

An Investigation into the Causes of Domestic Violence and Their Effects on Learning in Early Childhood Development Centres in Lugari District, Kenya

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Abstract

There has been growing recognition of the prevalence of domestic violence in our society. Domestic violence is a social vice that is likely to have far reaching consequences to children and to the society. The exposure of children to violence at home affects children's socialization. This study sought to investigate the causes of domestic violence and their effects on the learning of children in ECDE centres in Lugari District. The objectives that the study sought to establish were; causes of domestic violence; establish the effects of the factors of domestic violence on the learning of ECDE children; establish the performance of children who had been victims of domestic violence and suggest possible solutions to domestic violence in communities. The study employed the descriptive survey design. A sample of 15 ECD centres, 15 ECD teachers, 60 ECD children, one Chief and one Church elder was taken through purposive and random sampling techniques. Secondary data was collected from available literature such as books, journals, periodicals among others. The data for this study was collected from primary and secondary sources. Primary data was collected using questionnaires, interview schedules and observation method was also used. Data gathered was analyzed through descriptive statistics and results presented in frequency tables using frequencies and percentages. Majority of the respondents identified poverty within the society as a cause of domestic violence, together with drunkard ness, unfaithful within the family and by drug abuse. Exposure to immorality comprised of the highest rating of the forms causing domestic violence followed by abusive language rated secondly high and the exposure to violent scenes were rated thirdly high. The battery of children and exposure of children to harsh environment were rated the highest and low factors respectively for the existence of domestic violence. Exposure to violent scenes, the use of abusive language and the exposure to immorality were the least forms of domestic violence experienced. All forms of domestic violence have one purpose, to gain and maintain control over the victim. The effects of domestic violence were poor performance rated highest, followed by dropping out of school, reported cases of indiscipline and least being brain damage. The tragic reality is that anytime a mother is abused by her partner, the children are also affected in both overt and subtle ways. The children's performance of school tasks and tests varied significantly during the study with majority of the children performing below average compared to those who perform above average in their learning. The solutions towards domestic violence identified guidance and counselling as a major solution towards domestic violence victims. Majority of them were of the opinion that creating community awareness on the disadvantages of domestic violence was important. The creation of employment opportunities and formation of community based organizations were the least solution identified. The researcher recommends that there is need for the empowerment of children at home and school to enable them make good decisions, interpret school tasks and perform well in school tests. There is no easy solution to the problem of domestic violence as its elimination requires changes in the very nature of society.

INTRODUCTION AND BACKGROUND TO THE STUDY.

1.0 Introduction

This chapter gives the introductory account of the topic, "An investigation into the causes of domestic violence and their effects on the learning of children at the ECDE centres in Lugari District, Kenya." The study seeks to link establish the link between domestic violence and the learning of children in Lugari District. In this chapter, the following areas are highlighted: The background information to the study, the statement of problem, the purpose of the study, the objectives of the study, the research questions, and the hypothesis of the study, the significance of the study, the scope and the limitations of the study, the theoretical framework and the definition of operational terms.

1.1 Background to the study

Domestic violence is defined as the emotional, physical or the sexual abuse between people who have at one time had an intimate or family relationship. The family relationships include the following members: - husbands, wives, ex-husbands, ex-wives, daters, ex-daters, brothers, sisters, mothers, fathers, children, cousins, parent's in-

laws, brothers-in-laws, sister in-laws and caregivers (Newton C.J. 2001).

Globally, domestic violence has been an issue of discussion at international conferences. Just consider these grim statistics regarding American children everyday, 10 children are murdered, 16 die from guns, 316 are arrested for crimes of violence, 8042 are reported abused or neglected (Children Defence Fund, 2001, 15). In 1996, more than 3 million children were reported as victims of child abuse and neglect to child protective agencies in the United Kingdom (National Committee to Prevent Child Abuse (NCPA), 1998).

In China, Wang and Deng estimate that more than 3 children die each day as a result of child abuse and neglect. Of these children, approximately 78 % are under 5 years old at the time of their death, while 38 % are under 1 year of age (NCPA, 1998).

In East Africa, Domestic Violence has been reported widely. The East African countries, Kenya, Uganda and Tanzania had documented cases of domestic violence in most communities including harmful cultural practices like child battery, domestic fights and violent games which had adverse effects on children. In Kenya, quite a number of cases are recorded in the provincial administration offices with complaints of domestic violence (UN, 2005). Children have been victims of such violence. Lugari District are found in western part of Kenya whose inhabitants have been known to abuse drugs. The results have been documented returns of domestic violence with mothers and children being the most affected. Results from the observed behaviours of these children need to be investigated. The study seeks to establish if any link exists between the causes of domestic violence and the learning of children in ECDE centres.

1.2 The statement of the problem

Any form of domestic violence always has negative effects to the victims. Children are easy targets of domestic violence (American academy of Paediatrics (AAP) 1997) and can react differently. The social learning theory as proposed by Albert Bandura emphasises the aspects of modelling. It states that children learn by imitating what they see in their environment. In this context, children imitate adult behaviours and may be socialised into replicating what they saw in early childhood. The experiences of early years have an effect on the later year adults. There exists a relationship between domestic violence and the aggressive behaviour when children grow up. The cases of domestic violence in Lugari District unless addressed adequately will have a long lasting effect on children in their adult lives. It is worth noting that domestic violence negatively socializes children into a society of revenge, ridicule and survival for the fittest. Domestic violence has a direct bearing on children learning and school discipline. The concerns raised by activists against violence like the Coalition on Violence against Women (COVAW) indicated that domestic violence was rampant in Lugari district. Coupled with the post election violence, the effects of the said violence were borne by children and it affected learning and academic performance.

1.3 The purpose of the study

The purpose of this study is to investigate the causes of domestic violence and their effects on the learning of children at the Early Childhood Development Education stages in Lugari District. The study sought to establish if there exists a relationship between domestic violence and ECD learning and academic performance.

1.4 Objectives of Study

1.4.1 Main Objective

The overall objective of the study was to investigate the relationship between the causes of domestic violence and their effects on learning at the Early Childhood Development Education Level.

1.4.2 Specific Objectives

Specifically the study was sought to:

1. Identify the causes of domestic violence on children
2. Establish the effects of domestic violence on the learning of children at the ECDE centres.
3. Establish the academic performance of the children who have been victims of domestic violence.
4. Suggest the possible solutions to children from domestic violence environment.

1.5 The Research Questions

1.5.1 The Main Research Question

The study is set to answer the following general research question:-

Is there a distinct relationship between causes of domestic violence and the learning of children at the ECDE level?

1.5.2 Specific Research Questions

This study is set to answer the following questions:-

1. What are the possible causes of domestic violence on children?
2. What are the effects of domestic violence on children at the ECDE centre?
3. What is the academic performance of children who are victims of domestic violence?
4. What are the possible solutions to children from domestic violence environment?

1.6 The significance of the study

The findings of this study will benefit learners, teachers, ECDE managers and the community members. The study will be useful to Early Childhood Education teachers who handle children from domestic violence environment. The Kenyan public has not been able to openly curb the ever rising rate of domestic violence in homes as exhibited in areas of high population density. Children from this environment would also benefit by being gently socialised into future caring and responsible citizens of Kenya.

The findings and the recommendations of the study would also be useful to the managers and the administrators of ECDE centres. Henceforth, the managers would neither rely on personal experience for objective judgements, nor would they rely on traditional practices in their management of tasks, but they would have their methods, decisions and actions based on concrete knowledge of issues and facts concerning domestic violence and learning. The communities would benefit by being sensitized into appreciating the need to address the factor of domestic violence. This would lead to reduced rates of domestic violence meted on children.

This study would improve the efficiency of child handling at home and at the ECDE centres and hence improve performance at the centres. The study would also form a basis for further research on domestic violence and its impact on educational institutions in general and on learning of children in particular.

1.7 Justification of the Study

The constant alarm raised by the Human and child rights Activists in Lugari district about domestic violence justified the study. The complaints raised by activists of Coalition on Violence Against Women (COVAW) and child rights protection agencies e.g. CREAM, FIDA, WRAP, KAACR, etc had pointed out that domestic violence in Lugari district had negatively affected children.

Some of the problems associated with domestic violence are education related, this study was concerned with the effects of domestic violence on behaviours and academic performance in children at ECDE centres. This is because of the assumption by the society that the two variables (domestic violence and learning) are not related. This knowledge gap necessitated classroom research that this study set out to fill

1.8 Scope and Limitations of the Study

1.8.1 Scope of the Study

The scope of study was limited to ECDE centres within Lugari district. The study was interested in the factors of domestic violence and their effects on the academic performance of ECDE children. The study was limited to 15 schools, 15ECD teachers, 1 chief, 1 elder and 60 ECDE children. Teacher's questionnaire responses and learner's observation provided the bulk of the data used in drawing conclusions and making recommendations for the study.

To counter these limitations, the researcher designed a straight forward questionnaire, interview question items and a direct observation checklist as tools for collection of data. The researcher also collected data when there was no rain for easy accessibility

1.8.2. Limitations of the Study

The researchers anticipated several limitations in this study:

- It was not possible to exhaustively observe all the children during the checklist within the time limit. However, the researchers insured that the checklist was appropriate to the time of the study.
- The researcher expected some respondents to turn down the requests of responding to the questions. The researcher built a rapport with most respondents and assured them of confidentiality.
- Another limitation was the descriptive survey design chosen for the study. A survey gathers limited data on a number of cases. So this findings could only be generalized to ECDE centres whose majority of the learners are victims of domestic violence.
- For the purpose of this study, the descriptive survey design involved interviewing teachers, care givers and parents. Those sampled responded to the questionnaires and observing children from homes with domestic violence at ECDE centres. It is important to mention that, descriptive

1.9 Theoretical Framework

This study was modelled on the theory of "Social Learning Theory," advanced by Albert Bandura. This theory was used by psychologists in 1960s in Nyanza Province who wished to establish the factors that promote drinking habits among the youth. The study found out that in every 10 youths who were found drinking, 7 had drinking parents and the older siblings. The social learning theory postulates that learning takes place through modelling both at home and school. As children grow up, they tend to ape the models within their environment.

Among the models may be their parents, siblings, teachers, religious leaders among others. It reiterates that positive role models socialise children into responsible citizens unlike the negative role models. As applied in this study, the social learning theory holds that the independent variable (Domestic Violence) would influence the Dependent Variable (Learning of Children in ECD Centres). This is true considering the fact that those children who had witnessed domestic violence or had been victims of domestic violence tended to be aggressive.

The abusive environment at home made children behave aggressively at school and this affected learning.

1.10 Definition of Operational Terms

Academic Performance-	The overall score or mark achieved by a learner in a test or set of tests administered by an instructor or teacher
Aggression –	The tendency to over-react under normal circumstances.
Child abuse -	Violation in any form to the entitlements of a child.
Child battery -	Subjecting a child to over use of corporal punishment or physically manhandling a child.
Domestic violence -	The emotional, physical, psychological or the sexual abuse between people who have at one time had an intimate or family relationship
Early Childhood Development Centres-	An organized learning centre where children aged 3-6 year olds gather under the care of a specialist to start engaging them in formal learning activities
Human Rights -	Basic and legal entitlement of any human being.
Negative emotions -	State of fear, anxiety, sadness and sorrow.
Post election violence -	Violence that erupted in Kenya in December 2007 to February 2008 following the disputed General Election results leading to massive destruction of property, death and displacement of people.
Pornography -	Exposure of children to immoral and sexual material.
Psychological trauma -	A state of psychological inability to concentrate.
Traumatic stress -	A depressing condition
State protection -	Use of state agencies to protect against child abuse.

1.11 Chapter Summary

This chapter identified the research topic, set out objectives and stated the scope of the study. The chapter gave the boundary of its operations and identified its significance. It was hoped that the study was successful despite of its foreseen limitations.

LITERATURE REVIEW

2.0 Introduction

This chapter explored the literature that research had cited on the topic, "Causes of Domestic Violence and their Effects on Learning in ECDE Centres." In this chapter, the following areas were discussed; The current situation of domestic violence in Kenya, The state protection against domestic violence, non-governmental organization and resources for battered women and children, The prevalence of domestic violence, The causes of domestic violence, why focus on young children as part of a domestic violence agenda, child witnesses to domestic violence, child victims of domestic violence, children's coping abilities to domestic violence, effects of domestic violence on learning at the ECDE Centres, the intervention measures by the parents, teachers and care givers to the children from domestic violence environment, the study dealt with the African and Kenyan experiences respectively.

2.1 General literature on Domestic Violence

2.1.1 Current situation of Domestic Violence in Kenya

Corroborating sources stated that violence against women, including domestic violence, is widespread in Kenya (AI 2005, 59; *Country Reports 2004* 28 Feb. 2005, Sec. 5; Kenya July 2004). In its annual report published in 2005, Amnesty International indicated that in Kenya, [AI English version] "women and girls were also subjected to domestic violence, sexual assault, rape, including of young children, incest, forced marriages and female genital mutilation" (59). The Kenya Demographic and Health Survey (KDHS), conducted nationwide in 2003, revealed that nearly half of the women in Kenya between the ages of 15 and 49 were victims of violence, and that one out of four women had been a victim of violence in the 12 months preceding the survey (Kenya July 2004, 242).

The results of the survey also showed that in 58 per cent of cases of violence against women between the ages of 15 and 49, the spouse was the perpetrator of the violence; the mother, father or brother were the aggressors in 24, 15 and 8 per cent of cases, respectively (ibid., 243). The survey also indicated that 40 per cent of married, separated or divorced women had experienced physical abuse, while 26 per cent had been subjected to psychological abuse, and 16 per cent experienced sexual abuse (ibid., 250).

In a 10 March 2005 letter addressed to the members of the United Nations Human Rights Committee (UNHRC), the Executive Director and the Deputy Director of the Women's Rights Division of Human Rights Watch (HRW) wrote that, in the case of Kenyan women, "access to property usually hinges on her relationship to a man, be it her husband, father, son, or other male relative" (HRW 10 Mar. 2005, "Background"). The authors of the letter further explained that when the relationship ends in death, divorce or separation, the woman "stands a good

chance of losing her home, land, livestock, household goods, money, vehicles, and other property" (ibid.). The letter stated that Kenyan widows are often stripped of their goods and evicted from their spouse's home (ibid. "Violations of Property in Kenya"). In some regions, if a widow wants to retain her family property, she must undergo a "ritual 'cleansing', which involves sex with a social outcast, usually without a condom"; she may also be forced to marry a relative of her deceased husband (ibid.). *Country Reports 2004* stated that in Kenya, "traditional culture permitted a husband to discipline his wife by physical means and was ambivalent about the seriousness of spousal rape" (28 Feb. 2005, Sec. 5). According to the same source, "there is no law specifically, prohibiting spousal rape" (ibid.). However, the results of the survey mentioned earlier showed that approximately 20 per cent of married Kenyan women are forced to have sex with their husband (Kenya July 2004, 245).

