuse experienced as a child leads some people to be more violent as adults. Correlation has been found between juvenile delinquency and domestic violence in adulthood. Studies have found high incidence of psychopathy among abusers. However, these psychological theories are disputed: Gelles suggests that psychological theories are limited, and points out that other researcher have found that only 10% (or less) fit this psychological profile. He argues that social factors are important, while personality traits, mental illness, or psychopathy are lesser factors. (Cleaver, et al, 1999)

### **Mental illness**

Many psychiatric disorders are risk factors for domestic violence, including several personality disorders: all Cluster B PDs, (especially antisocial), paranoid and passive-aggressive. Bipolar disorder, schizophrenia, drug abuse, alcoholism and poor impulse control are also risk factors. It is estimated that at least one-third of all abusers have some type of mental illness. (Holder 1998)

### **Marital conflict disorder**

The American Psychiatric Association planning and research committees for the forthcoming DSM-5 (2013) have canvassed a series of new Relational disorders which include Marital Conflict Disorder Without Violence or Marital Abuse Disorder (Marital Conflict Disorder With Violence). Couples with marital disorders sometimes come to clinical attention because the couples recognize long-standing dissatisfaction with their marriage and come to the clinician on

their own initiative or are referred by an astute health care professional. Secondly, there is serious violence in the marriage which is -"usually the husband battering the wife". In these cases the emergency room or a legal authority often is the first to notify the clinician. Most importantly, marital violence "is a major risk factor for serious injury and even death and women in violent marriages are at much greater risk of being seriously injured or killed (National Advisory Council on Violence Against Women .The authors of this study add that "There is current considerable controversy over whether male-to-female marital violence is best regarded as a reflection of male psychopathology and control or whether there is an empirical base and clinical utility for conceptualizing these patterns as relational." . (Holder, 1998)

### **Jealousy**

Many cases of domestic violence occur due to jealousy when one partner is either suspected of being unfaithful or is planning to leave the relationship. An evolutionary psychology explanation of such cases of domestic violence against a woman is that they represent male attempts to control female reproduction and ensure sexual exclusivity through violence or the threat of violence. (Holder, R, 1998)

### **Behavioral**

Behavioral theories draw on the work of behavior analysts. Applied behavior analysis uses the basic principles of learning theory to change behavior. Behavioral theories of domestic violence focus on the use of functional assessment with the goal of reducing episodes of violence to zero rates. This program leads to behavior therapy. Often by identifying the antecedents and consequences of violent action, the abusers can be taught self control. Recently more focus has been placed on prevention and a behavioral prevention theory (Laing, 2000)

### **Social stress**

Stress may be increased when a person is living in a family situation, with increased pressures. Social stresses, due to inadequate finances or other such problems in a family may further increase tensions. Violence is not always caused by stress, but may be one way that some people respond to stress. Families and couples in poverty may be more likely to experience domestic

violence, due to increased stress and conflicts about finances and other aspects. Some speculate that poverty may hinder a man's ability to live up to his idea of "successful manhood", thus he fears losing honor and respect. Theory suggests that when he is unable to economically support his wife, and maintain control, he may turn to misogyny, substance abuse, and crime as ways to express masculinity. (Laing, 2000)

### **Social learning theory**

Social learning theory suggests that people learn from observing and modeling after others' behavior. With positive reinforcement, the behavior continues. If one observes violent behavior, one is more likely to imitate it. If there are no negative consequences (e. g. victim accepts the violence, with submission), then the behavior will likely continue. Often, violence is transmitted from generation to generation in a cyclical manner. (Laing, L, 2000)

### **Power and control**

In abusive relationships, violence is posited to arise out of a need for power and control of one partner over the other. An abuser will use various tactics of abuse (e.g., physical, verbal, emotional, sexual or financial) in order to establish and maintain control over the partner. Abusers' efforts to dominate their partners have been attributed to low self-esteem or feelings of inadequacy, unresolved childhood conflicts, the stress of poverty, hostility and resentment toward women (misogyny), hostility and resentment toward men (misandry), personality disorders, genetic tendencies and socio-cultural influences, among other possible causative factors. Most authorities seem to agree that abusive personalities result from a combination of several factors, to varying degrees. (Laing, L, 2000) .A causalist view of domestic violence is that it is a strategy to gain or maintain power and control over the victim. This view is in alignment with Bancroft's "cost-benefit" theory that abuse rewards the perpetrator in ways other than, or in addition to, simply exercising power over his or her target(s). He cites evidence in support of his argument that, in most cases, abusers are quite capable of exercising control over themselves, but choose not to do so for various reasons.

An alternative view is that abuse arises from powerlessness and externalizing/projecting this and attempting to exercise control of the victim. It is an attempt to 'gain or maintain power and

control over the victim' but even in achieving this it cannot resolve the powerlessness driving it. Such behaviors have addictive aspects leading to a cycle of abuse or violence. Mutual cycles develop when each party attempts to resolve their own powerlessness in attempting to assert control. Questions of power and control are integral to the widely utilized Duluth Domestic Abuse Intervention Project. They developed a "Power and Control Wheel" to illustrate this: it has power and control at the center, surrounded by spokes (techniques used), the titles of which include: coercion and threats, intimidation, emotional abuse, isolation, minimizing, denying and blaming, using children, economic abuse, and male privilege. The model attempts to address abuse by challenging the misuse of power by the perpetrator.

### **2.3 Domestic Violence and Its Impact on Development**

This is an edited version of a presentation delivered at the Department of Community Services' Fourth Domestic Violence Forum held at the NSW Parenting Centre, Old Bidura House Ballroom, Glebe, on 24 September 2002. When we talk about the impact of domestic violence on children's development, we are considering the effects on children of living in a home where spousal abuse is occurring. Children are living in most homes where there is domestic violence. 'Research on children who witness family violence is a special case of counting the hard-to-count and measuring the hard-to-measure' (Fantuzzo, Boruch, Beriana, Atkins & Marcus, 1997; p.121), so it is impossible to be definitive about the number of families affected.

However, several studies have found that 85-90% of the time when a violent incident took place in a domestic situation, children were present and children were also abused during the violent incident in about 50% of those cases (Queensland Domestic Taskforce, 1998; Cleaver et al, 1999, cited in Fleischer, 2000). Childhood is regarded as a period of special protection and rights in western culture. Children's development is expected to unfold within a secure and nurturing environment. Where the environment is infected by violence and fear, all the normal tasks of growing up are likely to be adversely affected. For example, exposure to violence can result in 'regressive' symptoms such as increased bedwetting, delayed language development and more anxiety over separation from parents (Osofsky, 1995, cited in Margolin & Gordis, 2000). These symptoms may affect children's ability to learn to get along with other children or to concentrate in school.

