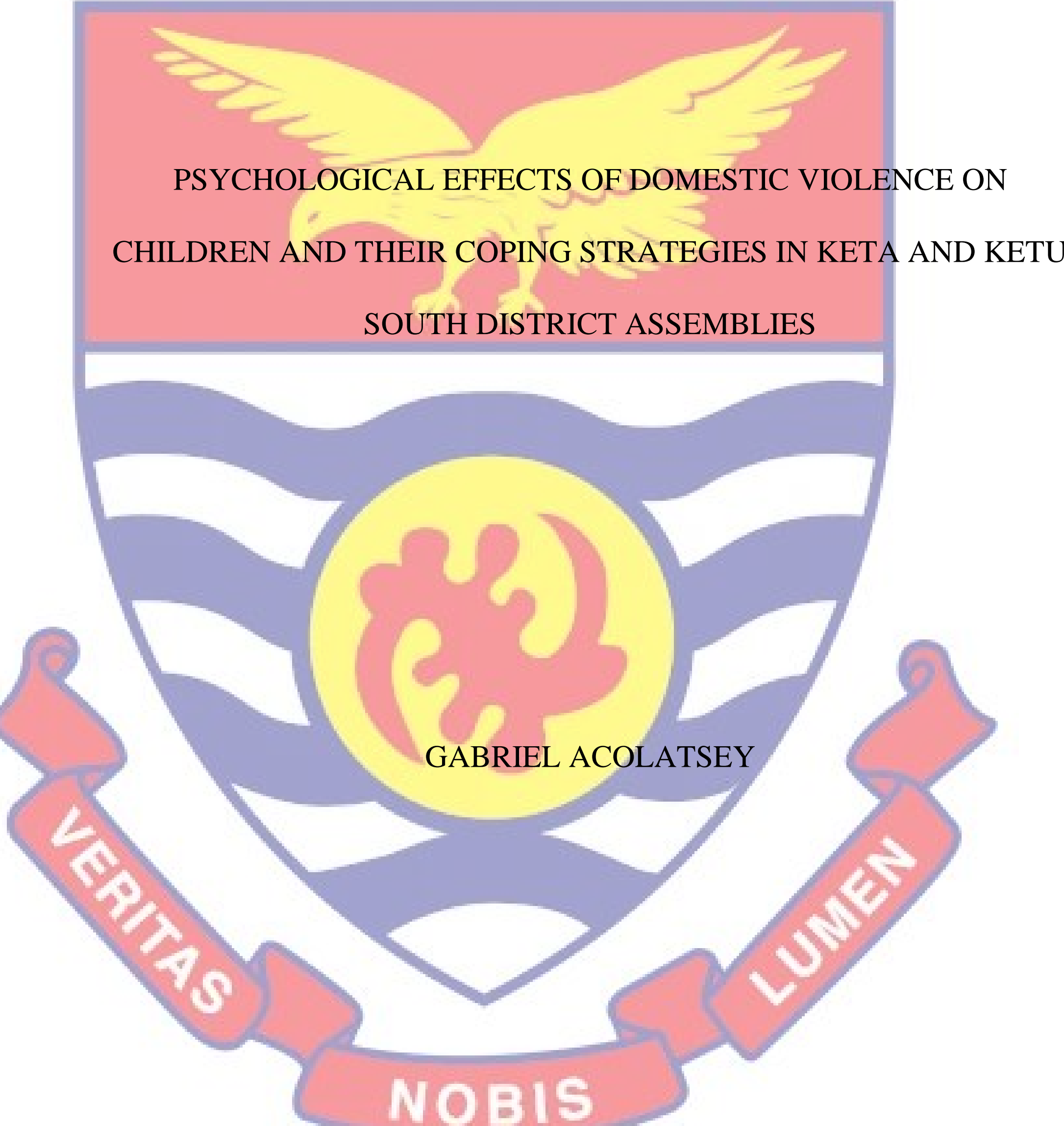
© University of Cape Coast https://ir.ucc.edu.gh/xmlui

UNIVERSITY OF CAPE COAST



PSYCHOLOGICAL EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN AND THEIR COPING STRATEGIES IN KETA AND KETU SOUTH DISTRICT ASSEMBLIES

GABRIEL ACOLATSEY

2020

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

© Gabriel Acolatsey

University of Cape Coast

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

UNIVERSITY OF CAPE COAST

PSYCHOLOGICAL EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN AND THEIR COPING STRATEGIES IN KETA AND KETU SOUTH DISTRICT ASSEMBLIES

BY

GABRIEL ACOLATSEY

Thesis submitted to the Department of Education and Psychology of the Faculty of Educational Foundations, College of Education Studies, University of Cape Coast, in partial fulfilment of the requirements for the award of Master of Philosophy degree in Clinical Health Psychology

NOVEMBER 2020

VERITAS LUMEN NOBIS

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

DECLARATION

Candidate's Declaration

I hereby declare that this work is the product of my own original research and that no part of it has been submitted to this university or elsewhere for another degree.

Candidate's Signature:……………………………….Date:………………

Name:…………………………………………………………………………

Supervisors' Declaration

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

Principal Supervisor's Signature:……….….……………Date:……………...

Name:…………………………………………………………………………

Co Supervisor's Signature: ……………….……………Date:……………..

Name:……………………………………………………………………...

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

ABSTRACT

Over the years, researchers and clinical psychologists have focused on domestic violence and its consequences on children. The primary goal of this study was to look into the psychological impact of domestic abuse on children and the coping techniques they utilize in the Volta Region of Ghana's Keta and Ketu South Municipality assembly. The study used a cross-sectional design and an easy sampling technique to choose 130 youngsters from the Ketu and Keta Districts. The participants were asked to complete a survey that included the DASS-21 and the Kids Cope Scale. The information was analyzed using Means and standard deviation were calculated, and MANOVA was used for additional statistical analysis. Controlling, verbal, and physical abuse were among the most common forms of domestic violence experienced by children, according to the findings. Again, the findings demonstrated that stress is one of the most common types of psychological effects children face when they are subjected to domestic violence. Victims of domestic violence used problem-focused coping as a coping method. In this study, no gender differences in the psychological impacts and coping methods of child victims of domestic abuse were discovered. Stress is widespread among victims of domestic abuse, according to the findings. It was suggested that more attention be paid to assisting victims of domestic abuse in dealing appropriately with their experiences.