2.1.2 State protection against domestic violence

In its annual report published in 2005, Amnesty International noted the creation of [AI English version] "a special unit in the office of the Director of Public Prosecutions to handle sexual offences," as well as [AI English version] "a women-only police station (Kilimani Police Station, Nairobi) to deal exclusively with rape, domestic violence and child abuse cases" (59).

The same source stated that perpetrators of sexual crimes are rarely convicted, owing to [AI English version] "a lack of trained police officers to carry out investigations, to difficulties in the preservation of forensic evidence in rape cases, and to a lack of lawyers with specialized training to prosecute such cases" (AI 2005, 59; see also *Country Reports 2004* 28 Feb. 2005, Sec. 5). In addition, *Country Reports 2004* indicated that "cultural inhibitions against publicly discussing sex . . . [and the] disinclination of police to intervene in domestic disputes" also contribute to the low rate of convictions in domestic violence cases (28 Feb. 2005, Sec. 5).

In a 29 April 2005 report, the United Nations Human Rights Committee stated that it was very concerned that [UN English version] "domestic violence against women remains a recurrent practice in Kenya and that women do not benefit from adequate legal protection against acts of sexual violence-another widespread phenomenon" (UN 29 Apr. 2005, para. 10). In addition, the Committee urged Kenyan authorities to [UN English version] adopt effective and concrete measures to combat these phenomena, sensitize society as a whole to this matter, ensure that the perpetrators of such violence are prosecuted and provide assistance and protection to victims. The draft Family Protection (Domestic Violence) Bill should be enacted as soon as possible. The Committee also recommended that [UN English version] the draft bill that would eliminate inequality of spouses with regard to marriage, divorce, devolution of property and other rights to be adopted without delay. The State party should prohibit polygamous marriages. The public institutions responsible for caring for victims of domestic violence do not offer housing, psychological support or appropriate medical treatment (AI 2005, 59; *Country Reports 2004* 28 Feb. 2005, Sec. 5).

Regarding property rights, the authors of the 10 March 2005 letter mentioned earlier singled out the Kenyan courts, which are reportedly "biased against women, slow, corrupt, and often staffed with ill-trained or incompetent judges and magistrates" (HRW 10 Mar. 2005, "Contributing Factors"). They are also critical of the fact that no corrective measures have been implemented by the Kenyan authorities or police, who nevertheless acknowledge that women have "unequal property rights". In correspondence dated 28 June 2005, the coordinator of the Coalition on Violence against Women (COVAW-Kenya), a women's non-governmental organization, informed the Research Directorate that "there are no programs put in place by the government to address cases of domestic violence." She explained that even the *Domestic Violence Bill* (also known as the *Family Protection Bill*) has been pending in parliament for more than five years (COVAW 28 June 2005).

2.1.3 Non-governmental organizations and resources for battered women and Children

The COVAW-Kenya coordinator stated that a number of women's non-governmental organizations, including COVAW, the Federation of Women Lawyers – Kenya (FIDA-Kenya), the Centre for Rehabilitation and Education of Abused Women (CREAW) and the Women's Resource Access Programme (WRAP), help battered women (ibid.). Without going into detail on the nature of the assistance provided by the three other organizations, the COVAW-Kenya coordinator explained that WRAP provides six weeks of shelter to women who are victims of domestic violence (ibid.).

The Gender-Based Violence Prevention Network (GBVNP) Website stated that, in addition to providing shelter for women who are victims of violence, CREAW offers them free legal and medical services (n.d.). However, according to the COVAW-Kenya coordinator, non-governmental organizations that help battered women cannot reach all the victims due to insufficient government assistance (COVAW 28 June 2005).

This Response was prepared after researching publicly accessible information currently available to the Research Directorate within the time constraints. This Response is not, and does not purport to be, conclusive as to the merit of any particular claim to refugee status. Please find below the list of additional sources consulted in researching this Information Request.

2.1.4 Prevalence of Domestic Violence on women and children

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).

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).

2.1.5 Why Focus on Young Children as Part of a Domestic Violence Agenda

Over many years, advocates, researchers, and professionals have raised significant concerns about the impact of poverty on young children and families. Although research suggests that many low-income young children and their families are resilient in the face of economic insecurity and hardship, for substantial numbers the toll is great. For young children, this toll is reflected in social, emotional, behavioral, and cognitive outcomes that put them at a disadvantage in comparison with their more affluent peers. Nine million children—just fewer than 40 percent of all children under six—are growing up in families with incomes under 200 percent of the poverty level; 4 million of these children officially live in poverty and 5 million live in near poverty (Song & Lu, 2002). Children of color and their families bear a disproportionately heavy burden. Their poverty rate is about three times as high as the rate for white children and families. Research is consistent that poverty is the greatest risk factor for children's development: for example, in comparison to their more affluent peers, young children in poverty typically do worse on virtually all indicators of school readiness (Zill & West, 2001).

For those young children who experience economic risks and adverse family circumstances—particularly domestic violence, substance abuse, or maternal depression—the possibility of negative outcomes is heightened. These risk factors, either singly or in combination, disproportionately affects low-income adults, particularly women. A synthesis of research on more vulnerable families finds that although some children do well, many others show some combination of attachment problems (especially for infants and toddlers), developmental delays, learning disabilities, symptoms of post-traumatic stress disorder, difficulty in peer and other caregiver relationships, and later vulnerability to alcohol, tobacco, drugs and substance abuse (Knitzer, 2000).

The literature which specifically focuses on the impact of violence on children begins to tell an even more nuanced story. Although much remains to be learned, it is already clear that many young children live in families where their mothers are abused. For example, in a study of police response to 2,400 adult victims of misdemeanor domestic assault in five U.S. cities, more than 80% of the affected households included children; almost half had children under 5 years old (Fantuzzo et al., 1991). A study of Head Start families found that 17 percent of parents report that their children have been exposed to domestic violence, and 3 percent of their children have been abused (Zill, Reznick, & McKey, 1999). There is also an intergenerational aspect to the problem. In the last 20 years, the majority of studies have found that between 30 and 60 percent of the children of abused women are themselves maltreated, often by the men who are assaulting their mothers (Edleson, 1999). To make matters even more difficult, some of the children who are exposed to violence at home also witness it on the streets of their communities.

Young children respond to this exposure to violence in very diverse ways. In fact, research suggests that the impact is enormously varied. Children who repeatedly witness violence against a parent—and who are themselves abused, as well—seem to bear the worst consequences. Teachers, for example, see the repetition of traumatic violence in their play, and pediatricians notice their loss of developmental progress. Still other children are repeatedly aggressive with their peers, and sometimes withdrawn and depressed (Osofsky, 1997). While numbers of children show these distressing effects, many others are quite resilient. Much of the research points to the importance of effective and caring parents in alleviating harm (Edleson, Mbilinyi, & Shetty, 2003; Holden, Stein, Ritchie, Harris, & Jouriles, 1998; Levendosky, Lynch, & Graham-Bermann, 2000; Sullivan, Nguyen, Allen, Bybee, & Juras, 2000). It also highlights the positive impact of early family and child interventions (Jenkins & Bell, 1997).

Although many interventions have been designed to support families living in poverty, to protect children who are abused and neglected, and to help families affected by domestic violence, these interventions remain basically separate and deeply fragmented. Unfortunately, in many communities parents are still forced to go from one agency to another as they try to meet their material needs and find help for their children or safety for themselves. Families, however, do not experience their needs one at a time. The papers in this series are designed to make it easier for families by offering early childhood community-based providers a common approach to the work and an understanding of the other systems and agencies in their communities that families use as they seek safety and stability. They also send a message that there are alternative, safe ways of helping

young children and families without resorting to out-of-home placement, even as there surely are circumstances when such placements are vital.

These papers were drafted by collaborating pairs of practitioners and academics who are experts in domestic violence and early childhood interventions within health, childcare, family support, and law enforcement settings. Each paper was reviewed in May 2002 at a meeting of authors and staff from national early childhood and domestic violence organizations. The meeting stimulated the participants to look beyond their own disciplines and across institutional boundaries. Participants challenged each other to think about how poverty, race, and ethnicity interact to affect communities and individuals experiencing violence. The group returned repeatedly to the theme of the often insurmountable barriers that institutions impose on low-income families. It offered almost unanimous support for early childhood interventions and for breaking down narrowly defined and categorical funding for services. At the programmatic level, participants searched for ways to protect women and children while at the same time reaching men who batter before violence escalates. But they also recognized the need to engage the broader community in helping to protect and ensure the safety of women and children by strengthening not just formal, but also informal, supports.

The papers in this series focus on practice interventions that can be implemented in the context of service delivery, but participants at the meeting repeatedly emphasized the importance of developing a continuum of responses to violence and poverty: they articulated the need for prevention strategies; for early interventions such as home visiting approaches; and for treatment aimed at those already experiencing violence. They also recognized the need for broader change to address social inequalities. During the two-day discussion, participants initiated a cross disciplinary dialogue which urgently needs to be mirrored at national, state, and local levels as communities try to overcome fragmented responses to children and families. During the meeting deliberations, the participants also articulated a set of principles for local and national activities developed on behalf of young children and families struggling with domestic violence and poverty.

2.1.6. Child Witnesses to Domestic Violence

In Queensland, 88 per cent (580) of the 856 respondents to the phone-in conducted by the Queensland Domestic Violence Task Force reported the presence of dependent children in the household during the course of the violent relationship. Ninety per cent of these respondents reported that the children had witnessed the domestic violence, and a further 74 per cent of these respondents had spoken with their children about the violence (Queensland Domestic Violence Task Force 1988). In Western Australia, the Domestic Violence Task Force found that 84 per cent of the 420 respondents to a newspaper survey had children living in the same household as the abusive partner. In a phone-in conducted at the same time, almost 87 per cent of the 297 respondents with children reported that their children had witnessed them being abused (WA Domestic Violence Task Force 1986).

The figures illustrating a high incidence of child witnesses to domestic violence are reinforced by Walker (1984) who also reported that 87 per cent of children were aware of the violence between adult partners, while Dobash and Dobash (1984) in a study of 314 first, worst and last attacks of violence recalled by victims, found that 58 per cent of the attacks took place in front of the children. Sinclair's research (1985) based on clinical experience has suggested that if children are in a violent family, 80 per cent of them will witness an episode of wife assault. What they witness may range from a fleeting moment of abusive language to a homicide (Bowker, Arbittell and McFerron 1988).

A review of Victoria's domestic violence legislation between 1987 and 1990 has also shown some alarming results. For instance, during 1989- 90, of the 3003 violent domestic incidents reported to the police, 92 involved the threat or use of a gun. Sixty-five per cent of these cases were witnessed by children under the age of 5, and 35 per cent were witnessed by children aged between 5 and 9. A further 84 incidents involved the use of a weapon (usually a knife) where 79 per cent were witnessed by children under 5, and 25 per cent were witnessed by children between the ages of 5 and 9. Children under the age of 5 were also present at more than two-thirds of domestic disputes in which property was damaged. Over the three-year-period, an analysis of domestic disputes dealt with by the Magistrate's Court shows that children were assaulted or molested in 25 per cent of domestic disputes; and in 4 per cent of cases children were held in unlawful custody by the perpetrator (Wearing 1992).

2.1.7. Child Victims of Domestic Violence

Some children who witness domestic violence are also victims of the abusive behaviour. Studies have shown an overlap between violence towards women and violence towards children of at least 40 per cent (Straus, Gelles and Steinmetz 1980; Hughes 1988). The Queensland Domestic Violence Task Force (1988) phone-in revealed that, of the 88 per cent (580) of respondents who reported the presence of dependent children, 68 per cent (392) said that their children had also suffered at the hands of the perpetrator of domestic violence. Of these, 68 per cent reported their children being physically abused, 70 per cent reported emotional abuse, and 8 per cent reported sexual abuse. Research in the United States has also shown that the rate of child abuse and neglect of children in violent homes has been found to be fifteen times greater than the national average (Peled and Davis

1992). In a New Zealand study, Church (1984) stated that half of the children surveyed had to be protected by their mother during the confrontation.

Significantly only 6 per cent (23) of the respondents with abused children (392) in the Queensland Domestic Violence Task Force Report contacted the Department of Family Services. This is similar to research conducted by Roy (1977) who stated that 95 per cent of her sample of adult family violence victims did not report the husband to the authorities for child abuse. Reasons cited for this ranged from fear of reprisals to counter charges by the husband.

Walker (1987) concludes as a consequence of her research with a sample of 453 abused women that they were eight times more likely to hurt their children while they were living in a violent relationship, than when they were safe from violence. This is supported by Straus, Gelles and Steinmetz (1980) who found that mothers and fathers in violent marriages are both more likely than their counterparts in non-violent marriages to be child abusing parents.

2.2 Specific Literature Related to the Study

2.2.1 Causes of domestic violence

2.2.1.1 Poverty

Domestic violence is more likely to occur in cases where individuals experience less wage-earning power. This is a case where the purchasing power of a family or of an individual is eroded to an extent that the provision of the basic needs is compromised. The children in such homes experience the higher exchanges between the parents over food, medication and clothing. It targets children because they are the consumers of the basic needs. The parents and the guardians or the care givers extend their anger and frustrations to the children or fight among themselves as children witness. The inability of parents and caregivers often lead to fights in the presence of parents or may see the anger displaced to the children.

2.2.1.2 Unstable Family Structures

Single mother house holds tend to have overprotective elements to children. The children in such house holds may experience high handed disciplinary measures because the mothers imagine that the children may be rude with gaps created by the absence of the father.

Child headed households equally have experienced domestic violence created by the rivalry among the siblings who tend to overburden others with household chores and in a struggle to survive, ends up either in abuses or even fights among themselves.

2.2.1.3 Drug, alcohol and substance abuse

Substance abuse leads to out-of-control behaviour (Elk Grove, 1998). The number one commonality within the dynamics of most alcoholic families is poor emotional health. This leads to secondary anger, which is an ineffective substitute for dealing honestly with emotions. The children mostly bear the brunt of this emotional instability (Romans 12: 18b, KJV).

2.2.1.4 Poor self esteem

Domestic violence is often linked to poor self esteem. A child growing up in a violent home is likely to have very little self worth. The child may be engaged on a pattern of negative self talk. "If i were any good, my father wouldn't beat me. I will never amount to anything." (Regier, D.A and Cowdry, R.W 1995). As a young man, his frustrations and isolations may grow and along with it, a hidden anger due to his feelings of helplessness. Anger is a major source of fuel that will flames of domestic violence.