An extensive survey of the research evidence has shown how strongly the experience of violence is associated with adverse outcomes for children's development (Zeanah, Danis, Hirshberg, Benoit, Miller & Heller, 1999; Mathias, Mertin, & Murray, 1995; Cummings & Davies, 1994; Margolin & Gordis, 2000). Marital conflict has been found to be the strongest risk factor for behavioral problems (Marshall & Watt, 1999). It was significantly associated with externalizing and internalizing behaviors and social, attention and thought problems when children were assessed at the age of five. And the more frequent and intense episodes of inter parental conflict were, the more likely it was that children exhibited problem behaviors.

However, there are some difficulties in interpreting this data that we need to keep in mind. First of all, research on children exposed to domestic violence has often looked at children in refuges or shelters. These children are coping not only with the aftermath of frightening domestic incidents but a sudden change of home, of schooling and friendships, adjustment to refuge living and what may have been the breaking of the family secret. In short, there are many significant disruptions to their way of life. They are not typical of most children exposed to domestic violence. Only a tiny minority of families where domestic violence is present (about 6%) have contact with statutory services (Office of the Status of Women, 1998). Most affected children are 'suffering in silence' at home and researchers do not have access to them. Because of all the confounding factors and the impossibility of studying a 'representative' sample of children exposed to domestic violence, 'making definitive statements regarding the child witnessing phenomenon...would be a risky endeavour' (Fantuzzo, Boruch, Beriama, Atkins & Marcus, 1997; p.116). Other studies rely on 'retrospective' accounts, for example, adults with mental health problems looking back on their childhood and remembering incidences of domestic violence. People's memories are distorted and selective and retrospective studies are not a reliable way of teasing out cause-effect relationships.

Poverty, substance abuse, child sexual and physical abuse, parental antisocial personality, maternal depression, parenting style, all may co-occur and complicate the picture. In particular, child physical abuse and domestic violence often co-occur. Estimates place it in the 30-60% range, perhaps higher than that (Edelson, 1999). An interesting finding was that where parent-



child violence was low, witnessing violence between the parents had a significant and adverse effect on adjustment. However, the effect of witnessing violence between parents was negligible when the level of parent-child violence was high (O'Keefe, 1995). This fits in with the idea of a 'hierarchy of needs' (Maslow, 1943), which puts the need for 'safety and security' ahead of 'love and belongingness' needs. Hence, the child who is terrified that they might be hurt or killed may have little emotional energy left over to worry about his or her parent.

Another child who is not in danger but witnesses violence by one parent towards another may be specifically affected by exposure to that violence. What is it about the experience of domestic violence that damages the child? We need to avoid 'the misuse of dramatic, generalizing descriptions of child witnesses of domestic violence, of 'anthologizing' this group of children' (Peled & Davis, 1995; p.110). We can also take a positive approach: what are the protective factors or influences in a child's life which lessen the impact of domestic violence and make the child more able to resist its adverse effects? Children do grow up to be well functioning adults despite these experiences (Humphreys & Mullender, 2000).

Some studies suggest that 30% of boys exposed to inter parental violence will grow up to be violent themselves (Jaffe et al, 1990, quoted in Margolin & Gordis, 2000). This is horrifying, however it still means that 70% will not grow up to be violent and will not go on to 'reproduce the cycle of violence'. We should then consider how society in general and services in particular, can attempt to minimize the harmful effects on children of exposure to domestic violence. Many women are subject to domestic violence while they are pregnant. Some studies put the figure at 42%, with 20% of women experiencing domestic violence for the first time when they are pregnant (Australian Women's Safety Survey, quoted in Laing, 2000; p.9). A Canadian study found pregnant women were four times as likely as other abused women to say that they experienced 'very serious' violence at this time. Some important evidence comes from Dr Julie Quinlivan, working with teenage pregnant women in Western Australia. The incidence of domestic violence among pregnant Australian teenagers is higher than rates reported for the general community. In her research using sheep as subjects, she found that where maternal levels of the stress hormone cortisol are raised during pregnancy, the result is poor fetal growth (which is linked to subsequent development of adult diseases) and effects on brain development (delays in the growth of brain, reduction in the quantity of central nervous system myelination). Defects

in myelination have been linked to hyperactive childhood syndromes such as ADD.<sup>1</sup>She also found deficits in brain cell numbers and increased vulnerability of the brain to toxins and chemicals. She concludes that 'removing any pregnant woman from an environment of abuse may be as critical for the future well-being of her infant as any other possible intervention in modern obstetrics' (Quinlivan, 2000; p.57).Some adverse outcomes of pregnancy and labor, such as miscarriage, low birth weight, stillbirth, the birth of a disabled child, may be attributable to traumatic domestic violence. The stress of violence and abuse may lead to other consequences, for example, failure to obtain adequate nutrition, rest and medical care. One initiative in response to these disturbing facts has been the development of a routine, universal, standardized screening system, implemented in seven Queensland hospitals, to encourage pregnant women to disclose violence. Approximately 8.9% of the women screened disclosed domestic violence, a figure consistent with incidence studies in Brisbane and overseas. Of these 11% of these accepted the offer of help which is built into the screening (Stratigos, 2000).

### **Infancy**

Infants are often directly involved in violent domestic incidents. They are held as a shield by the mother, hit by thrown objects, or intentionally threatened or hurt to terrify the mother. Even when they are apparently lying passively in their cots, infants are exquisitely sensitive to their surroundings and especially to the emotional signals given out by their caregivers, including the caregiver's depressed, anxious, fearful or angry mood. (McIntosh, 2000)

### **Effects of exposure to domestic violence on the developing brain**

At birth, a baby's brain is 25% of its adult weight, increasing to 66% by the end of the first year due to the 'brain growth spurt' which occurs between the seventh prenatal month and the child's first birthday. The developing brain is most vulnerable to the impact of traumatic experiences during this time. New research on brain development suggests that exposure to extreme trauma will change the organization of the brain, resulting in difficulties in dealing with stresses later in life (Perry, 1997). It seems to work this way: Raised levels of the steroid hormone cortisol are a normal response to stress in humans. Frequent and prolonged exposure to elevated cortisol levels may affect the development of a major stress-regulating system in the brain (Cynader and Frost, 1999) either heightening the stress feedback system (leading to hyper vigilance, chronic fear and anxiety, negative mood and problems in attending) or reducing it, leading to depression (De

Bellis et al, 1994; Hart et al 1995, 1996; Putnam and Trickett, 1997, all cited in Margolin and Gordis, 2000). Chronic stress can cause depression of the immune function as well as other body systems controlled by the brain (Coe, 1999). It is not surprising, then, that observed changes in infant behavior include irritability, sleep disturbances, more extreme 'startle' responses and more minor illnesses (Osofsky & Scheeringa 1997, Zeanah & Scheeringa, 1997, cited in Margolin & Gordis, 2000).