VERITAS LUMEN NOBIS

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

KEYWORDS

Domestic Abuse

Domestic Violence

Psychological Effects

Coping

Children

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to Dr. Yusuf Bakari Dramanu and Dr. Irene Vanderpuye of the Department of Education and Psychology, UCC for their contribution to directing my research, professional supervision and expert opinion.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

DEDICATION

To my Family

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

TABLE OF CONTENTS

Content	Page
DECLARATION	ii
ABSTRACT	iii
KEY WORDS	iv
ACKNOWLEDGEMENTS	v
DEDICATION	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	xi
CHAPTER ONE: INTRODUCTION	
Background to the Study	
Statement of the Problem	6
Purpose of the Study	9
Research Questions	9
Research Hypotheses	10
Significance of the Study	10
Delimitations	11
Definition of Terms	11
Organisation of the Study	12
CHAPTER TWO: LITERATURE REVIEW	
Introduction	13
Theoretical Framework	14
Traumagenic Dynamic Model of Child Abuse	
Socio-ecological Model	20
Transactional Model of Stress and Coping	24

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Conceptual Review 29

Domestic violence and abuse against children 29

Depression 37

Anxiety 40

Stress 45

Conceptual Framework 49

Empirical Review 50

Types of Domestic Violence Mostly Experienced by Children 51

Psychological Effects of Domestic Violence on Children 56

Coping Strategies Used by Children Experiencing Domestic Violence 60

Gender Differences in Psychological Effect of Domestic Violence 66

Gender Differences in the Coping Strategies 69

Chapter Summary 73

CHAPTER THREE: RESEARCH METHODS

Introduction 74

Research Design 74

Study Area 75

Population 75

Sampling Procedure 76

Data Collection Instruments 77

Pilot-testing of Instrument 81

Data Collection Procedure 83

Data Processing and Analysis 83

Ethical Considerations 84

CHAPTER FOUR: RESULTS AND DISCUSSIONS

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Introduction 86

Section 1: Analysis of Demographic Information 86

Age-range of Respondents 86

Gender of Respondents 87

Religious Background of Respondents 87

Parental Situation of Respondents 88

Accommodation Status of Respondents 89

Research Question One 89

Research Question Two 90

Research Question Three: 91

Research hypothesis one 92

Research hypothesis two 94

Discussion of Findings 96

Type of Domestic Violence in Keta and Ketu South Municipal Assembly 97

Psychological Effects of Domestic Violence on Children 99

Coping Strategies Used by Children Experiencing Domestic Violence 101

Gender Differences in Psychological Effect of Domestic Violence 103

Gender Differences in the Coping Strategies 104

Summary of the Key Findings 105

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Overview 106

Summary of the Study 106

Conclusions 107

Recommendations

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Suggestions for Further Research 109

REFERENCES 111

APPENDICES 139

APPENDIX A: Introductory Letter 139

APPENDIX B: Ethical Clearance 141

APPENDIX C: Informed Consent Form 142

APPENDIX D: Questionnaire 143

VERITAS NOBIS LUMEN

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

LIST OF TABLES

Table		Page
1	KMO and Bartlett's Test	79
2	Rotated Component Matrix	79
3	Reliability Statistics for DASS-21 and Kids Cope Scale	81
4	Reliability Statistics for DASS-21 and Kids Cope Scale from Pilot-testing	82
5	Age-range of Respondents	87
6	Gender of Respondents	87
7	Religious Background of Respondents	88
8	Respondent' Parents Togetherness	88
9	Who Respondents were Staying with	89
10	Type of Abuse	90
11	Psychological Effects of Domestic Violence on Children	91
12	Coping Strategies Used by Children Experiencing Domestic Violence	91
13	Descriptive Statistics for Psychological Effects	93
14	Multivariate Tests	93
15	Descriptive Statistics for Coping Strategies	95

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

CHAPTER ONE

INTRODUCTION

Background to the Study

Violence against children is a serious global societal issue that affects countries all over the world. It is described as a public health danger and a violation of individuals' fundamental rights all around the world (Alhabib, Nur, & Jones, 2010). Every nation's future is represented by its children. Indeed, these are "the suckers that will grow when the old banana dies," figuratively speaking (Achebe, 1958) What better way to ensure that a country's future is brighter than to ensure that children grow up in a calm and accepting environment free of fear and abuse? The UN has prioritized the wellbeing and health of children as part of the Sustainable Development Goals (Quennerstedt, Robinson, & I'Anson, 2018).

Unfortunately, children continue to face obstacles that limit their capacity to grow and attain their full potential around the world. Domestic violence is one of the most serious challenges that children confront (abuse). According to UNICEF, over 275 million children worldwide are victims of domestic violence, with 73 million boys and 150 million girls under the age of 18 experiencing sexual harassment or other forms of sexual abuse (United Nations, 2006). Domestic violence has been studied by a number of scholars, the most important of whom being Dutton (2011), who defined it as "any form of abuse done by an individual who either has a living situation with the victim or has a personal relationship with the victim."

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Almost every year, millions of children around the world are victims of domestic violence, and it is widely recognized that children who are abused as children can suffer developmental and psychological harm (Anamika, 2015). Domestic violence has a variety of devastating effects on children, the most serious of which is death. In 2002, the World Health Organization estimated that over 53,000 children died as a result of domestic abuse. Those who are fortunate enough not to perish suffer from a variety of mental illnesses and ailments that have a negative impact on their health, education, and social lives (Institute of Development Studies, 2016). Almost every year, millions of children around the world are victims of domestic violence, and it is widely recognized that children who are abused as children can suffer developmental and psychological harm (Anamika, 2015). Domestic violence has a variety of devastating effects on children, the most serious of which is death. In 2002, the World Health Organization estimated that over 53,000 children died as a result of domestic abuse. Those who are fortunate enough not to perish suffer from a variety of mental illnesses and ailments that have a negative impact on their health, education, and social lives (Institute of Development Studies, 2016).

Domestic violence against children is a widespread and growing problem in Africa. According to a research on violence against children in Africa conducted by the African Child Policy Forum (ACP, 2014), physical abuse is one of the most common kinds of violence against children on the continent. In Kenya, for example, almost a quarter of males and a third of girls between the ages of 18 and 24 years old said they had experienced domestic abuse as a youngster. On the continent, there is also a high rate of emotional

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

abuse. Mental violence against children is also common in Africa, with incidence rates of approximately 75% in places like Ethiopia. According to ACP, these figures may underestimate the true situation because the majority of domestic abuse instances on the continent go unreported.

