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Trauma and Secondary Victimization of Children Exposed to Domestic Violence, Residing in Shelters in Gauteng, South Africa

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Abstract

POWA was established 24 years ago and currently manages two shelters that can accommodate 20 women and their children at any given time. This study involved a record review of all children's files that resided at the POWA shelters during 2002. Files were content analysed to determine relevant themes with regard to externalized and internalized symptoms that manifest in these children who were exposed to domestic violence. In total 42 women and 55 children (27 boys and 28 girls) were sheltered, of which 29 children were included in the study. The results obtained indicated that these children displayed symptoms of secondary victimization.

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> ***"…If tension, anger, and violence are present in the home, a child will know about it- whether or not he or she has witnessed it directly and whether or not abuse is openly discussed. Regardless of how much effort has been made by care giving adults to keep it a secret, when a mother is being battered, a child becomes a victim too"*** ***(Kelly Senecal, 2002, pp. 1)***

Domestic violence is a prevalent and life threatening social problem facing our society. Only recently have researchers come to recognize the developmental impact that domestic violence has on children who are not directly abused themselves, but who witness abusive behavior between their parents. The primary victims are therefore not the only ones at risk; because the impact of parental violence can also influence the child witnesses' development and can impact on their behavioral, cognitive, psychological and emotional functioning. According to Wright (2002) children who witness violence in their homes may exhibit the same psychological symptoms as primary victims (other children who were abused themselves). These symptoms may include sleeping and feeding problems in *infants*, separation-stranger anxiety and regressive behaviors in *pre-school children*, aggressive and regressive behaviors in *school aged children*, and delinquency problems in *adolescents* (Wright, 2002).

Little is known about the impact of trauma on secondary victimized children exposed to inter-parental violence. It is therefore necessary to investigate and to learn more about the symptoms and distress experienced by children exposed to inter-parental violence and personal abuse. Research regarding this matter is necessary to aid the development and availability of more tools to relieve child witnesses' distress, and to allow them to re-enter the pathways of normal development (Rossman & Ho, 2000). A child's exposure to women abuse is the leading risk factor and predictor for men abusing women in later life

(Sundermann, Marshall & Loosely, 2000). Interventions should be adjusted and designed to ameliorate this risk and impact of inter-parental violence on child witnesses while they are still young. If these aspects are not addressed, these children are more likely to become abused or the abusers themselves when they are adults (Sundermann *et al.,* 2000). Prevention of this cycle of violence in future generations should therefore be a priority, especially in South Africa (Senecal, 2002; Sundermann *et al.,* 2000).

Various psychosocial problems which are associated with and contribute to violence are prevalent in South Africa. A statistical estimate, (based on police statistics, victim surveys and estimates by various Non Governmental Organisations (NGO's) working with survivors of violence) of the prevalence of domestic violence showed that between one in four, and one in every six women in South Africa were in an abusive relationship during 1999 (Bollen, Artz, Vetten & Louw, 1999). One woman is killed by her partner every six days and on average 80% of rural women are victims of domestic violence in South Africa (Mathews, Abrahams, Jewkes, Martin & Vetten, 2003). These statistics urges prevention and intervention strategies not only targeting the needs of primary victims (women and mothers) but also secondary victims (children exposed to domestic violence) in South Africa.

The aims of this study are to identify common and unique symptoms of children exposed to domestic violence, and to identify internalized and externalized symptoms of children according to their developmental stage in two shelters in Gauteng, South Africa.

Secondary Victimization Defined

Secondary victimization refers to the secondary victim having knowledge of a traumatizing event experienced by a significant other (Figley & Kleber, 1995). This relates to people who are in some way in a close relationship to the victim, like a child's mother. The exposure to this knowledge may also include a confrontation with powerlessness and disruption (Figley & Kleber, 1995). ***Powerlessness*** refers to the experience of feeling either externally or internally helpless to influence a situation. ***Disruption*** refers to any situation that crudely disrupts a person's existence and where one is disconnected from a previously secure environment. Figley & Kleber (1995) describe disruption as the shattering of basic assumptions where the existing certainties of life have disappeared. Secondary traumatic stress therefore refers to the behaviors and emotions resulting from this knowledge. It is stress resulting from either hearing about the event and/or from helping or attempting to help the traumatized or suffering person. It can also relate to exposure to domestic violence where child witnesses commonly experience powerlessness and disruption.

Domestic Violence

Domestic violence is described as an escalating pattern of abuse where one partner in an intimate relationship controls the other through force, intimidation, or threat of violence (Merrell, 2001). These forms of violence may include one or more of the following; physical, sexual, emotional or psychological, verbal, spiritual and financial abuse (Merrell, 2001). Domestic violence occurs in all racial, socioeconomic, educational, occupational and age groups, without distinction, and can also impact on a child witness's development.

Children are entirely dependent on their parents and their environment for physical nourishment, and emotional survival. Emotional nurturing and warmth, as well as protection from threats to a child's sense of safety, self-esteem and well being, are essential for both physical and emotional growth and development. Ideally, the physical, social and emotional atmosphere within a home should provide a child with a safe and development-stimulating environment. Normally the family plays a crucial role in protecting children from traumatizing events and to assist them in recovery when necessary. Children in violent families are however traumatized because of their families.