### **Disruption of attachment and its consequences**

An enormous number of research studies attest to the truth of the statement that 'the strongest theoretical influence in modern-day studies of infant-parent relationships is attachment theory' (Bee, 2000; p.318). Many of these studies show a link between secure attachment in infancy and later, positive developmental outcomes. Negative consequences have often been found where infant-parent attachments have been classified as insecure. According to the theory, a child's sense of security depends on security of attachment to its earliest caregiver(s) and the quality of this relationship serves as a model of how to relate to people later in life and get what you need from them. If children learn in their earliest relationships that adults are not to be relied upon, the effects are likely to be long-lasting and far-reaching.

Research on attachment in infancy has shown that the more serious the level of partner violence, the higher the likelihood of insecure, specifically disorganized attachments. It seems that frightening or frightened behavior of the caregiver might promote disorganized attachment. While over 70% of infants in 'average' households are generally classified as 'securely attached' over 50% of babies in a sample of mothers who had been the target of domestic violence were classified as having 'disorganized attachment'. The attachment figure (the mother in these cases) is a source of both fear and comfort and babies are both afraid of, and for, their mothers. In these confusing circumstances, the baby does not develop a consistent or coherent strategy for obtaining help and comfort from its mother (Zeanah, Danis, Hirshberg, Benoit, Miller & Heller, 1999).

Research on the link between cortisol levels and attachment status shows a contrast between securely and insecurely attached infants. Raised levels of the steroid hormone cortisol are a normal response to stress in humans. Responsive alleviation by caregivers of infants' distress

leads to a 'buffering' of the neuro endocrine system (HPA) involved in cortisol production. Secure babies are therefore less affected by stress. Insecure infants have elevated cortisol levels even after mild stressors (Gunnar & Barr, 1998). It is as if these babies have been 'primed to be reactive', what has been described as hyper vigilant, that is always on the outlook for danger. As they grow up, this may be protective for children living with violence, but if it means they are hyper-reactive, over sensitive to the possibility of danger at school, this might make them inclined to be aggressive in readiness to defend themselves and therefore unpopular with classmates. There is much research showing the importance of responsive and sensitive mothering in the healthy development of children. Some mothers heroically are able to remain sensitive and responsive to their children's signals despite their own suffering. But others in this situation may be overwhelmed and so full of anxiety that they are not emotionally available to their children. Thus babies are more likely to be deprived of quality parenting where domestic violence is present, with its associated high levels of stress.

### **Childhood**

The dangerous circumstances of home life mean that the young child may not develop a sense of trust or security. So by three years, it has been found that children exposed to domestic violence may respond to adult anger with greater distress and increases in aggression directed at peers. One research found boys were more aggressive and girls more distressed. While others have not found gender differences (Margolin, 1998; Mathias, Mertin & Murray, 1995). But there is a consistent thread running through the research findings of higher levels of aggression, greater likelihood of seeing the intentions of others as hostile, psychosomatic disorders, difficulties with school work, poor academic performance, school phobia and difficulties in concentration and attention (Cumming & Davies, 1994).

### **Lack of meaning**

Another thread that runs through the research literature is the impact on the child of the meaninglessness of the violence they witness or experience. No one talks about what is happening and the mother's sense of helplessness leads her to 'dissociate' from the violence so that when it is not happening, she may act as if there's nothing wrong. So the child's thoughts and feelings about the experience become fragmented, disorganized and they are unable to make sense of it (McIntosh, 2000). This failure to 'de-brief' is well illustrated in an episode from the

film *Australian Rules*, where the older boys, hearing the familiar sounds of father abusing mother through a closed door, silently pick the younger children up out of bed in a well-rehearsed routine, take them to spend the night in the 'chook house' and return home next morning, all without a word being spoken. To sum up, 'violence affects children's view of the world and of themselves, their ideas about the meaning and purpose of life, their expectations for future happiness and their moral development. This disrupts children's progression through age-appropriate developmental tasks' (Margolin & Gordis 2000; p.445; p.449).

### **Adolescence**

The impact may be different for adolescents who have been part of an abusive system from their earliest years compared with those who experience it for the first time in adolescence. Violence against mothers in childhood is highly associated with ongoing depression in adolescent girls (Spaccarelli, Sandler & Roosa, 1994). Adolescents from homes where domestic violence is present are more likely to be homeless (Department of Education Training and Youth Affairs 2000). The stresses associated with violence in the home may make usual adolescent risk-taking and escape behaviors worse and they may begin to participate in family violence themselves (Howard, 1995; Kalmuss, 1984; McInnes, 1995).

### **On children**

There has been an increase in acknowledgment that a child who is exposed to domestic abuse during their upbringing will suffer in their developmental and psychological welfare. Because of the awareness of domestic violence that some children have to face, it also generally impacts how the child develops emotionally, socially, behaviorally as well as cognitively.

Some emotional and behavioral problems that can result due to domestic violence include increased aggressiveness, anxiety, and changes in how a child socializes with friends, family, and authorities. Depression, as well as self-esteem issues, can follow due to traumatic experiences. Problems with attitude and cognition in schools can start developing, along with a lack of skills such as problem-solving. Correlation has been found between the experience of abuse and neglect in childhood and perpetrating domestic violence and sexual abuse in adulthood. Additionally, in some cases the abuser will purposely abuse the mother or father<sup>1</sup> in front of the child to cause a ripple effect, hurting two victims simultaneously. It has been found

that children who witness mother-assault are more likely to exhibit symptoms of posttraumatic stress disorder (PTSD). Consequences to these children are likely to be more severe if their assaulted mother develops posttraumatic stress disorder (PTSD) and does not seek treatment due to her difficulty in assisting her child with processing his or her own experience of witnessing the domestic violence.(McIntosh, 2000)

### **Physical**

Bruises, broken bones, head injuries, lacerations, and internal bleeding are some of the acute effects of a domestic violence incident that require medical attention and hospitalization. Some chronic health conditions that have been linked to victims of domestic violence are arthritis, irritable bowel syndrome, chronic pain, pelvic pain, ulcers, and migraines. Victims who are pregnant during a domestic violence relationship experience greater risk of miscarriage, pre-term labor, and injury to or death of the fetus. (McIntosh, 2000)