Africa has a plethora of laws and legal structures in place to safeguard children from domestic and non-domestic abuse (Institute of Development Studies, 2016). The right to be free of cruel, humiliating, and insensitive treatment is protected by these statutes. Most African countries have endorsed these universal and regional human rights. The African Charter on the Rights and Welfare of the Child and the Conventions on the Rights of the Child are two examples of these legislation. All African countries consider rape and other sexually violent actions to be criminal offenses. However, due to fiscal restrictions and social norms that discourage reporting of domestic abuse, these laws are facing substantial setbacks at the national and neighbourhood levels.

Domestic violence is rampant in Ghana, as it is in many other nations in the subregion. According to the Ghana Multiple Indicator Cluster Survey (MICS), 94 percent of children aged 2 to 14 years reported experiencing physical and psychological abuse in 2011. According to Ghana Statistical Services (2012), over 14 percent of children aged 2 to 14 years have been subjected to severe punishment, while 73 percent have been subjected to some sort of light punishment. Although these figures are concerning, they may not accurately reflect the full picture of violence against children in Ghana, as most cases of domestic abuse are unreported due to societal legal restrictions (Aihie, 2009).

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Over the decade, several laws and institutions have been implemented by government to stop domestic violence against children in the country. Ghana as the number one country in the world to accept the agreement of the United Nations Convention on the Rights of the Child (UNCRC) and dedicated itself to integrating it into national law. This led to the establishment of Domestic Violence and Victims Support Unit (DOVVSU). DOVVSU is a unit under the Ghana Police Service is charged with the duty of ensuring that all cases involving domestic violence against women and children are investigated and sent to court for prosecution. In addition, the country has implemented several policies and rectified international conventions to curb domestic violence prevalence in Ghana. The Domestic Violence Act (Act 732), was brought into force to safeguard women and children who suffer from domestic violence. Also, in 2005, the government passed the Human Trafficking Act of 2005. This act is in accordance with the United Nations Convention on Human Trafficking and seeks to deter, minimize and prosecute human traffickers.

There are various effects associated with domestic violence; these can be psychological as well as medical. According to García-Moreno et al. (2013) persons who have suffered domestic abuses or violence are three times more likely to suffer depression and have greater chance of acquiring HIV infection. Bobonis, González-Brenes and Castro (2013) also provide enough proof of intergenerational consequences of domestic violence on persons who are abused during childhood, as they are likely to also turn into perpetuators of violence when they grow. Again there is the likelihood that domestic violence could have some psychological effects on victims. Research has indicated that

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

individuals who suffer domestic violence often experience some psychological disorders such as post-traumatic stress disorders, anxiety and depressive disorders, as well as dissociative disorders (Shorey, Febres, Brasfieldm, & Stuart, 2012; Overlien, 2010). These psychological problems have the capacity to influence the life of victims of domestic violence for prolonged periods. Indeed, the adverse effects of domestic violence extend beyond the immediate family, even to the entire country (Espelage, Low & De La Rue, 2012). In 2014 alone, due to domestic violence, close to 7 trillion dollars was spent on providing medications and treatment for persons suffering from various forms of illness (Pereznieto, Montes, Routier, & Langston, 2014). Although domestic violence challenges the well-being of victims, there are various ways of managing and coping with the situation.

Coping is a cognitive and behavioural responses used to handle internal or external conditions perceived as beyond the capacity of the individual (Lazarus & Folkman, 1984). The components of problem-focused coping and emotion-focused coping were the most accessible coping strategies used by battered women during a research (Lazarus & Folkman, 1984). Problem focused coping therefore is about taking intentional action to alter the cause of stress. Emotion-focused also refers to efforts to manage a stressor's emotional pain. Coping with domestic violence among young people is extremely difficult (Green, Choi & Kane, 2010). Literature on coping among child victims of domestic violence suggests that whereas some victims are able to cope well with the situation (Lepistö, Åstedt-Kurki, Joronen, Luukkaala, & Paavilainen, 2010; Leite, Beserra, Scatena, Silva, & Ferriani, 2016) others find it hard to apply effective coping strategies in dealing with

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

difficulties of their situation (Aymer, 2008; Leite et al., 2016). The inability of young victims to cope with domestic violence is mostly due to the lack of knowledge in the area of domestic violence and the limited or no assistance for young victims of domestic violence (Kaye, Ekström, Johansson, Bantebya, & Mirembe, 2007). These empirical evidence about psychological effects of domestic violence and coping strategies reiterate the need to examine ways of understanding and helping these vulnerable individuals.

Statement of the Problem

Over the past decades, the government has implemented several strategies and established institutions to prevent domestic violence against children and also, ensure that victims report perpetrators (Institute of Development Studies (IDS) & Ghana Statistical Service (GSS), 2016). Unfortunately, these policies seem not to be achieving the intended purposes as domestic violence in Ghana continues to be among the highest in the world. The most recent statistics from the Multiple Indicator Survey (MICS) indicate that 94 percent of children in Ghana, age (2 to 14 years) have experienced some form of bodily and emotional abuses. The GSS (2012) report also revealed that over 14 percent of children within the age bracket of 2-14 years have experienced severe punishment from parents. These statistics paint a bleak future for the nation, given the devastating outcome of domestic violence on children and the economy.

Furthermore, although domestic violence is understood to be prevalent among several countries around the world (Alhabib, Nur & Jones, 2010), studies have shown that attitudes about domestic violence have significant effect on the success of strategies to combat the violence (Calson & Worden

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

2005). The options and responses of both sufferers and perpetrators of domestic violence are strongly influenced by what the society made them to assume to be true regardless of their convictions. However, empirical studies assessing domestic violence against children is scanty (Calson & Worden, 2005), particularly from the Ghanaian perspective. This is because in Ghana, most studies on domestic violence have largely been limited to women, with little focus on children (Ampong, Donbesuur & Samanhyia, 2016). It is in view of this that the researcher deems shifting the focus from women to children is an important empirical exercise, particularly given the incessant daily reports of domestic violence against children in the country.

