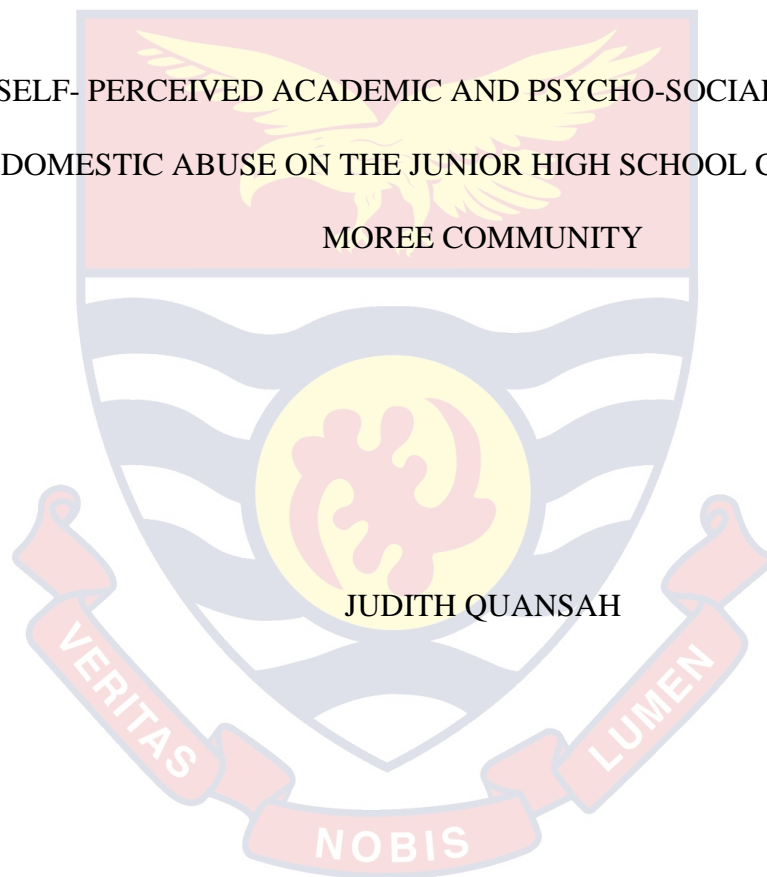


UNIVERSITY OF CAPE COAST

SELF- PERCEIVED ACADEMIC AND PSYCHO-SOCIAL EFFECTS OF
DOMESTIC ABUSE ON THE JUNIOR HIGH SCHOOL CHILD IN THE

MOREE COMMUNITY



JUDITH QUANSAH

2016

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MOREE COMMUNITY

BY

JUDITH QUANSAH

Thesis submitted to the Department of Guidance and Counselling, Faculty of Educational Foundations of the College of Education Studies, University of Cape Coast, in partial fulfilment of the requirements for award of Master of Philosophy Degree in Guidance and Counselling

JULY 2016

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature

Date.....

Name: Judith Quansah

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature

Date.....

Name: Rev. Prof. Joseph Kwesi Essuman

Co-Supervisor's Signature

Date

Name: Rev. Dr. Kwasi Otopa Antiri

ABSTRACT

The purpose of the study was to investigate the self- perceived academic, psychological and social effects of domestic abuse on the junior high school child in the Moree community. The study adopted the descriptive survey research design. The target population was junior high school students in the Moree community. The total population was 750 made up of 350 males and 400 females. A sample of 510 was used by employing a complete enumeration as against a sample selection. The instrument used for the study was a structured questionnaire for students. The questionnaire comprised 46 close-ended items. The researcher's supervisors validated the instrument. Reliability was established with Cronbach alpha coefficient of 0.74. Data were analysed using frequencies, percentages, Pearson product moment of correlation coefficient and the independent samples t-test. All tests were conducted at 0.05 significance levels. The findings showed that wetting of bed, feeling of insecurity and wanting to join a group that are rowdy were self-perceived academic and psycho-social effects of domestic abuse on junior high school children in the Moree community. The results of the study also revealed that fathers, uncles and mothers were the leading perpetrators of domestic abuse on junior high school children. It was recommended that teachers and professional guidance and counselling coordinators should provide extra motivation to pupils through talk shows. This would help pupils to do well at school. Moreover, there is the need for the government and chiefs to establish sterner policies that will seek to protect children at all ages.

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DEDICATION

To my husband and children.



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CHAPTER ONE

INTRODUCTION

Background to the Study

Domestic abuse is a serious social problem because it is a human rights violation and it affects children negatively. Studies have shown that about 900 million children experience domestic abuse metted by a parent and other caretakers. (United States Department of Health and Human Services [USDHHS], 2006a). Abuses are usually in the form of a slap, harsh comments, stony silence and/not knowing if there will be dinner on the table tonight. The end result is that the child feels unsafe, uncared for and alone. In Ghana, there is lack of current data on the prevalence of abuse which could be well attributed to the generally poor data collection and management practice in the country. Further, there is an anecdotal evidence that many of the abuse cases are not reported.

There is a strong link between domestic abuse and their effects on dysfunctional family. Perhaps in Ghana and the African context, the unique cultural tenets which hail an adult in almost all situation with the view of showing respect and its dynamics could be considered. These are the context in which this study is being undertaken; in the typical rural to sub-urban community of Moree – a community rid of the cosmopolitan influences of the big urban cities in Ghana, to correctly analyse the spate and effects of domestic abuse in the given context. It should help bodies and organisation

that champion anti-domestic abuse campaigns to appropriately streamline their efforts to make greater gains.

Children experiencing domestic abuse has for a long time been recorded in many parts of the world. Reports of abandonment and other forms of abuse against children date back to ancient civilizations (Bensel, Rheinberger & Radbill, 1997). For a long time also there have existed charitable groups and others concerned with children's wellbeing who have advocated for the protection of children. The widespread prevalence of child domestic abuse, as well as the numerous problems and consequences associated with it, have been increasingly recognised since Kempe and his colleagues first described the symptoms of "the battered child syndrome" (Kempe, Silverman, Steele, Droegemueller & Silver, 1962).

In 2008, the Welsh Assembly Government drafted a definition of domestic abuse of children to encompass both emotional and physical injury and also negligent treatment (Welsh Assembly Government, 2008). Now, there is a clear evidence that a child experiencing domestic abuse is a global problem. It occurs in a variety of forms and is deeply rooted in cultural, economic and social practices. Solving this global problem, however, requires a much better understanding of its occurrence in a range of settings, as well as of its causes and consequences in these settings.

Domestic abuse is defined as any acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or the threat of harm to a child even if the harm is unintentional (Gilbert, Widom, Browne, Fergusson, Elspeth, & Janson, 2009). According to VicHealth (2009), domestic abuse can be classified as physical abuse, psychological abuse and

neglect. McKay (1994), affirmed that domestic abuse includes not only physical abuse but also malnourishment, abandonment, neglect and emotional abuse.

Evidence suggests that different types of domestic abuse occur in isolation and children who experience repeated domestic abuse often experience multiple forms of the abuse (Higgins, 2004). This means that domestic abuse rarely consists of a single incident but typically involves escalating patterns of abusive and controlling attitudes and behaviour.

Thus, domestic abuse takes various forms and degrees and the kind of abuse perpetrated depends on the situation and context within which the abuse occurs. Children may experience domestic abuse by the physical presence of the child during the abuse or as a direct target of the abuse in the home (Carlson, 2000).

Research shows that children are involved in a myriad of ways when they live in households with domestic abuse (Humphreys, Houghton & Ellis, 2008). These include some of the following outlined by Cunningham and Baker (2007) as being physically caught up in the abuse, hearing or seeing conflict and abuse, exposure to the aftermath (for example, injuries and damage to property), being encouraged by the abusive parent to join in the abuse, being threatened or held hostage to force compliance, being interrogated about their parent's activities or whereabouts, trauma from professional involvement or fleeing, multiple losses (for example, leaving their home, their friends and their community), and being told their behaviour is the reason for the abuse. This illustrates some of the many diverse ways that children can experience domestic abuse. Hunter (2014) has also identified

three key elements of domestic abuse: intimidation, humiliation and physical injury.

According to Bragg (2003), some children are physically injured as a direct result of domestic abuse. Some perpetrators intentionally physically, emotionally and socially abuse their children in an effort to discipline them. Sometimes children are harmed accidentally as a result of objects thrown. The nature of some of the abuses is very heartbreaking despite the ongoing public awareness of the potentially negative effects such as poor educational achievement, social exclusion, juvenile crime, substance abuse, mental health problems and homelessness on children (Welsh Assembly Government, 2008).

A global in-depth study of domestic abuse against children was commissioned by the UN Secretary General as directed by the General Assembly Resolution 57/90 of 2002 to provide a global picture. The report provided information that various types of abuse exist against children within the family. It appears that only a small proportion of case of children exposed to domestic abuse are reported to authorities, even where mandatory reporting exists (Theodore & Runyan, 1999)

It is estimated that between 10 to 20 percent of children in the United States are exposed to domestic abuse annually (Carlson, 2000). It appears many victims of domestic abuse are not aware they are being abused because they do not recognise the controlling behaviours of their abusers. There are many different ways that abusers try to maintain and control their victims, some of which may not be obvious as abusive.

In a typical Ghanaian society, there is the belief that children need to be trained and controlled, and that they will learn from the pain they

experience. In view of this any adult could discipline any child who misbehaves. In an attempt in correcting or disciplining the child, sometimes, these forms of discipline go overboard since people tend to think that some form of discipline, even the harsh type is good for the growth of the children. There have been several cases reported in the media that has to do with children receiving severe punishment for minor offences. There have been situations whereby children are punished for stealing biscuit by having their fingers cut with a blade (Ghansah, 2008). Ghansah further noted that other children have been burnt with an iron or beaten with an electric cable whip. Sometimes, ground pepper is put into the wounds of a child with the aim of correcting the child. Thus our concept of child abuse is obscured.

Domestic abuse can be hard to identify, particularly as it usually happens within the family home, and abusers often act very differently when other people are around. In some communities, it can be difficult for victims to seek help because of the shame that this will bring on themselves and their family.

Domestic abuse often escalates from threats to verbal abuse. While physical injury may be the most obvious danger, the emotional and psychological consequences are also severe. Most cases of domestic abuse on children are committed by someone known to the child such as biological parents, stepparent, adoptive parents, grandparents, older siblings, uncles, aunties and other family members. Domestic abuse has serious consequences on children, yet the problem is often overlooked, excused or denied. This is especially true when the abuse is psychological.

Children may be silenced by fear from their perpetrators and they are only likely to disclose their ordeal when they are somehow given permission to do so (Pearson & Harwin, 2000). Sometimes, the victims also feel reluctant to talk about the abuse because they feel a sense of responsibility to protect the abused parent. They may be scared that their parents or guardian will be angry with them.

Children with disabilities or mental retardation, for example are significantly more likely to be abused (Crosse, Kaye & Ratnofsky, 1993). Families in which there is substance abuse, children are more likely to experience abuse or are at a higher risk of abuse (Carlson, 2000; Gelles, 1997). Child Welfare Partnership (1995) also found out that substance abuse is present in 40 to 80 percent of families in which children are abuse victims.

Several studies have found that 85 to 90 percent of the time when an abusive incident took place in a domestic situation and children were present were also abused (James, 1994). These findings translate into approximately 3.3 to 10 million children who witness the abuse (Carlson, 2000; Jaffe, Wolfe & Wilson, 1990; Straus & Gelles, 1990)

There is increasing evidence that children who experience domestic abuse are at risk of a range of psychosocial, emotional and academic problems even if they themselves are not the target of physical aggression. These children suffer from a number of social and emotional problems including aggressive behaviour, depression, anxiety, decreased social competence and diminished academic performance (Carpenter & Stacks, 2009; Humphreys, Houghton & Ellis, 2008; Kitzmann, Gaylord, Holt & Kenny, 2003; Koenen, Moffitt, Caspi, Taylor & Purcell, 2003; Laing, 2000; McIntosh, 2003).

Several studies have also shown that children who are exposed to any type of domestic abuse are at risk of greater maladjustment and negative outcomes (Arata, Langhinrichsen-Rohling, Bowers, & O'Farrill-Swails, 2005; Ethier, Lemelin, & Lacharite, 2004; Higgins & McCabe, 2001).

Home Office (2009) also affirms that domestic abuse can have a devastating impact on children. According to Home Office, domestic abuse affects children's health, well being and development, as well as their educational achievement. Carlson (2000) and Huges, Graham- Bermann & Gruber (2001) are also of the view that children who witness domestic abuse and are physically abused are at risk of increased levels of emotional and psychological effect than children who only witness the abuse and are not abused.

These findings clearly prove that exposure to domestic abuse does have positive outcomes on children. These outcomes of the various types of abuse may range from mild symptoms to debilitating and life-threatening conditions (Edleson, 1999; Runyon & Kenny, 2002; Wolfe, Scott, Wekerle & Pittman, 2003). A survey by Kitzmann, Gaylord, Holt and Kenny (2003) revealed that problems seen in children who witnessed domestic abuse are quite similar to those seen in children who are the direct victims of physical abuse. It is therefore obvious that exposure to domestic abuse can terrorise children and significantly disrupt the child's socialization (Peled & Davis, 1995; Somer & Braunstein, 1999).

There is a general lack of support, resources and interventions for children who have been identified as experiencing or having experienced domestic abuse (Izzidien, 2008). Many children cope with the adversity of

experiencing domestic abuse silently and without appropriate support. This has drawn much concern in the world recently because of the seriousness of some of the acts. These acts are crimes and are clearly violations of human rights, thus punishable by law (Fantuzzo, Boruch, Beriama, Atkins & Marcus, 1997).

Kitzmann and colleagues conducted a meta- analysis of 118 empirical studies examining the psychosocial adjustment of child exposure to domestic abuse. Results showed that 63% of children exposed to domestic abuse were fairing more poorly than the average child who had not been exposed to the abuse (Kitzmannn et al., 2003). Again, studies conducted in Ghana by Plan Ghana on 304 children in primary, junior high schools and senior high schools in Awutu-Senya, Efutu and Upper Manya Krobo Districts showed that about 14% of school children, mostly 14 and 15 year olds had been exposed to domestic abused (Akwei, 2008).

In a national survey of over 6000 American families, it was indicated that between 53 and 70 percent of male batterers 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 (Hartley, 2004). Report from the U.S. Department of Health and Human Services in 2007 confirms that about 899 million children are victims of domestic abuse (USDHHS, 2007). This means that about 12 out of every 1,000 children up to age 18 in the United States are found to be victims of domestic abuse.

Furthermore, a study by Hartley (2004) shows that there is a higher rate of neglect (especially lack of supervision) and higher rates of physical

abuse in families where children are experiencing severe domestic abuse when compared with families that children do not experience domestic abuse. According to the U.S. National Crime Surveys in 2010, about 12.7 percent of children aged 16-19 years indicated in the British Crime Survey that they had experienced at least one incident of domestic abuse in the last year (Smith, O'Conner & Berthelsten, 2011). Their findings also revealed that girls are more often than boys at the receiving end of abuse that is repeated, life-threatening and injurious (Gad, 2003; Lombard, 2012).

In Scotland, Burman and Cartmel's (2005) survey of 14 to 18 year olds found as many as 151 percent children have been exposed to the physical form of domestic abuse. Barter, McCarry, Berridge and Evans (2009) surveyed 1353 young people aged 13-17 from eight secondary schools across England, Wales and Scotland. Their findings revealed that about 88% of the respondents reported having been exposed to domestic abuse. Among this 88%, it was found that 22% had experienced moderate physical abuse (ie. Pushing, slapping, hitting or holding down) and 8% had experienced more severe physical abuse (ie, punching, strangling, beating up, hitting with an object).

In Ghana, statistics from the Domestic Violence and Victim Support Unit (DOVVSU) indicate that non-maintenance of children by parents and guardians at DOVVSU was 7,000 in 2009, then reduced to 4,831 in 2010 but increased to 5,830 in 2011 and for six months of 2012 (January to June) recorded a total of 2,935 cases. These figures are clear indication of the spate of domestic abuse of children.

Statement of the Problem

The real needs of many of the young people who are exposed to abuse in their homes may not be receiving the appropriate attention from both guidance personnel and other school officials. In our schools and communities, one observes children who are affected with anxiety, depression, passive or withdrawn behaviour, some engaged in aggressive, destructive and inappropriate acts or delinquent behaviour. One sees neglected children, stealing or begging for food, student's absenting themselves from school regularly and some sleeping during lessons almost all the time. All these types of negative behaviours affect the child's academic, psychological and social development. Due to the weak institutions in our community most of these children do not know where to seek help so they tend to keep the ordeal they are experiencing in their homes to themselves. Some wish to voice it out but do not know how and where to seek help.

Interaction with some of the pupils in the junior high schools and teachers in the Moree community revealed that there is a growing recognition of the effects of domestic abuse on the junior high school child in Moree. Some of the children complained about the negative effects of domestic abuse on their academic as well as their social life and psychological well-being.

The concern then was that the real needs of many of our young people who are exposed to abuse in their homes may not be receiving the appropriate attention from both guidance personnel and other school officials. There is a real possibility that these children can be helped when they are given the chance to tell their experiences. Cognisance was taken also of the fact that the effects of domestic abuse on children tend to be compounded as a result of the

failure of their significant others to understand their unique needs and to help them develop the mechanisms to overcome such nightmares. This study consequently sets out to address not simply one aspect of the effects of domestic abuse on children, but to discover from the child's own point of view the specific academic, psychological and social effects of domestic abuse from school children of the Moree community.

Justification of the Study

There have been numerous studies conducted on domestic violence rather than domestic abuse. Most of the studies tend to investigate the causes as well as the general effects of the abuse. However, in this study, the researcher wishes to investigate the self-perceived academic and the psychosocial effects of domestic abuse on the junior high school child. For example, Akwei (2008) survey in Kasoa on the effects of domestic abuse on the basic school child investigated the causes as well as the general effects of domestic abuse on basic school children. Parents and teachers were included in the sample size and the answering of questionnaire but in this research, the researcher used only the junior high school children for the sample size and the answering of the questionnaire.

Finally, there has not been any research work done in the Moree community on the self- perceived academic and psychosocial effects of domestic abuse on the junior high school child.