### **Psychological**

Among victims who are still living with their perpetrators high amounts of stress, fear, and anxiety are commonly reported. Depression is also common, as victims are made to feel guilty for 'provoking' the abuse and are frequently subjected to intense criticism. It is reported that 60% of victims meet the diagnostic criteria for depression, either during or after termination of the relationship, and have a greatly increased risk of suicidality. In addition to depression, victims of domestic violence also commonly experience long-term anxiety and panic, and are likely to meet the diagnostic criteria for Generalized Anxiety Disorder and Panic Disorder. The most commonly referenced psychological effect of domestic violence is Post-Traumatic Stress Disorder (PTSD). PTSD (as experienced by victims) is characterized by flashbacks, intrusive images, exaggerated startle response, nightmares, and avoidance of triggers that are associated with the abuse. These symptoms are generally experienced for a long span of time after the victim has left the dangerous situation. Many researchers state that PTSD is possibly the best diagnosis for those suffering from psychological effects of domestic violence, as it accounts for the variety of symptoms commonly experienced by victims of trauma. (McIntosh, 2000)

## **Financial**

Once victims leave their perpetrator, they can be stunned with the reality of the extent to which the abuse has taken away their autonomy. Due to economic abuse and isolation, the victim usually has very little money of their own and few people on whom they can rely when seeking help. This has been shown to be one of the greatest obstacles facing victims of DV, and the strongest factor that can discourage them from leaving their perpetrators.

In addition to lacking financial resources, victims of DV often lack specialized skills, education, and training that are necessary to find gainful employment, and also may have several children to support. In 2003, thirty-six major US cities cited DV as one of the primary causes of homelessness in their areas. It has also been reported that one out of every three homeless women are homeless due to having left a DV relationship. If a victim is able to secure rental housing, it is likely that her apartment complex will have "zero tolerance" policies for crime; these policies can cause them to face eviction even if they are the victim (not the perpetrator) of violence. While the number of shelters and community resources available to DV victims has grown tremendously, these agencies often have few employees and hundreds of victims seeking assistance which causes many victims to remain without the assistance they need. (McIntosh, 2000)

## **Long-term**

Domestic violence can trigger many different responses in victims, all of which are very relevant for any professional working with a victim. Major consequences of domestic violence victimization include psychological/mental health issues and chronic physical health problems. A victim's overwhelming lack of resources can lead to homelessness and poverty.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter shows the methods that a researcher used in the study. It gives the research design, target population, sample, data collection methods and tools, data quality control, data analysis, ethical consideration and limitations.

#### **3.1 Research design**

The study employed a descriptive survey design that involved gathering of data from across a section of a target population using set of self administered questionnaires.

#### **3.2 Target Population**

The target population in the study was women, children, and NGO officials in Nsambya parish. All these groups constituted the study population because the researcher was interested in divergent views from all people concerned with the problem.

#### **3.3 Sample and sampling procedure**

In this survey a total of 100 respondents took part in the study including 10 Ngo officials, 30 women and 60 children who were selected using purposive and simple random sampling respectively and a sample size of 80 respondents were selected since it was impossible to study the whole population. The responses got were generalized to the whole district.

#### **3.4 Data collection**

The questionnaire and interview guide were employed to collect desired information. Questions were sent to respondents, answered and returned after one week. Interviews were conducted obtaining data from respondents.

#### **3.5 Data analysis techniques**

The data analysis was done by presenting collected data in form of charts, and frequency and percentage table which were accompanied by interpretations.



### **3.6 Validity and reliability of the instruments**

The researcher followed the guide as given by Kampala international university researcher methodology procedure for making a report. This includes chapter one, having a back ground of the study, purpose, objectives significance, research questions statement of the problem, chapter two includes rated literature chapter three methodology of the study chapter four presentation and analysis about the findings while chapter five consists of suggestions and conclusions.

Identification and selection of target respondents who were trained for clear results was done; there was be re-interviewing of the local people and educating respondents for competence. Comparing the objectives of the study with literature review and findings.

### **3.7 Tools and Instruments of Data Collection**

The study were carried out using the following instruments.

- i. Questionnaires
- ii. Observations
- iii. Focus of group discussion
- iv. Documentary review

#### **Questionnaires**

In this instrument, questions were used by the researcher and they were distributed requiring respondents to answer. Some questions were open and close ended.

#### **Questions were used because;**

- i. It saves time as much information was recorded in the memory of the researcher without asking.
- ii. Frank answers were given by the respondents; therefore first hand information was attained.
- iii. The data was recovered which enabled the researcher to process it at her time of convenience.

- iv. This method was an evidence to remove bias among the respondents.

**Questionnaires as a method of collecting data had problems and they included the following.**

- i. The illiterate respondents' ideas were not secured because they cannot read and write.
- ii. It is expensive to type and print questions careless respondents sometimes lose the questionnaires.

### **Observation method**

These are researcher recorded information by using her naked eyes. This method necessitated the researcher to visit the sites by herself personally. This method was the least used as it was complimented by interviews.

**This method will be used because of the following reasons;**

- i. First hand information was got. The researcher observed the practices, behavior and conducts of some students
- ii. It's cheap did not require much money and saves time.

**Despite of the advantages, observations method had some short comings as below.**

Some respondents easily pretended to act the way they did not really behave on their own.

### **Focus of group discussion**

- i. Respondents were selected, basing on their competence and interest in the study.
- ii. The target groups discussed about their experience about domestic violence as some of them were victims.
- iii. Through discussion false information about domestic violence was done away with

**However, the focus of group discussion had the following short comings**

Some NGO members never attended because of inadequate time.

## **Documentary review**

These were written material both published and unpublished from the intellectuals who had written and researched about law and order.

### **Documentary review was used because of the following reasons;**

This tool helped in widening the study as many new ideas grew.

This method provided a basis on which future researches would base for further studies roles of non government organization.

### **However this method has the following short comings;**

- i. Reading the most appropriate data will a challenge to meet.
- ii. It is time and financial consuming as a lot of reading required time, photocopying materials consumed money.

## **3.8 Reliability and validity**

### **3.8.1 Validity of the instruments**

Validity means that a research tool actually measures what it is meant to measure. Alternatively it means that the tool is logical. For this case, the validity of the questionnaire was tested using the Content Validity Index test (CVI). This involves item analysis to be carried out by the supervisors and an expert who is knowledgeable about the theme of the study. The process involves examining each item in the questionnaire to establish whether the items used brought out what it was expected to bring out.