2.2.1.5 Culture

An environment where violence is taught by example or accepted as "normal" will imprint upon a child's psyche. A young boy may see his father come home from work drunk and angry, screaming at his mother. The boy watches his mother attempt to please and placate his father's drunken behaviour. The young boy is being taught that violence gets results. He then develops own ideas about what makes a man. Most cultures treat children as non-entities who should only be seen and never to be heard. Most wrongs committed in most homes are explained in terms of children activities. It is normal for parents in Africa to shift their failed activities in terms of children.

2.3 Children's Coping Abilities

One area which needs to be considered in more detail is the specific coping abilities of individual older children. Researchers have begun to investigate reasons which may account for the level of resilience shown by some children. Following from this, a clinical and research consensus is forming in favour of viewing this resilience as being influenced by more than one factor (Jaffe et al. 1990). In a review of the stressors of childhood, Garnezy (1983) found children's coping abilities could be divided into three categories. These are: dispositional attributes of the child (for example, ability to adjust to new situations); support within the family system (for example, good relationship with one parent); support figures outside the family system (for example, peers, relatives).

There is further evidence that children's coping abilities can vary as a function of their developmental stage (Hetherington 1979). Research with preschool children has demonstrated that a disruption in their normal family

functioning is associated with maladaptive behaviours, both in the home and other social situations (Hess and Camara 1979; Wallerstein and Kelly 1975). Similarly, Kurdek (1981) suggests that young children are generally more negatively affected than older children as a result of the dependence on their caregivers and the younger children's lack of sufficient cognitive development to allow them to interpret surrounding events accurately. While family disruption certainly has a negative influence on older children's social interactions, it has been suggested (Hetherington 1979; Kurdek 1981) that they are better able to cope with the stress because of the additional support of peers and schools. It has also been suggested that a sense of empowerment may be useful to some children. Rosenberg and Rossman (1990) in their research found that children who believed they had control over their own thoughts and behaviour during their parents' fights were less anxious and had lower reports of delinquent behaviours. They perceived themselves more positively in terms of their behavioural and social competence, as well as their sense of good worth. When the same study measured control over self and control over parents' beliefs together, children with higher control beliefs in both areas showed fewer problem behaviours; the children who believed they had control over their parents' thoughts and behaviour, but little control over their own, were the most powerless. In fact, children who held this pattern of beliefs had the highest depression scores, displayed low adaptive functioning, and showed evidence of many behavioural problems including aggression. However, with this model, it is important to emphasise that children be not made to feel responsible for the violence in any way.

2.3.1. Domestic violence and learning

Research shows that chronic exposure to violence adversely affects a child's ability to learn (Shore, 1997; Prothraw- Stith & Quaday, 1995; Kurtz, Gaudin and Wadasski, 1994; Lorion and Saltman, 1993). Learning itself is an essential test for violence prevention (Prothraw- Stith and Quaday, 1995). As Prothraw- Stith and Quaday (1995) assert; "When our children's ability to learn is being dangerously undermined, the foundation of our society is being damaged in a manner that cannot be easily repaired." (pg 27). Interventions must begin early in order to help children develop higher – order thinking skills, empathy, impulse control, anger management, peaceful conflict resolution and assertive communication.

2.4 The Effects of Domestic Violence on Children

2.4.1. Effects on Pre-Schoolers

In a third study, this time on children aged 4 and 5, Cummings et al. (1987) recorded similar distress reactions as previously noted on the younger age groups. In addition, the researchers were able to identify the following three types of behavioural reactions to adult arguments. Forty-six per cent of the children displayed negative emotions during the time that the anger was being acted out, but afterwards they reported feeling sad and wanting to intervene. Seventeen per cent showed no evidence of emotion, but later reported that they were angry. Over a third showed high emotional feelings (both positive and negative) during the arguments. Later, this latter group reported feeling happy, but they were also the most likely to become physically and verbally aggressive with their peers. It appears from this study that child's reactions to adult arguments and anger varies considerably, ranging from strong displays of emotional distress to much hidden emotional reactions. Also, the type of immediate reaction shown by each child was found to be associated with his or her own degree of anger, sadness, or aggression following the violent incident.

Davis and Carlson (1987) found that, through clinical testing of 77 children, those who displayed their reactions aggressively were pre-school boys. This same group of boys also demonstrated a higher level of somatic complaints, with twice as many pre-school boys as girls showing their emotional difficulties through such symptoms. On the basis of this study, pre-school boys had the highest rating for aggressive and somatic difficulties of any group in terms of age and gender. In another comprehensive study (Hughes 1988), using reports obtained from mothers and children, abused and non-abused child witnesses to domestic violence were compared to other children from a similar economic background on measures of self-esteem, anxiety, depression and behavioural problems, using reports obtained from mothers and children. Consistent with previous studies, results indicated much higher distress levels in the children who had been both witnesses and victims than in the comparison group, with the non-abused witness children's scores falling somewhere between the two. Although Hughes did not perform any analysis by gender, the results of this study are in partial agreement with those of Davis and Carlson in that, on examination of the behavioural problem scores, it was revealed that the pre-school group had the highest rates of any group.

Children of this age interpret most events in relation to self. They see themselves as the cause of the anger. They do not have the cognitive competence to take into account the whole situation. Placing blame for adult anger on oneself, therefore, is a developmentally defined common occurrence for preschoolers (Jaffe et al. 1990). There is also a relationship between the anxiety levels of this age-group and the mother's own anxiety levels. In fact, Hughes (1986) has suggested that shelter children, may particularly associate their own feelings very closely with their mother, so that as the mother's anxiety level rises and falls, so does their own. It was also observed by delange (1986) that exposure to domestic violence may affect pre-school age children's social-cognitive

developmental competence; they were often socially isolated from their peers and did not relate to the activities or interests of their age group and they had some problems relating to adults.

2.4.2. Emotional effects

Angela Brown, (1987) asserts that boys who witness their fathers cause their mothers are more likely to inflict severe violence as adults. Data suggests that girls who witness maternal abuse may tolerate abuse as adults more than girls who do not, (Charles Patrick, 1987). These negative effects may be diminished if the child benefits from intervention by the law and domestic violence programmes.

2.4.3. Cognitive effects

Studies show that battered, pregnant women often deliver low birth weight babies who are at great risk for exhibiting developmental problems (Prothrow – Stith and Quaday, 1995). Shaken baby syndrome, the shaking of the infant or child by the arms, legs or shoulders can be devastating and result in irreversible brain damage, blindness, cerebral palsy, hearing loss, spinal cord injury, seizures, learning disabilities and even death (Puissant & Limn,1997). The growing body of knowledge regarding early brain development suggest that, "the ways parents, families and other care givers relate and respond to their children at ECD and the ways that they mediate their children contact with the environment directly affects the formation of neural pathways" (Shore,1997,p4).

2.4.4. Psychological effects

Violent children usually come from violent homes where parents model violence as a means of resolving conflict and handling stress (Page et al, 1997). Even if children are not abused physically themselves, they can suffer psychological trauma including lack of bonding, from witnessing battering. As Lerner (1992) points out, attachment or bonding has far reaching implications not only for the emotional well being of the child but also for a child's cognitive development and the child's ability to cope effectively with stress and to develop healthy relationships. Children who witness violence can display an array of emotional and behavioural disturbances, including low self esteem, withdrawal, nightmares, self- blame, and aggression against peers, family members and property (Peled, Jaffe, & Edleson, 1995).

2.4.5. Domestic Violence causes Traumatic Stress

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 re-experienced (e.g., distressing recollections), there is persistent avoidance of stimuli associated with the trauma, and the victim experiences some form of hyper-arousal (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 (for a complete review, see 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). 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.

2.4.6. Long-Term Effects of Domestic Violence on Women and Children

The long term effects of domestic violence have not begun to be fully documented. Battered women suffer physical and mental problems as a result of domestic violence. Battering is the single major cause of injury to women, more significant than auto accidents, rapes, or muggings. In fact, the emotional and psychological abuse inflicted by batterers may be more costly to treat in the short-run than physical injury. Many of the physical injuries sustained by women seem to cause medical difficulties as women grow older. Arthritis, hypertension and heart disease have been identified by battered women as directly caused or aggravated by domestic violence suffered early in their adult lives.

Battered women lose their jobs because of absenteeism due to illness as a result of the violence. Absences occasioned by court appearances also jeopardize women's livelihood. Battered women may have to move many times to avoid violence. Moving is costly and can interfere with continuity of employment. Battered women often lose family and friends as a result of the battering. First, the batterer isolates them from family and friends. Battered women then become embarrassed by the abuse inflicted upon them and withdraw from support persons to avoid embarrassment. Some battered women are abandoned by their church when separating from abusers, since some religious doctrines prohibit separation or divorce regardless of the severity of abuse.

Many battered women have had to forgo financial security during divorce proceedings to avoid further abuse. As a result they are impoverished as they grow older. One-third of the children who witness the battering of their mothers demonstrate significant behavioral and/or emotional problems, including psychosomatic disorders, stuttering, anxiety and fears, sleep disruption, excessive crying and school problems. Those boys who witness their fathers' abuse of their mothers are more likely to inflict severe violence as adults. Data suggest that girls who witness maternal abuse may tolerate abuse as adults more than girls who do not. These negative effects may be diminished if the child benefits from intervention by the law and domestic violence programs.

The tragic reality is that anytime a mother is abused by her partner, the children are also affected in both overt and subtle ways. What hurts the mother hurts the children. When a mother is abused, the children may feel guilty that they cannot protect her, or that they are the cause of the strife. They may themselves be abused, or neglected while the mother attempts to deal with the trauma. The rate of child abuse is 6-15 times higher in families where the mother is abused.

Children get hurt when they see their parents being yelled at, pushed, or hit. They may feel confusion, stress, fear, shame, or think that they caused the problem. Children grow up learning that it's okay to hurt other people or let other people hurt them. A third of all children who see their mothers beaten develop emotional problems. Boys who see their fathers beat their mothers are ten times more likely to be abusive in their adult intimate relationships.

Children may exhibit emotional problems, cry excessively, or be withdrawn or shy. Children may have difficulty making friends or have fear of adults. Children may suffer from depression and excessive absences from school. Children may use violence for solving problems at school and home. Children may be at greater risk of being a runaway, being suicidal, or committing criminal acts as juveniles and adults. Children who are experiencing stress may show it in indifferent ways, including difficulty in sleeping, bedwetting, over-achieving, behavior problems, withdrawing, stomach aches, headaches and/or diarrhea.

Children who grow up in violent homes have much higher risks of becoming drug or alcohol abusers or being involved in abusive relationships, as a batterer or a victim. Children do not have to be abused themselves in order to be impacted by violence in the home. The only answer to this problem is to treat domestic violence for what it is - a crime. We must fight the societal values that reinforce the stereotypes that encourage men to act aggressively and use violence to solve problems; that women are weak and submissive and should accept male dominance as the norm.

Children must be taught at an early age non-violent conflict resolution. In homes where domestic violence occurs, fear, instability, and confusion replace the love, comfort, and nurturing children need. These children live in constant fear of physical harm from the person who is supposed to care for and protect them. They may feel guilt at loving the abuser or blame themselves for causing the violence. Based on interviews with children in battered women's shelters, 85% of children had stayed twice with friends or relatives because of the violence, and 75% over the age of 15 had run away at least twice. Children in homes where domestic violence occurs are

physically abused or seriously neglected at a rate 1500% higher than the national average. Boys who witness family violence are more likely to batter their female partners as adults, and girls who witness their mother's abuse have a higher rate of being battered as adults. These common sense observations are fact, not myth.

2.5 What Caregivers, Parents and Teachers can do

2.5.1 Establishing a Common Practice Framework for Work in Early Childhood, Domestic Violence, and Poverty

Poverty clearly affects the incidence of domestic violence: low-income women are more than 2.5 times more likely to be abused than their higher income counterparts (Jenkins, 2003). Although the recent National Violence Against Women Survey, a representative sample of 8,000 women and 8,000 men, found that rates of violence differ among ethnic groups—for example, 15% of Asian and Pacific Islander women reported physical and sexual assault or stalking during their lifetimes, while 24.8% of white women, 37.5% of Native American and Alaskan Native women, and 29% of African American women did—most studies suggest that these racial/ethnic differences can be largely explained by income. Researchers highlight the fact that low-income men who batter are much more likely to face multiple stressors such as unemployment, racial discrimination, or the loss of status due to immigration.

All low-income families struggle with limited material resources and related hardships. But families struggling with domestic violence and poverty are likely to have more needs than other families: battered women and their children may require protection; men who batter may find themselves facing legal and social service interventions; families will need increased economic resources to survive, and children will require financial stability and emotional comfort. All those who work directly with children and families affected by poverty and domestic violence need to be responsive to these circumstances as well as to the cultural ways in which family members define and most comfortably solve problems. Further, although no single community agency can provide a comprehensive array of the needed responses, collectively, communities can embrace a common vision and work together, across institutional boundaries, to implement this vision as fully as possible. This vision includes the following five elements of a common practice framework.

2.5.2. Young children and their caregivers need to be safe.

Domestic violence is a pattern of assaultive and coercive behaviors—including physical, sexual, and psychological attacks, and economic coercion—that an adult uses against an intimate partner. This pattern of serious assault is most typically exercised by men against a female partner and sometimes against their children. These assaults are often repetitive and continuous and may leave women and children feeling dazed and bereft. In the face of abuse and assaults, a battered woman with children often confronts two kinds of difficult decisions. First, how will she protect herself and her children from the physical dangers posed by her partner? Sometimes, however, a second kind of risk threatens her more: how will she provide for her children? If, for example, a woman decides to leave her partner to protect herself and her children, where will she find housing and money to feed her family? Who will take care of the children if she must work and her partner is no longer there? This second set of social and economic risks is central to each battered woman's calculation of her children's safety. Leaving her relationship does not guarantee the elimination of these risks; in fact, it may make them worse (Davies, Lyon, & Monti-Catania, 1998; National Council of Juvenile and Family Court Judges, 1999).

For women who have immigrated to the United States, these life-generated risks are often further complicated, especially if their families are poor. What will they do if they have no access to governmental benefits such as welfare or food stamps? What if they cannot speak English, are without money, and in physical danger? Will authorities care about them or their children, or will their families experience discriminatory treatment when they seek help? And what will the authorities do to their partners (National Council of Juvenile and Family Court Judges, 1999)? In addition, many immigrant women and women of color fear ostracism from their own communities if they speak up about the violence, seek help to stop it, or expose their partners to potentially damaging interventions by the police or courts.