Purpose of the Study

The purpose of the study is to find out the self-perceived academic and psychosocial effects of domestic abuse on the junior high school child in the

Moree community. In the light of this, the study hopes to achieve the following specific purposes:

1. establish the self- perceived academic, psychological and social effects of domestic abuse on the junior high school child in the Moree community,
2. establish the types of domestic abuse on the junior high school child in the Moree community,
3. establish the leading perpetrators of domestic abuse on the junior high school child in the Moree community,
4. establish the condition of perpetrators at the time of domestic abuse on the junior high school children in the Moree community,
5. establish if there is a relationship between increased frequency of domestic abuse and it academic, psychological and social abuse,
6. establish if there is a significant difference between the academic effect of domestic abuse of younger and older children,
7. establish if there is a significant difference between the psychological effect of domestic abuse of younger and older children and
8. establish if there is a significant difference between the social effect of domestic abuse of younger and older children.

Research Questions

1. What is the self- perceived academic, psychological and social effects of domestic abuse on the junior high school child in the Moree community?
2. What are the types of domestic abuse that junior high school children in the Moree community experience?

3. Who are the leading perpetrators of domestic abuse on junior high school children in the Moree community?
4. What is the condition of those who domestically abuse junior high school children in the Moree community at the time of the abuse?

Research Hypotheses

1. Increased frequency of domestic abuse will lead to an increased academic, psychological and social effect.
2. Younger children are likely to exhibit higher levels of academic effects of domestic abuse than older children.
3. Younger children are likely to exhibit higher levels of psychological effect of domestic abuse than older children.
4. Younger children are likely to exhibit higher levels of social effect of domestic abuse than older children.

Significance of the Study

The problem of domestic abuse is a national issue and a major threat to national development. Children experience abuse in their homes, schools and from other children. The findings of the study will enable policy makers to find ways to implement all kinds of laws relating to the rights of children especially those relating to abuse emanating from the home.

Again the findings of the study will be directly applicable to and supplement the knowledge base of guidance and counselling personnel in our basic school.

Finally, the study will create awareness among significant others, opinion leaders and educational authority on the effects of domestic abuse on the basic school child and its implication to the Ghanaian society so that they

will formulate good policies to stop and protect the abuse of children in our society.

Delimitations

There are many effects of domestic abuse on the basic school child but the study will be confined to the self-perceived academic, social and psychological effects of domestic abuse on the junior high school child.

Limitations

The issue of domestic abuse is a social problem and is being recognised as a human developmental problem and should have included all school children in the Abura- Asebu- Kwamankese District. This was however not possible because of difficulty in getting access to all the school children in the district. Only the three public junior high school children in the Moree community were included in the study. Hence generalisation of the findings of the study to the entire school children in Moree was not appropriate. In addition, generalisation of the findings to all basic school children in other communities is limited, as there is likely to be variations in the types of domestic abuse patterns between basic schools children in Ghana.

Secondly, the current study relied on self- reporting by respondents and as a result, respondents might not be willing to disclose the actual type of abuse they were experiencing in the house in spite of anonymity and confidentiality.

Despite these limitations, the study provided useful information on the effects of domestic abuse for designing future research directions and policies and considering other actions directed towards tackling this important problem.

Definition of Terms

Domestic abuse refers to any form of physical, psychological, social, and emotional abuse of a child whereby the survival, safety, self-esteem, growth and development of the child are endangered.

Operant conditioning: is the strengthening of behaviours through positive and negative reinforcement, as well as the suppression of behaviours through punishment.

Younger children: children between the ages of 0- 15

Older children: those between the ages of 15- 25

Increased frequency: continuous exposure to domestic abuse

Organisation of the Rest of the Study

The rest of the study covers Chapter Two through to Chapter Five. Chapter Two reviews the literature related to the study. It includes theories related to the study and empirical review. Chapter Three describes the research methods for the study and includes research design, population, sample and sampling procedure, research instrument including its validity and reliability, data collection procedure and analysis. Chapter Four presents the results and discussion of the study. Finally, Chapter Five presents the study's summary, conclusions and recommendations for future research.

CHAPTER TWO

LITERATURE REVIEW

This chapter is in two parts. The first part is devoted to theoretical issues on relevant theories of domestic abuse. The second part is devoted to the review of empirical evidence relevant to the study. The literature reviewed is under the following headings:

Theoretical Framework

The theories of domestic abuse presented here constitute mainly the social learning theory and attachment theory. These two theories as shown by Albert Bandura and Bowlby prove to be an important cornerstone in examining the generative and re-generative dynamics of domestic abuse. It is especially interesting because it is argued in the context of behaviour.

Social Learning Theory

The social learning theory is based on Bandura's (1986) work. His theory postulates that when children witness adults committing abuse acts they tend to imitate or model this abuse behaviour too. This therefore suggests that children's behaviours are heavily influenced by the kind of things they witness. The social learning theory is based on the principle that behaviours observed as a young person will become learned and modeled as if the behaviour they have observed is the norm (Siegal & Welsh, 2009). This therefore, suggests that children who grow up in abusive families may learn abusive behaviour, imitate those behaviours and then repeat those behaviours in future. Several studies have acknowledged that individuals who were

abused in childhood are at greater risk of abusing their own children in adulthood (e.g Murrell, Kelly, Hague, Malos & Imam; Kitzmann, Gaylord, Holt & Kenny; Maclean; Mullender; Mullender et al.; Statham; Wolak & Finkelhor as all cited in Bott, Morrison & Ellsberg, 2005; Renner & Slack, 2006).

One component of the Social learning theory is the intergenerational transmission of domestic abuse. This concept purports that children who grow up in families where they experience domestic abuse either by witnessing the abuse between their caretakers or by being the victim of the abuse acts are more likely to incorporate the abusive behaviour as a coping mechanism but when they become adults they may pass on the legacy of the abusive behaviour in their own families (Murrell, Christoff & Henning, 2007; Rivett & Kelly, 2006).

Another component of the social learning theory is the theory of aggression. According to this theory, children are more likely to become aggressive toward family members when their aggressive behaviours are learned through operant conditioning and observing behaviours in role models (McDonald et al, 2009). According to Gershoff (2002), in a typical Ghanaian home, corporal punishment may be chosen as a discipline method because it is believed it brings about children's compliance with parental demands. Corporal punishment however, have both short and long- term negative effects such as increased physical aggressiveness, antisocial behaviour, poor parent-child relationships during childhood and mental health problems (Gershoff, 2002). Gewirtz and Edleson (2007) are also of the view that experience of domestic abuse provides a model of behaviour that lacks

appropriate regulation of negative emotions. Thus children from abuse homes are more likely to learn from their parent, who is the perpetrator, that using aggressive modes of behaviour is the only means of achieving what they want (Murrell, Christoff & Henning, 2007).

In a nutshell, the proposals of the social learning theory express a cyclical incidence of domestic abuse in the context of society. In other words, the structures of the social learning theory in relation to exposure to domestic abuse inevitably creates a cycle of abusive parents and child abuse that disrupts congenial society environment. In relating the theory to the current study, it can be inferred that by living in homes of domestic abuse, children can grow to perpetrate domestic abuse.

The theory has implications for guidance and counselling in the context of abuse. Guidance coordinators can consult with families of students to ensure that they model non-aggressive behaviours for students to imitate. Again, guidance coordinators or counsellors can help students cope with the challenge of living in abusive homes so that they can learn and model good behaviours.

Attachment Theory

Attachment theory is originally formulated by Bowlby (1969). According to the theory, a child's sense of security depends on security of attachment to its earliest caregiver and the quality of this relationship serves as a model of how to relate to people later in life and get what you need from them (Dodd, 2009, Gewirtz & Edleson, 2007). When children are abused, they might display disturbed forms of attachment and abnormal patterns of emotional response toward their parents and caregivers. This might

subsequently lead to a serious attachment disorder (McCain, Mustard & Shanker, 2007; Statistics Canada, 2008). Attachment disorder is the inability to establish a deep connection or relationship between a child and a parent or caregiver in early childhood (Howe, 2005).

The basic concept underlying the attachment theory is that, early bond formed between a child and the caregiver allows the child to experience a sense of security, develop readiness to explore the world, and provide a solid foundation for the development of self-regulation (Dodd, 2009; Gewirtz & Edleson, 2007). Thus, experiences in childhood are very important in shaping children's emotional health, resilience and social competence (Dodd, 2009). It is perceived that the early relationship between the child and the caretaker affects the child's brain development, wellbeing, relationships, and interactions throughout the life cycle (Main, Hesse, & Kaplan, 2005; Prior & Glaser, 2006).

The premise is that children achieve optimal secure attachment relationships when their caretakers provide "a secure base and a safe haven," through sensitive and responsive care giving (Marvin, Cooper, Hoffman, & Powell, 2002). Consequently, attachment relates to the emotional bond between children and their caregivers. This is a very powerful bond that keeps children close to their main caregivers (usually mothers) which is necessary for their survival through the provision by the attachment figure of feeding, safety and comfort. A secure attachment relationship depends on the consistency of the parenting and the child's ability to identify with the parent (Hill, 1996).

When living in households with abuse, the home can become a place of tension and danger (Howe, 2005) which can adversely affect the attachment relationship between parent and child (Dodd, 2009). If children do not experience a secure attachment relationship due to unresponsive or inappropriate parenting it can lead to the creation of negative models of both self and others (Bolger, Patterson & Kupersmidt, 1998). Children can potentially develop an internal working model of the self as one unworthy of care and protection (Howe, 2005).

Bowlby (1969) argued that a child's internal representation of the self is related to their self-esteem and self-concept, and that these develop alongside working models of attachment figures (Vondra et al, 1990). Brown (2004) argues that children who are insecurely attached can trigger domestic abuse. Ehrensaft (2008) is also of the view that children insecure early attachment relationship with the primary care giver is the cause of domestic abuse. Maughan and Cicchetti (2002) propose that exposure to domestic abuse indirectly affects child adjustment by disrupting parent-child relationships and parenting practices. The negative changes in parenting that result from domestic abuse are what lead to the child's emotional and behavioral problems, not the domestic abuse directly. The insecure attachment can be classified into three categories: anxious-avoidant, anxious-resistant and disorganised. Anxious attachment can be viewed as a marker for later social and emotional problems and is most likely to occur in situations of maltreatment (Howe, 2005). Unfortunately, distorted patterns of relating to others lay the foundation for the child's model of the world, influence how the

child responds and may prevent the child from developing a positive internal model of self (Gewirtz & Edleson,2007; Maughan & Cicchetti ,2002).

Good parenting develops through strong attachment relationships and is considered a protective factor which can help children cope with adversity, such as experiencing domestic abuse (Mullender et al., 2000). Research findings suggest that antisocial behaviour may be linked with rarely adverse family experiences, especially with patterns of insecure attachment. Several studies have also shown that insecure attachment occurs more often in population of children who have experienced physical abuse or neglect.

The attachment theory is very helpful to guidance and counselling coordinators in schools. Knowledge of attachment theory helps guidance and counselling coordinators in schools to assist school children who experience emotional and psychological abuse in their early stages of life. When children do not receive the best of parenting in the house, guidance coordinators in schools can assist such children cope with the challenges they are exposed to in the house. Again, guidance coordinators can educate parents on the need to provide a strong attachment relationship with their children so that their children can develop a sense of security that will serve as a model for the child to relate well with people later in life.

Empirical Review

This section covers a review of literature related on domestic abuse.

Among the issues discussed are:

1. Types of domestic abuse that junior high school child experience
2. Leading perpetrators of domestic abuse on the junior high school child
3. The state/ condition of the abuser at the time of abuse

4. Academic, psychological and social effects of domestic abuse on the junior high school child
5. Increased frequency of domestic abuse will lead to an increased academic psychological and social effects
6. Younger children are more likely to exhibit higher level of domestic abuse – psychological, social and academic effects than older children.
7. How guidance and counselling can help students experiencing domestic abuse.

Types of Domestic Abuse that Junior High School Child Experience

Many authors have pointed out that children can be exposed to domestic abuse in multiple ways. This type of domestic abuse exposure ranges from physical abuse, psychological/emotional abuse, abandonment/neglect and sexual abuse. For instance Krug, Mercy, Dahlberb and Zwi (2002) and Butchart, Phinney, Kahane, Mian and Furniss (2006) identified three types of domestic abuse; physical, neglect emotional/psychological.

Physical abuse

The most popular notion of domestic abuse is often seen as physical abuse. Physical abuse is the use of physical force that harms the child's health, survival, development or dignity (Norman, Byamba, Butchart, Scott & Vos, 2012). The National Child Traumatic Stress Network [NCTSN] (2012) also defines physical abuse as the abuse that occurs when a parent or caregiver commits an act that results in physical injury to a child or adolescent, such as red marks, cuts, welts, bruises, muscle sprains or broken bones, even if the injury was unintentional. There are a broad range of behaviours that come under physical abuse. It includes hitting, grabbing, choking, burning and

assault with objects. This description well collaborates with other studies, for example Khan (2000), describe physical abuse to includes slapping, beating, arm twisting, stabbing, kicking and threats with an object. Herrenkohl, Tajima, Huang and Whitney (2005) also defines physical abuse as acts that includes biting, slapping, hitting with a stick, rope or belt. According to Langsford et al., (2007) children in domestic abuse homes go through a lot of physical abuse which may include slaps, hitting kicking and punching. Burman & Cartmels (2005) in Scotland showed similar results; that many girls and boys reports that they have been slapped or pushed. Again, in an educational setting in Ecuador, 22 percent of adolescents reported being victims of physical abuse (World Bank, 2000).

Coker-Appiah and Cusack (1999) also opined that physical abuse is an act of inflicting pain or causing harm to somebody with the help of a hand, stick, belt or rope. According to Coker-Appiah and Cusack, some important themes emerge in trying to understand physical abuse and these include cruel punishment and physical torture, beatings, assault with a weapon and death. The authors further explained that children are most at risk of cruel punishment and physical torture especially, when physical punishment goes too far or a parent lashes out in anger. The common examples cited included starving children or food rationing. However, in the case of beatings it ranges from isolated slapping using a hand, to the regular use of fists, feet and weapons in attacks that target any part of the body (“Study Finds”, 2009).

The USDHHS (2009) opines that children between the ages of 4-7 and 12-15 are at the greater risk of being physically abused. They are very susceptible to receive serious injuries. In the western culture, physical

punishment that do not result in physical injury is considered as physical abuse but in most African countries including Ghana such acts are considered as a form of discipline (Child Welfare Information Gateway, 2013). Many physically abusive parents and caregivers insist that their actions are simply forms of discipline-ways to make children learn to behave. There is a big difference between using physical punishment to discipline and physical abuse. While the point of disciplining children is to teach them right from wrong, physical abuse make them live in fear. It can be difficult sometimes to determine from a child's behaviour or emotional state whether the child has been exposed to abuse. Detection of physical abuse is dependent on the ability to recognise suspicious injuries, such as bruising, bite marks, burns, bone fractures, or trauma to the head or abdomen (Dong et. al, 2007).

In support of this, the USDHHS (2006) has identified several indicators that strongly suggest that a child is being abused. The following are the indicators: (a) frequent physical injuries that are attributed to the child's being clumsy or accident-prone, injuries that do not seem to fit the explanation given by the parents or child, (b) conflicting explanations provided by child and/or caregivers, (c) explanations that do not fit the injuries, or injuries attributed to accidents that could not have occurred, (d) the child's age (for example, an immersion burn on a child too young to walk or crawl), (e) habitual absence from or lateness to school without a credible reason-parents may keep a child at home until physical evidence of abuse has healed, (f) if a child comes to school wearing long-sleeved or high-collared clothing on hot days, it may be an attempt to hide injuries and awkward movements or

difficulty walking, it may also suggest that the child is in pain or suffers from the aftereffects of repeated injuries.

There are several evidences to prove that each day, children are exposed to physical abuse at an alarming rate. In 2007 alone, there were approximately 879 million cases of child domestic abuse reported in Columbia and Puerto Rico. Out of this figure, 19 percent (approximately 167,000 children) were related to physical abuse (USDHHS, 2006). The rates of physical abuse might even be higher since sometimes domestic abuse cases are not reported.

It appears children who are exposed to physical abuse do not tell their story to anyone. According to USDHHS (2006) report, there are many reasons why children keep quiet. This includes (a) children fear that their parents will be mad at them or will hurt them worse for telling, (b) children desire not to get their parents into trouble, (c) children's fear of being removed from their homes, (d) children's belief that it's okay for their parents to hurt them, (e) children's fear of not being believed, shame or guilt and (f) children's belief that they deserve the abuse for their bad behaviour.

Consequently, experiencing physical abuse does have some negative impacts on children. Some experts in the field of child behaviour believe that physical abuse teaches children to be submissive, fearful, and/or aggressive Gershoff (as cited in NCTSN, 2012). It also teaches them that hitting is a way to control other people or solve problems. The attitudes, beliefs, and behaviours that grow out of physical abuse can cause a child to have problems at school, at home, and with friends (Grogan-Kaylor, 2004). Sometimes children who have been hit don't do well at making and keeping friends. They

may not trust people in authority. Children may also become fearful of their parents. It can be confusing for children when a parent, the person they depend on and love the most, hurts them in some way. Being hit may make children feel angry, helpless, powerless, hostile, guilty, or ashamed. It may result in children becoming chronically anxious or depressed. All these negative feelings about themselves increase children's stress levels and only make it harder for them to behave well. This confirms the study findings of Evans and Burton (2011). Evans and Burton found that physical abuse is the most significant predictor of violent crime, nonviolent crime, property offending, and status offending. In conclusion, exposure to physical abuse can leave a lasting mark on children which can adversely affect their academic, psychological and social development.

Concerning the discussions on physical abuse on junior high school children, the researcher reviewed the following studies. Barter, McCarry, Berridge and Evans (2009) surveyed 1353 young people at eight schools across England, Wales and Scotland. Their finding revealed that about 88% of the respondents reported having been exposed to domestic abuse. Among this 88%, it was found that 22% had experienced moderate physical abuse (ie. Pushing, slapping, hitting or holding down) and 8% had experienced more severe physical abuse (ie, punching, strangling, beating up, hitting with an object).

Hahm and Guterman (2001) study in the Republic of Korea, found out that, two-thirds of the parents reported whipping their children and 45 percent confirmed that they had hit, kicked or beaten their children.

Browne, Brett and Bzostek (2002) conducted a survey of households in Romania. The researchers found that 4.6 % of children reported being exposed to severe and frequent physical abuse in the form of being hit with an object, being burned or being deprived of food. Nearly half of Romanian parents admitted to beating their children ‘regularly’ and 16% to beating their children with objects.

In Ethiopia, 21% of urban schoolchildren and 64% of rural school children reported bruises or swellings on their bodies resulting from parental punishment (Ketsela & Kedebe, 1997).

Turla, Dundar and Ozkanli(2010) researched into the prevalence of childhood physical abuse experiences in college students in Turkish using a sample of 988 respondents with self- reporting questionnaires. Of the 988 respondents, (53.3%) had a history of childhood physical abuse.