### **3.8.2 Reliability**

Reliability means the degree of consistency of the items, the instruments or the extent to which a test, a method, or a tool gives consistent results across a range of setting or when it is administered to the same group on different occasions. The reliability of research questionnaire was tested using Cronbach's alpha coefficient test for its internal consistency to measure the research variables.

### **3.9 Data analysis and Presentation**

The data was filled in the questionnaires, copied and analyzed by tallying it and tabling it in frequency tables, identifying how often certain responses occurred and later evaluation was done. The information was later presented in terms of percentages, and frequency tables were used for presentation. The collected data in form of questionnaires was entered in a computer package called MS- Excel and was analyzed

#### **3.9.1 Editing and Spot Checking**

The researcher edited and spot checked during and after each interview with the respondents. This was done in order to ensure that information given was logical, accurate and consistent. Obvious errors and omissions were corrected to ensure accuracy, uniformity and completeness so as to facilitate coding.

#### **3.9.2 Coding**

This was done in order to ensure that all answers obtained from various respondents were given codes and classified into meaningful forms for better analysis.

### **3.10 Limitations**

There was mounting pressure from the administration for students to complete the research on schedule which affected the quality of research.

The study required a lot of time to be dedicated to collect substantial data from one respondent to another making observations, continuous review of literature, data analysis and report writing and this was worked out by devoting more time on the research work by reducing on the leisure time at her disposal.

Some of the targeted respondents were not willing to set aside time to respond to the investigator's questions thus somehow ended up frustrating the researcher's efforts to collect substantial data.

The researcher also faced a problem of some rude and hostile respondents, this was as well solved by both seeking prior permission and remaining calm.

### **3.11 Ethical considerations**

It is important during the process of research for the researcher to understand that participation is voluntary; participants are free to refuse to answer any question and may withdraw any time.

Another important consideration, involved getting the informed consent of those going to be met during the research process, which involves interviews and observations bearing in mind that the area bears conflict.

Accuracy and honesty during the research process is very important for academic research to proceed. The researcher should treat the project with utmost care, in that there should be no temptation to cheat and generate research results, since it jeopardizes the conception of research.

Personal confidentiality and privacy are very important since the thesis was public. If individuals have been used to provide information, it is important for their privacy to be respected. If private information has been accessed then confidentiality has to be maintained.

## CHAPTER FOUR

### PRESENTATION, ANALYSIS AND DISCUSSION OF THE FINDINGS

#### 4.0 Introduction

This chapter presents the findings of the study and their subsequent interpretations. It was guided by the research objectives that included; 1) to identify the different forms of domestic violence existing among families in our community, 2) to identify the causes of domestic violence among families and 3) to examine the impact of domestic violence on a family.

The data was collected using both quantitative and qualitative methods, which was then analyzed and processed to make it useful and understandable. Data was collected, tabulated and then analyzed.

#### 4.1 Socio-demographic Characteristics

##### 4.1.1 Age of the respondents

Respondents were asked questions related to their age and the results are shown in the table below:

Table 1 Age distribution of respondent

Age group	Frequency	Percentage
Below 25	20	25
25 - 29	30	38
30 – 39	10	12
40 – 49	15	19
50 – above	5	6
<b>TOTAL</b>	<b>80</b>	<b>100</b>

**Source: Primary data**

Table 1 shows that 25% of the respondents were below 24 years, 38% were between 25-29 years of age, 12% were between 30-39 years of age, 19% were between 40-49 years and 6% were above 50 years of age. This means that majority of the respondents are between 25-29 years of age followed by those of the age of below 25.

#### 4.1.2 Marital Status of the respondents

Another variable which was important in respect to the situation of the people in the area was marital status. Information regarding marital status of the respondents was obtained by asking them whether they were married, single, widowed or widowers.

**Table 2 Marital status of the respondents**

Marital Status	Frequency	Percentage
Married	35	44
Single	20	25
Widow	17	21
Widower	8	10
<b>TOTAL</b>	<b>80</b>	<b>100</b>

**Source: Primary data**

Table 2 above shows that 44% of the respondents were married, 25% were single, 21 were widows and 10% were widowers. This means that majority of the respondents were married people followed by singles.

#### 4.1.3 Gender of respondents

Gender was also another factor which was considered during the study. This is because the researcher was interested in finding out the number of females and males in the whole of the population, and compares the percentage composition of the two.

**Table 3 Gender of the respondents**

Sex	Frequency	Percentage
Female	50	62
Male	30	38
Total	80	100

**Source: primary data**

Table 3 above shows the gender of the respondents and it was found that 38% of the respondents were males and 62% were females. This therefore means that the majority of the respondents are female and the female dominate the enterprises with 62%.

#### 4.1.3 Education background of respondents

Respondents were asked questions related to their educational status and their responses are shown in the table below;

**Table 4: Educational level of the respondents**

Education levels	Frequency	Percentage
Uneducated	5	6
Primary	20	25
Secondary	25	31
Tertiary	30	38
Total	80	100

From Table 4 % of the respondents were uneducated, 25% reached primary level, 31 % reached secondary and 38% reached Tertiary institutions. This means that the majority of respondents reached tertiary institutions followed by secondary level.

#### 4.2 Forms of domestic violence

The respondents were asked the various forms of domestic violence on family relationships and development in Kampala District County; the findings are presented in Table 5



**Table 5. Forms of domestic violence**

Response	Children	Women	Ngo official	Frequency	Percentage
Emotional	20	10	5	35	44%
Honor killings	5	5	6	16	20%
Economic	8	7	1	16	20%
Acid throwing	7	3	3	13	16%
Total	40	25	15	80	100%

**Source: Field study 2013**

From the above table, Emotional seems to be the leading form of domestic violence in families as it was suggested by 44% of the respondents .it was urged that Emotional abuse can include humiliating the victim privately or publicly, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, implicitly blackmailing the victim by harming others when the victim expresses independence or happiness, or denying the victim access to money or other basic resources and necessities. Furthermore, 20% of the respondents reported Economic violence. This according to the researcher is a form of abuse when one intimate partner has control over the other partner's access to economic resources. Economic abuse may involve preventing a spouse from resource acquisition, limiting the amount of resources to use by the victim, or by exploiting economic resources of the victim.