The family is probably one of the most commonly used examples of an interdependent system, which plays a crucial role in developing attitudes and behavior of children. A system consists of several interrelated and interactive parts, which can never be viewed in isolation. A holistic view of the system is necessary when a family system is studied, because change in one part of the system will probably lead to changes in another part (Mickish, 2002). When aspects of the systems theory and the social cognitive learning theory of Alfred Bandura are combined, it supports the idea that children (one part of the system) may imitate and learn the attitudes and behaviors modeled when domestic violence occurs (by another part of the system). In a family where inter-parental violence occurs children can also be influenced, either by witnessing the actual abuse in various ways or witnessing the effect thereof on the mother.

Children exposed to inter-parental violence might listen to the violence from their bedrooms, or they might be forced to watch their mother being assaulted, beaten, raped or even killed by their mother's partner. Children might not actually have to witness the abuse directly, but

can still be aware of it by sensing their mother's fear and her being upset and also by seeing her wounds (Stephens, McDonald & Jouriles, 2000).

The impact of inter-parental violence may also disrupt their lives further, when their mother seeks refuge elsewhere (e.g. shelters) because these circumstances demands adaptation to a different environment than that they were used to at home. Children are then often forced to adapt to new living conditions, sharing a 'home' with strangers, going to new schools, meeting and making new friends, abiding by new rules of living in the shelters, living without their fathers, pets and everything they were accustomed to. Abused women often feel destitute because their spouses isolated them from their friends and family. These women often escape from their homes in fear for their lives and can sometimes not seek refuge at their friends or families, because the friends' lives might then also be endangered. The husband may then also know where to locate them. Women especially in rural communities do not have the resources to start new lives and is often obliged to seek refuge at shelters (POWA, 2003).

The parenting abilities of battered women might also be affected by domestic violence (DeVoe & Smith, 2002). Primary victims of domestic violence might be more likely to become aggressive towards their own children, display less warmth in their parent-child interactions, and be less consistent in their parenting efforts. This can contribute to the child's negative experiences of his home environment and can impact negatively on his/her development.

According to the developmental theory of Erick Erickson, infancy is a stage when a child is especially dependent on the nurturing and care provided by parents, to overcome

developmental challenges and to build trusting relationships (Louw, Van Ede & Louw, 1998). If inadequate parenting occurs it may influence a child's future relationships and development. The parent-child relationship is affected by the battered women's struggle to cope with her own physical injuries and emotional reactions to her victimisation. The trauma that children and adolescents are exposed to, by witnessing inter-parental violence can cause several short- and long-term detrimental effects that can impact negatively on their development.

The Impact of Inter-Parental Violence on Children

Inter-parental violence can be harmful to children in several ways for example, the possibility of *immediate physical* (e.g. injuries during inter-parental physical fights) and *psychological trauma* (e.g. post traumatic stress symptoms) which all contribute to chronic *physical* (e.g. sleep and eating disturbances, disease and illnesses), *developmental* (e.g. disturbances or delays in social, cognitive, affective, and language development), *emotional* (e.g. depression, anxiety and hostility) and *behavioral* (e.g. aggression and antisocial behavior, alcohol and drug use, dating violence, social withdrawal and suicide attempts) *problems*. These children may also be vulnerable to life long disturbances in self-esteem, trust and emotion regulation, as well as relationship difficulties with others. Baker, Jaffe and Ashbourne (2002) also confirm these children's increased risk and vulnerability in terms of experiencing physical injury or other types of childhood abuse.

Significant emotional trauma can be inflicted on a child witnessing inter-parental violence. The symptoms manifest similar to Post Traumatic Stress Disorder according to the Diagnostic and Statistical Manual of Mental Disorders IV classification (APA, 1996, Kaplan

& Sadock, 1998). These symptoms of trauma can be present in child witnesses exposed to chronic inter-parental violence or even in those children who witnessed a single severe case of domestic violence. Secondary victimized children and adolescents might experience fear, anxiety, confusion, anger, repetitive nightmares and other sleep disorders, flashbacks, traumatic play and avoidance of the traumatic situation, and could have intensified startle reactions, which are all common symptoms of trauma. They may also have problems with aggression and adopt more rigid and aggressive approaches to problem solving, rather than negotiating or using other effective problem solution strategies. Cognitive development, behavioral functioning and social information processes may also be negatively affected according to De Voe and Smith (2002)

Children living in shelters for abused women have been directly or indirectly exposed to domestic violence (Stephens *et al.,* 2000). The effects of witnessing abuse might not be as apparent or easily identified at first in some children. Some of these children might appear to be functioning well despite the hardships they have experienced. Most child witnesses of abuse and children residing in shelters are experiencing severe adjustment problems. Examples of such adjustment problems include externalizing behavior problems such as aggressive, antisocial, oppositional behaviors and internalizing behavior problems. Anxiety, depression, withdrawal, somatic complaints are manifestations of internalizing behavior problems. School and academic problems, problems relating to peers and low self-esteem are also frequently present (Baker *et al.,* 2002, Senecal, 2002, Stephens *et al.,* 2000).

Externalized Problems Associated with Secondary Victimized Children

Externalized problems include destructive behavior due to the increase in aggression, difficulty with anger management, temperament and antisocial activity. These children are often unable to empathize with other's feelings and have a lessened ability to examine situations from another person's perspective. This lack of empathy and understanding of other's perspective can also lead to delinquency in adolescents. Child witnesses of inter-parental violence may also have poor defined personal boundaries, where they often violate the boundaries of others either by projecting or accepting blame when they are not at fault (Baker *et al.,* 2002, DeVoe & Smith, 2002, Sundermann *et al.,* 2000).