Chang, Lin, Chang, Tsai and Feng (2013) conducted a survey in Taiwan among adolescents aged 12- 18 using a sample population of 5,236 from 35 schools in 17 cities. Their study result showed that 91% of the respondents have been exposed to physical abuse as compared to 83% exposure in the previous year. Catani, Schauer and Neuner (2008) and Leung, Wong, Chen and Tang (2008) also conducted a survey on Afghan and Southern China children of school going age respectively. Their study results showed that physical abuse was the highest form of domestic abuse that their respondents experienced.

In conclusion, both physical and psychological abuses have adverse impact on children. Physical abuse can easily be identified and treated but the

emotional and psychological scars it leaves on these children go a long way to affect their academic, social and psychological development.

Psychological abuse

Smith, O'conner and Berthelsten (1998) defines psychological abuse as "a repeated pattern of behaviour that conveys to children that they are worthless, unloved, unwanted, or only of value in meeting another's needs" (p. 715). Krug, Mercy, Dahlberg and Zwi (as cited in Khan, 2014) also define psychological abuse as the intentional use of power, including the treats of physical force, against a child that can result in harm to physical, mental, moral or social development. Some researchers have indicated that psychological abuse includes yelling, name-calling, blaming, shaming, isolation, intimidation and controlling behaviour (Ali & Bustamante-Gavino, 2007; Fikree, Jafarey, Korejo, Khan & Durocher, 2004). Coker-Appiah and Cusack (1999) who carried out a research in Ghana also identified psychological abuse to include parents refusing to take good care of their children, always insulting and refusing to talk to them. Numerous studies have also demonstrated that children exposed to domestic abuse are more likely to experience a wide range of adverse psychosocial and behavioural outcomes (Herrenkohl, Souse, Tajima, Herrenhohl & Moylan, 2008; Sternberg Baradaran, Abbot, Lamb & Guterman , 2010; Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe,2003). Harway and Hansen (1994) noted in their study that children may develop behavioural or emotional difficulties, depression, anxiety or PTSD after experiencing psychological abuse.

According to Khan (2014), psychological abuse is very real and leaves scares on victims. It can be just as damaging as the other types of

abuse. The emotional effects of child physical abuse continue well after any physical wounds have healed. According to Hildyard and Wolf's (2002) and Murrell, Christoff and Henning (2007), children who grow up in families where they experience domestic abuse either by witnessing the abuse between their caretakers or by being the victim of the abuse acts are more likely to incorporate the abusive behaviour as a coping mechanism

Cole, Bagic, Kass and Schneider (2005) confirms that psychological abuse that children suffer from experiencing domestic abuse is more likely to influence their rate of concentration in school and involvement in school practices. A more recent study by Miller (2010) concluded that the cognitive effects of domestic abuse exposure may disrupt children's successful functioning in the school environment in addition to hindering academic competence. The above findings suggest that globally, children of diverse characteristics perhaps, are vulnerable.

Concerning the discussions on psychological abuse of children, Spinazzola (2014) conducted study using the National Child Traumatic Stress Network Core Data Set (2012) analysis from 5,616 youths data with lifetime histories of psychological abuse and physical abuse. The results of the study found that majority (62 %) had a history of psychological abuse, and nearly a quarter (24 %) of all the cases were exclusively psychological abuse. The researcher concluded that caregiver-inflicted bullying, terrorising, coercive control, severe insults, debasement, threats, overwhelming demands, shunning and/or isolation on the children. This finding is consistent with finding of Sternberg et al., (2010) who conducted a survey using a population of 1,870 students and found that (187%) of the respondents have been exposed to

psychological abuse while (117%) being exposed to other forms of abuse. Mikaeili, Barahmand and Abdi (2015) conducted a survey in Iran using a study sample of 2, 100 students. The results showed that 14.85% of the respondents were exposed to domestic abuse with psychological abuse 52.09% being most prevalent. Akmatov (2011) conducted a survey in Côte d'Ivoire, Cameroon, Vietnam and Yemen and also Edleson (1999) study in the United States of America (USA) found out that that psychological abuse was the most frequent form of domestic abuse that children experienced followed by physical abuse

Neglect

The National Child Abuse and Neglect Data system (NCANDS) defines neglect as “ a type of domestic abuse that refers to the failure by caregivers or parents to provide needed, aged-appropriate care although financially able to do so or offered financial or other means to do so” (USDHHS,2007). Kandell (2001) defines neglect as “failure to do something. It is usually typified by an ongoing pattern of inadequate care and is readily observed by individuals in close contact with the child. It includes failure to provide food, clothing (Kandell, 2001), frequent absences from school, poor hygiene and inadequate medical attention (USDHHS, 2007).

There are different types of neglect according to USDHHS. These are physical neglect, educational neglect, emotional/psychological neglect and medical neglect (USDHHS, 2007).

Physical neglect. Physical neglect accounts for the majority of cases of domestic abuse. Physical neglect generally involves the parent or caregiver not providing the child with basic necessities (e.g., adequate food, clothing and

shelter). Failure or refusal to provide these necessities endangers the child's physical health, well-being, psychological growth and development. Physical neglect also includes child abandonment, inadequate supervision, rejection of a child leading to expulsion from the home and failure to adequately provide for the child's safety and physical and emotional needs (USDHHS, 2007). Physical neglect can severely impact a child's development by causing failure to thrive; malnutrition; serious illness; physical harm in the form of cuts, bruises, burns or other injuries due to the lack of supervision and a lifetime of low self-esteem.

Educational neglect. Educational neglect involves the failure of a parent or caregiver to enroll a child of mandatory school age in school or provide appropriate home schooling or needed special educational training, thus allowing the child or youth to engage in chronic truancy. Educational neglect can lead to the child failing to acquire basic life skills, dropping out of school or continually displaying disruptive behavior. Educational neglect can pose serious threat to the child's emotional well-being, physical health or normal psychological growth and development, particularly when the child has special educational needs that are not met (Akmatov, 2011).

Emotional/Psychological neglect. Emotional/Psychological neglect includes actions such as engaging in chronic or extreme spousal abuse in the child's presence, allowing a child to use drugs or alcohol, refusing or failing to provide needed psychological care, constantly belittling the child and withholding affection (USDHHS, 2007). Parental behaviours considered to be emotional child abuse include:(a) ignoring (consistent failure to respond to the child's need for stimulation, nurturance, encouragement and protection or

failure to acknowledge the child's presence), (b) rejecting (actively refusing to respond to the child's needs - e.g., refusing to show affection), (c) verbally assaulting (constant belittling, name calling or threatening), (d) isolating (preventing the child from having normal social contacts with other children and adults), (e) terrorising (threatening the child with extreme punishment or creating a climate of terror by playing on childhood fears and (f) corrupting or exploiting (encouraging the child to engage in destructive, illegal or antisocial behaviour).

A pattern of this parental behaviour can lead to the child's poor self-image, alcohol or drug abuse, destructive behaviour and even suicide. Severe neglect of an infant's need for stimulation and nurturance can result in the infant failing to thrive and even infant death.

Medical neglect. Medical neglect is the failure to provide appropriate health care for a child (although financially able to do so), thus placing the child at risk of being seriously disabled or disfigured or dying. According to NCANDS (2005), 2 percent of children (17,637 children) in the United States of America were victims of medical neglect. Concern is warranted not only when a parent refuses medical care for a child in an emergency or for an acute illness, but also when a parent ignores medical recommendations for a child with a treatable chronic disease or disability, resulting in frequent hospitalizations or significant deterioration. Even in non-emergency situations, medical neglect can result in poor health and compounded medical problems. Parents may refuse medical care for their children for different reasons religious beliefs, fear or anxiety about a medical condition or treatment, or financial issues.

Although medical neglect is highly correlated with poverty, there is a distinction between a caregiver's inability to provide the needed care based on cultural norms or the lack of financial resources. Children and their families may be in need of services even though the parent may not be intentionally neglectful. When poverty limits a parent's resources to adequately provide necessities for the child, services may be offered to help families provide for their children.

Perpetrators of Domestic Abuse

The family is often equated with sanctuary- a place where children seek love, safety, security, and shelter. But evidence shows that it is also a place that imperils lives, and breeds some of the most drastic forms of abuse perpetrated against children (Khan, 2014). According to Khan, child exposure to domestic abuse is often perpetrated by males who are, or who have been in position of trust and power-fathers, stepfathers, brothers, uncles or other relatives. The findings also confirm the findings of Humphrey, Lowe and Williams (2006) in USA that at least 54 percent of domestic abuse case is perpetrated by male.

Again, these findings collaborate with the findings of Watt (2002) who noted that the most common perpetrator of domestic abuse is a father or another male family member. Arriaga and Foshee (as cited in Williams, 2008) identified females as the most perpetrators of domestic abuse in his study. According to Tjaden and Thoennes (2004), most men are found to be perpetrators of domestic abuse. Turla, Dunda and Ozkanli (2010) support the argument that men are 1.5 times higher to perpetrate domestic abuse. Mothers more frequently inflicted abuse on daughters and fathers on sons. In other

studies, females are found to be perpetrators of domestic abuse. Arriga and Foshee (as cited in Willams, 2008) conducted a survey in the USA and reported that females are common perpetrators of domestic abuse. According to participants, most frequent reasons for physical abuse were “loss of perpetrator’s self-control” and “establishment of discipline at home.” The most frequent statement observed among the participants was humiliation after subjection to physical abuse. Abusers can be anyone and come from every age, sex, socioeconomic, racial, ethnic, occupational, educational, and religious group. They can be fathers, mothers, uncles, brothers, sister, aunties and other family members within the home. Perpetrators of child domestic abuse are most often the child’s own parents.

Perpetrators are not always angry and hostile, but can be charming, agreeable, and kind. Abusers differ in patterns of abuse and levels of dangerousness. While there is no an agreed upon universal psychological profile, perpetrators do share a behavioural profile that is described as an ongoing pattern of coercive control involving various forms of intimidation and psychological and physical abuse (Tolman & Bennett cited in Bragg, 2003). There seems to be a general believe that abusive people are mentally ill. According to Mederos (cited in Bragg, 2003), perpetrators do not share a set of personality characteristics or a psychiatric diagnosis that distinguishes them from people who are not abusive. There are some perpetrators who suffer from psychiatric problems, such as depression, post-traumatic stress disorder, or psychopathology yet, do not have psychiatric illness.

According to Gondolf and White (2001), the Diagnostic and Statistical Manual of the American Psychological Association (DSM-IV) does not have a

diagnostic category for perpetrators, but mental illness should be viewed as a factor that can influence the severity and nature of the abuse. Several researchers believe that perpetrators of child domestic abuse use different tactics to humiliate and cause harm to their victims. Recent studies have established a link between having a history of childhood abuse and becoming a victimizer later in life (Clarke et al., 1999; DiLillo, Tremblay & Peterson as cited in Black 2000). Perpetrators have different ways of abusing their victims. Bragg (2003) identified the following as the most prevalent behavioural tactics by perpetrators.

Abusing power and control. The perpetrator's primary goal is to achieve power and control over their victims. In order to do so, perpetrators often plan and utilize a pattern of coercive tactics aimed at instilling fear, shame, and helplessness in the child. Another part of this strategy is to change randomly the list of "rules" or expectations the victim must meet to avoid abuse. The abuser's incessant degradation, intimidation, and demands on their victims are effective in establishing fear and dependence.

Having different public and private behaviour. Here, people outside the immediate family are not aware of and do not witness the perpetrator's abusive behaviour. Abusers who maintain an amiable public image accomplish the important task of deceiving others into thinking they love, "normal," and incapable of domestic abuse. This allows perpetrators to escape accountability for their abuse and reinforces the victims' fears that no one will believe them.

Projecting blame. Abusers often engage in an insidious type of manipulation that involves blaming the victim for the abusive behaviour. Such perpetrators

may accuse the victim of “pushing buttons” or “provoking” the abuse. By diverting attention to the victim’s actions, the perpetrator avoids taking responsibility for the abusive behaviour. In addition to projecting blame on the victim, abusers also may project blame on circumstances, such as making the excuse that alcohol or stress caused the abuse.

Claiming loss of control or anger problems. There is a common belief that domestic abuse is a result of poor impulse control or anger management problems. Abusers routinely claim that they “just lost it,” suggesting that the abuse was an impulsive and rare event beyond control. Domestic abuse relating to children is not typically a singular incident nor does it simply involve physical attacks. It is a deliberate set of tactics where physical abuse is used to solidify the abuser’s power in the home. In reality, only an estimated 5 to 10 percent of perpetrators have difficulty with controlling their aggression. Most abusers do not assault others outside the family, such as police officers, coworkers, or neighbors, but direct their abuse toward the victim or children.

Minimizing and denying the abuse. Perpetrators rarely view themselves or their actions as abusive. As a result, they often deny, justify, and minimize their behaviour. For example, an abuser might forcibly push the child down a flight of stairs, and then tell others that the child tripped. Abusers also rationalize serious physical abuse, such as punching or choking, as “self-defense.” Abusers who refuse to admit they are harming their victims in this case a child present enormous challenges to persons who are trying to intervene. Some perpetrators do acknowledge to the victim that the abusive behaviour is wrong, but then plead for forgiveness or make promises of

refraining from any future abuse. Even in situations such as this, the perpetrator commonly minimizes the severity or impact of the abuse.

Perpetrators seem to have some common behaviors. Bragg (2003) outlined the following as some of the common harmful behaviours that can have harmful effects on children:

Authoritarianism. Perpetrators can be rigid and demanding with their children. They often have high and unrealistic expectations and expect children to obey without question or resistance. This parenting style is intimidating for children and alters their sense of safety around the abuser. These perpetrators are more likely to use harsher forms of physical discipline, which can make the children increasingly vulnerable to becoming direct targets of abuse.

Neglect, irresponsibility, and lack of involvement. Some abusers are infrequently involved in the daily parenting activities of their children. They may view their children as hindrances and become easily annoyed with them. Also, the perpetrator's preoccupation with controlling the child and meeting his or her own emotional needs allow little time to engage the child. Unfortunately, the perpetrator's physical and emotional unavailability can produce unrequited feelings of anticipation and fondness in the child who eagerly await attention.

Self-centeredness. Some perpetrators use their children to meet their own emotional needs. Perpetrators may expect their children to be immediately available only when they are interested and often overwhelm them with their problems. This can result in children feeling burdened and responsible for helping their parent while their own needs are neglected.

According to NCANDS, in 2005, 79.4 percent of perpetrators were parents and 6.8 percent were other relatives. The largest remaining categories of perpetrators were the unmarried partner of a child's parent (3.8 percent) and other perpetrators (4.1 percent). For 3.6 percent of child maltreatment cases the perpetrators were missing or unknown. Under 1 percent of child maltreatment cases the perpetrators were foster parents, residential facility staff, the child's daycare provider, a legal guardian, friends or neighbours, or other professionals (USDHHS, 2007). Approximately, 40 percent of child victims were maltreated by their mothers acting alone, another 18.3 percent were abused by their fathers acting alone while 17.3 percent were abused by both parents (USDHHS, 2007).

Turla, Dundar and Ozkanli (2010) researched into the prevalence of childhood physical abuse experiences in college students in Turkish using a sample of 988 respondents with self-reporting questionnaires. Out of the 988 respondents, men were 1.5 times higher to perpetrate the abuse than women.

Conditions of Abusers at the Time of Abuse

There are a lot of people who think behaviours of children who are exposed to domestic abuse accounts for their perpetrators abusing them. A number of authors and research has shown that numerous factors are commonly associated with domestic abuse of children. The conditions of perpetrators can be organised into a framework of four principle systems: (a) the child, (b) the family, (c) the community and (d) the society (Mersky, Berger, Reynolds & Gromoske, 2009).

The child: Though children are not responsible for domestic abuse, certain child characteristics have been found to increase the risk for domestic abuse.

Children with disabilities or mental retardation, for example are significantly more likely to be abused (Crosse, Kate & Ratnofsky, 1993). Again the age and gender are predictive of maltreatment risk. Younger children are more likely to be neglected while the risk for abuse increases with age . Other child risk factors are childhood trauma, chronic illness and temperament (Sullivan & Knutson as cited in Kendall, 2001)

Family risk factors: The family is linked with child domestic abuse and a number of demographic factors in the family are known to increase the risk of child maltreatment. Research has repeatedly confirmed that measures of family economic resource are associated with domestic abuse (Berger & Brooks-Gunn as cited in Mersky, Berger, Reynolds & Gromoske, 2009).

Many studies have found that family structure indicators such as large family size and single parenthood (Paxson & Waldfogel, 2002; Sidebotham & Heron, 2006) are associated with domestic abuse. Having a large number of children or being a single parent may strain family financial resources and limit the time a parent can devote to child care, thereby increasing the risk that maltreatment, and neglect may occur (Berger, 2004). The presence of a nonbiological parent in a single-parent household may also increase the likelihood of domestic abuse, specifically of physical abuse (Berger, 2004; Radhakrishna, Bou-Saada, Hunter, Catellier, & Kotch, 2001). Other parent characteristics such as young maternal age and low educational attainment (Scher, Forde, McQuaid & Stein, 2004) have also been linked to domestic abuse. Maternal age may be a particularly reliable predictor-although not necessarily a “cause”-of child maltreatment, as young mothers are more likely to be poor, single, and undereducated. They are also less likely to have

planned pregnancies and may not be as well equipped to provide adequate care for their children as older mothers (Zuravin as cited in Mersky, Berger, Reynolds & Gromoske, 2009).

Numerous indicators of parenting and parent functioning have also been linked to maltreatment, including low levels of parent involvement and poor parent–child interactions (Brown, Cohen, Johnson & Salzinger, Gaudin, Polansky, Kilpatrick, & Shilton, ; Smith & Fong as cited in Mersky, Berger, Reynolds & Gromoske, 2009) although the parenting practices and styles associated with abuse may differ from those associated with neglect. Likewise, it is well known that children who have a parent or caregiver suffering from depression or a substance abuse disorder are at risk of being maltreated (Chaffin, Kelleher & Hollenberg, 1996; Sun, Shillington, Hohman, & Jones, 2001). Many studies have also found that adults who were maltreated during childhood are at risk of maltreating children in their care (e.g., Dixon, Browne, & Hamilton-Giachritsis, 2005; Lounds, Borkowski, Whitman, 2006; Pears & Capaldi, 2001) although other studies have not found strong support for this hypothesis (Fergusson, Boden, & Horwood, 2006; Renner & Slack, 2006).