This was followed by Honor killings in the 3<sup>rd</sup> position as it was also reported by 20% respondents. It was suggested that honor killing is the homicide of a member of a family or social group by other members, due to the belief of the perpetrators that the victim has brought dishonor upon the family or community. And lastly was acid throwing in the 4<sup>th</sup> position with 16%

### 4.3 Causes of Domestic Violence among Families.

Table6. Causes of domestic violence among families

Response	Children	Women	Ngo officials	Frequency	Percentage
Jealousy	19	10	5	34	43%
Socioeconomic Status	3	5	5	13	16%
Termination of the Relationship	8	5	2	15	19%
Mental illness	10	5	3	18	22%
Total	40	25	15	80	100%

*Source: primary data*

From the above table, Jealousy seems to be the leading factor for domestic violence as it was suggested by 43% of the respondents. This according to the researcher, In Many cases of domestic violence occurs due to jealousy when one partner is either suspected of being unfaithful or is planning to leave the relationship.

Mental illness was ranked second, suggested by 22% of the respondents .this was followed by Termination of the Relationship with 19%. It was reported that although there is a popular conception that the risk of domestic violence increases when a couple separates, in fact, most assaults occur during a relationship rather than after it is over. However, still unknown is whether the severity (as opposed to the frequency) of violence increases once a battered woman leaves. And lastly was the socioeconomic status by 16% in the 4<sup>th</sup> position.

#### 4.4 Impact of Domestic Violence on a Family

Table7. Impact of domestic violence on a family

Response	Children	women	Ngo officials	Frequency	Percentage
Child abuse	20	10	5	35	44%
Poverty	3	5	6	14	18%
substance abuse	10	7	1	18	22%
Marital conflict	7	3	3	13	16%
Total	40	25	15	80	100%

*Source: primary data*

From the table above, child abuse was reported to be leading impact of domestic violence as it was suggested by 44% of the respondents .it was suggested that child who is not in danger but witnesses violence by one parent towards another may be specifically affected by exposure to that violence. This was followed by substance abuse with 22% in the 2<sup>nd</sup> position, Poverty in the 3<sup>rd</sup> position followed by marital conflict in 4<sup>th</sup> position.

## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter therefore presents the summary of the major findings. Concussions and recommendations the effects of domestic violence on families, a case study of Nsambya Parish

#### **5.1.0 Summary findings**

##### **5.1.1 Socio-demographic Characteristics**

From the findings, it was discovered that 25% of the respondents were below 24 years, 38% were between 25-29 years of age, 12% were between 30-39 years of age, 19% were between 40-49 years and 6% were above 50 years of age, 44% of the respondents were married, 25% were single, 21 were widows and 10% were widowers, 38% of the respondents were males and 62% were females, 6 % of the respondents were uneducated, 25% reached primary level, 31 % reached secondary and 38% reached Tertiary institutions

##### **5.1.2 Forms of domestic violence**

Emotional abuse can include humiliating the victim privately or publicly, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, implicitly blackmailing the victim by harming others when the victim expresses independence or happiness, or denying the victim access to money or other basic resources and necessities.

Verbal abuse is a form of emotionally abusive behavior involving the use of language. Verbal abuse can also be referred to as the act of threatening. Through threatening a person can blatantly say they will harm you in any way and will also be considered as abuse.

Economic abuse is a form of abuse when one intimate partner has control over the other partner's access to economic resources. Economic abuse may involve preventing a spouse from resource acquisition, limiting the amount of resources to use by the victim, or by exploiting economic resources of the victim.

Honor killing is the homicide of a member of a family or social group by other members, due to the belief of the perpetrators that the victim has brought dishonor upon the family or community. Although these crimes are most often associated with the Middle East, they occur in other places too.

Acid throwing, also called an acid attack or vitriol age is defined as the act of throwing acid onto the body of a person "with the intention of injuring or disfiguring [them] out of jealousy or revenge". Perpetrators of these attacks throw acid at their victims, usually at their faces, burning them, and damaging skin tissue, often exposing and sometimes dissolving the bones.

### **5.1.3 Factors contributing to domestic violence**

#### **Socioeconomic Status**

Although domestic violence occurs across income brackets, it is most frequently reported by the poor who more often rely on the police for dispute resolution. Victimization surveys indicate that lower-income women are, in fact, more frequently victims of domestic violence than wealthier women. (1999).

**Termination of the Relationship** .Although there is a popular conception that the risk of domestic violence increases when a couple separates, in fact, most assaults occur during a relationship rather than after it is over

**Pregnancy** Contrary to popular belief, pregnant women are no more likely than non-pregnant women to be victims of domestic violence. In fact, some women get a reprieve from violence during pregnancy. The risk of abuse during pregnancy is greatest for women who experienced physical abuse before the pregnancy. Some additional factors increase the risk during pregnancy:

**Psychological.** Psychological theories focus on personality traits and mental characteristics of the offender. Personality traits include sudden bursts of anger, poor impulse control, and poor self-esteem

**Mental illness.** Many psychiatric disorders are risk factors for domestic violence, including several personality disorders:

Marital conflict disorder. Couples with marital disorders sometimes come to clinical attention because the couples recognize long-standing dissatisfaction with their marriage and come to the clinician on their own initiative or are referred by an astute health care professional. Secondly, there is serious violence in the marriage which is -"usually the husband battering the wife".

Jealousy. Many cases of domestic violence occur due to jealousy when one partner is either suspected of being unfaithful or is planning to leave the relationship.

Social stress. Stress may be increased when a person is living in a family situation, with increased pressures. Social stresses, due to inadequate finances or other such problems in a family may further increase tensions.

#### **5.1.4 Impacts of Domestic Violence**

Marital conflict has been found to be the strongest risk factor for behavioral problems. Was significantly associated with externalizing and internalizing behaviors and social, attention and thought problems when children were assessed at the age of five.

Poverty, substance abuse, child sexual and physical abuse, parental antisocial personality, maternal depression, parenting style, all may co-occur and complicate the picture. In particular, child physical abuse and domestic violence often co-occur.

Boys exposed to inter-parental violence will grow up to be violent. This is horrifying, however it still means that 70% will not grow up to be violent and will not go on to 'reproduce the cycle of violence'.

Infants are often directly involved in violent domestic incidents. They are held as a shield by the mother, hit by thrown objects, or intentionally threatened or hurt to terrify the mother. Even when they are apparently lying passively in their cots, infants are exquisitely sensitive to their surroundings and especially to the emotional signals given out by their caregivers, including the caregiver's depressed, anxious, fearful or angry mood.

The developing brain is most vulnerable to the impact of traumatic experiences during this time. New research on brain development suggests that exposure to extreme trauma will change the organization of the brain, resulting in difficulties in dealing with stresses later in life.