Again, research has indicated that psychological problems are one of the vital issues associated with domestic violence against children and adolescents (Evans, Davies, & DiLillo, 2008; Øverlien, 2010; Levendosky, Bogat, & Martinez-Torteya, 2013; Kimball, 2016; Callaghan, Alexander, Sixsmith, & Fellin, 2018). In the face of domestic violence, there are diverse psychological effects that children experience and this has the capacity to influence their daily life adversely. It appears that literature on the domestic violence related psychological problems such as depression among adolescents and children of school going age are inadequate. This is because majority of the studies on domestic violence among children and adolescent focus on prevalence (Alhabib, Nur & Jones, 2010; Finnbogadóttir, Dykes & Wann-Hansson, 2014; Erten & Keskin, 2018; Orpin, Papadopoulos & Puthussery, 2020). Others too focus on physical impact (Howarth, Feder, Howard, Agnew-Davies, & Feder, 2013; Al Dosary, 2016; Ragavan, Fikre, Millner & Bair-Merritt, 2018). The rest focus on ways of managing or treating

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

victims of abuse with less attention given to the psychological problems these individuals experience on regular basis (Maiuro & Eberle, 2008; Policastro & Payne, 2013; Steinmetz & Gray, 2017). Moreover, it is important to stress that research on domestic violence among children in Ghana scarcely examine the psychological impact of the situation and its related effects. This is because most studies in the Ghanaian context only examine the prevalence of domestic violence among senior high school student (Adjah & Agbemafle, 2016).

Finally, literature suggests that coping among individuals who experience domestic violence is extremely difficult (Craparo, Gori, Petruccelli, Cannella & Simonelli, 2014; Hines, 2015; Leite, Beserra, Scatena, Silva & Ferriani, 2016; Callaghan, Alexander, Sixsmith & Fellin, 2018). With this inability of the victims of domestic violence to cope, it implies that levels of functioning and well-being are significantly affected. Although studies conducted have communicated this idea, there are no known studies in the Ghanaian context that specifically examine the coping strategies among teenagers who feel pain from domestic abuse. The ability for an individual to cope with experiences like domestic abuse has been found to be important to daily functioning and ability to thrive regardless of the negative experience of domestic abuse (Lazenbatt, Devaney, & Gildea, 2013; Tonsing, Tonsing & Orbuch, 2020). This means that when young victims of domestic violence are not able to cope effectively, they are affected by the related traumatic experience for prolonged periods of their lives.

Collectively, previous researches have shown the current understanding of the prevalence rates of domestic violence and highlighted some of its physical, emotional and cognitive implications on children and

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

adolescents. It is based upon these reasons that the purpose of this study is to look at the psychological effects and coping strategies used by children experiencing domestic violence, with specific focus on the Keta and Ketu South Municipal Assemblies.

Purpose of the Study

The objective of this study was to look at psychological effects and coping strategies used by children experiencing domestic violence in Keta and Ketu South municipalities. Specifically, the study sought to:

1. Identify the most prevalent types of domestic violence experienced by children in Keta and Ketu South Municipal Assemblies.
2. Examine the psychological effects of domestic violence on children in the Keta and Ketu South Municipal Assemblies
3. Identify the coping strategies that are used by children experiencing domestic violence.
4. Determine gender differences in the psychological effects of domestic violence
5. Determine gender differences in the coping strategies used by children experiencing domestic violence.

Research Questions

In order to direct the study, the following research questions were stated.

1. What are the most prevalent type of domestic violence experienced by children in Keta and Ketu South Municipal Assemblies?
2. What are the psychological effects of domestic violence on children in the Keta and Ketu South Municipal Assemblies?

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

3. Which coping strategies are being used by children experiencing domestic violence in the Keta and Ketu South municipal Assemblies?

Research Hypotheses

The research hypotheses are:

1. ***H_0*:** There is no significant gender difference in the psychological effects of domestic violence experienced by children.

   ***H_1*:** There is a significant gender difference in the psychological effects of domestic violence experienced by children based on gender

2. ***H_0:*** There is no significant gender difference in the coping strategies used by children experiencing domestic violence based on their gender.

   ***H_1*:** There is a significant gender difference in the coping strategies used by children experiencing domestic violence based on their gender.

Significance of the Study

The Multiple Indicator Cluster Survey (MICS) report indicates that a significant mass (over 50 percent) of Ghana's population belief that physical discipline is essential for a child's proper growth. However, some of these acts of disciple may fall under the category of domestic violence against children and may be detrimental to the wellbeing of children. It is therefore pertinent to measure the psychological effects of domestic violence and its consequences on the child. Again, by measuring the psychological effects on children experiencing domestic violence, it will help inform policy makers on the consequences of domestic violence and thereby implement non-generic policies that will decrease the prevalence of domestic abuse against children in Keta and Ketu South Municipal Assemblies. The research will also contributes to the worldwide recognition on the effects of domestic abuses against female

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

and children and the coping strategies used by these children to adjust in their environments.

Delimitations

The study examines the psychological effects and coping strategies used by children experiencing domestic violence in the Keta and Ketu South Municipal Assembly. Looking at the nature and objectives of the study, the study elicited and analysed cross sectional data obtained from the field on the psychological effects of domestic violence on children (10 to 19 years) and the most prevalent type of domestic violence against children in the Keta and Ketu South Municipal Assemblies.

The study also concentrated on the coping strategies used by these children. The study was confined to only children within the Keta and Ketu South Municipal Assemblies in the Volta Region. The study also evolved around types of domestic violence, most prevalent, causes of domestic violence and psychological effects (Anxiety, depression and Stress) of domestic violence.

Definition of Terms

The following terms have been described operationally;

Domestic violence: a caregiver's intimidation (a spouse, parent, an intimate partner or a sibling)

Coping strategies: approaches an individual employs to reduce or manage difficult situations

Sexual abuse: physical power to coerce an individual to involve in a sexual activity against the will of the person.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Psychological effects: depression, stress and anxiety among children suffering from domestic violence.

Children: young person between the age of 10 and 19 who has experienced some form of abuse.

Organisation of the Study

The research includes five key chapters. The chapter one gives a broad overview of the topic and the problem under study from different perspectives and justifies why it is important. Chapter two deals with the literature review. It presents what various studies have been done about the problem. It presents theoretical framework, conceptual and empirical reviews on psychological effect and coping among young victims of domestic violence. Chapter three presents the research methods used for the study. This includes the research design, population, sample and sampling procedure, data collection instruments, and data collection procedure and data analysis. The results from data collected from the field were discussed in the Chapter four. This is where the data gathered were subjected to analysis and discussed in relation to reviewed literature. Based on the study findings and suggestions for future research, the final chapter presents the summary, conclusions and recommendations.