Witnessing abuse may also have a negative effect on a child's peer relationships with regard to autonomy, self-control and social competence. They might also become isolated out of fear that their friends might find out about the abuse at home. These children can also overly rely and cling to their mothers, and they seem to need excessive attention. Their clinging behavior could be due to a fear to leave their mother. They might be afraid to leave her sight because of a fear for abandonment or out of fear that she might be in more danger if they leave (Baker *et al.,* 2002, DeVoe & Smith, 2002, Sundermann *et al.,* 2000).

They can therefore become truant out of fear to leave their mothers or because they have difficulties in school since they can not concentrate in class and may then fail to keep up with their school work (either being tired or constantly worrying about their circumstances at home). Adolescents and even younger children exposed to domestic violence might exhibit behavioral problems such as alcohol and drug abuse. Children exposed to domestic violence may also experience outbursts of anger and tend to bully or to be aggressive towards their

teachers, parents, siblings, peers and themselves (Baker *et al.,* 2002, DeVoe & Smith, 2002, Sundermann *et al.,* 2000).

Children exhibit little or no understanding of the dynamics of violence and this may contribute to them seeing violence as the norm. They also tend to demonstrate poor problem solving skills in that they aim to resolve matters by using aggression and violence. Without intervention these children exhibit behavioral problems and continue with modeled abusive patterns in adult life. They might therefore become either the aggressor or the victim when they become adults, because of what they have witnessed at home, or because of stereotyped beliefs that males are aggressors and females victims (Baker *et al.,* 2002, DeVoe & Smith, 2002, Sundermann *et al.,* 2000).

Children exposed to domestic violence also tend to have emotional problems. Their emotional problems are evident in that they show more distress than the average child, and present with childhood adjustment problems. These children are often prone to negligence and carelessness and have an increased risk for suicide. Symptoms of post-traumatic stress disorder can also be present in that these children experience sleep difficulties. Children exposed to domestic violence may be hyper vigilant, inhibited, phobic or experience recurrent nightmares related to the abuse. Physical symptoms and complaints such as bedwetting, headaches, stomachaches and nail biting may also be prevalent (Baker *et al.*, 2002, DeVoe & Smith, 2002, Sundermann *et al.*, 2000).

Internalized Problems Associated with Secondary Victimized Children

Exposure to domestic violence affects the attitude a child develops regarding conflict resolution. Children resolves conflict and problems rationally by negotiating, being aggressive or to withdraw from any potential conflict situation. Children exposed to inter-parental violence often regard aggression as an acceptable way and resolution to manage conflict situations. Baker *et al*. (2002) also identified that children often justify their own use of violence and aggression, by that what is modeled to them at home. Children exposed to domestic violence can also present inhibited behavior, such as withdrawal, depression, fear, anxiety, and a low self-esteem and a lack of confidence. Children may feel anxious that the violence may re-occur or fear that they might be abandoned or also abused. They often fear for their own lives or the possible danger of a loved one's life (Baker *et al.*, 2002, DeVoe & Smith, 2002, Sundermann *et al.*, 2000).

Children exposed to domestic violence often feel powerless and helpless to prevent the next outburst or to influence an explosive situation. Having a low self-esteem, lack of confidence and feeling helpless can also contribute to these children's difficulty to make independent decisions. The children may feel ashamed and even blame themselves for the abuse, especially when they are younger than eight. Children younger than eight tend to interpret most events in relation to themselves. This age group has immature reasoning abilities and may causally link aspects according to temporal association, which may distort their perception of being the cause of abuse, conflict, family feuding, separations and divorce (Black & Newman, 2000).

Children exposed to inter-parental violence may find it difficult to express their needs and hardships, and can therefore seem withdrawn. Feelings of detachment, psychic numbing and constricted affect can also be identified in child witnesses of domestic violence. They might also engage in excessive minimization or denial of what they have witnessed. Witnessing abuse can also contribute to ambivalent feelings towards one or both their parents. A child's affection may coexist with feelings of resentment and disappointment. Children may for example empathize and feel sorry for their mothers, and then also be angry and disappointed at her for 'allowing' the abuse. These children may also hate their father's behavior and dislike him, but at the same time they also miss and love him. Senecal (2002) reported that children exposed to domestic violence may also have a poor sexual image and may be uncertain about appropriate behaviors and they might model identification. They may also be immature in their peer relationships.

Impact of Secondary Victimization on Different Child Developmental Stages

Basic Assumptions of the Psychosocial Developmental Theory of Erick Erickson

Erickson's theory consists of eight stages of psychosocial development including the impact of biological and societal influences on the individual's development. Each stage in the cycle of life presents the individual with a new adaptive psychosocial life task, which the individual needs to resolve if further healthy development is to occur (Hook, Watts & Cockcroft, 2002). The psychosocial virtues and values of hope, will, purpose, skill, and fidelity can be attained once the individual made a healthy resolution of a crisis. Crises or key challenges is the turning points of maturation, where the individual needs to reach a compromise between two

opposing poles, to reach the above mentioned virtues of healthy development (Hook *et al.*, 2002).

The successful resolution of each stage therefore does not merely imply the selection of the positive pole of each developmental challenge, but rather a synthesis between the two opposing poles to attain a developmental virtue. Although each developmental period consists of an ultimate virtue with its challenges, the challenges and virtues of previous stages are still present in the current developmental phase which can still influence an individual's development (Hook *et al.*, 2002).