According to the National Center on Addiction and Substance Abuse (2005) substance abuse is a factor in at least 70 percent of all reported cases of child maltreatment. Adults with substance use disorders are 2.7 times more likely to report abusive behaviour and 4.2 times more likely to report neglectful behaviour toward their children. Maltreated children of substance abusing parents are more likely to have poorer physical, intellectual, social and emotional outcomes and are at greater risk of developing substance abuse problems themselves. Dong et al. (2004) found out in their studies that among

children who reported being exposed to domestic abuse, the prevalence of prior substance use and mental illness in the family were higher.

Social/environmental risk factors: factors related to the community and the society include poverty, stress, unemployment, social isolation, exposure to environmental toxins, poor schools and lack of access to medical care, health insurance and social (Child welfare Information Gateway, 2008). Several researchers have found out that poverty is the major cause of domestic abuse (Black, 2000; Gewirtz & Edleson, 2007; Herrenkohl, Herrenkohl, Egolf & Wu, 1991; Lee, Kotch & Cox, 2004). Fantuzzo et al. (1997) in their study of child's exposure to domestic abuse cases found out that in household where children were exposed to abuse, perpetrators were in a state of poverty, unemployment and substance abuse.

In conclusion, children do not influence their perpetrators to inflict harm on them but certain conditions such as the child's chronic illness, parental stress, unemployment and exposure to community violence are some of the factors that influence perpetrators to abuse their victims.

Effects of Domestic Abuse

Children who live in households with domestic abuse are at a higher risk of maladjustment behaviours than children who do not live with such abuse. Outcomes of the abuse may range from mild symptoms to deliberating and life-threatening conditions (Runyon & Kenny, 2002). Factors that may affect the way in which domestic abuse affects children include: the age and developmental status of the child when the abused occurred, the severity of the abuse, the frequency and duration of the abuse, the relationship between the child and the perpetrator and the type(s) of abuse (Moylan, 2010). Exposure to

domestic abuse can have serious negative effect on children. Such effects may include behavioural problem such as aggression, phobias, insomnia, low- self-esteem, depression, low level of social competence, poor academic performance and low level of problem solving skill (Hester, Pearson & Harwin 2006; Margolin & Gordis, 2000) . Many researchers are of the view that children who are victims of domestic abuse are at risk of health problems such as brain damage, spinal cord injuries, hearing loss, speech difficulties and sometimes death (Child Welfare Information Gateway, 2008; Flaherty et al, 2009, Hussey, Chang & Kotch, 2006). Again, children exposed to domestic abuse are more to be isolated and have difficulty in making friends; they may also display aggressive and disruptive behaviour (Hildyard & Wolf, 2002; Holt, Buckley & Whelan, 2008; Merrick, Litrownik, Everson & Cox, 2008).

According to the Scottish Women’s Aid report, children affected by domestic abuse may exhibit physical symptoms that are associated with trauma and stress. For instance, they may develop eczema, experience bed-wetting, have nightmares, or suffer from sleep disturbances (Humphreys, Lowe & Williams, 2009). Also, some children may sustain physical injuries as a result of direct assaults made by the perpetrator or as a result of intervening to protect their mother or siblings during attacks. At its most extreme children may be killed by the perpetrator.

Experience of domestic abuse can have intense feelings of fear and anxiety. Some children feel guilty and responsible for the abuse that is happening (Newton, 2001). They may feel responsible for protecting their siblings and mother. Children also may have feelings of extreme sadness and experience low self-esteem and depression (Osofsky, 1999). They endure

severe disruptions to their lives as a result of domestic abuse. They might find it difficult to attend and concentrate at school (Vondra, Barneet & Cicchetti, 1990) . Some children become socially isolated and as a result find it difficult to make and keep friends (Hildyard & Wolf, 2002).

They are also more likely to have behavioural and developmental problems, experience externalising and internalising problems (Sternberg, Lamb, Guterman & Abbott, 2009). Behavioural responses include avoidance, social withdrawal, interpersonal stress (decreased intimacy and lowered trust in others) and substance abuse. Some children who experience difficulties display traumatic stress reactions (Osofsky & Fitzgerald, 2000). They may have higher risks of alcohol/drug abuse, post-traumatic stress disorder, juvenile delinquency and running away from home (Domestic Violence Roundtable, 2008).

Other research indicates that these children suffer from a number of social and emotional problems including aggressive behaviour, depression, anxiety, decreased social competence, and diminished academic performance (Edleson, 1999; Wolfe et al., 2003; Fantuzzo & Mohr, 1999; Koenen et al., 2003).

Several reviews of published research have also found that those children who are affected by domestic abuse experience significant negative impacts to their physical, psychological, emotional, social, behavioural, developmental and cognitive well-being and functioning (Carpenter & Stacks, 2009; Edleson, 1999; Humphreys, Houghton & Ellis, 2008; Humphreys & Mullender, 1999; Kitmann et al., 2003; Laing, 2000; McIntosh, 2003; Wolfe et al., 2003). Bagshaw (2007) also reported that children most often report

feelings of sadness, confusion, fear and anger. children's perspectives, Humphreys et al. (2008) noted that children often discuss the emotional and physical abuse experienced by themselves and their families, as well as significant feelings of fear of their abusers.

Research continues to indicate that children affected by domestic abuse are more likely to experience higher rates of depression and anxiety, trauma symptoms and behavioural and cognitive problems (Humphreys et al, 2008; McIntosh, 2003; Zerk, Mertin & Proeve, 2009). Flood and Pease (2006) in their review of the literature conclude that witnessing or being the victim of the abuse as a child has a direct impact on later perpetration of partner abuse. In particular, boys affected by domestic abuse are more likely to later perpetrate abuse against their female partners. Studies suggest that children who are exposed to the abuse are at greater risk for internalised behaviours such as anxiety, phobias, stress disorders, stuttering, insomnia and depression (Buehler & Gerad, 2002; Gorman-Smith, 2004; World Health Organisation (WHO), 2000, Hester, Pearson, Harwin & Abraham, 2007; McCue, 2008) and for externalised behaviours such as fighting, bullying, lying, or cheating, display aggressive and disruptive behaviour (Hildyard & Wolf, 2002; Holt, Buckley, & Whelan, 2008), impaired concentration difficulty in school and psychosomatic illnesses (Custody Preparation for Moms, 2009).

The effects of domestic abuse can be short and or long term for children. These effects are overlapping but can be broadly categorised as being physical, social and emotional, and behavioural. While many of the above mentioned may constitute short term effect. The long-term impact of child abuse is far-reaching; some studies indicate that, without the right

support, the effects of childhood abuse can last a lifetime. A study by Draper et al. (2007) found that child abuse survivors are almost two and a half times as likely to have poor mental health outcomes; and are four times more likely to be unhappy even in much later life. Also abuses that constitute childhood physical and sexual abuse increase the risk of having three or more medical diseases, including cardiovascular events in women. It also causes a higher prevalence of broken relationships, lower rates of marriage in late life. In same context, it causes lower levels of social support and an increased risk of living alone. Suicidal behaviour and vices such as smoking, substance abuse, and physical inactivity has an increased likelihood in abused children. The impact of child abuse does not end when the abuse stops and the long-term effects can interfere with day-to-day functioning.

Psychological Effects

Psychological problems often manifest as high-risk behaviours. Depression and anxiety, for example, may make a person more likely to smoke, abuse alcohol or drugs, or overeat (Child Welfare Information Gateway, 2013).

Children who are victims of domestic abuse frequently have intrusive and upsetting emotional memories of their ordeal, which they attempt to control by generating and avoiding displays of their feelings. Sometimes, the only way they can identify their emotions is through physiological responses such as increased heart rates and perspiration (James, 1994). These children are able to describe other people's feelings but cannot describe their own feelings. They tend to avoid close relationships because the feelings of closeness increase their feelings of vulnerability, threat and lack of self-

control. To avoid been close to people, they may exhibit withdrawal, lack of eye contact, hyperactivity, aggression and other inappropriate behaviours. Joseph (1996) stresses that domestic abuse can affects children emotions, cognitive and behaviour.

He said the emotional effect include shock, terror, guilt, horror, irritability, anxiety, hostility, and depression. Cognitive effect 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, sleep disturbance (i.e., insomnia), nightmares, an exaggerated startle response, and psychosomatic symptoms. Carlson (2000) also indicates that children who are domestically abused commonly exhibit anger, aggression and difficulty in relating to peer. They are also at risk for increased levels of emotional and psychological maladjustment than children who only witness and are not abused (Carlson, 2000; Edleson, 1999; Hughes et al, 2001). Several researchers have found that children who experience domestic abuse suffer from some form of psychological abuse (Hunter, English & Everson, 2003; Lichter & McCloskey, 2004; Litrownik & Newton, 2010; Wisdom, 2000; McCabe et al., 2005; Wolfe, Scott, Wekerle & Pittman, 2001). This includes depression, delinquency, low self- esteem, social withdrawal, aggression and anxiety. Exposure to domestic abuse and the effects on the psychological well-being has been related to Post Traumatic Stress Disorder (Hester et al., 2007) which includes anxiety, stress and depression (Gorman-Smith, 2004; Buehler & Gerad, 2002).

Low self-esteem

Children raised in abused home settings usually have poor definitions of self and values; inconsistent responses from the parents to the child's behaviour can undermine a child's self-esteem even more. Psychological abuse also defeats self-esteem and fosters feelings of confusion, helplessness and powerlessness. Low self-esteem and low confidence often result when children are unable to handle life situations. According to Dwamena-Aboagye and Fiamanya (2005), children who suffer from domestic abuse repeatedly develop poor self- image.

Self-blame

Arguments about child rearing and/or a child's behaviour often precipitate abuse episodes between parents. The child may see himself as responsible for the abuse and may compensate through suicidal thoughts, overly pleasing behaviour or extreme acting out behaviour. The child literally blames him/ herself for the abuse in the home. The child feels "it is my entire fault and if I weren't here, none of this would be happening" (Center on Child Abuse & Neglect, 2005).

Mixed feelings

When a child lives in an abused environment, feelings of guilt, fear, helplessness, bottled rage, and embarrassment usually result.

Suicide ideation

Children who experience violence in their homes may have thoughts of suicide as a means of "escaping". Self-mutilation and obsession with death are common responses.

Depression and anxiety

Depression may stem from the silence, feeling of powerless and guilt that the child may go through (McGee, 2000). Children who experience domestic abuse are made to feel guilty for provoking the abuse and are frequently subjected to intense criticism they often feels helpless and powerless. This contributes to their feelings of depression.

Children may also experience anxiety and panic problems when they are exposed to domestic abuse (Wisdom, 2000; Wolfe, Scott, Wekerle & Pittman, 2001). Constant reminders around the home such as broken furniture, cuts and bruises and blood stained carpets/ walls may keep the child anxious and fearful of when the abuse may next occur (McGee 2000). The main signs of depression are losing interest in the normal activities as well as isolating from other people. A person suffering from depression might experience sadness feeling, crying, irritable or feeling exhausted, feeling low, blaming and feeling unworthy to live, changes in appetite and having sleepless night and the person might experience poor memory and concentration. For these reasons, the person can become critical and holding negative thoughts about himself or herself. These feelings can lead to suicide or harm.

A report from Child Welfare Information Gateway (2008) revealed that children who suffer from domestic abuse, if left unaddressed or ignored, are at an increased risk for emotional and behavioural problems in the future. Children who are abused may not be able to express their feelings safely and as a result, may develop difficulties regulating their emotions. As adults, they may continue to struggle with their feelings, which can lead to depression or anxiety (Smith, Melinda, Segal & Jeanne, 2013).

Substance abuse

Children with inappropriate or inadequate coping mechanisms, along with low self-esteem will often "give in" to peer pressure and become involved with drug/alcohol use and abuse. Some children model their parent's behaviour and cope with life stress through smoking and drug/alcohol use and abuse.

Post-traumatic stress disorder

Another consequence for children exposed to abuse is post-traumatic stress disorder (PTSD). Exposure to chronic and acute abuse is linked to heightened levels of PTSD symptoms, including diminished concentration, sleep disturbance, sudden startling, and intrusive thoughts (Center on Child Abuse & Neglect 2005). External behaviours may include aggressive behaviour and conduct problems in home and in school, fighting, cursing, and name calling. Internal behaviours that may also occur include anxiety, depression, low self-esteem, guilt, crying; decreased intellectual and academic functioning including inability to concentrate; difficulty with school work, school truancy, failure and developmental delay. This is characterised by flashbacks, intrusive images, exaggerated startle response, nightmares and avoidance of triggers that are associated with the abuse.

A study by Palmer, Brown, Rae-Grant and Loughin (2001) with 384 respondents of childhood abuse found that victims of child abuse tended to be depressed, have low-self-esteem, and to have problems with family functioning. A recent study found that almost 76% of adults reporting child domestic abuse have at least one psychiatric disorder in their lifetime and nearly 50% have three or more psychiatric disorders (Harper et al., 2007).

Children with abuse histories also present with physical problems more frequently than those who have not experienced abuse (Draper et al., 2007).

Social Effect

Withdrawn behaviour

Children affected by domestic abuse tend to be more isolated from school and relatives compared to other groups of children and have difficulty making new friends (Hildyard & Wolf, 2002; Holt et al, 2008). They may be afraid to interact with other people outside the home, or they may not know how to interact in a normal way. They may have been told by their parents not to tell anybody about the problems in the home, or they may be afraid that through their interactions, other people will “know.” This “conspiracy of silence” helps to keep the domestic abuse going (Sternberg, Lamb, Guterman & Abbott, 2006).

Self-abusive behaviour

Children from abusive homes can become self-destructive. They are at risk for suicide, drug or alcohol abuse, teen pregnancy, eating disorders, fast and careless driving, breaking the law, problems with authority, and other risky acting out.

High levels of aggression

Children experiencing domestic abuse are more likely to exhibit aggressive behaviour (Brown & Bzostek, 2003) which can hamper their efforts to make friends. Many studies have noted that children from abuse homes exhibit signs of more aggressive behaviour, such as bullying, and are up to three times more likely to be involved in fighting (Johnson et al, 2008; Carlson, 2000).

Childhood experience of domestic abuse is associated with a variety of aggressive and otherwise maladaptive behaviours that, another essential task of childhood and an important dimension of school adaptation and antisocial behaviour or to be depressed and anxious (Browne, Brett & Bzostek, 2002). Higher levels of anger, hostility, oppositional behaviour, and disobedience; fear and withdrawal; poor peer, sibling, and social relationships; and low self-esteem are also associated with domestic abuse.

Difficulty in building trust

Children experiencing domestic abuse have difficulty in trusting especially adults. This is due to the fact that they do not know who to trust or when to trust when their environment is chaotic. They feel love for both parents and are confused as to why two people they love are hurting. Feelings of shame and guilt usually result; therefore the child may isolate himself from his peers and other family members. Children experiencing these feelings are often locked into silence by the abuse (Center on Child Abuse & Neglect, 2005).

Inability to feel empathy

According to Newton (2001), some children lose the ability to feel empathy for others. Others feel socially isolated, unable to make friends as easily due to social discomfort or confusion over what is acceptable.

Power and control

Children who are experiencing domestic abuse often learn destructive lessons about the use of abuse and power in relationships (Calson, 2000). Children may learn that it is acceptable to exert control or relieve stress by using abuse. These lessons can have a powerful negative effect on children in

social situations and relationships throughout childhood and in later life (Khan, 2000).

According to Cohen (1992), children may also do negative things to get attention, overreacts to little things, has a “ don’t care” attitude, has trouble making/ keeping friends, problems with school or grades and stay away from home or runs away.

Academic Effect

Academic performance mostly in the junior high school has been associated with many factors. One of the many factors is the effect that domestic abuse has on the academics of a child. For most children, experiencing domestic abuse interferes with their ability to function in school and thus leads to a decline in their academic performance.

Many studies on causes of poor academic performance have consistently stressed that children who are victims of domestic abuse on the average score lower on cognitive measures and demonstrate lower school achievement when compared with non-abused peers (Vondra, Barneet & Cicchetti, 1990; Eckenrode, Laird & Doris, 1993; Mash & Wolfe, 1991). Domestic abuse creates a great deal of stress that often makes the child lose his/her self-esteem and cause a lack of motivation to succeed at school. This may begin to let the child receive poor grades because of the inability to focus on school work. Those who fail to adhere to educational norms by truanting, excluding themselves or being disruptive in school are great causes for concern for teachers, school counsellors and parents (Munn & Lloyd, 2005).

According to Melhuish, Sylva, Sammons, Siraj- Blatchford & Taggart (2001), the negative experiences in the form of abuse within the home of a

child can affect a child's competence in the school. It is therefore arguable that those children experiencing domestic abuse are likely to have difficulties with their academics and if they fail to gain academic qualifications, they are at increased risk of later employment issues, involvement in crime and mental health problems (Fergusson, Horwood & Ridder, 2005).

The internalized and externalized behaviours that children suffer from experiencing domestic abuse are more likely to influence their rate of concentration in school and involvement in school practices. (Cole, O'Brien, Gadd, Ristuccia, Wallace & Gregory, 2005; McGee, 2000)). These children are more likely to become totally withdrawn from their class; their state of mind becomes 'dissociated' whereby they become completely disconnected from the classroom, which results in them missing out on large amounts of information (Cole et al., 2005). This may significantly hinder their academic development and success leading to poor academic performance

Cole et al., (2005) noted that a traumatized child may exert aggressive or disruptive behaviours in the classroom to their teachers and peers and they may perceive the behaviour as troublesome and irrational. These aggressive behaviours may be a result of Post-Traumatic Stress Disorder (Hester et al., 2007) which can often be triggered by the actions, comments or tone of peers and teachers themselves. Some children who illicit this kind of behaviour in the school may be doing so in frustration or defense because it may appear that a particular tone, comment or action was expressed by them in the manner that the perpetrator did in the process of abuse in the home. This illustrates how domestic abuse can be detrimental to the communicative skills of children because they gain 'distorted perceptions of the intentions, feelings, and

behaviours of others (Rogosch & Cicchetti as cited in Cole et al., 2005) within the school environment.

Problems at home especially domestic abuse may cause loss of attentiveness, lack of adequate rest and poor nutritional habits in children. Low self-esteem and inability to complete assignments are roots of poor school performance. Children raised in homes where abuse of any kind is a frequent occurrence often have tremendous difficulty academically. Some children may compensate for the abuse environment by over achieving or by putting all their concentration into one activity such as academics or sports. Primary-school-age children may have more trouble with school work, and show poor concentration and focus. They tend not to do well in school. In one study, forty per cent had lower reading abilities than children from non-violent homes (Newton, 2001). Children who have difficulty with attention and memory may not be sensitive to important social cues and expectations, and thus find themselves struggling with school rules, peer relationships, and classroom instructions.