VERITAS LUMEN NOBIS

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

CHAPTER TWO

LITERATURE REVIEW

Introduction

The focus of this research was on investigating the psychological effects and coping strategies used by children experiencing domestic violence. The present chapter reviewed the literature relevant and related to the study. Some relevant theories, various concepts in the study, and empirical studies were reviewed. The review covers:

1. **Theoretical Framework**
   a. Traumagenic dynamics model (Finkelhor & Browne, 1986)
   b. Socio-ecological model
   c. The Transactional model of stress and coping (Lazarus & Folkman, 1984)
2. **Conceptual Review**
   a. Domestic violence and abuse against children
   b. Depression
   c. Anxiety
   d. Stress
   e. Coping
3. **Conceptual Framework**
   a. Domestic Violence
   b. Psychological Effects
   c. Coping Strategies

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

4. **Empirical Review**
    a. Types of domestic violence mostly experienced by children
    b. Psychological effects of domestic violence on children
    c. Coping strategies used by children experiencing domestic violence.
    d. Gender differences in psychological effect of domestic violence
    e. Gender differences in the coping strategies

Theoretical Framework

This aspect of the review brings to focus the various theories that form the basis of this study. The various models include the traumagenic dynamics model, the transactional model of stress and coping and socio-ecological theory. The models have been thoroughly explained in relation to how applicable they are to this study.

Traumagenic dynamics model

In the year 1985, Finkelhor and Browne conceptualised the traumagenic dynamics model of child abuse to recognize the effects of abuse on young people. This model considers the implications of assault on persons with single and multiple child abuse incidents. The literature on child abuse and violence has traditionally consisted of observing difficulties related with the history of child abuse without a clear model indicating how or why these issues are caused by child abuse (Finkelhor & Browne, 1986). The Post-Traumatic Stress Disorder (PTSD) diagnostic criteria was used when researchers became conscious of the pain affecting child victims of domestic violence (Merryfield, 2001).

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

The use of PTSD diagnostic criteria to consider the consequences of child exploitation has a range of drawbacks. Firstly, research investigating the PTSD paradigm still focuses on the impact on the victim and ignores the role of the child's environment, despite other researches indicating that the effects of child exploitation on childhood symptomatology can be moderated by the family variables, such as attachment and support (Friedrich, Leucke, Belike, & Place, 1992). Additionally, not every child who experienced child abuse or violence showed PTSD symptoms (Finkelhor & Browne, 1985, 1988). There is the possibility that children not displaying such particular symptoms would be dismissed and not seek care (Merryfield, 2001). It is possible that using the PTSD approach will lead to a fixation on the trauma rather than the victim or the experienced victimization. The vulnerability and protective variables that the survivor has can be overlooked by doing so (Finkelhor & Kendall-Tackett, 1997).

The traumagenic dynamics model was developed to synthesise the numerous experiences of child abuse, together with non-PTSD symptoms. It is an applied trauma model that uses a conceptual framework for the analysis of abuse of children (Finkelhor & Browne, 1985, 1988). The model integrates the viewpoint of PTSD and contains the symptoms outside the limits of the PTSD diagnosis criteria. It explores the multifaceted effect of child abuse and looks at more than just the amount of trauma that has occurred to resolve the range of traumatic experiences (Merryfield, 2001). The model states that child abuse occurrences can be assessed based on four trauma factors known as the traumagenic dynamics. These are: traumatic sexualisation, betrayal,

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

powerlessness and stigmatisation or self-blame. These factors have been further expanded below.

a. ***Traumatic sexualisation***

This happens when the abuse is sexual in nature. Traumatic sexualisation implies the process in which, due to sexual assault, a child's sexual, emotional state and beliefs are formed in a socially maladaptive way (Finkelhor & Browne, 1985). These thoughts and perceptions can lead a child to show incorrect sexual behaviour, uncertainty and misunderstanding of her sexual self-conception and rare emotional ties with sexual experiences (Finkelhor & Browne, 1985). Empirically, studying the consequences of traumatic sexualisation has shown that this dynamic has a higher number of adult sexual partners' problems (Senn, Carey & Coury-Doniger, 2012) and has a negative impact on self-image particularly, in relation to social relations and sexual relations (Cantón-Cortés, Cortés & Cantón, 2012). Finkelhor and Browne (1985), assert that this dynamic may develop in so many ways in the course of the abuse. It becomes very obvious when the abuser exploit the child sexually, which does not conform to the level of development. Again, it is often seen where, in exchange for sexual activity, the perpetrator receives love, attention, privileges and gifts, so that the victim realizes how to exploit others to fulfill her needs using sexual behavior. This dynamic is also produced by giving distorted importance and significance to specific parts of the child's anatomy to fetish. This happens when the offender conveys to the child assumptions and confusions regarding sexual conduct and sexual

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

morality. Lastly, if the child connects scary memories and situations with sexual behaviour, traumatic sexualisation can result. The level of traumatic sexualisation depends on the experience of sexual harassment. When children are made to arouse sexual responses, lured into the act, or victimised using physical force are all related with higher levels of traumatic sexualisation. Moreover, children who are matured enough recognises the sexual consequences of what is happening, compared to a younger child, the child may go through levels of traumatic sexualisation (Finkelhor & Browne, 1985).

b. ***Betrayal***

The next traumatic dynamic, betrayal, is the process in which a child who has experienced violence discovers that someone she relied on is the perpetrator, when the damage was caused by loyal, or love one (Finkelhor & Browne, 1985).This harm may be initiated not only by the offender, but also by non-abusers the child depend on. The individual may be a trustworthy personality who could not or did not want to protect the child. It could also be a trustworthy person who alters his or her perception of the child after the abuse is disclosed. If a child is not believed, criticised or ridiculed upon reporting the assault, the feeling of betrayal is significantly greater than that of the child supported (Finkelhor & Browne, 1985). Thus, the abuse results not only in feelings of betrayal, but also in the reaction of other trusted individuals to the life of the child (Merryfield, 2001). Even if the child has stable attachments, it is assumed that this experience will cause sudden changes to the attachments to his or her main relations and lead to resentment of others, impairment of the capacity to develop close social or interpersonal

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

relationships, pain, depressive symptoms, and lower self-esteem in intimate relationships with others (Cantón-Cortés, et al. 2012; Friedrich et al. 1992).