***Infancy*.** Stage one of Erickson's theory consists of a compromise between basic trust versus basic mistrust, and the virtue attained is hope. This developmental period ranges from birth to approximately two years of age. The maternal figure has a significant impact on a child's attainment of hope, where a balance between trust and mistrust can be reached according to Erickson (Hook *et al.*, 2002). The quality of the maternal relationship creates a sense of trust in children, where the mother seems trustworthy to fulfill a baby's needs and to protect him from harm. The maternal care provided helps a child to evaluate others and their surroundings as safe and trustworthy. Violent events can however threaten a child's sense of secure attachment, which is an essential base from which children evaluate their environment. Symptoms of mistrust in infants who witness violence can often be characterized by poor sleep and sleeping habits, excessive crying and a higher susceptibility to illness and irritability (Senecal, 2002). These characteristics of the infants may also be used as an excuse by the perpetrator to assault the mother and to accuse her of bad parenting (Baker *et al.*, 2002).

Toddlers and Early Childhood. Stage two of Erickson's theory consists of autonomy versus shame (toddlers up to three years of age). The child is encouraged to become more autonomous while they develop a right sense of conduct (Hook *et al.*, 2002). They can develop a synthesis of will, by attaining greater independence from their caregivers. Toddlers are involved in a range of activities during this stage wherein their greater attainment of independence leads to feeling autonomous or the inverse thereof to doubt their abilities. Toddlers can also become aggressive, cruel and manifest irrational fears if successful development did not occur. Stage three entails initiative versus guilt to reach the virtue of purpose. Children in this phase of development are able to meet the challenges of the social environment in a directed or purposeful way. If successful development takes place, children in this phase will be responsible. If it does not occur, children may become rigid, self-conscious and hesitant to take responsibility.

Children aged two to six years learn, during this developmental period, how to express their aggression and anger, as well as other emotions in appropriate ways. Exposure to domestic violence can however teach children unhealthy ways of expressing their anger and aggression, especially when they receive conflicting messages of what is seen and what they are taught (Baker *et al.*, 2002). This developmental period is also critical in forming a preschooler's ideas about gender roles based on social messages from their home environment. Gender stereotypes of males being aggressors and females being victims can be learnt, which may impact on the continuation of the cycle of violence in future generations. A boy may for example view the expression of his masculinity, by imitating and identifying with his father who demonstrates his manhood through hostile and aggressive behavior. A girl may identify with her mother's femininity by being submissive and withdrawn (Senecal, 2002).

Among preschoolers signs of terror can be identified by yelling, irritable behavior, hiding, shaking and stuttering (Senecal, 2002). Younger children also appear to be more likely to experience somatic complaints and to regress to earlier stages of functioning and development (Baker *et al*., 2002; Senecal, 2002). Ambivalent feelings towards their parents can be identified when these children get older and anger and overt hostility toward their mother may replace initial sympathy for a battered mother.

Late Childhood. Inferiority complexes, low self esteem, feelings of unworthiness and incompetence can present itself when children do not reach a balance between the fourth development stage of industry versus inferiority (Hook *et al.*, 2002). In this stage children need to aspire becoming a productive member of society, but domestic violence at home can negatively impact on their development. Late childhood is characterized by an increased complexity in thinking about right and wrong with an emphasis on fairness and intent that is characteristic of normal development of school aged children (seven to twelve years of age). Baker *et al*. (2002) states that the impact of exposure to inter-parental violence may make children more prone to adopt rationalizations to justify violence. Excuses like 'it's the alcohol he used that made him violent' or 'the victim deserved the abuse' is often viewed as valid justifications by school-aged children.

Academic and social success forms an integral part of the child's developing self-concept. Academic achievement is decreased by children either being tired or too distracted and worried to concentrate in class. This links to the developmental stage of Erickson where children may feel inferior because of poor academic achievements and social success (Hook *et al.*, 2002). Baker *et al.* (2002) also states that gender roles associated with intimate partner abuse may also become evident when children learn gender roles associated with domestic

violence, for example males being the perpetrators and females the victims. Males tend to be disruptive, acting aggressively towards objects and people, and throwing severe temper tantrums. Females on the other hand tend to have an increasing assortment of somatic complaints or show withdrawn, passive, and clinging behavior (Black & Newman, 2000).

Adolescence. In this developmental phase the dominant challenge is integrating different aspects of one self to secure a sense of one's identity versus role confusion (Hook *et al.*, 2002). Being able to be at peace with one-self refers to an affinity between the individual, their social roles and community ties. It requires that the individual integrate all the aspects of their previous developmental phases and are able to answer three questions regarding his/her identity: "Who am I?", "Where do I belong?" and "What do I want out of life?". Erickson identified several factors that can occur (e.g. withdrawal, isolation, delinquency and substance abuse) if an integration of a person's identity could not be obtained.

Adolescence (13 to 18 years) is a demanding and challenging developmental period in terms of biological, cognitive, emotional and social aspects. During this developmental stage adolescents develop an increased sense of self and autonomy from their family. Being witnesses of domestic violence can however impact negatively on their communication and negotiation skills. Physical changes in their appearance may also make adolescents more prone to impose their will with physical intimidation or aggression towards their siblings and peers. Having confidence in their own bigger physical appearance, may contribute to adolescents also being abused or hurt during physical confrontations between parents, when they physically try to intervene.