Another emotional consequence for children exposed to domestic abuse is posttraumatic stress disorder (PTSD). Researchers have determined that both chronic and acute exposure to domestic abuse is linked to heightened levels of PTSD symptoms, including diminished concentration, sleep disturbance, sudden startling, and intrusive thoughts. These symptoms, as well as the symptoms of anxiety and depression, interfere with children's academic achievement by making it more difficult to attend to school lessons, and by lowering the motivation and disrupting the concentration necessary to complete academic tasks. Similarly, children's adaptation to the school

environment may be undermined by the emotional consequences of exposure to domestic abuse. Children who have been exposed to domestic abuse are rated by teachers and parents as less "ready to learn," less competent in school, and more likely to repeat grades (Miller, 2010)

Performance in academic settings will suffer if abuse-exposed children attempt to cope with anger towards other children or frustration with academic material by behaving disruptively (Public Agenda, 2004). Thus, the cognitive effects of exposure to domestic abuse may disrupt children's successful functioning in the school environment in addition to hindering academic competence.

Effects on exams

Children who have been physically abused are found to score lower than non-abused comparison children on tests of verbal ability and comprehension, reading and math skills, and overall achievement on standardized tests. Brown and Bzostek (2003) and Edleson (2006) found that such children are more likely to experience difficulties in school and score lower on assessments of verbal, motor, and cognitive skills. Similarly, children exposed to community abuse tend to show lower school achievement (Miller, 2010).

Effects on attendance

Perpetrators of domestic abuse often cause physical injuries to their abusers. Children who suffer physical injuries in the process of domestic abuse may have to absent themselves from school (Cleaver & Nicholson, 2007). Sometimes they avoid going to school because of the trauma they will be going through and also when they are hospitalized (McGee, 2000). Children

may learn that running from their problems is an appropriate means of dealing with crisis. Children therefore communicate with others to get problems solved so that they may run away to seek independence and freedom from the abuse, rage, and arguments at home (Department of Education Training & Youth Affairs, 2000).

Adults exposed to such abuse as children have been found to have completed significantly fewer years of school and reported more episodes of truancy during their time in school compared to non-exposed peers (Miller, 2010). Abuses may have kept them in hospital which in turn affected their rate of attendance in school.

Kitzmann et al., (2003) conducted a meta-analysis of 118 empirical studies examining the psychosocial adjustment of child witnesses to domestic abuse. Results showed that 63% of child witnesses were fairing more poorly than the average child who had not been exposed to inter-parental abuse.

Adejobi, Osonwa, Iyam, Udonwa and Osonwa (2013) carried out a research to examine the effect of child domestic abuse on academic performance. They used a sample population of 540 students in Ibadan. Results from their analysis predicted that child abuse may lead to a wide range of adverse consequences such as poor academic performance of students.

Increased Frequency of Domestic Abuse and its Academic, Psychological and Social Effect

Hunter (2014) defines domestic abuse of children as any behaviour by parents, caregivers, other adults or older adolescents that is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm to a child or young person. Other authors and researchers add that such

behaviours may be intentional or unintentional and can include acts of omission and commission (Bromfield, 2005; Christoffel et al., 1992; Gilbert et al., 2009). According to Hunter, experiencing domestic abuse in childhood can lead to adverse outcomes but it depends on the frequency of the abuse and the increasing frequency of exposure to different types of abuse. In agreement with Hunter, Blue Knot Foundation (2016) added that continuous exposure to any form of domestic abuse can have an increasing negative impact on a child's fundamental way of life. It can make basic day-day activities such as eating, sleeping, working and study difficult. It can also affect a child's mental health, physical health and relationship with people around.

According to Susanne (2011) experiencing domestic abuse and its academic, psychological and social effect on a child depends on three factors: (a) the child's age when the abuse occurred; (b) the type of abuse and (c) the frequency and duration of the abuse.

A series of meta analyses of research studies examining the effects of children's experience of domestic abuse have indicated that exposure is related to a range of subsequent emotional, behavioural and social problems (Kitzman et al., 2003; Wolfe et al., 2003; Evans et al., 2008).

According to the National Scientific Council on the Developing Child (as cited in Devaney, 2015) frequent exposure to domestic abuse activates a child's stress management system which results in toxic stress. In situations where a child's stress levels are high, persistent elevations of the stress hormones and altered levels of the brain chemicals produce an internal psychological state that disrupts the structure of the developing brain and can lead to difficulties in learning, memory and self-regulation. Moylan et al.,

(2010) are in support that frequent exposure to domestic abuse increases a child's risk of increased externalizing and internalizing behaviours. They added that as children progress through the challenging developmental stages of adolescence, exposure to different forms of abuse are more likely to experience increasing levels depression and other behavioural problems.

Academic Effect of Domestic Abuse in Relation to Younger and Older Children

The age and developmental stage at which maltreatment occurred: some evidence suggests that the younger the child was at the time of the onset of the maltreatment, the more likely they are to experience problems later in life (Hunter, 2014). Infants and small children who are exposed to domestic abuse in the home experience so much added emotional stress that it can harm the development of their brains and impair cognitive and sensory growth (Koenen et al. 2003). At an early age, a child's brain is becoming 'hard-wired' for later physical and emotional functioning. Exposure to domestic abuse threatens that development. As they grow, children who are exposed to abuse may continue to show signs of problems. Primary-school-age children may have more trouble with school work, and show poor concentration and focus. They tend not to do as well in school. In one study, forty per cent had lower reading abilities than children from non-violent homes (James 1994).

Mayer et al. cited in Child Welfare Information Gateway (2008) indicate that neglected children tend to be younger than other reported children, and have a greater frequency of prior referrals and a greater number of learning and development problems. Survey conducted by Fuhua and Shumba(cited in Moylan, 2010) found out that younger children (age groups

2-10years) were more likely to experience domestic abuse compared with older children (10-14 years). This finding is concordant with findings from other studies in developing countries (Bragg, 2003) and can be explained by a higher vulnerability and dependency of younger children. Sternberg, et al (2006) also conducted a survey in the USA using a population sample of 1,870. The researchers used respondents between the ages of 4 and 9 as younger children and 10 to 14 as older children. Their findings reveal that the younger children (4-9years) were at a higher risk of psychological behaviors than the older children (10-14).

There are other studies that also prove that older children are more likely to performance poorly at school than younger children (Humphrey, Houghton, & Ellis, 2008). Studies by Adejobi et al. (2013) in Nigeria with 540 adolescent students found a significant relationship between domestic abuse and academic effect as compared to younger children. This study is again in line with Kurtz et al. (1993) and Mill's(2004) research demonstrated that older abused children perform less on standardized tests and achieve poorer school marks and are more likely to drop out of school. Again, research by Alokun, Olatunji and Itunu (2014) in Nigeria, found a significant relationship between domestic abuse and academic performance. Slade and Wissow(2007) also found that older children have low academic performance than younger children.

In conclusion, domestic abuse is a serious impediment to the academic performance of children and adolescent school children. Therefore, for the academic work of children not to be affected by the abuse they are experincing in their homes, school counsellors are needed. School counsellors can help

such children rise above the situations in the home, learn some coping strategies and effectively focus on their academic work (Nkala, 2014).

Psychological Effect of Domestic Abuse in Relation to Younger and Older Children

A study by Palmer, Brown, Rae-Grant, & Loughin (2001) with 384 respondents of childhood abuse found that victims of child abuse tends to be depressed, have low-self-esteem, and have problems with family functioning. Kitzmann et al. (2003) conducted a survey using 113 younger children. Their result proved that younger children are at higher risk of psychological effect than older children. This finding is in consist with Zerk et al. (2009) who found out that younger children are more likely to experience psychological effect than older children.

Rosewater and Goodmark and Edleson as cited in Child Welfare Information Gateway, (2008) affirms that children who are exposed to domestic abuse are at higher risk for emotional and psychological effect. In support of this Sternberg et al. (2006) conducted an analysis on age in relation to behavioral problems from 15 studies. Their study revealed that children between the ages 4-9 years were at higher risk for psychological behaviors than children between the ages of 10-14 years.

Bossmann and Rosenberg (1997) observed that younger children appear to exhibit higher levels of emotional and psychological distress when exposed to domestic abuse than older children. They added that probably, age related differences might have resulted from older children developing fully on cognitive abilities to understand the abuse and selecting various coping strategies to alleviate upsetting emotions. Children of pre-school age tend to

be the age group who show most behavioral disturbance such as bed wetting, sleep disturbances and eating difficulties, and are particularly vulnerable to blaming themselves for the abuse (Humphreys et al., 2008) than older children. Furthermore study by Child Welfare Information Gateway (2008) shows that younger children appear to exhibit higher levels of psychological distress than older children. They are also in support of Bossman and Rosenberg. They added that the age- related difference might result from older children's more fully developed cognitive abilities to understand the abuse and select various coping strategies to alleviate upsetting symptoms.

However these findings seem to disagree with other researches such as Moylan et al. (2010). Moylan et al. (2010) survey result shows that older children are at higher risk of psychological abuse than younger children.

Again, a study by Rennison and Welchens (2001) reveals that children between the ages of 16-24 are at higher risk of experiencing psychological effect of domestic abuse than children from 4-9 years. Furthermore, in one long-term study, as many as 80% of older children who had been abused were found to be experiencing the following psychological effects; depression, anxiety, eating disorders, and suicide attempts than younger children (Silverman, Reinherz & Giaconia, 1999).

Managing and dealing with the psychological effects of living in abusive homes cannot be done alone. This is more particular for young people. As such, school counsellors can provide individual counselling sessions to help children from abusive homes deal with the psychological fallouts of experiencing abuse in the home.

Social Effect of Domestic Abuse in Relation to Younger and Older Children

Parents and caregivers play an important role in supporting children's healthy development. Research shows that family risk factors, particularly maternal risk factors such as substance use, mental health conditions and domestic abuse exposure, can impact parents' ability to support children's development, and may contribute to behavioural problems among young children as early as age 3 (Whitaker, Orzol & Kahn, 2006). Younger children with these family risks factors have been found to be two to three times more likely than older children to have problem with aggression (19% vs. 7%) anxiety and depression (27% vs. 9%) and hyperactivity (19% vs. 7%).

Again, Cooper, Masi and Vick (2009) reported that between 9.5 and 14.2 percent of children between birth and five years old experience social-emotional problems that negatively impact their functioning, development and school-readiness than older children in domestic abuse situations. These study findings however is in line with findings of Sternberg, Baradaran, Abbot, Lamb and Guterman (2010) whose results revealed that younger children are more likely to exhibit social problems such as depression than older children. Furthermore, Moylan et al., (2010) found that adolescent children are at higher risk of social effects than younger children. The findings of the previous studies imply that both younger and older children need assistance in coping with the effects of living in abusive homes. This calls for school counsellors to give some time to the course of assisting children from homes of abuse in their social lives. Such children can be taught by counsellors about ways of relating to people in a positive way and

not focusing much on the abuse they have observed or experienced in their homes.

How Guidance and Counselling can help Students who Experience Domestic Abuse.

Some students in junior high schools experience difficulties when they have to achieve academic excellence while living in abusive homes (Ndondo, cited in Nkala, 2014). Not only can academic work be affected negatively but such students might get involved in acts such as drug and alcohol abuse, irresponsible sexual behaviours and truancy (Nkala, 2014). This is because when the family environment, rather than being one of comfort and safety becomes a place of deprivation, pain and violence, the child is the one who will suffer the most from the effects of these disorders and conflicts (Balan, 2016). Also, victims of abuse experience trauma which affects their academic, social and emotional well being (McRae, 2016).

Nkala (2014) has therefore argued that because of these foreseeable problems, there is a need for effective implementation of Guidance and Counselling in schools to assist students. Failure to provide effective guidance and counselling might make the lives of children from abusive homes more difficult leading to several other antisocial problems (UNESCO, 2002). The implication of this is that guidance and counselling in schools can assist children from abusive homes. This view has been of interest to some researchers.

For instance, McRae (2016) examined the prevalence of abuse, signs and symptoms of abuse, and the school counsellor's role in providing direct and indirect services to students. McRae found that school counsellors have

the ethical responsibilities to respond to child abuse and to provide various direct and indirect services to meet the needs of all students.

School counsellors are on the front line when handling situations of domestic abuse and often function as experts or consultants within their schools to others who have questions about child abuse or children from abusive homes (Bryant, 2009). With such a high prevalence of domestic abuse in children and adolescents, schools must be prepared to deal with the effects of that abuse (McRae, 2016). School counsellors are recognised as a credible source with specialised skills to assist in these situations and help the victims who are in need (Otto & Brown, 1982). As such, school counsellors should demonstrate an understanding of child domestic abuse problems, recognize and detect indicators of abuse, and provide strategies for preventing and combating the cycle of domestic abuse (Brown, Brack, & Mullis, 2008). In confirmation, the American School Counsellor Association (ASCA) suggests that counsellors should demonstrate an understanding of child domestic abuse problems, recognise and detect indicators of domestic abuse, and provide strategies for preventing and combating the cycle of child domestic abuse (Brown, Brack, & Mullis, 2008).

When school counsellors fully play their roles, it is expected that children will be able to cope with the effects of living in abusive homes in such a way that, their academic, psychological and social lives will not be affected (Balan, 2016). Counsellors can therefore provide a safe haven outside of the home when children come to school.

Summary of Literature Review

Attempts made in the studies of domestic abuse among junior high school children are highly commendable. Literature showed that domestic abuse against children is an important issue. In addition, a reviewed of related literature showed that most children had knowledge on exposure to domestic abuse such as physical abuse, psychological abuse and neglect. With regard to this study domestic abuse referred to any form of physical, psychological, social, and emotional abuse of a child whereby the survival, safety, self-esteem, growth and development of the child are endangered.

Also, the study examined some theories explaining why children are exposed to domestic abuse. Notable among them is the social learning theory and the attachment theory. These theories simply states that domestic abuse is a learned behaviour. Thus people are involved in domestic abuse acts because they imitated what others do especially from parents during childhood. The various literatures reviewed identified types of domestic abuse to include: physical abuse, psychological abuse and neglect.

Information on leading perpetrators of domestic abuse revealed that male and female members in the family are potential perpetrators with fathers as the leading perpetrators. Literature revealed that alcohol and substance abuse, chronic sickness of children, stress, single parenting and poverty are some of the risk factors that influence domestic abuse of children. Literature revealed exposure to domestic abuse has some negative effects on children such as academic, psychological and social effects. Despite numerous arrest and education especially by the Domestic Violence and Victims Support Unit of Ghana more children are exposed to domestic abuse.

CHAPTER THREE

RESEARCH METHODS

Introduction

This chapter describes the methodology of the study. It presents the research design, population, sample and sampling procedure, instrument, the data collection procedure and techniques of analysis of data. Issues of validity and reliability of the instrument used are also discussed.

Research Design

The research design for the study was the descriptive survey. Gay (1992) sees descriptive survey as a process of collecting data in order to test hypotheses or to answer research questions concerning the current status of the objective of the study. Descriptive research design specifies the nature of a given phenomenon (Amedahe, 2002). It determines and reports the way things are.

According to Best and Khan (1998), descriptive research is concerned with the conditions or relationships that exist. A descriptive survey design has the advantage of providing a more accurate and meaningful picture of events and seeks to explain peoples' perception and behaviour on the basis of data gathered at a particular time. Secondly, descriptive survey design has the possibility to use the method of randomisation so that error may be estimated when the population characteristics are inferred from observations of samples (Fraenkel & Wallen, 2000). There is however, the challenge of ensuring that the questions answered using the descriptive survey design are clear and not

misleading. This has the tendency to produce unreliable results apart from the problem of poor response. The challenge was averted through the process of pilot testing the questionnaire which was designed following a thorough review of literature on the subject of domestic abuse on juveniles. The current study concerned itself with describing the domestic abuse: abuses meted out to the school pupils; antecedents to the abuse; and the social, psychological and academic effects of the abuse.

The Descriptive Survey Approach

Medical researchers usually employ surveys to study the spread, patterns and trend of diseases and observation of health systems over time. Opinion polls make use of survey methodology to produce objective results. Essentially such exercise mainly involve the admittance of a fair representation of the population into the sample, and subjects of investigation usually give an over view of the situation with a particular phenomenon, rather than an in-depth description of the situation. This study employs the survey method which is a cross-sectional study, because in order to find out about the prevalence of domestic abuse, the type of abuses, antecedents to the abuse and the effects of abuse, a cross – section of pupils, large enough, need to be involved.

In many studies involving domestic violence and abuse either on elders, women or children, researchers used survey methods. The National Violence Against Women (NVAW) Survey where the prevalence rates of male-to-female and female-to-male intimate partners' violence were measured a survey approach is used (Tjaden & Theonnes, 2000). These large scale studies, and more current ones such as studies by Kim, Oh and Nam

(2015) on the prevalence and trends in domestic violence in South Korea and Radford, Corral, Bradley and Fisher's (2013) study in the United Kingdom on prevalence and impact of child maltreatment and other types of victimisation used the survey approach basically because the studies involved large numbers. Nonetheless, in studies where the systematic inherent selection criteria does not easily allow the randomisation that comes with a survey; the selection process is more or less based on whether the person consented to participate or not, after the entire population of interest was considered. For example, in the more recent study of Shattuck, Finkelhor, Turner and Hamby (2016) in which they sought to provide clinicians, policymakers, and parents with estimates of children's exposure to abuse in youth-serving organization; they included all participants that qualified per their criteria. Their criteria included (1) youths aged 10 to 17 years and (2) caregivers of children aged 0 to 9 years. Rather than sampling immediately through a random process, ethical consideration of voluntary participation was applied to narrow the number down.

This study does not have many of restrictions. For example, while it may be difficult to determine which pupils go through domestic abuse, the prevalence of such abuse which will typically factor in the population of students as a denominator is considered and prioritised. This element is central to the study and other factors such as type of abuse and effects only limits the study to one that examine the nature of effects of the abuse, which is what provides depth to the study.

A survey produces quantitative data about an item or phenomena in a population. As hinted on from the beginning argument, it is characterised by a

probability sampling technique which produces an unbiased representation of the population of interest. Usually surveys gather information which is not available from other sources, and results can be used to complement existing data from secondary sources. There are essentially two variations in surveys: cross – sectional survey and longitudinal surveys. This study makes use of the former which involves collecting data at one point in time.