Many people frequently raise the question, "Why do battered women stay in their relationships when abuse places them and their children in harm's way?" This question reflects a misunderstanding of the way abused women weigh risks and make decisions. Battered women's questions are more thoughtful and complete, such as the following: "If I leave, will my partner get so angry that he will kill me and the children?" "Should I leave and make my kids live in poverty or in a more dangerous neighborhood?" (National Council of Juvenile and Family Court Judges, 1999). "Will my children ever see their father again if I call the police or go to court for my own protection?" "What should I do if I want them to have a relationship with their father?" Most battered women care deeply about their children's safety and try to protect them from physical assaults and from poverty (National Council of Juvenile and Family Court Judges, 1999). In the face of ongoing fear and threats, many women try valiantly to shield their children during attacks and to nurture them in their aftermath. They also plan strategies to help their partner stop the violence—they reason with him, ask family members to talk to him, call the police, request a clergyman's help—yet their strategies are not always successful. Creating safety requires that communities also try to eliminate the two sets of risks—physical and material—that children and their

mothers face. In fact, children's safety and security are often dependent on making their mother safe.

At the same time, it is also important to recognize the complexity of family relationships, and that in many families the ties to the batterer continue. Over the last twenty-five years, communities across the United States have developed a combination of legal sanctions and social services, such as batterer intervention projects, to try to simultaneously insure that men who batter are held responsible for harming family members and that they receive help for stopping the behavior. Increasingly, community providers are being urged to pay attention to the man who batters and to work collaboratively across agencies so that he, and not his partner, is held responsible for the effects of violence on children, and so that he receives timely interventions to change.

2.5.3. Young children need to experience warm, supportive, nurturing relationships with their parents and with other caregivers.

According to a recent and remarkable synthesis of developmental and neuroscientific literature, the earliest relationships between young children and those who are closest to them provide the "active ingredients" for how children develop emotionally and cognitively (Shonkoff & Phillips, 2000). This report makes it clear that those who provide primary care to young children have an especially potent influence on their early development. Using data about early brain and psychological development, the research shows how, through these earliest relationships, young children learn to trust others, to manage emotions, and to explore their worlds in positive ways. It also cautions that the early years can be a time of vulnerability, particularly for young children exposed to poverty and other risk factors. For these children, the research is clear that the more demographic and psychosocial risk factors to which they are exposed, the more likely it is that their development will be compromised.

These findings underscore the importance of community providers in supporting a child's primary caregivers, usually the mother and other family members, as they try to build healthy and strong relationships with the child. The people with whom the child has the closest relationships are often, although not always, in the best position to help the child cope with difficult experiences. But those closest to the child are likely to need assistance in knowing how best to do this. Childcare providers, pediatricians, family workers, and children's advocates are all in a position to help parents and others understand how important they are to their children and how best to support them. When community providers ensure that parents have access to these supports, they are creating building-blocks for strong and healthy relationships between parents and their young children. Community providers also are key to ensuring that young children have age-appropriate opportunities outside the family. These experiences matter: their impact is obvious in the young child whose vocabulary rapidly expands in the context of a well-run shelter childcare program, or in the infant and parents whose relationship turns a corner and starts to thrive with the support of an Early Head Start program.

2.5.4. Young children and their families need to have their basic needs met.

Common sense tells us that poverty and economic hardship (e.g., being hungry, or homeless) are not good for people in general and children in particular. Research tells an even more compelling story. Poverty, as suggested earlier, contributes to a wide range of negative outcomes for children. But research also suggests that the timing and depth of poverty make a difference. Poverty in early childhood, for example, appears to be more harmful than poverty at other ages, particularly in terms of cognitive development (Duncan, Yeung, Brooks-Dunn, & Smith, 1998). Research is also deepening the understanding about the impact of changes in family income on child development. For example, research suggests that when family income increases, controlling for any other changes, young children's performance on social, emotional, and cognitive indicators improves (Dearing, McCartney, & Taylor, 2001).

In trying to understand the impact of income on developmental outcomes, researchers are focusing on two explanations (Cauthen, 2002). First, poverty limits financial investments that parents can make in their children—both to meet basic needs and to create an enriched learning environment. Second, inadequate material resources may create higher levels of stress and even depression in parents that in turn affect their parenting behaviors in negative ways (Yeung, Linver, & Brooks-Gunn, 2002). Those working with young children and families cannot solve the problems of poverty, but they are in a position to ensure that both caregiving and non-caregiving parents have access to all benefits to which they are entitled, as well as to local opportunities that will promote their economic security. Focusing on financial strategies can help ensure that women and children are not trapped in violence because of their economic circumstances. Similarly, focusing on economic issues with men who batter may also have a positive impact, particularly on domestic violence recidivism rates, which are highest among those who are unemployed.

2.5.5. Young children and families need to encounter service systems that are welcoming and culturally respectful and service providers with the cultural knowledge, skills, and attitudes to help them.

Although the majority of poor families in the United States are white, the United States is now a country with many diverse communities of color. In fact, over the last several decades, the United States has become a country with an ever-increasing mix of cultures. The U.S. Census 2000² revealed that more than 12% of

respondents reported their race as Black or African American; an additional 12% reported themselves as Hispanic; 1% described themselves as American Indian or Alaskan Native; and almost 4% categorized themselves as Asian or Pacific Islander. Obviously, the differences within individual racial and ethnic groups are also many. Over 40 ethnic groups are represented in the Asian and Pacific Islander population, with many of them—Chinese, Japanese, and Filipino populations, for example—having lived in this country for generations, and others, such as the Hmong, Laotian, and Vietnamese, arriving more recently and bearing burdens due to displacement and war. The differences in income, educational attainment, language proficiency, and immigration status are enormous within this population (Yoshihama, 2003). The same is true for Latinos in the United States, who come from over 20 Latin American, Caribbean, and European countries. Although, psychological consequences of domestic violence seem to be similar, for all women (Jenkins, 2003), victims from different races and ethnic groups may explain and experience battering in very different ways. For example, some Southeast Asian women may be abused not only by their husbands but also by their in-laws and other extended family members. These women may need help to deal with multiple abusers. The help or services that women prefer may also vary considerably across ethnic and racial groups and even within them. Because African American women and Latinas understand discrimination first-hand, their explanations and solutions for their partners' violence may include removing structural barriers for the men, such as unemployment and harsh criminal justice responses (Jenkins, 2003; Perilla, 2003). In this regard, they may be similar to other groups of women of color who, facing family violence, want to protect themselves and their communities from outside criticism and build interventions for the entire family. For women who are in the United States illegally or whose immigration status depends on a United States citizen, calling the police for protection may lead to loss of their status, deportation, or incarceration.

Hence, helping these women and their children is even more complex than in some other circumstances. What all women share is that, as they seek assistance, individuals also want to feel respect and support for their ethnic traditions and cultural values as well as for other significant aspects of themselves, such as their sexual orientation. Interventions need to support and use the cultural framework of clients without unwittingly encouraging women to endure abuse. For example, some women will seek services only if they know that their children and partner will also receive help. Other women may prefer that no one in their community or family know about their help seeking. For still other women the idea of seeking shelter or leaving their partner is an unimaginable proposition, but they do want to be safe. Yet, for still other women, calling the police to stop an assault or warn an abuser may be exactly what they want. These differences highlight the need to support a range of responses and individualized solutions to domestic violence, while at the same time understanding larger cultural patterns.

From a community provider perspective, the ethnic and cultural diversity of families facing poverty and domestic violence poses significant challenges. Staffs that look like the families, speak their language, understand their spiritual and cultural background, and can talk about safety with an appreciation for the complexities of those conversations can make a big difference, but even agencies that do not have this can become more responsive. However, it requires a commitment. To do this multicultural work well, agencies must carry out a careful assessment of their mission, policies, hiring procedures, services, staff supervision, budgets, and resources that are provided for training in cultural competence. Above all, they must be prepared to learn from their resourceful clients.

2.5.6. Young children and their families should be able to receive early, strengths-based interventions to help them avoid the harmful consequences of domestic violence and to reduce the likelihood of entry into the child protection and, ultimately, juvenile court systems.

Emerging developmental knowledge makes a strong case for early intervention that helps children and families experiencing multiple risk factors. Adults need assistance in meeting safety and basic needs. Some adults may also need help to repair or prevent damaged parent-child relationships and to promote positive parenting. Children need access to health care, developmental screening, high-quality early childhood programs, and, if necessary, specialized services (Knitzer, 2000). Recent research findings on specialized interventions for children who have experienced domestic violence are promising. A review of the findings from 15 projects showed that children who participated in groups or in mother-child dyadic interventions showed significant gains: these children reduced their use of aggressive behaviors, experienced a decrease in their anxious and depressive behaviors, and improved their social relationships with peers (Graham-Bermann, 2001).

Strengthening the focus on early intervention for young vulnerable children and their families is especially critical because, in the absence of specific attention to early intervention services, community providers are more likely to believe that their only alternative, and/or obligation, is to refer a family experiencing domestic violence to Child Protective Services (CPS) or to the police. Such referrals become the default option. CPS certainly has an important role to play for those children at serious risk of harm. If Child Protective Services, however, is the only assistance available, many families will avoid seeking services, fearful that their disclosure of violence will

lead to removal of their children.

Although most reports to CPS do not end in removal, reports to protective services have skyrocketed in recent decades, and the number of children in foster care has doubled in the past twenty years. Infants and toddlers now comprise the fastest growing age group in the child welfare population. Fears of CPS involvement are especially pronounced in communities of color. For example, Native American families have a long history of losing their children to boarding schools and to white families. African American children currently make up nearly one-half of the foster care population, although they constitute less than one-fifth of the nation's children. The racial disparity in outcomes—African American children, for example, also spend much more time in foster care than other children—creates great pain for families as well as distrust and suspicion of public agencies (Roberts, 2002). Therefore, responsive early interventions that can prevent unnecessary placement have powerful, long-range, and positive consequences.

Similar fears are voiced about the involvement of the criminal justice system, although many low-income women use this system to protect themselves and their children. A recent review of the issues facing Asian and Pacific Islander battered women points to their reluctance to report their victimization to the authorities because they fear insensitive treatment and because they do not wish to subject their partners to discrimination by social institutions (Yoshihama, 2003). These concerns about protecting men from systemic discriminatory treatment are similar to those voiced in the African American community, where almost 13 percent of Black men between the ages of 25 and 29 are in prison or jail on any given day (Harrison & Karberg, 2003). Although the police, courts, and child protective services can be life-saving for battered women and their children, many families are also torn about using them. The development of earlier interventions for domestic violence and poverty at various locations within a community, and of a more comprehensive continuum of responses, would create far more safety alternatives for families and help them avoid involvement in more coercive systems.

Children learn from what they see. To prevent violence, parents and teachers need to model appropriate behaviours in the way they manage problems, conflict, anger and stress. Parents, teachers and other care givers can help children learn to deal with emotions without using violence. They also can practise specific steps to prevent violent behaviour. The American Academy of Paediatrics and the American Psychological Association (1995) provide suggestions to help parents and the other caregivers reduce violence:

- Give consistent love and attention – every child needs a strong, loving relationship with a caring adult to feel safe and secure, and to develop a sense of trust
- Ensure that children are supervised and guided – they learn important social skills by interacting with others in well supervised activities unsupervised children often have behavioural problems that can lead to violence
- Model appropriate behaviours – children learn by example. Discuss problems with them and help them learn non-violent solutions to conflict and problems.
- Do not hit children – physical punishment sends the message that it is acceptable to hit others to solve problems. Non physical methods of discipline to help children deal with their emotions and teach them peaceful ways to handle conflict and problems.
- Be consistent with rules and discipline – child need structures for their behaviours, including clearly stated, logically consequences for not following the rules.
- Try to keep children away from exposure to too much violence in the media – limit television time, and talk to the children about the violence they see in movies on TV, and in video games. Help them understand how painful violence is in real life and discuss its serious consequences.
- Teach children ways to avoid being victims of violent acts – stress personal safety, including what to do if anyone tries to hurt them.
- Take care of yourself and be connected with your community – stay involved with family, friends and neighbours. Take pride in your community, and be proactive in helping to keep it safe.

The ECDE managers, teachers and caregivers have an opportunity to specifically address violence prevention in Early Childhood. The following violence prevention methods are suggested:

- Offer parents classes that deal with effective parenting and child development
- Conduct training for parents, expectant parents, and those who work directly with young children. Life skills that can be addressed include specific violence prevention skills (e.g. empathy, gentle touch, anger management, impulse control, conflicts resolution and learning how set and enforce limited, stress management and positive copying techniques; problem solving and communication.
- Provide educational opportunities concerning the prevention of shaken baby syndrome. Show parents and care givers how to recognise their emotional “triggers” (when they feel they are about to lose control), and teach them anger management and coping techniques for self control.
- Send home – tip sheets or includes in family newsletters that deal with topics related to violence

prevention, including shaken baby syndrome stress management and communication. A list of preventing resources and hotline numbers can also be included.

- Teach children at early age that feeling are normal – even feeling of anger or hurt; however, violence is not an acceptable method for expressing anger, frustration, and other negative feelings.
- Be vigilant, positive role model

2.6 Conclusion

As Pransky (1991) explains, “our behaviours are shaped by conditions in our environment, particularly as we grow. This is the essential piece to the puzzle. The way our children are treated within their important environment largely determine the shape, they will be in and how they will behave” (p7). All people are stakeholders in the quest to prevent violence in the critical early years. All children deserve the opportunity to “fly” and reach their highest potential – we must not allow them to become “hidden casualties”.

2.7 Chapter Summary

This chapter surveyed the general and specific literature related to the study. It addressed the causes, relationships and effects of domestic violence on learning of ECDE children. The chapter outlined the intervention measures that could be taken by parents, teachers, care givers and the state to reduce the occurrence of domestic violence in the children’s environment.

RESEARCH DESIGN AND METHODOLOGY

3.0 Introduction

This chapter focused on the design and the methodology, procedures and modalities used in data collection. It covers research design, area of study, the target population, determination and identification of the sample size and the sampling procedure, the instruments of data collection; piloting of research instruments, the reliability and validity, administration of research instruments and data analysis procedures.

3.1 Research design

The design adopted for this study was descriptive survey research. Cohen and Marion (2000) states that, the intention of a survey research is to collect data at a particular point in time and use it to describe the nature of existing conditions. Kerlinger (1978) adds that surveys are useful for educational fact-finding and provide a great deal of information that is accurate. Through descriptive survey, Kerlinger says: views, opinion, attitude and suggestions for improvement of educational practice have been collected. The researchers chose this design because of the nature of investigation he intended to carry out that is, investigating factors of domestic violence and their effects on learning in the ECDE centres in Lugari District.