Peers play an increasingly important role in an adolescent's life. The desire for acceptance and the influence of peers can make an adolescent more susceptible to adopt maladaptive coping strategies. The importance of peers may contribute to the shame and fear adolescents' experience if their peers find out about the abuse at home. They may avoid spending time at home and than use maladaptive coping strategies to avoid negative feelings and violence at home by using drugs. Adolescents exposed to domestic violence at home are also prone to have difficulties in establishing healthy relationships, because of what they have witnessed at home and tend to imitate maladaptive practices in their relationships. Adolescent girls may develop extreme distrust in men and may express negative attitudes about marriage, whereas boys may often side with their fathers and may also start to abuse their mothers (Black & Newman, 2000).

Adolescents tend to place responsibility on the victim of abuse, which can explain why adolescent boys tend to handle their frustration by repeating violent experiences. Typically they repeat the behavior that was modeled by the aggressor by assaulting their mother or siblings (Senecal, 2002). Adolescents from violent families may therefore use aggression as a predominant form of problem solving and may even project the blame onto others. Adolescents may also become manipulators of their family system, and may blame the mother for them experiencing family problems. They may often be more guarded and secretive about the abuse at home and may also deny it. The ongoing stress associated with witnessing abuse contributes to both aggressive and withdrawn behaviors, including difficulty within the school setting and increased social delinquency (Senecal, 2002). This could also contribute to adolescents having difficulty to adjust to changing circumstances.

Intervention and Support Provided by POWA Shelters

Interventions are necessary to reduce the impact of domestic violence in both current and future generations and to prevent the continuation of the cycle of violence. POWA aims to provide in some of the basic needs of the survivors of intimate violence. Women and children are sheltered to provide them with a safe and secure environment for up to six months at a time. Women and children, especially from disadvantaged communities, are sheltered because they are unable to afford alternative resources and accommodation. Clinical services (group, individual, and even family or couple counseling) are provided to women at POWA shelters. An attempt is made to train and empower women to be financially independent. A selection of possible skills is offered such as computer literacy courses, bead making, hairdressing, catering and how to start a small business. Other services such as legal advice and general support and assistance to seek employment are also provided.

Children are offered group and individual therapy, such as play therapy. Children exposed to inter-parental violence are offered the opportunity to talk about the experiences that they have witnessed (they are encouraged to break the silence and the secret associated with domestic violence). Myths about women abuse are dispelled and they are taught non-violent values and to practice respectful ways of relating to others and to resolve matters in a positive manner. Personal issues, responsibility for their own actions and their self-esteem are also addressed (POWA, 2003). These aspects are important to prevent the cycle of abuse in future generations, especially if myths and stereotypes regarding abuse and gender roles can be addressed and dispelled (Sundermann *et al.*, 2000).

Methodology

A descriptive study using a collective case study methodology was employed to investigate the impact of exposure to domestic violence on children. This study investigated the effects and symptoms of trauma presented by children who were exposed to domestic violence. Case studies were analyzed and compared with commonly described internalized and externalized symptoms of secondary victimization. This allowed the investigation of common and unique trends amongst cases, according to respective developmental stages, of children housed in two shelters, one situated on the West Rand and the other on the East Rand in Gauteng, South Africa.

Case files of residents of the two POWA shelters for the year 2002 were reviewed. The case files of sheltered clients, that is mothers and their children who experienced domestic violence were included. The criteria for inclusion favored all the developmental periods of children up to adolescence residing in the shelters with their mothers, without discrimination against race or gender. Case-files containing too little information were excluded from the study. These cases contained information regarding the introductory session, where little information is obtained, because rapport are still being established and aspects regarding therapy are explained to the child. The limited sessions are due to the mothers leaving the shelter before therapy commenced. The young adulthood cases were also excluded from the data analysis (sheltered 'children' aged 20 and above, even if they still attended school). Short descriptions of the relevant cases are however provided in the results.

Permission was granted for the study after ethical and methodological issues were evaluated at a POWA management forum. All information was treated confidential and anonymous (all

names used in this description are changed). For POWA the practical applicability in improving services rendered to current and future clients were of the utmost importance.

The case studies used to conduct this research were refined from 41 case-files of the children residing in the shelters to include 29 case-files to be used as the primary data source. A convenience sampling method in which all the children's files who resided in the shelter during 2002 were included in the study. The benefit of using this population of abused women and their children is that the 29 children were all exposed to similar severity of trauma and abuse. The exact measurement of the severity and type of abuse were however not possible, but mostly only severe cases of physical abuse, where women actually fear for their lives and insufficient social and physical resources available, are used by shelter managers to select residents to reside in the shelters.

The mother's files were only used to obtain additional information. Information regarding infants and toddlers were obtained from the mother's files, but if too little information was available they were excluded from the study. A parent evaluation form, regarding the mother's evaluation of their children's exposure to domestic violence was also used where available. The parent evaluation form measured parent's evaluation regarding their children's school performance, conflict management, peer relations, physical complaints and illnesses, risk factors, other exposure to traumatic events and direct exposure to inter-parental violence and their perceptions of how it affected their children.

The sample consisted of 29 case-files of children accompanying their mother's to the shelter. The racial distribution of the children reflected those in the general South African population. Three children were younger than two years of age. Eight children were between 3 to 6

years, 12 children between the age ranges 7 to 12 and 6 children between the ages of 13 to 18 years. The sample included 13 males and 16 females. Nine children were pre-school, two were in grade 1, four in grade 2, one in grade 3 and four in grade 4. Three children in the sample were in grade 5, one in grade 7, one in grade 8, two in grade 9 and two in grade 11.