c. ***Powerlessness***

Powerlessness is described as the method of making the child impotent and regularly dismissing his/her self-efficacy, desire, control and will (Finkelhor & Browne, 1985). Being helpless will cause the child to feel that he/she has no ability to regulate and impact the environment, and this perception will lead to less positive results. (Edwards, 1997). This is associated with overall mental problems (Hazzard et al., 1995; Kallstrom-Fucqua, et al., 2004), depression, anxiety (Cantón-Cortés, et al., 2012), somatic and dissociative disorders (Finkelhor & Browne, 1985). A profound feeling of helplessness stems out as a result of repeated punishment or violent acts as well as constant invasion of the body and territories of the child without consent. The level of coercion and manipulation of the perpetrator worsens this dynamic. Thus when a child sees that efforts in stopping the abuse are ineffective, they are likely to give up and assume a state of learned helplessness. The feeling of powerlessness or helplessness is prolonged when the child is not capable to draw the attention of other adults to what is going on, if a child feels scared, or when he or she realises how dependency circumstances have ensnared him in obnoxious condition (Finkelhor & Browne, 1985). These emotional state could eventually result in a general lower sense of self-efficacy, an inaccurate perception of one self (Friedrich, et al., 1992).

d. ***Stigmatisation and self-blame***

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Stigmatisation which is the final traumagenic dynamic, denotes the undesirable implications that are conversed to children in relation to the abuse and violent which is translated into their self-image (Finkelhor & Browne, 1985). These implications include the idea of the child described as bad or the child ought to be ashamed and guilty. These consequences can arise directly from the abuser, for example if he accuses or dismisses the victim, or he can communicate shameful messages by urging the victim to keep the abuse hidden, thus reinforcing its difference and doing something wrong. Stigma and self-blame can also be strengthened when the child has a previous religious and cultural knowledge that the abusive activity is dealt with as a deviant act, or when society respond with a tremor or condemn the child. Stigmatisation may be apparent if people attribute negative occurrences to the child as being immoral due to the abuse (Finkelhor & Browne, 1985). This dynamic can be associated with psychological problems (Coffey, Leitenberg, Henning, Turner, & Bennett 1996; Kallstom-Fuqua, et al., 2004). Younger children may not be conscious of social attitudes which means that they may be at a greater risk of having the impact of stigma and self-blame than older ones (Finkelhor & Browne, 1985; 1988).

Each of these four dynamics defined can result in diverse trauma-related responses and permit for child abuse and violence to be studied not only as a situation, but also as a practice of prolonged traumat (Finkelhor, 1987). The behaviours, values and ideas arising from child abuse are the resulting dynamics which guide the child's emotions and actions (Ramirez, 2009). While these dynamics are not exactly unique for child abuse and the types of trauma that may occur (for example, combat-related traumas, personal

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

and domestic violence), in one instance, the mixing of four dynamics makes an abuse trauma special relative to other traumas (Finkelhor & Browne, 1985).

Application of traumagenic dynamics model

The model applies to this study in the sense that it explains how abuse (physical, sexual or verbal) can be traumatic for a child who experiences such an act. The model examines four major dynamics that can result from abuse. These major dynamics can have psychological effects for children experiencing domestic violence. These psychological effects encompass symptoms of anxiety, depression, stress and emotional disorders among other psychological problems. The model also establishes that the traumatic effects of abuse could also include attitudinal changes and lead to mistrust and learned helplessness among victims. The traumagenic dynamic model links abuse and domestic violence to trauma and psychological problems, thus making it applicable to this study.

Socio-ecological model

The Bronfenbrenner's (1979) ecological model on human development was initiated late 1970s as a concept which was developed into a theory in the 1980s. The theory has been identified as having two different phases. The original model of Bronfenbrenner showed the relevance of location to aspects of the meaning, and by way of review, Bronfenbrenner used self-criticism to ignore the role that an individual plays in his or her personal growth while concentrating heavily on the environment (Bronfenbrenner, 1989). Even though Bronfenbrenner theory has been revised, modified and expanded, the ecologically emphasised interconnection between the person and the context continues. The socio-ecological model of Bronfenbrenner investigates human

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

development by reflecting at how people construct their unique environments (Elder et al., 2007). Human development is based on the environment; this include the community as a whole and the period they live in that community, and the consequences of behaviour and growth. Thus viewing behaviour and development as a cooperative connection, hence the so-called "bioecological" model (Howe, 2009; Guerrero & Wilson, 2017).

The socio-ecological model was developed by Bronfenbrenner (1989) in order to explain how all things affect a child and the surroundings of the child. Bronfenbrenner's initial idea was that the whole ecological environment where development occurs should be considered in understanding human development. This system is made up of five components which help and guide the development of human beings. Each framework relies on the life history of the individual and present an increasing variety of opportunities and sources for development (Bronfenbrenner, 1999). In addition, bi-directional influences occur inside and within each system. These bi-directional impacts indicate that interactions have a two-way impact towards the individual. The five subsystems are explained below:

a. ***Microsystem***

The microsystem is a child's closest layer and integrates the systems into direct contact with the child. This system involves the relation to the immediate environment of a child which includes the family, school and community (Berk, 2000). Bi-directional variables are highest at this system and have much effect on the development of the child. Nevertheless, external experiences could still influence the internal structures. This is the main setting for the child to learn about the world (Bronfenbrenner, 1989). It

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

provides a reference point for the environment for personal learning. This system can offer the child with the nutritional centrepiece or become a set of negative memory (Rogoff, 2003). For the child, the true strength of this first set of interrelationships with the family is the development of trust and reciprocity with other children (Pipher, 1996). The child's early life microsystem is the family. Careful communication between children and their parents or caregivers can contribute to a well-trained personality traits (Swick, 2004). The attachment behavior of parents, for example, gives children their first experience of building trust.

b. ***Mesosystem***

The mesosystems transcend the relationship between two parties (Swick & Williams, 2006). Mesosystems are interconnected between two or more structures where the children, parents and the families live (Bronfenbrenner, 1979). Mesosystems provide a link between the child's microsystem structures (Berk, 2000). Mesosystems, for instance, are the relationship between the teacher of the child and the family.