An advantage of survey is the flexibility of collecting a wide range of information. Surveys are standardised and usually are free from errors and they employ a large sample size which allows inferences to be made. Nonetheless, the survey method may have the disadvantage of low validity, especially with close-ended questions, issues of honesty and ability of the subject respondent to respond to certain questions because he/she might have forgotten the reasons for some actions. The overriding advantage of making inferences on the whole population motivates this research approach while efforts have been made to design instrumentation to reduce errors and avoid tasking the memory of respondents.

The current survey involves pupils of junior high schools covering both sexes.

Population

Fraenkel and Wallen (2000) define population as a group of interest to the researcher, “the group to whom the researcher would like to generalise the result of the study.” Researchers differentiate between target population and study population. According to Amedahe (2002), the target population in research is the aggregate of cases about which the researcher would like to make generalisation. For the purpose of this study, the target population was

all junior high school pupils in the Moree community. The accessible population was pupils between the ages of fourteen to eighteen in the three public junior high schools in the Moree community totalling 750 pupils.

Sample and Sampling Procedure

Given the size of the population of pupils a complete enumeration, as against a sample selection, was used. At the circuit level, there was no need to engage any form of random sampling since there were only three junior high schools in the Moree community. This meant the issue or challenge of fair representation of both male and female pupils was no more existent. All the schools were included in the study in order to establish full representation of the academic institutions. There was also no need for a sampling frame of the pupils. In each of the schools, the questionnaire was distributed to all pupils from Form One to Form Three. One hundred and seventy pupils from each school completed the questionnaire well enough to be used. Hence the total number of students involved in the study from the schools was 510. This represented a 68% of the entire Junior high School pupil population in the three schools.

Research Instrument

Relevant literature was reviewed to get relevant information to develop a questionnaire for this research. The questionnaire, a four- point Likert- type was used to gather data from respondents. There were 46 items on the questionnaire. Respondents were required to indicate the extent to which they agree or disagree to a statement on the questionnaire. The questionnaire was made up of four main sections. The first section focused on personal demographic information such as class, age, sex, kind of home and size of

family on the pupils. The second part dealt with the experience of domestic abuse by the pupils and at the same time determines the exposed and non-exposed group. The third section focused on the state of the abuser at the time of the abuse and the fourth section centered on the effects – social, psychological and academic – of domestic abuse. To improve face validity of the instrument, a pilot testing was conducted among 50 pupils where they were made to provide debriefings on the question items, specifically dealing with how they understand the questions. Their input helped developed pre-coded responses for the instrument. This was to ensure that there was no contamination during the administration of the instrument. By content validity, the draft items were made available to my supervisors and experts in the field of child abuse for critical scrutiny.

Validity and Reliability of Instrument

Validity refers to the appropriateness, meaningfulness, correctness and usefulness of the inferences a researcher makes based on the data they collect (Fraenkel & Wallen, 2000). In other words, validity is the degree to which results obtained from the analysis of the data actually represents the phenomena under the study. The study ensured content validity of the instrument by given the questionnaire to my supervisors for critiques and scrutiny. The suggestions made were used to effect the necessary changes to improve upon the final instrument.

Fraenkel and Wallen (2000, p.147) noted that, “reliability refers to the consistency of scores or answers from one administration of an instrument to another and from one set of items to another”. The researcher ensured the internal consistency of the instrument through Cronbach’s coefficient alpha

with the aid of SPSS. Reliability statistics of the instrument yielded a Cronbach coefficient alpha of 0.74. George and Mallery (2013) noted that a reliability coefficient of 0.7 or above is acceptable for research purpose.

Pilot - Testing of Instrument

The pilot- testing of the instrument was done by the researcher in order to ascertain the validity and reliability of the items in the questionnaire. The pilot-testing was conducted involving 50 students at the Moree Methodist Basic School. The school was used because the children had the same characteristics of the other schools – in terms of demography, economic status of parents, marriage status of parents, exposure to social life and education. The pilot- testing was expected to reveal problems with the items in the draft questionnaire.

After carefully examining the data obtained, some items in the questionnaire were reviewed and restructured to elicit the desired responses for the study. To be able to make appropriate decisions about the validity and reliability of the items in the instruments, data collected from the pilot- testing was analysed. The Cronbachs alpha reliability coefficient was found to be 0.74. Nuamanh (2007) noted that a reliability estimate of 0.70 indicates a strong internal consistency of the items.

Data Collection Procedure

An introductory letter was obtained from the Department of Educational Foundations of the University of Cape Coast to introduce the researcher to the selected schools. Each school was separately contacted and arrangement was made with the head teacher and the teachers on the appropriate time to administer the questionnaire. In each school the pupils in

Form Three were contacted first since they were about completing. The questionnaire was administered in person in all the schools. In each school and class the purpose of the study was explained to the respondents after their consent had been sought. Again, respondents were guided as to how to answer the questionnaire and it was collected the same day. It took about 30 minutes on the average for a student to complete a questionnaire. In order to avoid item non-response, students were urged to read the questionnaire first before completing them and were free to ask for clarifications from the researcher in order to complete the questionnaire. It took about two months to complete the data collection.

Data Analysis

Data were analysed quantitatively with the help of Statistical Product and Service Solutions (SPSS) version 16.0. The completed questionnaire was edited and entered. Employing a descriptive approach, the demographics was analysed with frequencies and percentages as well as pyramid graph for the analysis.

Data on research question 1 was analysed with frequencies and percentages as well as stacked bar graphs. Data on research question 2, 3 and 4 was analysed with frequencies and percentages. Hypothesis 1 which sought to find out “ increased frequency of domestic abuse will lead to an increase in the academic, psychological and social effects” was tested with the Pearson product moment correlation coefficient while Research Hypotheses 2, 3 and 4 were tested with independent sample t- test. Significance throughout was determined using $p < 0.05$. The next chapter presents the results and discussion of the study.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

The purpose of the study was to investigate the self – perceived academic and psychosocial effects of domestic abuse on the junior high school child in the Moree community. The design for the study was the descriptive survey. The study involved a sample size of 510 made up of 250 males and 260 Females. The data collected was analysed using descriptive statistics, specifically frequencies and percentages, for research questions one, two, three and four. Pearson product moment correlation was used to test hypothesis one. Independent samples t-test was used to test hypotheses two, three and four. Test was conducted at 0.05 level of significance. This chapter presents results obtained and concurrently discusses the findings of the study.

Demographic and Background Information of Respondent

This section presents the demographic information on sex, age and size of family. Other background information presented are class, kind of home and highest level of education of parents. The kind of home refers to whether the home is intact or the parents are divorced. The results are presented in Tables 1, 2, 3, 4 and 5.

Table 1 shows the distribution of respondents by gender.

Table 1 -*Distribution of Respondents by Gender*

Gender	Frequency	Percentage(%)
Male	250	49.0
Female	260	51.0
Total	510	100.0

Source: Field Work, Quansah (2015)

As shown in Table 1, out of 510 respondents, male students constituted 250(49%) while the female students constituted 260(51%). The distribution of the males and females show that there were slightly more female students than male students involved in the study. The difference in the proportions are very marginal and granted that it is representative of the population of the sexes in the indicated schools, the existing ratio of male to females is 1: 1.05. It could be concluded that more females were involved in the study than males. Table 2 shows the age distribution of respondents.

Table 2- *Distribution of Respondents by Age*

Age class (in years)	Frequency	Percentage(%)
10 – 14	101	19.8
15 – 19	383	75.1
20 – 24	26	5.1
Total	510	100.0

Source: Field Work, Quansah (2015)

As shown in Table 2, out of 510 respondents, 383 (75.1%) were within the age group of 15 to 19 years. Again, 101(19.8%) were within 10 to14 age group. Also, 26(5.1%) of the respondents were within 20 to 24 age group. The possible reason for the disparity in the age of the junior high school children

could be that most children in our basic schools enrol at specific period of time. In addition, this clearly shows that most of the respondents were teenagers at their prime age. Table 3 shows the distribution of respondents by size of family

Table 3- *Distribution of Respondents by Size of Family*

Size of family	Frequency	Percentage (%)
Less than 3	38	7.5
More than 3	472	92.5
Total	510	100.0

Source: Field Work, Quansah (2015)

As shown in Table 3, the size of the family has been differentiated into two groups: a family size of two and a size of more than three. Majority of the student 472 (92.5%) were in a family size of more than three while 38(7.5%) were in a family size of two. This meant that, for many students, there was one or more additional sibling. Figure 1 shows the distribution of level of education of parents of respondents.

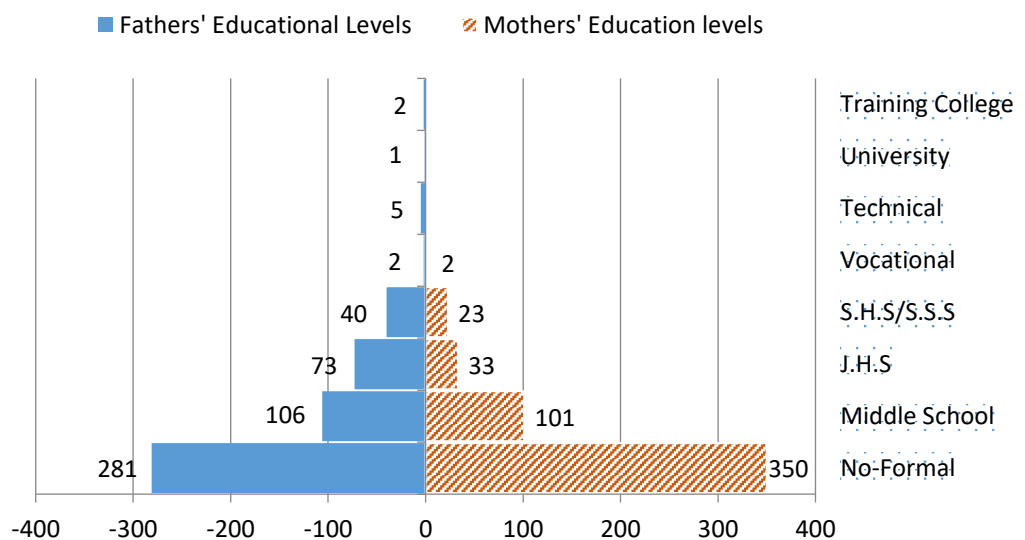


Figure 1- Pyramid structure of highest level of Education of parents

As shown in Figure 1, the proportion of uneducated fathers is 281(55.1%) compared to 350(68.8%) of mothers who are uneducated. Again, the proportion of fathers who could finish middle school is 106(20.7%) while that of mothers is 101(19.8%). This implies that the proportion of both parents who could only finish middle school was just about the same at about 20. The possible reason for the differences in the educational level of the fathers and mothers of the students involved in the study could be due to the fact that, generally, fathers have a higher level of education in comparison to that of mothers.

Table 4 shows the distribution of respondents by kind of home

Table 4- *Distribution of Respondents by Kind of Home*

Type of home	Frequency	Percentage(%)
Intact	202	39.6
Divorced	308	60.4
Total	510	100.0

Source: Field Work, Quansah (2015)

Intact is used in the sense that both parents are still recognisably together. On the other hand, divorced is used to represent homes where the father and mother are no longer with each other. As shown in Table 4, out of 510 respondents, 308(60.4%) were from divorced home while 202(39.6%) were from intact home. The results showed that approximately 60% of the students came from homes where the parents were no longer together. Table 5 shows distribution of respondents by class.

Table 5- *Distribution of Respondents by Class*

Class	Frequency	Percentage(%)
J. H. S. 1	227	44.5
J. H. S. 2	179	35.1
J. H. S. 3	104	20.4
Total	510	100.0

Source: Field Work, Quansah (2015)

As shown in Table 5, the students involved in the study were all in the various academic levels in the junior high school. Students in the Junior High Form 1 constituted 227(44.5%) followed by students in the JHS 2 179 (35.1%) and students from Form 3, the final year of junior high school were 104(20.4%). The possible reason for disparity of students in the various academic levels may be due to the fact that students enroll in schools at different levels.

Analysis of Data

This section presents the results for the analysis of the main data. The results were analysed based on each research questions and hypotheses as follows.

Research Question 1: What is the self- perceived academic, psychological and social effects of domestic abuse on the junior high school child in the Moree community?

Table 6- *Response of Students on Academic Effects of Domestic Abuse*

Items	F (affirmative response)	Percent
1. I am unable to make time to learn	181	35.5%
2. I don't mind if I don't do well	361	70.8%
3. I'm afraid one day I will have to stop school because of abuse	325	64.5%
4. I find it difficult to understand things more often these days	190	37.3%
5. I find myself thinking about how I will be maltreated at home when in class.	284	53.7%

Source: Field Work, Quansah (2015)

As shown in Table 6, responses on academic effect of domestic abuse show that many students (70.8%) do not mind if they did not do well in school. A lightly lower proportion (64.5%) feared that they may have to discontinue schooling in the future. Also more than half of the students indicated that they found themselves thinking about possible abuse in the home when they were even in class. Just about a third of the students also indicated that they found difficulty in understanding concepts in class and also unable to make time to learn. The study results showed that domestic abuse had an adverse influence on the academics of the junior high school students.

The academic effect of domestic abuse was explored in two ways in this study. First academic effect was looked at from the more apparent academic performance view point where examination scores showed that students generally had low marks. This confirms findings from Adjode et al. (2013) who listed poor academic performance as one of the debilitating effect of domestic abuse.

The second indicator of academic effect was measured by a series of questions bordering on the academic life of the student. These encompassed making time to learn; the level of apathy towards academic performance; fear of discontinuing school in the future and difficulty in understanding things taught in class. Students were also made to respond to a statement on whether they found themselves thinking about what would happen to them once they get home while lessons were ongoing. This was also to determine the attention span of students given the indicated incidences of domestic abuse.

The results showed that more than half of the students found themselves thinking about how they would be maltreated at home when in class. While this confirms reports from McGee (2000) it also shows that more than half of the students did not concentrate on what they are taught in class one time or the other because of domestic abuse. Center on Child Abuse and Neglect (2005) notes that diminished concentration is a symptom of post-traumatic stress disorder (PTSD), however, unless students are very intelligent and can recover, there is no telling the effect it can have on their performance. This situation also stifles the progress of the teacher. The teacher is not able to move at the scheduled pace and may not be able to cover the entire syllabus for the term before the weeks run out. Extending it further, the continual

impeding of learning because of this psychological trauma will ultimately affect the students' external examinations at the end of his/ her final year.

The results have also indicated that at least 6 out of 10 students are afraid that one day they may discontinue school. This may be explained by the fact that such students did not feel loved enough even to entertain the idea that their parents or benefactors would see them through to the end of their education. This fear may be a disincentive to their will to learn and chalk some academic laurels. On the other hand such fear may propel a student to brave all odds to make the most of him for he knows he may not have life on a silver platter. This scenario does not however seem to be the case but rather the former, as many of the students scored low marks in their examinations. Ultimately the domestic abuse has clearly become a disincentive and probably inhibited understanding, thus contributing to the low academic performance. This is given credence to by the fact that over a third of the students indicated clearly that they found it difficult to understand what is taught in class more often. Cole et al., (2005) makes similar connection in their study. Table 7 shows the response of students on psychological effects of domestic abuse.

Table 7- *Response of Students on Psychological Effects of Domestic Abuse*

Items	F(affirmative response)	Percent
1. I feel lonely	260	51.0%
2. I feel nobody cares about me	282	55.3%
3. I feel this (the abuse) will continue for a very long time	334	65.5%
4. I feel I'm timid at times	217	42.5%
5. I get angry most often and at times feel like getting violent	171	33.5%
6. I get night mares most often	295	57.8%

Table 7, continued

7. I wet my bed frequently	443	86.9%
8. I do not trust adults	289	56.7%
9. I feel I'm not good enough	299	58.6%
10. I feel there is nothing safe in this world for me	335	65.7%

Source: Field Work, Quansah (2015)

The most obvious and common psychological effect of domestic abuse among the school going children was wetting of bed. As shown in Table 7, approximately 443 (87%) admitted wetting their bed frequently at night. This is followed by a feeling of lack of safety in the world the student lived 335 (65.7%). A relative minority of the respondents indicated anger and the tendency to be violent (33.5%) and timidity (42.5%) as some of the psychological effect of the abuse they face. Test results showed that the psychological effect so indicated for domestic abuse is significant. Indeed, Hester et al. (2007) as well as Wisdom (2000) have indicated that low self-esteem and low level of social competence (which are all variants of timidity) are serious negative effects of domestic abuse on children.

While bed-wetting for example, is embarrassing, it is a more physical manifestation of the psychological effect of domestic abuse. It is quite abnormal for children of at least 10 to wet their beds, yet among the children who are aged 20 and above, some still wet their beds. It is thus not surprising that almost 60% of the students felt they were not good enough. Obviously the deflated ego of the children may be more difficult to salvage.

A final indicator of the psychological effect of domestic abuse is the rise in temper of the student. Third student submitted that they got angry most often and felt like getting violent. The findings of the study also affirm

psychological effects reported by Hughes et al., (2007) and Carlson (2000). They indicated that an expression of dislike for the abuse is exhibited through anger at people. The show of violence is probably a coping mechanism to resist or prove a sort of self-worth. Table 8 shows responses of students on the social effects of domestic abuse.

Table 8- *Response of Students on Social Effects of Domestic Abuse*

Items	F (affirmative response)	Percent
1. I have fewer friends now	209	41.1%
2. I feel less confident at school	205	40.2%
3. I don't like to join in groups	250	49.0%
4. I like to sit alone most often these days	228	44.7%
5. I like to lie to avoid any problem	205	40.4%
6. I want to join a group of boys/ girls that are rowdy	416	81.6%

Source: Field Work, Quansah (2015)

The social effect of domestic abuse encompasses how the expected social behaviour of the school child is interfered with because of the abuse he faced at home. As shown in Table 8, of the 510 respondents, 416(81.6%) of the respondents admitted wanting to join groups of boys or girls that were rowdy. On the average however, 4 out of 10 students would lie to avoid a problem or felt less confident at school. Some 228 (44.7%) respondents like to sit alone most often and almost half of the students 250(49.0%) indicated that they did not like to join in groups. The proportion that indicated that they had fewer friends now, although lower was not far from this number.

The relative frequencies of the indicators of social effect also showed that a great majority - slightly less than half of the students – indicated that they had fewer friends; did not like to join in groups, liked to sit alone most often and would lie to avoid problems. Holt et al. (2008) and Hildyard and Wolf (2002) noted some of these attitudes as social effects of domestic abuse. Newton (2001) indicated some reasons stating that these attitudes were due to social discomfort or confusion over what is acceptable. Clearly, these social behaviours were possibly strategies of coping mechanisms that the students have adopted to avoid further problems that may perhaps bring abuse. They have become more critical of their own actions and were extremely cautious not to offend even their colleagues for fear that their action may be known to their abuser. One can confidently make this deduction considering that children, who are allowed to make mistakes in order to learn from their actions and are not punished always for their wrong actions, would usually feel confident in them and mingle among colleagues to freely share their opinion.