3.2 The area of the study

The study was carried out in Lugari district. There are three administrative divisions with its headquarters at Lumakanda. These are: Likuyani, Lugari, and Matete divisions found in Western Province, Kenya. It lies to the North of Great Northern corridor road which is also called Kenya- Uganda Road which forms part of the boundary of the district.

Lugari is bordered by Uasin Gishu district to the south, Trans Nzoia East to the east, Bungoma North to the North and Bungoma East to the west. It is about 20 km from Eldoret town and about 5km from Webuye town. The district is cosmopolitan with most communities of Kenya residing there. It has a fair road (feeder) network which may be impassable during the rainy season. The district is mainly agricultural with the growing of maize, coffee, sunflower, harvesting of tress for Pan Paper Mills as the main economic activities. The researcher chose the district because:

- The researcher was born and brought up in Matete division and was convinced he would be able to identify homes that experience domestic violence to both women and children.
- The researcher had taught in Likuyani for 20years was convinced he would be able to identify homes that are prone to domestic violence. He had also worked as a DICECE officer for four years in Lugari division which gave him an ample time to identify the victims of domestic violence.

3.3 The Target Population

The study population from where the sample was planned consists of a residents population of 308,000 people (Department of statistics, Lugari district 2008) There are 150 ECD centres with a population of 5530 learners in the ECD and centres. There are 230 teachers in the ECD centres (D.E.O’s office, statistics, March 2010). There are 10 chiefs in the district from which the chief’s sample was drawn. The church elder’s sample was drawn from 10 distinguishable churches identified across the district (Dept of Social services, Lugari district March 2010)

3.4 The Sampling Procedure and the Sample Size

After ascertaining the reliability of the research instruments the researcher stratified the sampled population into children, teachers, chief and church elder respectively. Then he used simple random sampling to select 15 ECDE centres for the study. The study involved 15 ECDE teachers, one teacher from each of the sampled ECDE

centres. The researchers used the same technique to identify 60 teachers, 4 learners from each ECDE centre. The 60 learners had been purposively sampled to get children from domestically violent environment. The chief was included in the sample to reinforce the fact that some homes within their areas of jurisdiction had elements of domestic violence. The church elder was involved in the study to confirm the fact that there was domestic violence in homes whose children and women came to his/her church purposively sampling was used because the respondents were the only ones that is the children from homes with domestic violence.

3.5 Data Collection Instruments

3.5.1 Questionnaire

The researcher prepared a balanced pre-coded questionnaire with closed-ended questions were designed in the light of the study objectives. The questionnaire was gather data that would solicit information about the respondents awareness towards domestic violence. Cohen and Manion (2000) indicate that the use of questionnaire is the best form of survey in carrying out an educational inquiry. In preparing questionnaire, clarity, relevance to content, purpose, reliability, the length of question and sequencing was considered. The questionnaires were prepared and administered to 15 ECDE teachers in 15 ECDE centres selected for the study. Each question in the questionnaire had options to choose from by the respondents. However, this method has a limitation of non-responses (Kerlinger, 1978). This was minimized in this research by delivering and collecting the entire questionnaire by the researcher personally the same day.

3.5.2 Interview Schedule

An interview schedule was prepared for the ECD teachers. The researcher prepared the form of unstructured interview guide to enable him for mine information from the respondents. The use of an interview schedule would enhance in-depth interaction to extract more sensitive and personal information. The information obtained was meant to supplement or confirm findings that were observed or deduced from the observation schedule and the questionnaire. The interview consisted of open questions and elicits the following information: - awareness of domestic violence, behaviours exhibited by children from domestic violence, environment, performance of such, learners and their suggestions to help curtail domestic violence

3.5.3 Observation Checklist.

The researcher used the learner's observation schedule to verify the responses from the questionnaire. The data related to the observable behaviours exhibited by children who had experienced domestic violence at home and were at the ECD centres. The observation technique provided a conceptually adequate analysis of child life based on factual recording and description (Stubbs, 1976). The observation matrix modified to suit the study was designed to record the information, which was coded for scoring and subsequent interpretation.

3.6 Piloting of Research Instruments.

A pilot study was conducted in Ndalu zone after the researcher had obtained a research permit from the Office of the President and clearance from the D.E.O, Lugari district. The pilot was the conducted 5 ECDE centres involving 5 ECDE teachers and 10 learners. The observation, interview and questionnaire schedules were tested through the test re-test method.

The data from the pilot study was analysed and interpreted with reference to the research objectives and questions. This was intended to find out whether there were any problems in framing the questions and find out deviations that would occur when recording events during the learners observation. It was found that the instruments were reliable and valid. Having ascertained from the pilot study that the objectives were tenable, the researcher proceeded on the actual data collection.

3.7 Validity and Reliability of Research Instruments

3.7.1 Validity

The researcher tested the research instruments outlined to establish how accurately the data obtained in the pilot finding represented the variable of the study. There was a true reflection of the variable meaning that the inferences based on such data will be accurate and meaningful. This was done by consulting the subject experts and specialists in the department of curriculum, Instruction and Educational Media, School of Education, Moi University. The suggestions from experts were used in making the necessary improvements of the instruments, especially the observation Schedule.

3.7.2 Reliability.

Reliability has been described by Kerlinger (1978) as the accuracy or precision of a measuring instrument. In research context, it means the instrument is dependable, stable, consistent, predictable and accurate. Mugenda (1999) describes reliability as a measure of degree to which a research instrument fields consists results on data after repeated trials. To test whether the questionnaire, interview schedule and the observation schedules were reliable. The researcher piloted them in Ndalu zone in 5 ECDE centres to the actual research. The reliability was established through the test re-test method for the questionnaire and the observation schedule.

The researcher then used the person's period performance to calculate the correlation co-efficient. Cohen and Manion (2000) ascertain that a reliability co-efficient ranging from 0.65 to 0.85 is considered accurate enough

for purposes of research. The questionnaire and the observation schedule were administered separately, coded and scored. They scored a consideration co-efficient of 0.83 and 0.73 respectively. The instruments were therefore reliable enough for the purpose of this study.

3.8 Research Variables

For this study, battery, abusive language, exposure to immorality, harsh conditions for example, being locked out at night, being denied food, exposure to violent scenes for example, parents and siblings fighting and others formed the independent variable, and alongside domestic violence were the family and culture as part of the independent variables. These formed part of the independent variables because they have an effect on learning. The dependent variables in the study were the aspects of learning namely; attendance, response to instructions, mixing with others, grooming, completion of class assignments and academic performance.

3.9 Administration of Research Instruments

The researcher sought permission to carry out research from the Ministry of Education, the District Commissioner, Lugari and the District Education Officer, Lugari District, before undertaking the research. Afterwards, the researcher finally visited the schools selected to get permission from the head teacher to carry out the study in their schools. The researcher then visited the schools a second time to collect data using the research instruments as outlined below.

3.9.1 Administration of the Questionnaire

The researcher administered the research questionnaire to teachers selected for the study during the second visit to the schools. The respondents were expected to complete the questionnaire and hand them over to the researcher the same day. This was to minimize the chances of non-re spouses from the participants. The information collected compared with the data collected during the learners' observation and interview schedule and this was expected to provide a comprehensive view of the impact that domestic violence has in the learning of children in ECDE Centres.

3.9.2 Learners' Observation Schedule

The observation exercise took a week in the selected ECDE centres. The researcher having identified four (4) learners in each centre, prepared and rehearsed Research Assistants to help in the exercise for a week. This was necessary to save time and avoid confusion in the course of the observation. The checklist included all that was desirable and recording was after the desired variable was observed to be consistent.

3.9.3 Conducting the Interview

The researcher conducted the interview himself after the teacher was made aware of how to participate in the interview. This was done by creating an atmosphere of trust and confidence. This was taken in a place of the selected teacher's choice where this particular teacher would be told the purpose of the research and assumed of confidentiality of any collected data. The interviewer formed questions that aimed at finding specific information. He scored all the responses by taking notes or writing down the answers that the respondents gave. The data obtained from the interview schedule was used to verify the data received from the questionnaire and the observation schedule.

3.10 Ethical Considerations

It was prudent that the researcher seeks and obtains permission from the office of the President, Ministry of Education, The District Commissioner and District Education Officer, Lugari District and be fully cleared to conduct study in the District. The study entailed observing children from homes with domestic violence in the course of its implementation. It thus implied getting permission from the parents to have them interviewed or observed. Confidentiality was a serious ethical issue that was observed given that part of respondents gave personal opinions which required protection. The researcher obtained an introduction letter from the university as part of the ethical procedure. The researcher visited the schools selected for the study and sought permission to undertake the study in these schools.

3.11 Chapter Summary

The chapter focused in various details concerning the research design and the methodology the study employed. By doing so, details on the specific study area and the target population had been given. The details about the each research tool and how it was used to obtain data have also been described. The data obtained through these methods was presented, analyzed and interpreted as shown in Chapter four.

DATA PRESENTATION, ANALYSIS, INTERPRETATION

4.0 Findings of the study

4.1 Introduction

This chapter consists of presentation, analysis and interpretation of data obtained using the questionnaire and the observation checklist. The two instruments were used complementarily, that is each was used to compliment and verify the information obtained from the other. The data which was collected to establish the factors of domestic

violence and effects on learning in ECDE centres is presented descriptively using frequency tables and graphics for purpose of illustration the respondents involved in this study were 15 ECDE teachers, 60 ECDE learners 1 Chief and 1 Church elder in Lugari District.

The chapter is divided into three (3) parts each consisting of data presentation, analysis and interpretation. The first part is background information of the sample schools, teachers, gender, age and teaching experience. The second part presents the results from questionnaires which were completed by the teachers, chiefs and church elder. The questionnaires sought to find out the respondent to views on factors domestic violence and their effects on the learning of ECDE Children. The third part presents the information obtained after children in school. The children selected had experienced domestic violence in their homes. The checklist had specific aspects of behaviours that the children exhibited. The data was presented, analysed and interpreted in the context of objectives.

The information solicited from these instruments was meant to answers the following research questions:-

1. What are the possible causes of domestic violence on children?
2. What are the effects of domestic violence to children at the ECDE centres?
3. What is the academic performance of children who have experienced domestic violence?
4. What are the possible solutions to children from domestic violence environment?

4.2 Background Information

The respondents background information which include the gender, age, occupation, teaching experience were summarised in table 4.1 The gender of the respondents comprised of 58.8% female and 41.2% male. The ages of the respondents during the study varied significantly as shown in table 2. Majority (35.3%) aged between 21-25 years, those who were aged between 26-30 years comprised of 23.5%, and those who were aged 31-35 years comprised of 17.6%. Those who were aged between 36-40 years and above 40 years consist of 11.8%. The occupation of most of the respondents (82.4%) comprised mainly of teachers; 11.8% consists of religious leaders while the least 5.9% were administrators. The experience of teachers varied significantly during the study as summarized in table 4. 35.3% of the teachers had 7-9 years experience; 29.4% had 4-6 years experience, while 17.6% had 1-3 years experience as well as to those who had above 10 years experience.

Table 4.1 Background Information of Respondents

Background Information	Variables	Freq	Percent	Cumulative Percent	Mean	Std. Deviation
Gender	Male	7	41.2	41.2	1.5882	.50730
	Female	10	58.8	100.0		
	Total	17	100.0			
Age	21-25 years	6	35.3	35.3	2.4118	1.41681
	26-30 years	4	23.5	58.8		
	31-35 years	3	17.6	76.5		
	36-40 years	2	11.8	88.2		
	> 41 years	2	11.8	100.0		
	Total	17	100.0			
	Occupation	Teacher	14	82.4		
Administrator		1	5.9	88.2		
Religious leader		2	11.8	100.0		
Total		17	100.0			
Teacher experience	1-3 years	3	17.6	17.6	2.5294	1.00733
	4-6 years	5	29.4	47.1		
	7-9 years	6	35.3	82.4		
	> 10 years	3	17.6	100.0		
	Total	17	100.0			

4.3 Causes of Domestic Violence to children

All the respondents interviewed were aware of the causes of domestic violence within the community. The causes of domestic violence varied during the study as summarized in table 4.2. All the respondents (100%) of the respondents were of the opinion that poverty within the society causes domestic violence. 76.5% were of the

idea that domestic violence is caused by drunkard ness; 64.7% were caused by being unfaithful within the family and the least 52.9% were caused by drug abuse.

From the study it showed that domestic violence is more likely to occur in cases where individuals experience less wage-earning power. This is a case where the purchasing power of a family or of an individual is eroded to an extent that the provision of the basic needs is compromised. The children in such homes experience the higher exchanges between the parents over food, medication and clothing. It targets children because they are the consumers of the basic needs. The parents and the guardians or the care givers extend their anger and frustrations to the children or fight among themselves as children witness. The inability of parents and caregivers often lead to fights in the presence of children or may see the anger displaced to the children. The findings of the study agrees with the work of Elk Grove, 1998 who argues that substance abuse leads to out-of-control behaviour which leads to secondary anger, which is an ineffective substitute for dealing honestly with emotions. The children mostly bear the brunt of this emotional instability.

An environment where violence is taught by example or accepted as “normal” will imprint upon a child’s psyche. A young boy may see his father come home from work drunk and angry, screaming at his mother. The boy watches his mother attempt to please and placate his father’s drunken behaviour. The young boy is being taught that violence gets results. He then develops own ideas about what makes a man. Most cultures treat children as non-entities who should only be seen and never to be heard. Most wrongs committed in most homes are explained in terms of children activities. It is normal for parents in Africa to shift their failed activities in terms of children.

Table 4.2 Causes of Domestic Violence to Children

Causes of Domestic violence	Frequency		Percent	
	Yes	No	Yes	No
Drunkenness (alcohol)	13	4	76.5	23.5
Drug abuse(non alcoholic)	9	8	52.9	47.1
Unfaithfulness	11	6	64.7	35.3
Poverty	17	0	100	0

4.4 Forms of Domestic Violence

The rating of forms of domestic violence was different amongst the respondents interviewed as shown in table 4.3 below. Exposure to immorality comprised of the highest rating of the forms causing domestic violence followed by abusive language rated secondly high and the exposure to violent scenes were rated thirdly high. The battery of children and exposure of children were rated the highest 41.2% low factor for the existence of domestic violence. Exposure to violent scenes comprised of 17.6% and the use of abusive language comprised of 11.8% and the exposure to immorality were the least with 5.9%.