c. ***Exosystem***

Exosystem is the third layer of environmental systems and consists of environments that indirectly affect the growth of a child by directly impacting someone or something close to the child. The systems in this component influence the development of the child through interactions with a certain settings in its microsystem (Berk, 2000). A typical examples is work schedules for parents. The child might not be involved openly in the interaction with his own system at that level, but the child feels the substantial effect. The exosystems, including the schools, parents' workplace, social relations and the

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

community context of the neighbourhood; local policy and industry, which indirectly influence children through their families (Bronfenbrenner 1994). Exosystems may empower or degrade children. For instance, without personally working there, children understand the pressure of their parents' offices or workplaces.

d. ***Macrosystem***

The macrosystem is the broader cultural structure in the culture of the child, such as social conditions and attitudes. The cultural and social background of different society groups, including financial, ethnic and religious affiliates, can be defined using macrosystems (McLaren & Hawe, 2005). This is the outer part of the child's environment. The implications of broad macrosystem concepts take a drastic impact on all the relationships of the rest of the systems (McLaren & Hawe 2005). The macro - environment influences how, when and where relationships are executed (Bronfenbrenner, 2005). The macrosystem helps us to construct the various aspects of our lives together in some way (Garbarino, 1992).

e. ***The Chronosystem***

The Chronosystem contains the time factor in relation to the child's environment (Bronfenbrenner 1989). The chronosystem consists of environmental events and shifts, including any socio-historical events that take place during a child's life. Family dynamics should be interpreted by every structure within the historical context (Bronfenbrenner, 1989). In particular, these historical factors may affect how families react to various stressors in the

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

macrosystem. Bronfenbrenner indicates that families frequently respond to the various stressors that occur in their lives within societal parameters.

The application of the socio ecological model to the study

The model describes how the world influences the behaviour of a person. The model communicates the idea that poor environment at all levels have capacity to affect ones development. The model is applicable to this research since it examines how problems such as abuse at any of the systems can have serious consequences on the social, physical and psychological development of a child. The socio-ecological model advances the idea that issues of abuse and violence at any of the systems would adversely affect how a child would relates to individuals in the environment. These could include mistrust for those in the immediate social context and inability to depend on those within the environment for the needed support; and this could have psychological implications.

The Transactional model of stress and coping

For several decades, the transactional model of stress and coping, developed by Lazarus and Folkman (1984), have been generally influential. The model stresses that individuals continuously assess or evaluate stimuli in their environment. Emotions are created by the assessment process, so when triggers are deemed threatening or negative (that is, stressors), the subsequent anxiety introduces coping mechanisms to regulate the emotions or try to explicitly resolve the stressor itself. Coping mechanisms create a result (a change in the individual's relationship with the environment) which is reassessed as favourable, unfavourable or unresolved. Favourable stressor resolution creates positive feelings, while unresolved or unfavourable

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

resolutions cause anxiety, forcing the individual to seek additional coping options in an effort to deal with the stressor (Folkman, 1997; Folkman & Lazarus, 1985; Folkman & Lazarus, 1988; Lazarus & Folkman, 1984). From this point of view, stress is described as the experience of stimuli assessed as harmful or difficult, which surpasses the ability of the person to cope (Lazarus & Folkman, 1984). Cognitive appraisal and coping are the key features of the model.

a. The Cognitive Appraisal

The transactional model suggests that the power of stress response is characterized by the intervening functions of evaluation, mental process by which situations/stimuli are given significance (Boyd, Lewin & Sager, 2009; Lazarus & Folkman, 1984). Lazarus (1991), argues that the evaluations of personal and contextual transactions combined two forces: the individual's own plan, comprising principles, objectives, and their views, as well as environmental dynamics, like demands and resources. Two essential assessment methods were described by Lazarus and Folkman as the primary and secondary assessment.

The primary is a form of an appraisal that attributes meaning to precise personal or environmental transactions, and determines the importance of these transactions to the wellbeing of the person (Lazarus & Folkman, 1984). The transaction can be regarded as positive-benign, irrelevant or stressful. The two initial categories (benign-positive and irrelevant) do not induce adverse emotions in the model. The third group, which is the stressful transactions is the primary emphasis, which provides the need for consequent coping strategies. Stressful transactions can be more assessed as causing significant

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

damage or challenges (Oliver & Brough, 2002). Assessments of danger and injury refer to transactions that can harm or damage and trigger unwanted feelings. Challenge assessments vary from assessments of damage or threats, as they involve possible changes and suggest future directions for research.

Whereas primary evaluation attempts to assess the relevance and significance of a well-being transaction, secondary evaluation focuses on how to manage the stressor and the anxiety it creates (Dewe & Cooper, 2007). When a particular transaction is perceived to be stressful, secondary assessment is activated and comprises a mental reasoning by the person of their coping resources, situational variables and coping styles (Dewe & Cooper, 2007; Folkman, 1984).

Coping

The transactional model of stress also emphases on how individuals cope with stress. Coping efforts are the actual strategies that persons challenged by stressors use to mediate primary and secondary appraisals to minimize the stressors on them. Strategies for coping are divided into two: problem-focused coping strategies and emotion-focused coping strategies (Lazarus & Folkman, 1984). Coping, according to the model, requires continually altering of intellectual and behavioural efforts to handle external and/or internal challenges that are perceived to require or exceed a person's resources (Lazarus & Folkman, 1984). Coping, from their point of view, is a process-oriented and nuanced, rather than trait-based (O'Driscoll & Kalliath, Brough, 2005a; 2005b). It includes mindful and resolute operations when a situation is considered stressful (Lazarus & Folkman, 1984). Coping techniques are based on this principle to either deal directly with the stressor

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

or control feelings occurring as the outcome of the stressful situation (Lazarus & Folkman, 1984). The transaction model emphasizes that coping can be divided into problem-focused and emotion-focused coping.

The Problem-focused coping strategies are the ones used when people who are struck with stressors feel they can control the situation or challenge and therefore can handle the source of the problem (Chao, 2011). Mechanisms for dealing with the problem, creating, testing other options, learning new skills to handle the stressor or reappraising in attempts to modify or eliminate negative ego emotions or stress involvement are known as problem-focused coping strategies (Lazarus & Folkman, 1984). Emotional-focused coping strategies are the styles of coping employed when people feel they have little control of a condition in which they cannot manage or deal with the problem from its source (Lazarus & Folkman, 1984). It comprises gaining strategies for regulating psychological distress by avoiding, distancing self from the emotion, acceptance, and seeking emotional support, selective attention in attempts to lessen negative appraisals paired to the stressor, venting anger demands and more (Taylor & Stanton, 2007).