In the case of the Moree J.H.S students, the results indicated that the tendency to join in a group was only to rebel. That is why 8 out of 10 students indicated that they wanted to join in a rowdy group of boys or girls. This results seemed to collaborate with Hildyard and Wolf's (2002) finding and lend much credence to suggestions made by Brown and Bzostek (2007) that children who grow up in families where they experienced domestic abuse either by witnessing the abuse between their caretakers or by being the victim of the abuse acts are more likely to incorporate the abusive behaviour as a coping mechanism. The notion to join a rowdy group is to act boisterously or unruly to others which exemplify an assimilation of the abusive behaviour.

The results also indicated that the confidence level of the students have suffered as many students in the survey felt less confident at school. These were the repercussion of abuse from home.

Research Question 2: What are the types of domestic abuse that the junior high school child in the Moree community experienced?

The focus of abuses in this study covers physical abuse, emotional abuses and abuses that border strongly on academic progress. There are fourteen indicators of the physical abuse that students were made to respond to. On the subject of emotional abuse, there are nine items and two items for academic abuse. Respondents were asked to indicate the degree of frequency to which they had experienced any of the abuses in their home.

Answer to research question two is presented in tables and figures

Table 9- *Frequency of Physical Abuse*

Item	Frequency	Percentage(%)
1. Students never abused physically before	3	0.6
2. Students metted with some physicals abuse only once	359	70.4
3. Students abused few times	144	28.2
4. Students abused frequently	4	0.7
Total	510	100.0

Source Field Work, Quansah (2015)

As shown in Table 9, out of 510 respondents, 359(70.4%) indicated that they have been metted with some physical abuse only once. Again, 144(28.2%) of the respondents indicated they have been abused few times. The least 4(0.7%) indicated that they have been abused frequently. It can be

inferred from the results that almost all the school children have gone through some physical abuse.

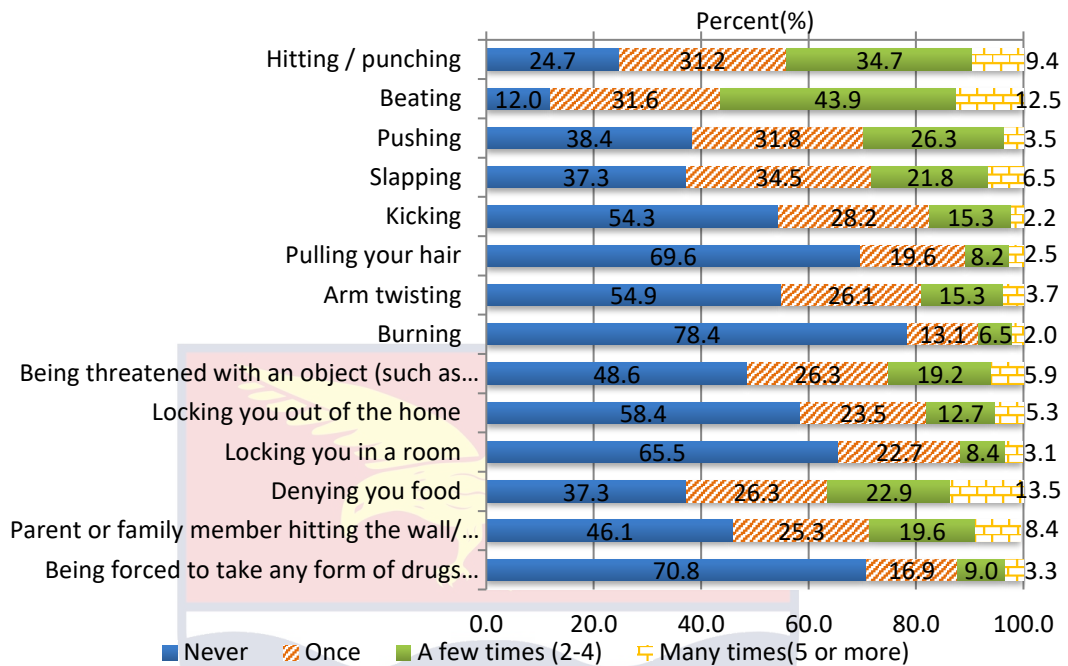


Figure 2- Distribution of Responses on Physical Abuse

As shown in figure 2, a high proportion of students (34.7%) have been hit a few times and just fewer than 10% are abused more frequently with punches or being hit. The results also show that only 12% have escaped beating and close to half of the students (43.9%) have been beaten a few times with 12.5% beaten more frequently. It suffices that at least 1 out of every 10 J.H.S children usually goes through frequent beating.

Other acts of physical abuse which are not predominantly metted out to the students, in order of reverse preponderance are burning; being forced to take any form of drugs; pulling of hair; being locked in a room and being locked out of the home. It is also noteworthy that more than half of the students have been threatened with a knife at least once with approximately 6% receiving such threats on frequent basis. Also, 13.5% of the students were

frequently denied food. This is the highest incidence of frequent acts of the various forms of physical abuse. It can be inferred from the study that denying food is the most frequent form of physical abuse while beating is the second highest form with burning as the least form of physical abuse that children in the Moree community experience.

The description of abuse in this study well corroborates other studies. For example, the type of acts that constitute abuse mirrored the findings of Khan (2000) that physical abuse includes slapping, beating, arm twisting, stabbing, burning, choking, kicking and threats with an object. Again, it confirms the findings of Lansford et al., (2007) that children in domestic abuse homes go through a lot of physical abuse which may include slaps, hitting kicking and punching. Burman and Cartmels (2005) in Scotland showed similar results; that many girls and boys reports that they have been slapped or pushed. Again, in an educational setting in Ecuador, 22 percent of adolescents reported being victims of physical abuse (World Bank, 2000). The possible reason could be that one can easily identify the indicators such as unexplained bruise marks and discoloration of skin.

Again, the possible reason could be that most acts of physical abuse against children are undertaken with the intention to punish.

Table 10- *Frequency of Psychological Abuse*

Item	Frequency	Percentage (%)
1. Students never abused emotionally before	26	5.1
2. Students meted with some emotional abuse only once	109	21.4
3. Students abused few times	280	54.9
4. Students abused frequently	95	18.6
Total	510	100.0

Source: Field Work, Quansah (2015)

As shown in Table 10, more than half of the respondents 280(54.9%) have been psychologically abused few times. Again, 109(21.4%) of the respondents have been emotionally abused once. It was also revealed that 95(18.6%) of the respondents have been abused frequently. The possible reason for the number high for those who are abuse few times could be that the other forms of domestic abuse such as physical abuse is the commonest type of abuse that students experience in their home. Figure 3 depicts a stacked bar graph (distribution) depicting psychological abuse.

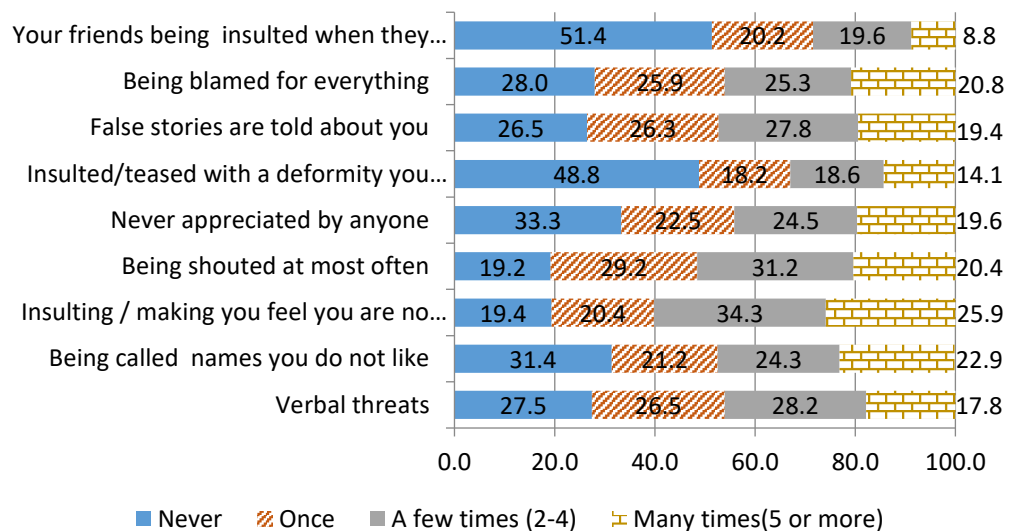


Figure 3- Distribution of Responses on Psychological Abuse

The psychological abuse constitute verbal threats, being called names, insults, being shouted at and a feeling of never been appreciated. Teasing, calumny (false stories told of you) and being blamed for everything. As shown in figure 3, only about 1 out of 5 J.H.S respondents is not abused through insults that ‘make him feel he is nobody’. Twenty percent have been insulted as such once, and even more 34.3% have received such insults a few times. Approximately 22.9% students are frequently called names which they are not happy about. In the least, more than half of the students have never

been insulted by friends whom they have visited their homes. It was found that 8.8% have been insulted upon visiting their friends' home.

The result from this current study revealed that children in the Moree community experience psychological abuse – predominantly insults - insults that made the student feel he/ she is not worthwhile.

The above findings however, is at variance with the findings of researches by Catani, Schauer and Neuner (2008) and Leung, Wong, Chen and Tang (2008) on Afghanistan and Southern China children of school going age respectively. These studies involved high school students and the study results showed that physical abuse was the highest form of domestic abuse that their respondents experienced followed by emotional abuse. The difference in results may have occurred due to differences in the cultural orientation of the study area but also of differences in peer experience. High school children having spent a lot more time in school and developed coping mechanisms with the help of friends may have become less sensitive to psychological abuse and in practicality discounted some acts as abuse. However, they are unable to treat same physical abuse, especially because physical abuse may immediately leave bruise marks.

Table 11 shows the frequency of abuse related to academics.

Table 11- *Frequency of Abuse Related to Academics*

Item	Frequency	Percentage(%)
1. Students never abused in relation to academics	164	32.2
2. Students metted with some abuse only once	141	27.6
3. Students abused few times	123	24.1
4. Students abused frequently	42	8.2
Total	510	100.0

Source Field Work, Quansah (2015)

As shown in Table 11, of the 510 respondents, 164(32.2%) had never been abused in relation to academics. 141(27.6%) had been metted with some abuse only once. Students abused few times 123(24.1%) while 42(8.2%) were abused frequently. It can be inferred from the table that domestic abuse did have a direct effects on the academic work of the school children when they were not given money to school intentionally.

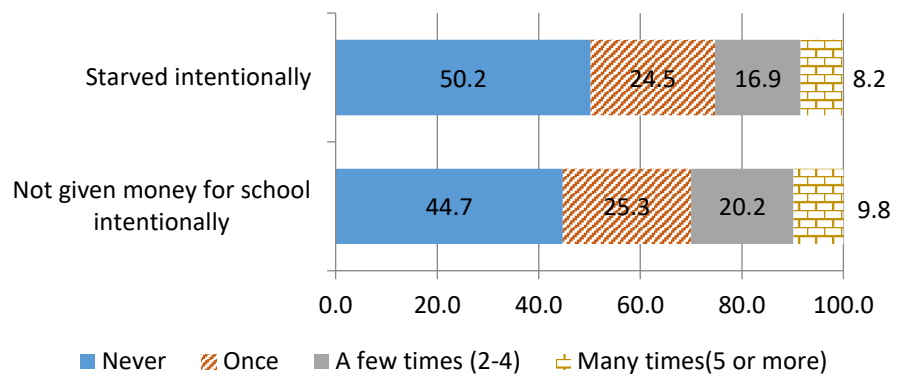


Figure 4- Incidence of abuse related to academic life of students

As shown in Figure 4, there were only two abuses that were related to the academic life of the students. They were that the child is starved intentionally for school, and secondly no money is given to the children for school intentionally. More than half of the students (50.2%) have indicated that they are never starved and a marginally lower proportion (44.7%) indicated they are intentionally not given money to school at times (Figure 4). Fewer than 10% of students have either been starved or denied money for school on a frequent basis while just about a quarter of students have experienced such incidence once. It could be inferred from the study findings on academic effect that when children in the Moree community are starved and not given money to school it has an effect on their academics. The

possible reason might be that they turn to show poor concentration and focus in class.

Cole et al., (2005) makes a conclusion that the internalised and externalised behaviours that children suffer from experiencing domestic abuse are more likely to influence their rate of concentration in school and involvement in school practices. A more recent study by Mille (2010) which concluded that the cognitive effects of domestic abuse exposure may disrupt children's successful functioning in the school environment in addition to hindering academic competence leads one to conclude how globally, children of diverse characteristics perhaps, are vulnerable and susceptible to the effects of abuse.

The slight peculiarity of the results of this study in this regard nonetheless, is that parents intentionally deny their children certain things such as food or money to their children in school just to punish them. As such the children are unable to purchase what they need for school. It is possible that this type of abuse may be classified differently in other studies.

Research Question 3: Who are the leading perpetrators of domestic abuse on the junior high school child in the Moree community? The results from the respondents are presented in a Table 12.

Table 12 -*Distribution of Responses on Perpetrators of Domestic Abuse*

Relative	Number	Percentage (%)
Mother	138	27.1
Father	182	35.7
Brother	118	23.1
Sister	57	11.2
Uncle	161	31.6
Aunt	97	19.0
Cousin	50	9.8
Tenant	93	18.2
Other	148	29.0

Source: Field Work, Quansah (2015)

As shown in Table 12, out of 510 respondent, 182 (35.7%) indicated that the abuse are most often metted out by fathers followed by uncles 161 (31.6%), other (not indicated) 148 (29.0%) and mothers 138(27.1%). More than twice the proportions of sisters 57 (11.2%) abusing are indicated for brothers 118(23%). However, close to 97(19.0%) of the students indicated that their aunt abuses them.

It suffices to reason that males were prone to perpetrating abuse and the common perpetrators of all forms of abuse were the father and uncle. Mothers were also noted to perpetrate abuse more than the siblings of the respondents or other relations with the least perpetrators being sisters. This finding is in line with Bragg (2003) who makes an input that poor impulse control or anger mangement problems stems up domestic abuse.

However, the findings of the current study contradict the findings of Arriaga and Foshee (as cited in Williams, 2008) that females are the most perpetrators of domestic abuse. The disagreement might be due to the primary role of mothers in rising up kids especially in single parenting.

Research Question 4: What is the Condition of those who domestically abuse the junior high school child in the Moree community at the time of the abuse?

The condition of the abuser in domestic abuse is explored here to demystify the antecedents immediate and remote to domestic abuse. This encompasses the state of the abuser as at the time of abuse, and the personal experience of the parents respectively. The state of the abuser at the time of abuse described exactly his mood. Respondents were asked to indicate the state of their abusing by ticking (✓). The results are presented in Table 13.

Table 13- *Distribution of Responses on Mode/ Character of Abuser*

Mode/ Character	Frequency	Percentage(%)
1. The abuser controls everybody at home	148	29.0
2. The abuser insults or beats other people often	116	22.7
3. Angry	404	79.2
4. Taken drugs	27	5.3
5. Taken alcohol	118	23.1

Source: Field Work, Quansah (2015)

As shown in Table 13, majority of the respondents indicated that their abusers were angry 404 (79.2%). Some respondents 148 (29%) also noted that their abuser was a ‘dictator’ at home and expected to control everyone. It was shown that 118(23.1%) indicated that their abuser may have taken in alcohol. Only 116(22.7%) revealed that their abuser abused other people. Very few students 27(5.3%) indicated that the abuser may have taken drugs.

Deducing from the findings, anger made most abusers to abuse their victims followed by the use of power and control and the use of drugs. The propensity of the indicated perpetrators to abuse is influenced by their temper and also less noticeably in their own childhood experiences which confirms the proposition of the social learning theory. Abusive parents or guardians were mostly angry when perpetrating the acts.

The findings of this study contradicts the findings of Sidebotham and Heron (2006) who conducted a study on domestic abuse. They noted that family structures such as large family size and single parenthood may account for domestic abuse. This is probably because having a large family size or being a single parent may stain family financial resources and limit the time a parent can devote to a child care, thereby increasing the risk of abuse.

Again, the findings of the current study contradict with findings of (Shannan, 2007). To Shannan alcohol and substance abuse account for the perpetration of domestic abuse. The disagreement might be due to differences in the study population.

Table 14 shows the Parents' personal experience of domestic abuse as a child.

Table 14- *Distribution of Responses on Parents Who Have Undergone Abuse*

Response	Frequency	Percentage(%)
1. No experience of abuse	190	37.3
2. Parent has experienced abuse before	320	62.7
Total	510	100.0

Source: Field Work, Quansah (2015)

As shown in Table 14 , results on parents personal experience indicate that as much as 320(62.7%) have undergone some abuse themselves when

they were young while 190(37.3%) indicated they have not experience domestic abuse.

Deducing from the findings, abusive parents or guardians were mostly angry when perpetrating the acts while the person controls everybody at home was the second most common state of the abuser. The least common state of the abuser was the intake of drugs.

This finding is in line with the social learning theory perspective Bandura (1986) which is based on the principle that behaviours observed as a young person will become learned and modeled as if the behaviour they have observed is the norm. This therefore, suggests that children who grow up in abusive families may learn abusive behaviour and repeat them in future.

Research Hypothesis 1:

Increased frequency of domestic abuse will lead to an increase in academic, psychological and social effects.

The Pearson product moment correlation coefficient test was conducted to find out if increased frequency of domestic abuse will lead to an increased academic and psychosocial affects. The results are presented in Table 15.

Table 15- *Correlations between Type of Abuse Frequency and Its Academic Psychological and Social Effects*

Types of domestic abuse	Social Effect	Psychological Effect	Academ ic Effect	Academic record
Physical abuse	.265*	.392*	.331*	.088
Abuse related to academic	.284*	.300*	.307*	.087
Emotional abuse	.356*	.395*	.374*	.093
Frequency to abuse	.343*	.432**	.392*	.106

*Significant, p< .05

As shown in Table 15, the correlation test which measures association between the factors clearly indicate that statistically, increased incidence of domestic abuses will lead to a less than proportional increase in academic and psychosocial effects but not entirely on the academic record of students. The highest influence is seen in the relation between emotional abuse and psychological effect ($r=.395$) and 'frequency of all abuse' and 'psychological effect' ($r=.432$). However, abuse directly related to academic life of the child does not influence his academic record ($r=.087, p>.05$). Indeed, the relation between domestic abuse and the academic record of the students is extremely weak. Hence, the researcher fails to reject the hypothesis. It can be concluded that there are significant relationships between increased frequency of domestic abuse and academic, psychological and social effect

The findings collaborate with the findings of Hunter (2014) who found out that increased frequency of domestic abuse will lead to an increase in the academic, psychological social effect of children. The finding from this study is again in agreement with findings of Susanne (2011) who conducted a study on the relationship between academic, psychological and social effects of child. She found that increased frequency of domestic abuse led to an increase in academic, psychological and social effects of the child.