The average length of stay of the children in these shelters was between one and two months. Most of the women residing at the shelters experienced severe abuse. One woman was shot three times by her husband, and others were seriously injured by means of various other weapons such as an axe.

Data collection and analysis

Background information and statistics regarding the clients were obtained from annual statistics and other POWA reports (Jansen van Rensburg, 2003; POWA, 2003). Primary sources with direct relationship to those children who were studied were obtained from the shelters. Primary sources such as the case files that social workers maintain in the shelter and official document records such as reports and notes made of the sessions by the counselors were used. This provided a first hand account of the sessions and allowed identification of the most significant symptoms as identified by the relevant counselors. This contributed to the reliability of the study, since only symptoms as were identified and recorded by the counselors were used with little bias from interpreting symptoms. Only two counselors were involved in all the cases, which increased inter-counselor reliability.

Content analysis as a qualitative research strategy was used to analyze textual content in the files. Common themes from the text in the case files were analyzed and classified according

to several content categories. The content categories were common internalized and externalized symptoms as described in the literature and associated with exposure to domestic violence among children. These common themes were compared to the different developmental stages of childhood (Struwig & Stead, 2001). The number of categories was reduced through a constant comparative method of reading and re-reading material to refine the coding categories (De Vos, Strydom, Fouchè & Delport, 2002). The data was coded on separate occasions and compared with the same age group's data that were coded on another occasion by the same researcher. A descriptive research approach applying a case study method was therefore used to conduct this research. An intensive study of a relatively small number of cases aimed to reveal:

- Features common to certain subgroups or the developmental stages.
- Features common to most cases in the general group or sample.
- Features unique to specific cases.

Results

The case files were content analyzed to identify common internalized and externalized problems, manifested by this group of children according to their respective developmental stages. The cases were then divided into several age groups; infancy (0-2 years), pre-school (2-6 years), middle-childhood (6-12), adolescence (13-18) and early adulthood (19 onwards). The symptoms identified were compared with the general expectation of normal development according to the developmental theory of Erickson and symptoms associated with secondary victimization.

Common Features According to Each Subgroup or Developmental Period

Infants (Birth up to Two Years of Age). Little information can be obtained from this developmental category from the files, but in one of the three cases the mother described the child's excessive crying as the main reason for arguments in the household. Two infants were malnourished and underfed, because in the one case the mother fled her circumstances at home. They were found by social services in a field, where she stayed for nearly two weeks.

Pre-schoolers (Three to Six Years of Age). Five of the eight children were anxious and worried constantly about the safety of their loved ones. One three year old girl described how she constantly worried and prayed for her mother, while she was battered by her father. Another four year old boy who was also abused was terrified of his father and would not speak in his father's presence. Two of the children were also abuse themselves. It seemed that the children missed their father and friends, although one stated that she did not miss or liked her father. One child even stated prominently that she did not like her father and never wanted to "remember" him. One was confused and had ambivalent feelings towards his parents.

With regard to problem solving skills, two children became aggressive when angry and yelled while another one withdrew and cried. Two children experienced behavioral problems and their mothers described them as a bit uncontrollable.

Two children stated that they like it at the shelter. The reasons for liking the shelter included happiness about seeing the mother happy (not crying anymore) and the availability of other children to play with.

Interaction with peers ranged from one boy who was aggressive when he played, another who never initiated contact with his peers, but played along when approached, to a boy who was reserved and two cases were children were withdrawn and reserved. Some children adapted well and in one case the child was inquisitive and got along well with his peers. One three year old girl stated that she never wants to play with boys.

Other identified characteristics included low self-esteem and lack of confidence and an expression of extreme unhappiness. The only physical symptoms included one asthmatic child.

Middle Childhood Period (Seven - Twelve Years). The most significant theme extracted from these 12 case files, was that five children had ambivalent feelings towards one or both their parents. Four seemed detached, had a constricted affect and kept their feelings private. Three children feared being abused themselves, and would worry about the possibility of danger of a loved one. Three stated that they could not concentrate because they constantly thought about their fathers. Four experienced and witnessed abuse and another four stated that they have only witnessed inter-parental abuse.

Feelings regarding the shelter included one boy who was bored, two were happy because their mothers were happy, two liked it because it was peaceful, and one stated she liked it at the shelter cause she “doesn’t have to live in fear anymore”. With regard to their feelings

towards their fathers: two stated that they hated their fathers; two said that they want to forget about their fathers, and two said that they missed their fathers and friends.

Poor problem solving skills were identified in five of the cases, two tended to withdraw and three tried to solve their conflicts with aggression. One girl tried to solve her problems by negotiating. Some children regarded violence as the norm, even being bullied by a brother. Three cases expressed outbursts of anger, bullied their peers and siblings and were aggressive. In two cases children exhibited behavioral problems and were uncontrollable. Two children were truant and another one experienced difficulty at school. One girl stated that she would never get married and believed the stereotype that men are aggressors and females are victims (12-year-old girl).

Other prominent findings included children being withdrawn and isolated, low self-esteem, a lack of confidence, anxiety and shame about the abuse. In one case the counselor described the child as severely traumatized. Physical symptoms included two children suffering from asthma and another experiencing physical complaints like frequent stomach problems.