All forms of domestic abuse have one purpose: to gain and maintain control over the victim. Abusers use many tactics to exert power over their spouse or partner. The form and characteristics of domestic violence and abuse may vary in other ways. Types of male batterers identified by Holtzworth-Munroe and Stuart (1994) include "family-only", which primarily fall into the common couple violence type, who are generally less violent and less likely to perpetrate psychological and sexual abuse.

From the study physical abuse include hitting, slapping, punching, choking, pushing, and other types of contact that result in physical injury to the victim. Physical abuse include behaviors such as denying the victim of medical care when needed, depriving the victim of sleep or other functions necessary to live, or forcing the victim to engage in drug/alcohol use against his/her will. It can also include inflicting physical injury onto other targets, such as children or pets, in order to cause psychological harm to the victim, U.S Department of Justice (2007).

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. Verbal abuse is a form of abusive behavior involving the use of language. It is a form of profanity that can occur with or without the use of expletives. While oral communication is the most common form of verbal

abuse, it includes abusive words in written form.

Table 4.3 Forms of Domestic Violence

Rating Forms of Domestic Violence	Very high		High		Low	
	Freq	%	Freq	%	Freq	%
Battery of children	1	5.9	9	52.9	7	41.2
Abusive language	4	23.5	11	64.7	2	11.8
Exposure to immorality	4	23.5	12	70.6	1	5.9
Exposure to violent scenes	4	23.5	10	58.8	3	17.6
Exposure to harsh environment	3	17.6	7	41.2	7	41.2

4.5 Effects of Domestic Violence

The effects of domestic violence were viewed differently by the respondents as shown in table 4.4. Poor performance consists of 94%; dropping out of school comprised of 88.2%, cases of indiscipline 58.8% and brain damage 11.8%.

The tragic reality is that anytime a mother is abused by her partner, the children are also affected in both overt and subtle ways. What hurts the mother hurts the children. When a mother is abused, the children may feel guilty that they cannot protect her, or that they are the cause of the strife. They may themselves be abused, or neglected while the mother attempts to deal with the trauma. The rate of child abuse is 6-15 times higher in families where the mother is abused. Children get hurt when they see their parents being yelled at, pushed, or hit. They may feel confusion, stress, fear, shame, or think that they caused the problem. Children grow up learning that it's okay to hurt other people or let other people hurt them. A third of all children who see their mothers beaten develop emotional problems. Boys who see their fathers beat their mothers are ten times more likely to be abusive in their adult intimate relationships.

Children may exhibit emotional problems, cry excessively, or be withdrawn or shy. Children may have difficulty making friends or have fear of adults. Children may suffer from depression and excessive absences from school. Children may use violence for solving problems at school and home. Children may be at greater risk of being a runaway, being suicidal, or committing criminal acts as juveniles and adults. Children who are experiencing stress may show it indifferent ways, including difficulty in sleeping, bedwetting, over-achieving, behavior problems, withdrawing, stomach aches, headaches and/or diarrhea.

Children who grow up in violent homes have much higher risks of becoming drug or alcohol abusers or being involved in abusive relationships, as a batterer or a victim. Children do not have to be abused themselves in order to be impacted by violence in the home. The only answer to this problem is to treat domestic violence for what it is - a crime. We must fight the societal values that reinforce the stereotypes that encourage men to act aggressively and use violence to solve problems; that women are weak and submissive and should accept male dominance as the norm. Children must be taught at an early age non-violent conflict resolution.

In homes where domestic violence occurs, fear, instability, and confusion replace the love, comfort, and nurturing children need. These children live in constant fear of physical harm from the person who is supposed to care for and protect them. They may feel guilt at loving the abuser or blame themselves for causing the violence.

Table 4.4 Effects of Domestic Violence on Children

	Frequency		Percent	
	Yes	No	Yes	No
Indiscipline	10	7	58.8	41.2
Poor performance	16	1	94.1	5.9
Drop out from school	15	2	88.2	11.8
Brain damage	2	15	11.8	88.2

4.6 Behaviour of Children Who Have Witnessed Domestic Violence

The behaviour exhibited by children from families with domestic violence varied as shown in table 4.5 below. 82.6% of them withdraw, 70.6% were rude, 47% were truant, and 23.5% had immoral behaviour and the least 11.8% lack basic education. Domestic violence in the household is often accompanied by other major developmental risk factors for children such as poverty, female-headed household and low education level of

primary care giver. (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997)
 Children living with domestic violence are at risk not only physically but also psychologically and emotionally. First of all, children of battered women tend to be much more aware of the battering than their parents imagine. (Groves, 1999) Children who witness domestic violence respond in a variety of ways. Some children remain relatively unscathed from their experiences, whereas others reveal any of a range of psychopathology or adjustment problems (Groves). Groves discusses factors that appear to affect children's responses to witnessing domestic violence, such as what the child actually saw or heard; the child's temperament or personality; the age of the child at the time(s) of exposure; the severity and chronicity of the violence; and the availability of adults who can emotionally protect the child.

Maughan and Cicchetti (2002) argue that exposure to domestic violence indirectly affects child adjustment by disrupting parent-child relationships and parenting practices. The negative changes in parenting that result from domestic violence are what lead to the child's emotional and behavioral problems, not the domestic violence directly.

In general, children are more likely to develop negative psychological effects from witnessing domestic violence if they witness severe or chronic violence, if they are younger, if the violence is frequent, and if it is perpetrated in close proximity to them. (Knapp, 1998) Infants in violent households tend to have disrupted sleeping and feeding patterns with resulting poor weight gain (Knapp). These infants can exhibit excessive screaming and be slow to reach developmental milestones. Domestic violence also may negatively affect mother-infant bonding (Mahoney & Campbell, 1998)

Withdrawn, subdued, or mute behaviors are commonly seen in preschoolers who witness domestic violence. (Knapp, 1998) Preschoolers also may exhibit anxiety and clinging behavior, suffer nightmares, and reenact the domestic violence in their play (Knapp). Regression may occur with reoccurrence of toileting accidents and thumb sucking. Groves (1999) states that children who witness domestic violence may exhibit aggressive behavior decreased social competencies, depression, fears, anxiety, sleep disturbances, and learning problems. Children also may feel rage, guilt, and a sense of responsibility for the violence. Witnessing domestic violence may invoke in children feelings of helplessness and they may come to see the world as unpredictable, hostile, and threatening Groves (1999). Mahoney and Campbell (1998) found that children who witness domestic violence at all developmental ages exhibit the behavior of aggression or withdrawal but manifest these behaviors differently. It is critical to consider contextual factors that may affect children and their responses to the violence such as poverty, family structure and processes, community violence, and other forms of victimization such as child abuse. (Prinz & Feerick, 2003)

Table 4.5 Behaviours Exhibited by Children

	Frequency		Percent	
	Yes	No	Yes	No
Rude	12	5	70.6	29.4
Withdrawn	14	3	82.4	17.6
Truancy	8	9	47.1	52.9
Lack basic education	2	15	11.8	88.2
Immoral behaviour	4	13	23.5	76.5

4.7 The Academic Performance of Children who have Experienced Domestic Violence

The children's performance of school tasks and tests varied significantly during the study as shown in table 4.6. Majority (43.3%) of the children perform below average, with 38.3% performed averagely, while 18.3% were above average in their performance.

From the study the findings agrees with the work of Knapp, 1998 who states, children who witness domestic violence were noted to have a change in behavior or react inconsistently. School performance may decline or the child may complain of vague somatic complaints, such as headaches or stomachaches. The child is torn between a desire to help or rescue the victim and the need to keep a family secret. (Mahoney & Campbell, 1998)

Table 4.6 Performance of school tasks and tests

	Frequency	Percent	Cumulative Percent
Below average	26	43.3	43.3
Above average	11	18.3	61.7
Average	23	38.3	100.0
Total	60	100.0	

4.8 Solutions Towards Domestic Violence

The solutions towards domestic violence were varied amongst the respondents as shown in table 4.7. All the respondents identified guidance and counselling as a major solution towards domestic violence victims. 82.4% were of the opinion that creating community awareness on the disadvantages of domestic violence was important. The creation of employment opportunities and formation of community based organizations were least solutions identified.

There is no easy solution to the problem of domestic violence as its elimination requires changes in the very nature of society. Until people develop a sense of respect for others and recognition of the worthiness of each individual and violence will continue and the weaker members of the community will largely be the victims. It is the family which is principally responsible for building the character of individuals, and it is in functioning families that feelings of self worth, respect for others and conflict resolution skills are developed. It is thus vital that support is given to families to enable them to nurture these qualities which, if not developed in the early, formative years, are very hard to instill later. At the same time, it is important to break the cycle of violence in those families where it occurs, as it has been established that children reared in this environment are more likely to become either victims or perpetrators themselves. For this reason counseling (including techniques of conflict management, negotiation, anger control, etc. where appropriate) is vital for all family members affected by domestic violence. Community funding should be available for this in order to ensure accessibility to all who require it.

Referral to full psychiatric care should be made where necessary as voluntary counselors are not trained to deal with socio-pathic problems. Violent behaviour injures its victims and demeans its perpetrator. Where an abuser seeks help to alter/control his behaviour, help should be available. However, this should be provided in association with, and not replace, appropriate punishment for the crime. Society must recognize the criminal nature of domestic violence and accord appropriate punitive sanctions to it. The general community must be encouraged to stop "minding its own business" and report/interfere/offer support/let their non-acceptance be known in local neighborhoods.

Table 4.7 Solutions Towards Domestic Violence

	Frequency		Percent	
	Yes	No	Yes	No
Educate the community	14	3	82.4	17.6
Guidance and counselling	17	0	100	41.2
Employment opportunities	3	14	17.6	82.4
Form community based organization	1	16	5.9	94.1

4.9 Observation Checklist Results

During the study a sample of 4 children per school were observed. A total of 60 children were interviewed from 15 ECD schools. The observation checklist were used to collect the primary data and subjected to frequencies, descriptive and inferential analysis. The descriptive statistics included the mean, standard error, standard deviation and variance. The frequencies included the frequency proportion, percentages and graphical representation comprised of bar graphs. The inferential statistics comprised of chi- square and correlation analysis. The observation checklist was administered to 15 schools and samples of 4 students per school were selected for the study as shown in table 15. The frequencies of four pupils were constant as well as the representative percentage (6.7%).

The mixing of children from families with domestic violence was found with those children who were active

comprised of 51.7%, with 30% inactive and 18.3% withdrawn. The use of language while playing varied significantly during the study with those who use abusive language comprised of 38.3%, with 35% friendly, while 16% use obscene language. The concentration in class was found to comprise of both alert/active and not alert/inactive and majority (60%) of children from families with domestic violence were inactive, while 40% were active. The children's responses to teacher instruction varied significantly during the study, with (43.3%) of the children were rude in their responses, 30% were obedient and 26.7% not interested. Majority (43.3%) of the children were unwilling to go home, with 36.7% willing to go home and 20% not decided where to go. The children's appearances in school were significant during the study as with (51.7%) of the children being clean/obedient/tidy, while 29% were poorly groomed/dirty/shaggy.

4.10 Summary

This chapter presented analyzed and interpreted data that was collected through the teachers' questionnaire and observation checklist. The data contained in the questionnaire helped to establish awareness on domestic violence, causes of domestic violence and the effects of domestic violence on the learning of ECDE children. The observation checklist provided data on specific aspects of the effects of domestic violence as exhibited by children who were perceived to be victims of domestic violence. The main findings were that domestic violence is real in communities and that it has significant effects on children who go to ECDE centres for learning.

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter contains a discussion of the study's principal findings, conclusions and their practical implications and their recommendations. These are based on the findings in chapter 4 and also on the literature reviewed. This chapter is organised into the following sections:

- Summary of findings
- Causes of domestic violence
- The effects of the factors of domestic violence on the learning of children at the ECDE centres
- The academic performance of children who from domestic violence environment
- Solutions to children from domestic violence environment
- Conclusions and recommendations

5.1 Summary of Findings

5.1.1 Causes of Domestic Violence on Children

From the study majority of the respondents comprised of female teachers and a few male teachers. The occupation of most of the respondents comprised mainly of teachers, a provincial administrator and a church elder. All the respondents interviewed were aware of the causes of domestic violence within the community. From the findings it showed that majority of the respondents identified poverty within the society as a cause of domestic violence, together with drunkard ness, unfaithful within the family and by drug abuse.

From the study it showed that domestic violence is more likely to occur in cases where individuals experience less wage-earning power. This is a case where the purchasing power of a family or of an individual is eroded to an extent that the provision of the basic needs is compromised. The children in such homes experience the higher exchanges between the parents over food, medication and clothing. It targets children because they are the consumers of the basic needs. The parents and the guardians or the care givers extend their anger and frustrations to the children or fight among themselves as children witness. The inability of parents and caregivers often lead to fights in the presence of children or may see the anger displaced to the children. The findings of the study agrees with the work of Elk Grove, 1998 who argues that substance abuse leads to out-of-control behaviour which leads to secondary anger, which is an ineffective substitute for dealing honestly with emotions. The children mostly bear the brunt of this emotional instability.

Exposure to immorality comprised of the highest rating of the forms causing domestic violence followed by abusive language rated secondly high and the exposure to violent scenes were rated thirdly high. The battery of children and exposure of children to harsh environment were rated the highest and low factors respectively for the existence of domestic violence. Exposure to violent scenes, the use of abusive language and the exposure to immorality were the least forms of domestic violence experienced. All forms of domestic violence have one purpose, to gain and maintain control over the victim. Abusers use many tactics to exert power over their spouse or partner. The form and characteristics of domestic violence and abuse may vary in other ways. Types of male batterers identified by Holtzworth-Munroe and Stuart (1994) include "family-only", which primarily fall into the common couple violence type, who are generally less violent and less likely to perpetrate psychological and sexual abuse.

From the study physical abuse include hitting, slapping, punching, choking, pushing, and other types of contact that result in physical injury to the victim. Physical abuse include behaviors such as denying the victim of medical care when needed, depriving the victim of sleep or other functions necessary to live, or forcing the

victim to engage in drug/alcohol use against his/her will. It can also include inflicting physical injury onto other targets, such as children or pets, in order to cause psychological harm to the victim, (U.S Department of Justice, 2007).

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. Verbal abuse is a form of abusive behavior involving the use of language. It is a form of profanity that can occur with or without the use of expletives. While oral communication is the most common form of verbal abuse, it includes abusive words in written form.