Research Hypothesis 2:

Younger children are likely to exhibit higher levels of academic effect of domestic abuse than older children.

An independent samples t- test was conducted to find out whether younger children are more likely to exhibit higher levels of domestic abuse –

academic, psychological and social effects than older children. The results are presented in Tables 16, 17 and 18.

Table 16- *Independent Samples t-Test of Older and Younger Children on Academic Effect of Domestic Abuse*

Age	M	SD	Mean dif.	t	df	Sig. (2-tailed)
Older children	12.38	.16				
			1.120	3.058*	502	.002
Younger children	11.25	.16				

*Significant, $p < .05$.

As shown in Table 16, the tests of comparison uses students up to age 15 as the younger children and 15 and above as older children. There is indication that there is statistical difference between the age groups in relation to Academic effect ($t=3.058$, $p<.002$), since students of lower ages scored lower scores for academic effect than older children. The test rejects the hypothesis. It can therefore be concluded that younger children exhibit lower levels of academic effect of domestic abuse than older children.

The results of the finding of the current study collaborate with the study result of Humphrey et al., (2008). The result of their findings shows that older children are at greater risk of academic effect of domestic abuse than younger children. The possible reason in agreement could be both studies used adolescent children.

Again the finding of the current study contradicts the finding of Sternberg et al., (2006) in the USA on children's direct exposure to types of domestic abuse. They found out that younger children were at greater risk of academic effects of domestic abuse than older children. The possible reason

could be differences in the study area. Again, the possible reason could be younger children reported cases of domestic abuse than older children.

Research Hypothesis 3:

Younger children are likely to exhibit higher levels of psychological effect of domestic abuse than older children.

Table 17- *Independent Samples t-Test of Older and Younger Children on*

Psychological Effect of Domestic Abuse

Age	M	SD	Mean dif.	t	df	Sig. (2-tailed)
Older children	23.67	5.41	1.831	2.990*	508	.003
Younger children	21.84	5.91				

*Significant, $p < .05$.

As shown in Table 17, the tests of comparison uses students below age 15 as the younger children and 15 and above as older children. There is indication that there is statistical difference between the age groups in relation to Psychological Effect ($t = -2.99, p = .003 < .05$). Since students of lower ages scored lower scores for the psychological effect, it indicates that younger children exhibit lower levels of psychological effect of domestic abuse than older children. The test rejects the hypothesis. It can therefore be concluded that younger children exhibit lower levels of psychological effect of domestic abuse than older children.

The result from this finding contradicts the result of Rossman and Rosenberg (1997) who worked on the psychological outcomes of children exposed to domestic abuse in the USA. They found a significant association between greater risk of exposure and its psychological effect for younger children and a slight evidence for greater risk among older children. The

possible reason could be that more younger children were included in their study as compared to current study

However, the finding in this study is in agreement with that of Moylan et al., (2010). They found out that older children were more prone to the psychological effects of domestic abuse than younger children. The possible reason could be same-age range students were used in the study areas.

Research Hypothesis 4

Younger children are likely to exhibit higher levels of social effect of domestic abuse than older children.

Table 18- *Independent Samples t-Test of Older and Younger Children on Social Effect of Domestic Abuse*

Age	M	SD	Mean dif.	t	df	Sig. (2-tailed)
Older children	15.22	3.44	.786	2.040*	505	.042
Younger children	14.44	3.57				

*Significant, $p < .05$.

As shown in Table 18, the tests of comparison uses students below 15 as the younger children and 15 and above as older children. There is indication that there is statistical difference between the age groups in relation to Social effect ($t=2.040$, $p=.042 < .05$). Since students of lower ages scored lower scores for social effects, it indicates that younger children exhibit lower levels of social effect of domestic abuse. The null hypothesis was rejected. It can therefore be concluded from Table 18 that younger children exhibit lower levels of social effect of domestic abuse than older children.

The findings of this study collaborates with the finding of Cooper, Masi and Vick (2009) on the prevalence and effects of child exposure to

domestic abuse in the USA. Their study which involved school children showed that younger children exhibit lower levels of social effect of domestic abuse than older children. The agreement could be possible because of the study sample.

The results from this finding contradict with the study result of Moylan et al., (2010) in the USA that younger children exhibit higher levels of domestic abuse than older children. The disagreement might be due to differences in study population.



CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter deals with the summary of the study, conclusion, recommendations and suggestions for further study.

Summary

Overview of the Study

The study sought to investigate the self-perceived academic, psychological and social effects of domestic abuse on the junior high school child in the Moree community. Specifically, the study sought to answer the following research questions:

1. What is the self-perceived academic, psychological and social effects of domestic abuse on the junior high school child in the Moree community?
2. What are the types of domestic abuse that the junior high school child in the Moree community experience?
3. Who are the leading perpetrators of domestic abuse on the junior high school child in the Moree community?
4. What is the condition of those who domestically abuse the junior high school child in the Moree community at the time of the abuse?

In addition, four alternative hypotheses were tested at 0.05 level of significance. These included:

1. Increased frequency of domestic abuse will lead to an increased academic, psychological and social effect.
2. Younger children are more likely to exhibit higher levels of academic effects of domestic abuse than older children.
3. Younger children are likely to exhibit higher levels of psychological effect of domestic abuse than older children.
4. Younger children are likely to exhibit higher levels of social effect of domestic abuse than older children.

The study adopted the quantitative research paradigm employing the descriptive survey design. The study involved 510 respondents selected using a complete enumeration procedure. The data was collected using structured questionnaire. The researcher administered the questionnaire in three public junior high schools in the Moree community. The data collected were analysed using descriptive statistics specifically frequencies and percentages. The Pearson product moment correlation and an independent samples t-test were used for the hypotheses.

Key Findings

The findings of the study are:

1. The self-perceived academic, psychological and social effects of domestic abuse on the junior high school in the Moree community included wetting of bed, feeling of insecurity and wanting to join a group of boys/ girls that are rowdy.
2. Most of the respondents have experienced domestic abuse. It was revealed that psychological, physical abuse and neglect were the

common form of domestic abuse that junior high school children experienced.

3. The most leading perpetrators of domestic abuse were fathers (35.1%), uncles (31.6%), others (29%) and mothers (27.1%). The least perpetrators were sisters (11.2%).
4. The common condition of abusers included; anger (79.2%), power and control (29.0%) and alcohol intake (23.1%). The least condition of abusers was drugs intake (5.3%).
5. There was a statistical relationship between increased frequency of domestic abuse and its increased academic ($r=.392$), psychological ($r=.432$) and social ($r=.343$) effects ($p < 0.05$). Hence, the researcher failed to reject the hypothesis.
6. There was a statistical difference between younger children and older children in relation to academic effect ($p < 0.05$). However it was found out that older children are more likely to experience academic effect than younger children. Therefore the hypothesis that younger children are more likely to experience academic effect than older children does not hold in this study. Hence, the researcher rejects the hypothesis.
7. There was a statistical difference between younger children and older children in relation to psychological effect ($p < 0.05$). However it was found out that older children are more likely to experience psychological effect than younger children. Therefore the hypothesis that younger children are more likely to experience psychological effect

than older children does not hold in this study. Hence, the researcher rejects the hypothesis.

8. Finally, there was a statistical difference between younger children and older children in relation to social effect ($p < 0.05$). However, it was found out that older children are more likely to experience social effect than younger children. Therefore, the hypothesis that younger children are more likely to experience social effect does not hold in this study.

Hence, the researcher rejects the hypothesis.

Conclusions

Domestic abuse is a serious social problem because it is a human rights violation and it affects a child negatively. Undertaking a study of this nature is not for the sake of research or for the sake of knowledge but for the benefits of everyone who is involved in the affairs of children to help end domestic abuse of children. The ensuing presents some conclusions drawn from the findings of the study.

The result from the hypotheses found significance difference between younger and older children exhibiting higher levels of domestic abuse- academic, psychological and social effects ($p < 0.05$). These findings do not support the hypotheses that younger children are likely to exhibit higher levels of academic, psychological and social effects of domestic abuse than older children but rather it supports the hypothesis that older children are likely to exhibit higher levels of domestic abuse- academic, psychological and social effects than younger children.

A plausible explanation is that older children may have been suppressed longer by the abuse they have experienced over the years, all things

being equal. While a contending argument is that older children have greater ability to process information and take definite stands and so may deal with the domestic abuse effects better, the results point to the fact that this ability may have been submerged by the apparent effect of continued and prolonged experience of domestic abuse.

The current study revealed that insult was the common form of psychological abuse and its effect on a child was wetting of bed. Generally it is quiet abnormal for children of at least ten years to wet their beds, yet among the children who are aged fifteen and above, some still wet their beds. This is probably the more reason why most of the students feel they are not good enough.

It was found that perpetrators were often in a state of anger at the time of the abuse. There are argument that, the domineering attitudes, alcohol intake and substance abuse are considered as the common risk factors that stem up domestic abuse of a child but the current study revealed anger seemed to be the major cause of the abuse, probably stemming from the family size, divorce, unemployment and poor parenting style.

Finally, it holds that there is still high rate of domestic abuse among school children and its adverse effect has become evident from the study. This study has provided useful information on the effects of domestic abuse for designing future research directions and policies and considering other actions directed towards tackling this important problem.

Recommendations

1. The study revealed that junior high school children experienced different types of domestic abuse. The researcher therefore recommend that students

would need extra motivation from teachers and professional guidance and counselling coordinators to do well through organising talk shows for the students

2. The study revealed that most perpetrators were fathers and uncles. There is the need for the chiefs in our local communities and the government to establish sterner policies that will seek to protect the child at all ages of his or her life as a dependent until he/she reaches maturity. These policies should be backed by all institutional provisions as well as penalty or punishment for offenders, whether administered in a traditionally agreed manner or by formal courts in the country.
3. Again, the study revealed that perpetrators were in the state of anger when abusing a child. Our social institutions such as the church, mosque and local clubs could educate parents on the negative effects of domestic abuse on children and also the need to seek professional help when they realise they have behavioural problem. Again they can educate parents on adverse attitudes that are inimical to the society.
4. The study revealed that increased frequency of domestic abuse will lead to an increased effect- academic, psychological and social effect. Teachers could be trained on how to cater for abused children and how to adapt their teaching effectively to yield the expected results.
5. The study revealed that older children are more likely to experience academic, psychological and social effects of domestic abuse than younger children. During P.T.A meetings guidance and counselling coordinators in our schools can educate parents and guardians on the effects of domestic abuse and the need to address issues well with their older children so that

their actions do not harm the academic, psychological and social development of a child.

Suggestion for Further Research

Further studies should explore the relationship between family size and domestic abuse and as well as its impact of academic and psycho-social life of the student by employing a sampling methodology that will allow a good representation of both small and large families.



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APPENDICES

APPENDIX A

UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES

DEPARTMENT OF EDUCATION AND PSYCHOLOGY

QUESTIONNAIRE FOR BASIC SCHOOL CHILDREN

This study is on the topic “self- perceived academic and psychosocial effects of domestic abuse on the junior high school child” and constitute part of the requirement for an academic degree. The study will help provide counselling opportunities for respondents. This information is for academic purposes and will be treated with the maximum confidentiality. Your cooperation will thus be invaluable. Thank you.

Please tick (✓) where appropriate and provide details when required.

SECTION A: PERSONAL DATA OF RESPONDENTS

1. Class:
2. Age: (in years) 10 - 14 [] 15 -19 [] 20 – 24 []
3. Sex: Male [] Female []
4. Kind of home: Intact [] Divorced []
5. Size of family: Less than 3 [] More than 3 []
6. Highest level of education of parents:
7. Father: No – Formal [] 1st Cycle [] 2nd Cycle []
Middle School [] S.H.S/S.S.S []
J.H.S [] Vocational []
Technical []
Tertiary [] Polytechnic []
University []
Training College []

8. Mother: No – Formal [] 1st Cycle [] 2nd Cycle []
Middle School [] S.H.S/S.S.S []
J.H.S [] Vocational []
Technical []
Tertiary [] Polytechnic []
University []
Training College []
9. Which type of house: Only with family (self- contained) []
Compound (rented with people) []



SECTION B: TYPES OF ABUSE EXPERIENCED

Please indicate in one of the boxes a tick () to show whether you have never, once, a few times or may times experienced any of the abuse listed below

Type of abuse	Never	once	A few time (2 - 4)	Many times (5 -10)
Hitting / punching				
Beating				
Pushing				
Slapping				
Kicking				
Pulling your hair				
Arm twisting				
Burning				
Being threatened with an object (such as knife, hammer, etc) that could hurt				
Locking you out of the home				
Locking you in a room				
Denying you food				
Parent hitting the wall/ doors when angry at you.				
Forced to take any form of drugs (including alcohol).				
Verbal threats				
Calling you names you do not like				
Insulting / making you feel you are no body				
Being shouted at most often				
You feel you are never appreciated				
Insults/teased with a deformity you have				
False stories are told about you				
Your true story is always denied by somebody				
You are blamed for everything				
Your friends are insulted when they visit you				
Not given money to school intentionally				
Starved intentionally				

SECTION C: STATE OF THE ABUSER AT THE TIME OF ABUSE

2. In most of the abuse you experienced, what was the state of the person who did it or indicate his/her character?
- a. Taken alcohol
 - b. taken drugs
 - c. Angry
 - d. the person also insults or beats other people most often
 - e. The person controls everybody in the house
 - f. Have your parent(s) told you as a child that they had it very tough and with quite abusive parent? Yes No
3. Which of the following people living in your house do you feel afraid of most of the time? [tick all that apply]
- Mother father brother sister uncle
]Aunt cousin a tenant/neighbour Any other

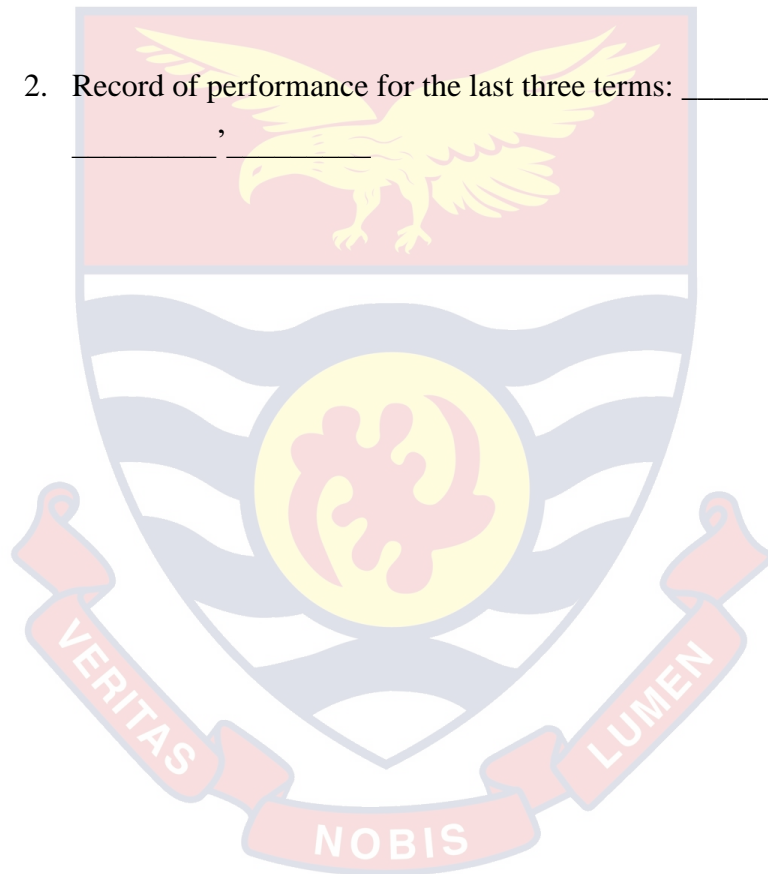
SECTION D: SOCIAL, PSYCHOLOGICAL AND ACADEMIC EFFECTS

Please indicate in one of the boxes a tick () to show how very true, true , not true and not at all true the item applies to you.

	Very true	True	Not true	Not at all true
I have fewer friends now				
I feel less confident at school				
I don't like to join in groups				
I like to sit alone most often these days				
I like to lie to avoid any problem				
I want to join a group of boys/ girls that are rowdy				
I feel lonely				
I feel nobody cares				
I feel this (the abuse) will continue for a very long time				
I feel I'm timid at times				
I get angry most often and at times feel like getting violent				
I get night mares most often				
I wet my bed usually				
I do not trust adults				

I feel I'm not good enough				
I feel there is nothing safe in this world				
I am unable to make time to learn				
I think I don't mind if I don't do well				
I'm afraid one day I will have to stop school because of abuse				
I find it difficult to understand things more often these days				
I find myself thinking about home and things that will happen to me when teacher is teaching				

2. Record of performance for the last three terms: _____;



APPENDIX B

INTRODUCROY LETTER

UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES

FACULTY OF EDUCATIONAL FOUNDATIONS

DEPARTMENT OF EDUCATION AND PSYCHOLOGY

Telephone: 32440/4 & 32480/3 Direct: 042-360-7111
Telex: 2552, Ucc, GH
Telegrams & Cables: University, Cape Coast



University Post Office
Cape Coast, Ghana

15th January, 2015

Our Ref.: Def/26/Vol. 2

TO WHOM IT MAY CONCERN

Dear Sir/ Madam,

LETTER OF INTRODUCTION: MS. JUDITH QUANSAH

We introduce to you the above mentioned name an M.Phil Guidance and Counselling Student at the Department of Education and Psychology, UCC.

As part of their programme requirements, she is at the theses writing stage writing on the topic "Self- Perceived academic and Psycho-Social effects of domestic abuse on the Junior High School Child in the Moree Community".

Kindly accord him with the necessary assistance.

All information retrieved would be treated confidentially.

Thank you for your support.

A handwritten signature in blue ink, appearing to read 'G. Nyantakyiwaa'.

(Georgina Nyantakyiwaa Thompson).
Principal Administrative Assistant

For: Head