Adolescents (13 to 18 years). All the adolescents liked it at the shelter, one said it's because his mother is happy and another because it was peaceful and there is no fighting and she did not want to go home. Four had ambivalent feelings towards their parents. Four had concentration problems, had fallen behind in school and their academic performance dropped, another was truant. One girl could not sleep at night, so she fell asleep during class. Three had no problems adjusting. Two stated that they felt ashamed and embarrassed. Two showed more distress than the average child, they cried easily (a 15 year old girl and 16 year old boy). Two had a low self-esteem and a lack of confidence. Two were reserved and

seemed uncomfortable to disclose their feelings. Two had a disregard for others feelings. With regard to problem solving skills it was noted that one adolescent tended to become aggressive, one tried to negotiate, and the other two withdrew.

Some adolescents exhibited behavioral problems and were uncontrollable; some had outbursts of anger, bullied their peers and siblings and tended to be aggressive. One of these cases stated "When I get angry, I'll warn them, but if they continue to annoy me, I will respond with physical power". He had fights at school, but he doesn't like it: "it's the only way you can get people to listen". He did not take responsibility for his aggression and justified the use of violence, "When involved in a physical fight, no one can stop me, it's like I get to be someone else, my victim doesn't get off it, still walking. I can not be held responsible for what happens to the other person. No one will step on me and get away with it, if you offend me, you'll get what you deserve". One adolescent believed violence to be the norm as quoted "when people do not want to listen they'll get what they deserve".

One 17 year old girl displayed stereotyped beliefs about men, as quoted from an essay she wrote "I hate my life, I wish I can get a better life, with my mother and sister…I wish we can never go back to that house again…I wish we could never live with a man again, because all men are the same". Another unique stereotype was presented by a girl (aged 13). She stated that white people are more caring than black people. One case received psychiatric intervention and psychotherapy, for panic attacks and to manage his anger. He did not have many friends, and was extremely anxious. One girl blamed herself for the abuse.

Some **young adulthood** cases were very significant and would be described here briefly. Anna was a 20 year old female with a mental age of 9 years. She and her mother moved to

the shelter after Anna tried to commit suicide. She was isolated and had no friends except for her direct family and pets. She exhibited poor problem solving skills whereby she would withdraw and lock herself in her bedroom when her parents fought. Internalized and externalized symptoms presented by this case were similar to symptoms in children of her mental age who are exposed to inter-parental violence.

Betty (20 years old) stated that she will never get married. She said that she does not trust men, because they are all capable of abuse. She was very emotional and feared that her mother might return to her dad, which in fact happened in the end.

Charles a 20 year old male in grade 9 expressed an extreme aggressive hatred towards his father. His father would deprive him of food (seen as a 'luxury') and abuse him physically for no apparent reason. As quoted directly from a letter he wrote, "You use to abuse a lot of time. You use to beat me and shouting me and calling me names…you used to kick me, punch on my head and stamp me on my head with your shoes and kick and kick and kick on my head and tell me that you are the boss there is no one who can stop or beat you". His hatred for his father could possible be due to the fact that he was the child born from an incestuous rape incident between two siblings. He mentioned on several occasions during therapy how he would like to obtain a gun so he can torture and kill his father. This young man experienced nightmares, was truant, experienced outbursts of anger, and was aggressive towards his peers. He boasted about his tendency to resort to violence. He probably used behavior as modeled by his father. He also denied responsibility for his actions.

Debby, a 27 year old female, was still dependant on her mother. She was terrified of her father who also sexually abused her and attempted to murder her mother by shooting her.

Pictures Helping Children to Express Their Feelings in Unique Ways

In some cases (especially the middle childhood period) drawings made by the children revealed very important information. Some cases will be described here.

In a drawing of an eight-year old girl her mother and brother were drawn in color, while the father was drawn in black. None of the figures had arms and there was no difference between the males and the females. She excluded herself from the picture. When she drew herself after being asked to do so, she drew herself in color and had arms, but she never added arms to the other figures. She said they were unhappy because there was fighting and shouting.

In one case a ten year old boy displayed issues regarding power in his play and drawings. In his drawing he drew himself bigger than his brother, who bullies him. He believed bigger people have more power. He played with two dolls pushing each other, when asked if the dolls were fighting he said no, they are just testing to see who has more power. A power struggle was depicted frequently during other play therapy sessions. For him bigger people possessed more power, and could beat up smaller people.

An 11-year-old boy drew a labeled picture of his father which he pasted on the wall to look at when missing his father. Next to his father's nose and ear he wrote "noise". The counselor asked about this, and he said he wrote noise on purpose. He wrote it because his father made a lot of noise and he expressed the wish that his father should stop making so much noise so that everyone in his family could be happy.

Another 11 year old boy drew his father in an isolated place. He reasoned that his father had people around him, but he could not behave himself. For him his father needed to be alone for a while so he can think about what he has done and change for the better. This boy also preferred to draw rather than to discuss his feelings. In another session's drawings he drew his mother, brother and himself. All the figures were crying and drawn in black (due to "the time of sadness for the family"). His father was excluded because he caused the sadness.