5.1.2 Effects of Factors of Domestic Violence on the Learning of Children at ECDE centres

The effects of domestic violence were viewed differently by the respondents, with poor performance rated highest, followed by dropping out of school, reported cases of indiscipline and least being brain damage. The tragic reality is that anytime a mother is abused by her partner, the children are also affected in both overt and subtle ways. When a mother is abused, the children may feel guilty that they cannot protect her, or that they are the cause of the strife. They may themselves be abused, or neglected while the mother attempts to deal with the trauma. The rate of child abuse is 6-15 times higher in families where the mother is abused. Children get hurt when they see their parents being yelled at, pushed, or hit. They may feel confused, stressed, fearful, ashamed, or think that they caused the problem. Children grow up learning that it's okay to hurt other people or let other people hurt them. A third of all children who see their mothers beaten develop emotional problems. Boys who see their fathers beaten by their mothers are ten times more likely to be abusive in their adult intimate relationships.

Children may exhibit emotional problems, cry excessively, or be withdrawn or shy. Also they have difficulty in making friends or fear adults. Furthermore they suffer from depression and excessive absence from school. Children may use violence for solving problems at school and at home. Children may be at greater risk of being runaway, suicidal, or committing criminal acts as juveniles and adults. Children who are experiencing stress may show it in different ways, including difficulty in sleeping, bedwetting, over-achieving, behavioral problems, withdrawal, stomach aches, headaches and/or diarrhea.

Children do not have to be abused themselves in order to be impacted by violence in the home. The only answer to this problem is to treat domestic violence for what it is – “a crime”. We must fight the societal values that reinforce the stereotypes that encourage men to act aggressively and use violence to solve problems; that women are weak and submissive and should accept male dominance as the norm. Children must be taught at an early age non-violent conflict resolution mechanisms. In homes where domestic violence occurs, fear, instability, and confusion replace the love, comfort, and nurturing children's need. These children live in constant fear of physical harm from the person who is supposed to care for and protect them. They may feel guilty at loving the abuser or blame themselves for causing the violence.

The behaviour exhibited by children from families with domestic violence varied with majority of them withdrawing and rude. A few of them were truant, had immoral behaviour and lack basic education. Domestic violence in the household is often accompanied by other major developmental risk factors for children such as poverty, female-headed household and low education level of primary care giver. (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997)

Children living with domestic violence are at risk not only physically but also psychologically and emotionally. First of all, children of battered women tend to be much more aware of the battering than their parents imagine. (Groves, 1999). Children who witness domestic violence respond in a variety of ways. Some children remain relatively unscathed from their experiences, whereas others reveal any of a range of psychopathology or adjustment problems (Groves). Groves discusses factors that appear to affect children's responses to witnessing domestic violence, such as what the child actually saw or heard; the child's temperament or personality; the age of the child at the time(s) of exposure; the severity and chronicity of the violence; and the availability of adults who can emotionally protect the child.

Maughan and Cicchetti (2002) argue that exposure to domestic violence indirectly affects child adjustment by disrupting parent-child relationships and parenting practices. The negative changes in parenting that result from domestic violence are what lead to the child's emotional and behavioral problems, not the domestic violence directly.

Infants in violent households tend to have disrupted sleeping and feeding patterns with resulting poor weight

gain (Knapp, 1998). These infants can exhibit excessive screaming and be slow to reach developmental milestones. Domestic violence also may negatively affect mother-infant bonding (Mahoney & Campbell, 1998). Withdrawn, subdued, or mute behaviors are commonly seen in preschoolers who witness domestic violence. (Knapp, 1998). Preschoolers also may exhibit anxiety and clinging behavior, suffer nightmares, and re-enact the domestic violence in their play. Regression may occur with reoccurrence of toileting accidents and thumb sucking. Groves (1999) states that children who witness domestic violence may exhibit aggressive behavior, decreased social competencies, depression, fears, anxiety, sleep disturbances, and learning problems. The children's emotional responses to the violence, such as intense terror, fear of death, and fear of loss of a parent, underlie many of the emotional/behavioral problems they exhibit. Children also may feel rage, guilt, and a sense of responsibility for the violence. Witnessing domestic violence may invoke in children feelings of helplessness and they may come to see the world as unpredictable, hostile, and threatening Groves (1999).

Mahoney and Campbell (1998) found that children who witness domestic violence at all developmental ages exhibit the behavior of aggression or withdrawal but manifest these behaviors differently. When defining children's experiences in witnessing domestic violence, it is critical to consider contextual factors that may affect children and their responses to the violence such as poverty, family structure and processes, community violence, and other forms of victimization such as child abuse. (Prinz & Feerick, 2003)

5.1.3 Academic Performance of the Children who have been Victims of Domestic Violence

The children's performance of school tasks and tests varied significantly during the study with majority of the children performing below average compared to those who perform above average in their learning. From the study the findings agrees with the work of Knapp 1998, who states that children who witness domestic violence were noted to have a change in behavior or react inconsistently. School performance may decline or the child may complain of vague somatic complaints, such as headaches or stomachaches. The child is torn between a desire to help or rescue the victim and the need to keep a family secret. (Mahoney & Campbell, 1998)

5.1.4 The Solutions of Domestic Violence

The solutions towards domestic violence were varied amongst the respondents will all the respondents identifying guidance and counselling as a major solution towards domestic violence victims. Majority of them were of the opinion that creating community awareness on the disadvantages of domestic violence was important. The creation of employment opportunities and formation of community based organizations were the least solution identified.

There is no easy solution to the problem of domestic violence as its elimination requires changes in the very nature of society. Until people develop a sense of respect for others and recognition of the worthiness of individual, violence will continue and the weaker members of the community will largely be the victims. It is the family which is principally responsible for building the character of individuals. It is in functioning families that feelings of self worth, respect for others and conflict resolution skills are developed. It is thus vital that support is given to families to enable them to nurture these qualities which, if not developed in the early, formative years, are very hard to instill later. At the same time, it is important to break the cycle of violence in those families where it occurs, as it has been established that children reared in this environment are more likely to become either victims or perpetrators themselves. For this reason counseling (including techniques of conflict management, negotiation, anger control, etc. where appropriate) is vital for all family members affected by domestic violence. Community funding should be available for this in order to ensure accessibility to all who require it.

Referral to full psychiatric care should be made where necessary as voluntary counselors are not trained to deal with socio-pathic problems. Violent behaviour injures its victims and demeans its perpetrator. Where an abuser seeks help to alter/control his behaviour, help should be available. However, this should be provided in association with, and not replace, appropriate punishment for the crime. Society must recognize the criminal nature of domestic violence and accord appropriate punitive sanctions to it. The general community must be encouraged to stop "minding its own business" and report/interfere/offer support/let their non-acceptance be known in local neighborhoods.

5.2 Conclusion

- From the findings it showed that majority of the respondents identified poverty within the society as a cause of domestic violence, together with drunkard ness, unfaithful within the family and by drug abuse.
- Exposure to immorality comprised of the highest rating of the forms causing domestic violence followed by abusive language rated secondly high and the exposure to violent scenes were rated thirdly high. The battery of children and exposure of children to harsh environment were rated the highest and low factors respectively for the existence of domestic violence. Exposure to violent scenes, the use of abusive language and the exposure to immorality were the least forms of domestic violence experienced. All forms of domestic violence have one purpose, to gain and maintain control over the

- victim.
- The effects of domestic violence were poor performance rated highest, followed by dropping out of school, reported cases of indiscipline and least being brain damage. The tragic reality is that anytime a mother is abused by her partner, the children are also affected in both overt and subtle ways.
 - The behaviour exhibited by children from families with domestic violence varied with majority of them withdrawing and rude. A few of them were truant, had immoral behaviour and lack basic education. Domestic violence in the household is often accompanied by other major developmental risk factors for children such as poverty, female-headed household and low education level of primary care giver.
 - The children's performance of school tasks and tests varied significantly during the study with majority of the children performing below average compared to those who perform above average in their learning.
 - The solutions towards domestic violence were varied amongst the respondents with all the respondents identifying guidance and counselling as a major solution towards domestic violence victims. Majority of them were of the opinion that creating community awareness on the disadvantages of domestic violence was important. The creation of employment opportunities and formation of community based organizations were the least solution identified. There is no easy solution to the problem of domestic violence as its elimination requires changes in the very nature of society.

5.3 Recommendations

From the findings of the study the following recommendations were drawn;

- Majority of the respondents identified poverty within the society as a major cause of domestic violence, thus there is need for alleviation of poverty by improving the livelihoods of the households and creating more employment opportunities to engage family members in gainful activities, that will reduce household tensions which would end up in household fights, use of abusive language or child battery. These in essence will give children ample time to concentrate on learning other than be scared of the happenings at home.
- The effects of domestic violence identified were; poor performance rated highest, followed by dropping out of school, reported cases of indiscipline and least being brain damage. Hence the study recommends strongly that children need a supportive environment to learn and perform well at the ECDE centres. This can be achieved when the levels of domestic violence is drastically reduced to allow children to concentrate on teachers instructions which will be translated in their improved academic performance and achievement. The researcher also recommends that a child should be allowed to explore the environment without fear of ridicule, abuse or being battered. By so doing, the effects of domestic violence will be insignificant and these will promote positive academic achievement.
- The children's performance of school tasks and tests varied significantly during the study with majority of the children performing below average compared to those who perform above average in their learning. The researcher recommends that there is need for the empowerment of children at home and school to enable them make good decisions, interpret school tasks and perform well in school tests. This will in essence lead to performance of school tasks and tests be above average which is the ideal notion of children going to ECDE centres.
- Majority of the respondents identified guidance and counselling as the major solution of domestic violence, however it should also be pointed out that creating community awareness on the disadvantages of domestic violence is important as it help in changing the attitudes of the community members towards domestic violence, which as mentioned earlier has adverse effects on the learning of children in ECDE centres.

5.4 Suggestions for Further Research

Since the research dwelled on an investigation into the causes of domestic violence and their effects on learning in Early Childhood Development Centres in Lugari District, Kenya. The research has been restricted to ECDE schools in one District of Kenya. The following suggestions were made for further research:-

- Effects of poverty on E.C.D.E.
- The impact of Physical and social-psychological development of children on E.C.D.E
- The mitigation measures that should be adopted to reduce the incidence of domestic violence in communities.

REFERENCES

- American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders (4th Ed.)*. Washington, DC: Author.
- American Academy of Pediatrics (AAP) (1997). *Goals and Objective in Elimination of Violence: Digest* Publishers, ELK Giove Village.

- Amnesty International (AI). 2005. *"Kenya." Report; 2005*. Paris: Éditions francophones d'Amnesty International.
- Best, W.J. and Khan, V.J. (1989), *Research in Education, (6th Ed)*: in Englewoods, Cliffs Bowker, L.H., Arbittel, M. and McFerron, J.R. 1988, 'On the relationship between wife beating and child abuse' in: *Feminist Perspectives on Wife Abuse*, eds K. Yllo and M. Bograd, Sage, California.
- Busuch et al. (1999). *Effects of Domestic Violence on Children*: Information centre. London.
- Browne A. (1987), *When Battered Women kill*: The Free Press, Ohio.
- Carlson, B. E. (1984). *Children's observations of interpersonal violence*. In A. R. Edwards (Ed.), *Battered women and their families* (pp. 147-167). New York: Springer.
- Cauthen, N. (2002). *Improving children's economic security: Research findings about increasing family income through employment: Policies that improve family income matter for children*. New York: Columbia University, National Center for Children in Poverty.
- Child Welfare Partnership (1995). *Domestic violence summary: The intersection of child abuse and domestic violence*. Published by Portland State University.
- Children Year Book; (1996). *CDF, ED 398 997*; Washington DC.CDF.
- Children's Defense Fund. (1997). *Every day in America. CDF Reporters*, 18(2), 15.
- Church, J. 1984, *Violence Against Wives: Its Causes and Effects*, John Church (Publisher), Christchurch, New Zealand.
- Coalition on Violence Against Women (COVAW) – 28 June 2005; *Correspondence from the coordinator, Kenya*, Nairobi.
- Cohen, L. and Manion, L.(1983), *Research Methods in Education*: Routledge, London.
- Cummings, E.M. 1987, 'Coping with background anger in early childhood', *Child Development*, vol.58, pp.976-84.
- Cummings, E.M., Zahn-Waxler, C. and Radke-Yarrow, M. 1981, 'Young children's responses to expressions of anger and affection by others in the family', *Child Development*, vol.52, pp.1274-82.
- Cummings, E.M., Iannotti, R.J. and Zahn-Waxler, C. 1985, 'Influence of conflict between adults on the emotions and aggression of young children', *Developmental Psychology*, vol.21, pp.495-507.
- Davis, L. and Carlson, B. 1987, 'Observation of spouse abuse: what happens to the children?' *Journal of Interpersonal Violence* vol.2, no.3, pp.278- 91.
- Davies, J., Lyon, E., & Monti-Catania, D. (1998). *Safety planning with battered women: Complex lives/difficult choices*. Thousand Oaks, CA: Sage Publications.
- Dearing, E., McCartney, K., & Taylor, B. A. (2001). *Change in family income-to-needs matters more for children with less. Child Development*, 72, 1779-1793.
- deLange, C. 1986, 'The family place children's therapeutic program', *Children's Today*, pp.12-15.
- Dobash, R.E. and Dobash, R. (1979), *Violence Against Wives: A Case Against the Patriarchy*, Free Press, New York.
- Duncan, G. J., Yeung, J., Brooks-Dunn, J., & Smith, J. (1998). *How much does childhood poverty affect the life chances of children? American Sociological Review*, 63(3), 406-423.
- Dutton, M.A. (1994). *Post-traumatic therapy with domestic violence survivors*. In M.B. Williams & J.F. Sommer (Eds.), *Handbook of post-traumatic therapy* (pp. 146-161). Westport, CT: Greenwood Press.
- Dutton, M.A. (1992). *Women's response to battering: Assessment and intervention*. New York: Springer.
- Edleson, J. L. (1999). *The overlap between child maltreatment and women battering. Violence Against Women*, 5(2),134-154.
- Edleson, J. L. (2000, February 17). *Primary prevention and adult domestic violence*. Paper presented at the meeting of the Collaborative Violence Prevention Initiative, San Francisco, CA.
- Edleson, J. L., Mbilinyi, L. F., & Shetty, S. (2003). *Parenting in the context of domestic violence*. San Francisco, CA: Judicial Council of California/Administrative Office of the Courts.
- Edleson (Eds.), *Domestic violence in the lives of children: The future of research, intervention, and social policy* (pp. 237-267). Washington, DC: American Psychological Association.
- Fantuzzo, J. W., DePaola, L. M., Lambert, L., Martino, T., Anderson, G., & Sutton, S. (1991). *Effects of interparental violence on the psychological adjustment and competencies of young children. Journal of Consulting and Clinical Psychology*, 59, 258-265.
- Foy, D.W. (1992). *Introduction and description of the disorder*. In D. W. Foy (Ed.), *Treating PTSD: Cognitive-Behavioral strategies* (pp 1-12). New York: Guilford.
- Ganley, A. (1989). *Integrating feminist and social learning analyses of aggression: Creating multiple models for intervention with men who battered*. In P. Caesar & L. Hamberger (Eds.), *Treating men who batter* (pp. 196-235). New York: Springer.
- Garmezy, N. 1983, 'Stressors of childhood', in: *Stress, Coping and Development in Children*, eds N. Garmezy and M. Rutter, McGraw-Hill, New York.