Bruises, broken bones, head injuries, lacerations, and internal bleeding are some of the acute effects of a domestic violence incident that require medical attention and hospitalization. Some chronic health conditions that have been linked to victims of domestic violence are arthritis, irritable bowel syndrome, chronic pain, pelvic pain, ulcers, and migraines.

## **5.2 Conclusion**

With varying education levels, the majority of the respondents were between 25-29 years. This implies that respondents were already conversant with the domestic violence and its effects of families.

The findings suggested that child abuse was the leading impact of domestic violence. It was suggested that child who is not in danger but witnesses violence by one parent towards another may be specifically affected by exposure to that violence.

## **5.3 Recommendations**

### **Education**

Education and outreach are becoming major parts of establishing a more effective program for preventing domestic violence at home. Domestic violence has been associated with a wide range of adverse side effects ranging from some that are physically unattractive. Presenting the risks of domestic violence is more effective in convincing people about its negative effects, apparently because the people find a balanced approach more credible and less biased.

### **Reduction in the supply of drugs**

Drug abuse solutions can be viewed from many perspectives. On a national level, solutions are based and discussed in terms of the reduction in supply of drugs. From a social perspective, solutions are usually discussed in terms of prevention, early intervention and treatment.

### **Sensitization**

Prevention is better than cure. This adage holds good in fighting domestic violence too. Public education campaigns and stricter laws regarding domestic violence are measures that can be adopted. Many areas have created coalitions of community and business leaders to address the problem of domestic violence. These groups run community-based programs that provide

mentoring, tutoring, alternative activities, and life skills development for youth in domestic violence-impacted neighborhoods.

### **Dealing with peer pressure**

The biggest reason for domestic violence is because their friends utilize peer pressure. No one likes to be left out, and teens and some adults, too find themselves doing things they normally wouldn't do, just to fit in. In these cases, you need to either find a better group of friends that won't pressure you into doing harmful things, or you need to find a good way to say no. Teens should prepare a good excuse or plan ahead of time, to keep from giving into tempting situations.

### **Deal with life pressure.**

People today are overworked and overwhelmed, and often feel like a good break or a reward is deserved. But in the end, it only makes life more stressful and many of us all too often fail to recognize this in the moment. To prevent using drugs as a reward, find other ways to handle stress and unwind. Take up exercising, read a good book, volunteer with the needy, and create something. Anything positive and relaxing helps take the mind off practicing domestic violence.

### **Seek help for mental illness.**

Mental illness and domestic violence often go hand-in-hand. Those with a mental illness may turn to domestic violence as a way to ease the pain. Those suffering from some form of mental illness, such as anxiety, depression or post-traumatic stress disorder should seek the help of a trained professional for treatment before it leads to substance abuse.

## **5.4 areas for further research**

Impact of drug abuse on National development

The impact of gender equality on national development



## REFERENCES

- Amos Wako, (1999), Statement by the Hon. S AmosWako, the Attorney General, during the 16 Days of Activism Against Violence Against Women, 10 December 1999.
- Boston, Allyn and Bacon. Bunston, W, and Crean, H, 1999, Supporting children and young people affected by family violence: parents accepting responsibility –kids are safe (PARKAS), Victorian Government Department of Human Services, Melbourne
- Cleaver, H, et al, 1999, Children's needs –parenting capacity: The impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development, UK Department of Health. Coe, C L, 'Psychosocial factors and psychoneuro immunology within a lifespan perspective' in Keating and Hertzman;p.201-219.
- Cummings, E M and Davies, P D, 1994, Children and marital conflict: The impact of family dispute and resolution, Guilford Press, New York.
- Cynader, M S and Frost, B J, 1999. 'Mechanisms of brain development: neuronal sculpting by the physical and social environment', in D P Keating and C Hertzman, eds, Developmental Health and the Wealth of Nations: Social, Biological and Educational Dynamics, Guilford Press, New York.
- Daga, A S., S. Jejeebhoy and S. Rajgopal. (1999). Domestic Violence against Women: An Investigation of Hospital Causality Records, Mumbai. Journal of Family Welfare, 45 (1), 1 - 11.
- Domestic Violence in India 2: A Summary Report of Four Record Studies. Washington DC: International Centre for Research on Women and The Centre for Development and Population Activities.
- Duvvury, N, Nayak, M. B., Allendorf, K. (2002). Links between masculinity and violence: aggregate analysis. Domestic Violence in India: Exploring Strategies, Promoting Dialogue. Men, masculinity and domestic violence in India. Summary report of four studies, 52 - 70.
- Edelson, J L, 1999, 'Children's witnessing of adult domestic violence', Journal of Interpersonal Violence, 14, 8, 839-870.
- Egeland, B, Carlson, E, and Sroufe, L A, 1993, 'Resilience and process', Development and Psychopathology, 5, 517-528.

- Fantuzzo, J W, and Mohr, W K, 1999, 'Prevalence and effects of child exposure to domestic violence', *The Future of Children*, 9, 3, 21-32.
- Fantuzzo, J. W., Boruch, R, Beriama, A, Atkins, M, and Marcus, S, (1997), 'Domestic violence and children: Prevalence and risk in five major US cities', *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 1, 116-122.
- Fleischer, Cristina, 'Child protection: relationship between high risk infants and domestic violence', *The Way Forward*; p.78.
- Goddard, C, and Hiller, P, 1993, 'Child sexual assault in a violent context', *Australian Journal of Social Issues*, 28, 20-33.
- Gunnar, M.R. and Barr, R, 1998, 'Stress, early brain development, and behavior', *Infants and Young Children*, 11, 1, 1-14.
- Holder, R, 1998, "Playing on the football field"— domestic violence, help-seeking & community development', *Domestic violence: Current Responses, Future Directions, Relationships Australia (NSW)*, Sydney.
- Howard, J, 1995, 'Children hit out at parents physically and emotionally', *Community Quarterly*, 34, 38-43.
- Humphreys, C and Mullender, A, 2000, *Children and Domestic Violence: A Research Overview of the Impact on Children*, The Policy Press, Devon.
- Kalmuss, D, 1984, 'The intergenerational transmission of marital aggression', *Journal of Marriage and the Family*, 46, pp.11-19.
- INCLIN Monograph Series on Critical International Health Issues, Monograph 9. Philadelphia: INCLIN.
- INCLIN. (2000), *World SAFE and India SAFE: Studying the prevalence of family violence*.
- INCLIN. (2000). *Domestic Violence in India 3: A Summary Report of a Multi-Site Household Survey*. Washington, DC.: International Center for Research on Women and The Center for Development and Population Activities.
- J, Mertin, P, and Murray, A, 1995, 'The psychological functioning of children from backgrounds of domestic violence', *Australian Psychologist*, 30, 1, 47-56.
- McInnes, J, 1995, *Violence*

within Families: The Challenge of Preventing Adolescent Violence Towards Parents, The Office for Families and Children, Adelaide.