Common Features in the Sample

Nearly half of the children (44%) stated that they liked it at the shelter. Twelve cases reflected the children's most frequently used problem solving strategies. An aggressive approach to problem solving was identified in 50% of the cases, 41% withdrew and 8% attempted to negotiated. The withdrawing conflict management style was used by 80% of the females in the sample. The aggressive conflict management style was equally distributed amongst gender; therefore 50% of the females and 50% of the males used this tactic. This equal distribution between sexes is probably due to the girls in the pre-school group who tended to use violence more as a way of conflict management. Ten of the children revealed ambivalent feelings towards their parents. Ten children experienced anxiety. One case was terrified of his father and another two girls feared for a loved-ones safety. Analysis revealed that 60 % of the females were anxious and 40% of the males. Difficulties at school regarding concentration problems and decreased academic performance were identified in seven of the cases. Three of the seven cases, were females who experienced difficulties at school. The most common physical complaints identified was that three cases suffering from asthma, and one complained off stomach problems and another of severe panic attacks.

Discussion

In this study commonly observed short term effects included the implementation of inadequate coping and problem solving strategies, a tendency of the children to use violence and aggression and difficulties with anger management. Some children even believed that violence is a justifiable way to solve problems. The children seemed confused and had ambivalent feelings towards one or both their parents. These factors explain some of the difficulties experienced by these children to cope with their trauma and to adjust to new circumstances. Children experienced difficulties in peer relationships, because of feeling ashamed or believing certain stereotypes about men and women. They tended to withdraw and be isolated. Behavioral problems such as truancy were especially evident in some of the adolescent boys. These children became truant because of difficulties at school and poor coping strategies. Children exposed to domestic violence reported during therapy that they battled to concentrate at school because they worried about their loved ones and some were too tired to concentrate. Children's academic performance decreased because they had to adjust to new temporary (shelter) living conditions and a new school.

Physical complaints such as asthma were prevalent, which could be stress related. In one case a child received treatment for his panic attacks and anger. His symptoms can be explained by a traumatic incident where his father attempted to kill his whole family, and the adolescent boy managed to escape with his two-year-old sister. Anxiety and constant worrying, common internalized symptoms, was present in this sample. The children tended to withdraw and had difficulty in expressing and discussing their feelings. The tendency towards aggression was equally prevalent in the genders, but females tended to withdraw more in general as well as in conflict management styles. The use of art- and play therapy

helped these children to express their feelings and it seemed to be effective to identify symptoms and concerns.

No real significant factors according to each developmental stage could be identified, although the adolescents tended to justify and blame others for their use of violence. The middle childhood and adolescent children had school difficulties and concentration problems. All the childhood periods seemed to have a commonality regarding ambivalent feelings towards their parents, poor problem solving skills, being anxious and worried about their loved ones or that they might also be abused, or that their mothers would return to the abusive parent.

Implications for research and intervention

Women need to be made aware of the impact that exposure to domestic violence can have on children, to identify the symptoms thereof and to acquire intervention for them. The possibility of prevention of the cycle of violence can be used as a motivator, so that these children can receive appropriate intervention. Although appropriate services and interventions may be rendered to address the impact of domestic violence on children, while they are residing at the shelter, many children are not continuously monitored and counseled after leaving the shelter. The mothers move out of the shelter and often return to their violent partners which mean that children do not have the opportunity of intervention. At the shelters mothers and children are supported and counseled, but when the mothers decide to leave, intervention and counseling are also abruptly ceased. Although other counselors can provide the same services, mothers may tend to ignore the need for further counseling. Mothers can

not be forced to stay in the shelters, but a program for ex-resident's children should be put in place.

The counselors at POWA encourage children to call them after they leave, but this seldom happens, which means proper intervention and support is not always provided. Mothers may also be trained to identify symptoms and how they should handle it, if their children experience symptoms of secondary victimization.

Research regarding parenting and secondary victimization, is also necessary and may extend from this research. Parents may then be able to realize the importance of intervention, how to identify their children's needs and how they can manage symptoms. Research regarding age-appropriate interventions to target the effects of domestic violence may also lead to changes in current therapy styles to improve services provided to these children.

Conclusion

The trauma caused by witnessing and experiencing abuse has detrimental effects on women and their children. Secondary victimization affects children's emotional and psychological development. This study analyzed notes from therapeutic sessions with women and their children residing in shelters in Gauteng, South Africa. These notes revealed the children's disclosure of experienced trauma and secondary symptoms caused by witnessing inter-parental violence.

Women and children should be empowered to brake the cycle of violence. Sheltering such as provided by POWA, provide a safe environment for a child to validate and reframe the

violence that they have experienced or witnessed. POWA provide women and children with intervention programs aimed to address counseling and support for victims/witnesses that focus on education as a prevention strategy for the occurrence of future generations experiencing violence. Treatment is however often too brief to resolve the child's trauma; because mothers leave the shelters, frequently during the first two months of stay, when treatment has often only started.

This research might proof that counseling or an alternative program needs to be in place to continue providing support to these children even though they might not reside in the shelters. Serious internalized and externalized problems were identified that cannot be resolved in only one month's therapy. These symptoms of trauma need a longer recovery time to enable the child to cope with their trauma and emotions. Children should also be taught that although it seems as if the perpetrator received his desired result, that violence is not a cure or a solution to problems. The use of violence leads to coercion out of fear and never out of respect. Intervention aimed at attitude change, creating awareness and education is needed to brake the cycle of abuse in future generations.

Further investigations are needed in this area to improve and perhaps prolong existing treatment of secondary victimized children. Identification of symptoms and appropriate support for these children would also be of benefit to the mothers and their children. Developmental and empirical based interventions should be developed to target the specific concerns of these children. Mothers should be made aware of the symptoms and effects that exposure to domestic violence can have on children's development, so that they can receive the necessary intervention.

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