- Graham-Bermann, S. A. (2001). *Designing intervention evaluations for children exposed to domestic violence: Applications of research and theory*. In S. A. Graham-Bermann & J. L.
- Graham-Bermann, S. (1994). *Preventing domestic violence*. University of Michigan research information index. UM-Research-WEB@umich.edu.
- Harrison, P. M., & Karberg, J. C. (2003, April). *Prison and jail inmates at midyear 2002. Bulletin, 11*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Hess, R.D. and Camara, K.A. (1979), 'Post-divorce: family relationships as mediating factors in the consequences of divorce for children', *Journal of Social Issues*, vol.35, pp.79-96.
- Hetherington, E.M. (1979), 'Divorce, a child's perspective', *American Psychologist*, vol.34, pp.851-8.
- Hetherington, E.M. and Anderson, E.R. (1988), 'The effects of divorce and remarriage on early adolescents and their families', in: *Early Adolescent Transitions*, Lexington, MA, pp. 46-57.
- Holden, G. W., Stein, J. D., Ritchie, K. L., Harris, S. D., & Jouriles, E. N. (1998). *Parenting behaviors and beliefs of battered women*. In G. W. Holden, R. Geffner, & E. N. Jouriles (Eds.), *Children exposed to marital violence: Theory, research and applied issues* (pp. 185-222). Washington, DC: American Psychological Association.
- Human Rights Watch (HRW). 10 March (2005). "Review of Kenya's Compliance with the ICCPR" Jefferson, LaShawn R. and Walsh, <<http://hrw.org/english/docs/2005/03/16/kenya10330.htm>> [Accessed 21 June 2005]
- Jaffe, P., Wolfe, D., and Wilson, S.K. (1990), *Children of Battered Women*, Sage Publications, California.
- Jenkins, E. J. (2003). *Culture, domestic violence and mental health: Issues facing African American women in addressing mental health consequences of domestic violence*. Manuscript in preparation for the Domestic Violence and Mental Health Policy Initiative, Chicago, Illinois.
- Jenkins, E. J., & Bell, C. C. (1997). *Exposure and response to community violence among children and adolescents*. In J. D. Osofsky (Ed.), *Children in a violent society* (pp. 9-31). New York: The Guilford Press.
- Kenya. July 2004. *Demographic and Health Survey 2003; Gender Violence Central Bureau of Statistics et al. Kenya.* Betty Khasakhala-Mwenzi et al. Chapter 15. <<http://www.measuredhs.com/pubs/pdf/FR151/15Chapter15.pdf>> [Accessed 1 Feb. 2005]
- Kerlinger F.N. (1973), *Foundations of Behavioural Research (2nd ED)*: Holt, Rinehart and Wilson Inc, New York
- Knitzer, J. (2000). *Promoting resilience: Helping young children and parents affected by substance abuse, domestic violence, and depression in the context of welfare reform*. New York: Columbia University, National Center for Children in Poverty.
- Kurdek, L.A. (1981), 'An integrative perspective on children's divorce adjustment', *American Psychologist*, vol. 36, pp. 856-66.
- Kurtz, P.D., Gaudin J.M., Jr., & Wodarski, J.S. (1994). *Maltreatment and the school – aged child: School Performance consequences*. *Child Abuse & Neglect*. 17 (5), 581 – 589. EJ 472 702.
- Lerner, R. (1992, July). *Bonding is the Key*. *Adolescent Counselor*, 13,17.
- Levendosky, A. A., Lynch, S. M., & Graham-Bermann, S. A. (2000). *Mothers' perceptions of the impact of woman abuse on their parenting*. *Violence Against Women*, 6(3), 247-271.
- Lorion, R. P. & Saltzman, W. (1993). *Children's exposure to community violence: Following a path from concern to research to action*. *Psychiatry*, 56 (1), 55 – 65.
- Massery, M. (1998). *Elementary and Early Childhood Education: Campaign K. USA*.
- Mugenda O. (2005). *Research Methods*: Mouly Publishers; Nairobi.
- McKay, M. (1994). *The link between domestic violence and child abuse: Assessment and treatment considerations*. *Child Welfare League of America*, 73, 29-39.
- Meichenbaum, D. (1994). *A clinical handbook/practical therapist manual for assessing and treating adults with post-traumatic stress disorder*. Ontario, Canada: Institute Press.
- National Association for the Education of Young Children. (1993). *NAEYC position statement on Violence in the Lives of children*. *Young Children*, 48(6), 80-84. EJ 469 385.
- National Committee to Prevent Child Abuse. (1998, April). *Child Abuse and Neglects Statistics*. Available: <http://www.childabuse.org/facts97.html> (1998, September 21).
- National Council of Juvenile and Family Court Judges. (1999). *Recommendations for effective intervention in domestic violence & child maltreatment cases: Guidelines for policy and practice*. Reno, NV: Author, Family Violence Department. Principal authors are S. Schechter & J. L. Edleson.
- National Education Goals Panel. (1997). *The national Education Goals Report: Building An Action of Learners*, 1997. Washington, DC: U.S. Government Printing Office. ED 410 319.
- Nilkinson, A (2007). *All About Life Challenges: Causes of Domestic Violence*: New York.
- Onen and Oso (2005) *General Guide to Writing Research Proposal and Report*: Option press and Publishers.

- Nairobi.
- Osofsky, J. D. (Ed.). (1997). *Children in a violent society*. New York: The Guilford Press.
- Page, R.M., Kitchin – Becker, S., Solovan, D., Golec, T.L., & Hebert, D.L. (1992). *Interpersonal Violence: A priority issue for health education*. *Journal of Health Education*, 23(5), 286-292. EJ 453 766.
- Peled E., Jaffe, P.G., & Edleson, J.L (Eds). (1995). *Ending the Cycle of Violence: Community Responses to Children of Battered Women*. Thousand Oaks, CA: Sage Publications.
- Perilla, J. L. (2003). *Violencia en la familia: Issues facing Latinas in addressing the mental health consequences of domestic violence*. Manuscript in preparation for the Domestic Violence and Mental Health Policy Initiative, Chicago, Illinois.
- Poussait, A.F., & Linn, S. (1997, Spring/Summer). *Fragile: Handle with care*. Newsweek (Your Child: From Birth to Three, Special Issue), 33.
- Pransky, J. (1991). *Prevention: The Critical Need*. Springfield, MO: Burell Foundation & Paradigm Press. (Available from NEHRI Publications, Cabot, VT, Phone: 802-563-2730).
- Prothrow-stith, D., & Quaday, s. (1995). *Hidden casualties: the Relationship between violence and learning*> Washington, DC: National Health & Education Consortium and National.
- Queensland Domestic Violence Task Force (1988), *Beyond These Walls, Report of the Queensland Domestic Violence Task Force to the Minister for Family Services and Welfare Housing*, Brisbane.
- Regier, D.A., & Cowdry, R.W. (1995). *Research on violence and traumatic stress (program announcement, PA 95-068)*. National Institute of Mental Health.
- Roberts, D. (2002). *Shattered bonds: The color of child welfare*. New York: Basic Civitas Books.
- Roy, M. (1977), *Battered Women: A Psychological Study of Domestic Violence*, Van Nostrand, New York.
- Sexual Assault Survivor Services (1996). *Facts about domestic violence*. SASS home page at <http://www.portup.com>. [This site may have moved.]
- Sinclair, D. (1985), *Understanding Wife Assault: A Training Manual for Counselors and Advocates* , Ontario Government Bookstore, Toronto, Canada.
- Shonkoff, J., & Phillips, D. A. (Eds.), & National Research Council. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
- Song, Y., & Lu, H. (2002). *Low-Income Children in the United States: A Brief Demographic Profile*. New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health.
- Straus, M.A., Gelles, R.J. and Steinmetz, S. (1980), *Behind Closed Doors*, Anchor Books, New York.
- Straus, M.A., & Gelles, R.J. (1990). *Physical violence in American families*. New Brunswick, NJ: Transaction Publishers.
- Sullivan, C. M., Nguyen, H., Allen, N., Bybee, D., & Juras, J. (2000). *Beyond searching for deficits: Evidence that physically and emotionally abused women are nurturing parents*. *Journal of Emotional Abuse*, 2(1), 51-71.
- Terr, L. (1991). Childhood trauma: *An outline and overview*. *American Journal of Psychiatry*, 148, 10-20.
- The Gender-Based Violence Prevention Network (GBV Prevention Network). N.d. "Centre For Rehabilitation and Education of Abused Women (CREAW)–Kenya." <http://preventgbv africa.org/gbv_network/members/kenya/creaw.html> [Accessed 11 July 2005]
- United Nations (UN). 29 April 2005. *Human Rights Committee Report on Domestic Violence*.
- U.S Dept. of Education (2004). *Indicators of School Crime and Safety: National Crime Victimization Survey: Washington*
- United States Department of State 28 February 2005 *Country Reports on Human Rights Practices for 2004...* Washington, D.C <<http://www.state.gov/g/drl/rls/hrrpt/2004/41609.htm>> [Accessed 28 June 2005]
- WA Domestic Violence Task Force (1986), *Break the Silence*, Perth, W.A.
- Walker, L.E. (1984), *The Battered Woman Syndrome*, Springer Publishing Company, New York
- Wallerstein, J.S. and Kelly, J.B. 1975, 'The effects of parental divorce: experiences of the child in later latency', *American Journal of Orthopsychiatry* , vol.50, pp.256-69.
- Wearing, R.(1992), *Monitoring the Impact of the Crime (Family Violence) Act 1987, Report* , La Trobe University, Victoria.
- Yeung, W. J., Linver, M. R., & Brooks-Gunn, J. (2002). *How money matters for children's development: Parental investments and family processes*. *Child Development*, 73(6), 1861.
- Yoshihama, M. (2003). *Issues facing Asian Pacific Islander (API) women in addressing the mental health consequences of domestic violence*. Manuscript in preparation for the Domestic Violence and Mental Health Policy Initiative, Chicago, Illinois.
- Zill, N., Reznick, G., & McKey, R. H. (1999). *What children know and can do at the end of Head Start and what it tells us about the program's performance*. Retrieved October 21, 2003, from <http://>

[//www.acf.hhs.gov/programs/core/ongoing_research/faces/faces_pres_papers.html](http://www.acf.hhs.gov/programs/core/ongoing_research/faces/faces_pres_papers.html)
Zill, N., & West, J. (2001). *Entering kindergarten: A portrait of American children when they begin school: Findings from The Condition of Education*. Washington, DC: U.S. Government Printing Office, U.S. Department of Education, National Center for Education Statistics. Retrieved November 6, 2003, from <http://npin.org/library/2001/n00525/n00525.html>

APPENDICES

APPENDIX I: MAP OF LUGARI DISTRICT

APPENDIX II: RESEARCH PERMIT

APPENDIX III: AUTHORITY FROM DISTRICT EDUCATION OFFICER

APPENDIX IV QUESTIONNAIRE FOR THE TEACHERS AND CHURCH ELDER

SECTION A: INTRODUCTION

The researcher is a Post graduate student at Moi University. He is out to collect data related to the topic, "The effects of domestic violence on learning of children at ECDE centres." Kindly respond to the questionnaire below as objectively as possible to enable the researcher analyze the data without a problem. Your timely response and return of the questionnaires is highly appreciated.

SECTION B

PERSONAL PROFILE

GENDER

Male
Female

AGE

21 – 25 years
26 – 30 years
31 – 35 years
36 – 40 years
41+ years

OCCUPATION

Teacher
Administrator
Religious leader

EXPERIENCE

1 – 3 years
4 – 6 years
7 – 9 years
10+ years

SECTION C

1. Are you aware of the phrase, "Domestic violence?"

i) Yes

ii) No

2. If yes can it be being practiced in the community where you work?

i) Yes

ii) No

iii) Not sure

3. Suggest any causes of domestic violence in your community

i) _____

ii) _____

iii) _____

iv) _____

4. Are you aware of cases where domestic violence may be directed at the children?

i) No

ii) Yes

iii) Not sure

5. How would you rate the existence of the following factors of domestic violence against children in your community? (Tick the suitable option)

i) Battery of children

a) Very high b) high c) low

ii) Abusive language

a) Very high b) high c) low

iii) Exposure to immorality (e.g. improper dressing, compromising situations etc)

a) Very high b) high c) low

iv) Exposure to violent scenes (e.g. parents and siblings fight, hurling abuses etc)

a) Very high b) high c) low

v) Exposure to very harsh environment (e.g. thrown out of the house at night or in the rain, denied food, send out to steal etc)

a) Very high b) high c) low

6. List any behaviours exhibited by children in your school from homes in the domestic violence

i) _____

ii) _____

iii) _____

iv) _____

7. What effects has domestic violence had on children in your school?

i) _____

ii) _____

iii) _____

iv) _____

8. What solutions would you suggest towards domestic violence?

i) _____

ii) _____

iii) _____

iv) _____

**APPENDIX V
 INTERVIEW QUESTIONS FOR ECDE TEACHERS**

1. Are you aware of the existence of domestic violence in your community?
2. What are the likely causes of domestic violence in your community?
3. In your view, how does the domestic violence affect young children 3 -8 years?
4. In your view what is the rate of the occurrence of the following factors of domestic violence in your community or ECD centre?
 - i) Child battery
 - ii) Abusive language
 - iii) Exposure to immorality
 - iv) Exposure to violent scenes
 - v) Exposure to harsh environment
5. What have you observed about the children from a domestically violent environment while at school in terms of behaviour?
6. What have you observed concerning the academic performance of children from domestic violence environment?
7. What are your possible solutions to such children?

**APPENDIX VI
 OBSERVATION CHECK LIST FOR CHILDREN**

N O	CHILDREN S NAMES	AREAS OF OBSERVATION							
		School	Mixing with others	Use of language while playing	Concentration in class	Response to teachers' instructions	Wish to go home after school	Appearance in school	Performance of school tasks and tests
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									

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