- Jaswal, S. (2000). Health Records and Domestic Violence in Thane District, Maharashtra', in Jejeebhoy, Shireen J. (1998). Associations between wife-beating and fetal and infant death: Impressions from a survey in rural India. *Studies in Family Planning*, 29 (3), 300 - 308.
- Jejeebhoy, Shireen. (1998). Wife-beating in rural India: A husband's right? *Economic and Political Weekly* 33 (15), 855 - 862.
- Laing, L, 2000, Children, young people and domestic violence, Australian Domestic and Family Violence Clearinghouse Issues PaperNo.2. Levendosky, A A, Lynch, S M & Graham-children's development.
- Margolin, G, 1998, 'Effects of domestic violence on children', in P K Trickett and C JSchellenbach, eds, *Violence Against Children in the Family and the Community*, American Psychological Association, Washington.
- Margolin, G, and Gordis, E B, 2000, 'The effect of family and community violence on children', *Annual Review of Psychology*, 51, 445-479.
- Marshall, J and Watt, P, 1999, *Child Behavior Problems: A Literature Review of the Size and Nature of the Problem and Prevention Interventions in Childhood*, Perth, WA:
- McIntosh, J E , 2000, *Thought in the Face of Violence: A Child's Need, The Way Forward*, 8-17; also published in *Child Abuse and Neglect*, 2002, 26, 229-241. [Recommended reading].
- Mullender, A, Kelly, L, Hague, G, Malos, E, & Imam, U, 2000, *Children's Needs, Coping Strategies and Understanding of Woman Abuse*, Coventry, UK: Economic and Social Research Council
- NCRB. (1999). *National Crime Records Bureau, 1995-99*. Delhi: National Crime Records Bureau of India.
- O'Keefe, M, 1995, 'Predictors of child abuse in maritally violent families', *Journal of Interpersonal Violence*, 10, 1, 3-25. Packer, S, 'Good practice in responding to children in a medical setting', *The Way Forward*, pp.133-137.

- Peled, E and Davis, D, 1995, 'Current knowledge about children of battered women', in E Peled and D Davis, eds, *Groupwork with Children of Battered Women: A Practitioner's Manual*, Sage, California.
- Peled, E, 1998, 'The Experience of living with violence for preadolescent children of battered women: A review of the current literature', *Children and Youth Services Review*, 19, 4, 277-299.
- Perry, B D, 1997, 'Incubated in terror: neurodevelopmental factors in the "Cycle of Violence"', in J D Osofsky, ed., *Children in a Violent Society*, Guilford Publications, New York.
- Queensland Domestic Taskforce, 1998, *Beyond the Walls*.
- Quinlivan, J, 2000, 'Study of adolescent pregnancy in Western Australia', *The Way Forward*, pp.53-58.
- Risk Behavior among Men in Urban Slums in India. *Journal of Comparative Family Studies*, 34(1), 61-74.
- Rudd, P, and Jacob, E, 2000, 'Be Cool...Not Cruel', *The Way Forward*, pp.153-169.
- Rutter, M, 1975, 'Protective factors in children's responses to stress and disadvantage', in M W Kent and J E Rolf, eds, *Primary Prevention of Psychopathology*, Vol.3; *Social Competence in Children*, Hanover, New Haven: University Press of New England.
- Spaccarelli, S, Sandler, I and Roosa, M, 1994, 'History of spouse violence against mother: correlated risks and unique effects in child mental health', *Journal of Family Violence*, 9, 79-98.
- Stark, E and Flitcraft, A, 1988, 'Women and children at risk; a feminist perspective on child abuse', *International Journal of Health Services*, 18, 1, 97-118.
- Stratigos, S, 2000, 'Violence screening and pregnancy', *The Way Forward*, pp. 45-50.
- Verma, R.K. and M. Collumbien. (2003). *Wife Beating and the link with Poor Sexual Health and Violence in India: A Summary Report of Three Studies*. Washington, DC.: International Center for Research of Women.
- Visaria, L. (1999). *Violence against Women in India: Evidence from Rural Gujarat*. Domestic
- Zeanah, C, Danis, B, Hirshberg, L, Benoit, D, Miller, D, and Heller, S, 1999, 'Disorganized attachment associated with partner violence: a research note', *Infant Mental Health Journal*, 20, 1, 77-86.

## APPENDIX I: RESEARCH INSTRUMENTS

### A. QUESTIONNAIRE ADDRESSED TO RESPONDENTS.

Dear Respondent, I am Amia Grace Bithum a student from Kampala International University pursuing a bachelor's degree in Guidance and counselling. Am here to conduct a research on "the impact of domestic violence on family relationships and development in Kampala District, Nsambya parish." which research is part of the requirement of the award of my degree. I therefore kindly request you, to spare some time in filling this questionnaire as honest as possible. All the information provided will be treated with maximum confidentiality. Thank you

#### Section A:

##### Bio Data

(1). Sex:

Male ☐

Female ☐

(2). Age:

18-24 ☐

25 – 31 ☐

32 – 38 ☐

44 – 45 ☐

46+ ☐

(3).Qualification:

Uneducated ☐

Primary ☐

Secondary ☐

Tertiary ☐

(4). Work Experience:

0-5 yrs

☐

6-10

☐

11-16

☐

16 and above

☐

### Section B: forms of domestic violence.

Please indicate for the following statements the extent to which you agree or disagree by Ticking SA for strongly agree, A= Agree, U= Uncertain , D= Disagree and SD for strongly disagree.

	Statement	SA	A	U	D	SD	Rank
1	Emotional violence						1
2	Economic violence						2
3	Honor killings						3
4	Acid throwing						4
5	Dowry violence and bride burning						5

**Section C: Factors contributing to domestic violence**

	Statement	SA	A	U	D	SD	Rank
1	Age						1
2	Socio-economic status						2
3	Race						3
4	Pregnancy						4
5	Mental illness						5
6	Marital conflict disorder						6

**Section D: Impact of domestic violence on family relationship and development**

	Statement	SA	A	U	D	SD	Rank
1	Disruption of attachment in children and adolescents						1
2	Lack of meaning						2
3	Physical impact						3
4	Psychological effect						4
5	Financial effect						5