Followed by new environmental awareness, the results of coping efforts lead to a cognitive reassessment phase in which the condition is reassessed to determine if coping attempts have been successful or if the essence of the situation has changed from traumatic to insignificant or benign-positive (Lazarus & Folkman, 1984).While positive effects can occur as a result of successful adaptation, further coping strategies may be triggered by ineffective adaptation, with ongoing failure that results in adverse effects and physiological disruptions. (Edwards & Baglioni, 2000). Overall, the stress and

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

coping theory of Lazarus and Folkman (1984) emphasises that the stress mechanism is a continuous cycle of individual-environment transactions, perceived as equilibrium disturbances and adaptive mechanisms applied to overcome this imbalance.

The application of the transactional model of stress and coping

The transactional model of stress and coping was implemented in the current study because its theoretical basis indicates that particular types of circumstances contribute to positive and negative experiences. It also indicates that there are a variety of cognitive judgments that people make about stressors (Newness, 2011). The model considers the evaluation mechanisms, feelings and coping techniques to be used to enable victims of domestic violence to measure their responses more positively and to interpret the consequence in other beneficial way (Lazarus & Folkman, 1984). According to Newness (2011), a benefit of this model is that it accommodates individual differences in appraisal and on that grounds the model has been used in previous studies that focus on coping. The psychological distress experienced by young victims of domestic violence largely depends on their thoughts which motivate their choices of coping strategies in maintaining their well-being and enhancing their quality of life. It is said that persons who experience domestic violence and harassment experience psychological distress on the basis of their cognitive evaluations of the circumstances in which they are found; this plays a major role in their preference of coping strategies.

Domestic abuse and violence basically contribute to unhealthy levels of depression, anxiety and stress. The model explains that, for one to experience stress the situation will have to be cognitively appraised as

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

destructive, stressful and threatening and beyond their coping abilities. The model was used in therapies like the cognitive behaviour therapy to assist victims of domestic abuse for positive cognitions associated with their experiences and also cope with their stress.

Conceptual Review

The conceptual review provides information on the various concepts under study. It takes into account the description and clarification of issues relating to child domestic violence and harassment, as well as its management where appropriate, and also describes the key variables in the study.

Domestic violence and abuse against children

Domestic violence refers to any form of violence or harassment in a domestic context such as family, marriage or cohabitation (Myhill, 2017). It also involves, in a broad sense, violence against young people (children), parents or the elderly (Slabbert, 2017). Domestic violence can take different forms: verbal, emotional, physical, economic, religious, reproductive, and sexual abuse, ranging from subtle, coerced forms of marital rape to extreme of physical abuse such as clogging, punching, genital mutilation of women, and acts resulting in deformity or death (Katz, 2016). It regularly occurs when the abuser considers abuse as a prerogative, acceptable, necessary, or may go unreported (Halket, Gormley, Mello, Rosenthal, & Mirkin, 2014). This may result in an intergenerational series of violence between children and family members who believe that brutality is justified or forgivable (Halket et al., 2014). Generally, women and children fall victim to domestic violence and tend to experience more severe kinds of abuse (McQuigg, 2011).

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Child abuse or violence covers all types of violence committed by parents, caretakers, guardians, friends and sexual partners or by strangers against people under the age of 18 (WHO, 2020). As of 2016, an estimated 1 billion children from 2 – 17 years endured physical, sexual, or emotional violence or neglect worldwide (Hillis, Mercy, Amobi, & Kress, 2016; WHO, 2020). The traumatic childhood experiences associated with violence have lasting health complications (Banyard, Hamby, & Grych, 2017).

Forms of domestic violence against children

According to the WHO (2020), domestic violence against children includes at least one out of six major forms of interpersonal violence that can occur at various times in the development of a child.

a. **Maltreatment:** This includes physical, sexual, psychological/emotional abuse and neglect of children by parents, caregivers and other significant individuals, mostly at home, but also in schools and orphanages. This also includes child labour.

b. **Bullying:** Belligerent action by another child, group of children or siblings on the victim is unwelcomed. This involves persistent physical, psychological or social damage, often occurring in classrooms and homes.

c. **Youth violence:** This is primarily based on young people from the ages of 10 and 29 years and young adults. It happens often among friends and people in groups. It's mostly includes the use of physical force, intimidation and the use of weapons.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

d. **Intimate partner violence:** It means an intimate partner's physical, sexual and emotional assault. While males may be victims, violence against an intimate partner has a significant effect on females. In early and forced marriages, this often happens to children. It is often referred to as' dating violence' among romantically involved yet unmarried adolescents.

e. **Sexual violence:** This includes complete or attempted non-consensual sexual relations and non-relevant sexual acts (such as voyeurism or sexual harassment); sexual abuse of persons unable to consent to or refuse such sexual advances.

f. **Emotional or psychological violence:** This involves limiting the movement of children, denigration, mockery, intimidation and bullying, bigotry, marginalisation and other types of non-physical conducts. These acts inflict psychological and emotional suffering of victims

Risk factors of domestic violence

Domestic violence against children is a multidimensional issue and exists at multiple levels: individual, close relationships, community and social levels (Doidge, Higgins, Delfabbro, & Segal, 2017; WHO, 2020). These risk factors are further examined below.

a. **Individual level:** a risk factor for domestic abuse and harassment at the individual level can be genetic or individual factors such as gender, age, low education, low income and disability or mental health issues (WHO, 2020). Again, child sexuality, harmful use of alcohol and drugs by parents, and the parental past of violence exposure can also

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

contribute to domestic violence. The victim or the perpetrator of assault or violence is connected to these individual factors (Doidge et al., 2017).

b. **Close-relationship level:** Early or forced marriage may serve as risk factors for violence between parents or caregivers in relation to close relationships. It also refers to lack of emotional interaction between children and parents or caregivers, poor parenting practices, family discord and separation which is sometimes associated with delinquent peers (Trickey, Siddaway, Meiser-Stedman, Serpell, & Field, 2012). At this level, victims are affected more adversely since the abuse or violence is caused by people who are responsible for the safety of the child.

c. **Community level:** Factors such as poor social stability, high population density, poverty and migrant communities, stress-free use to alcohol or weapons, notorious gang and illegal drug trafficking can be described as risk factors for violence and child abuse at the community level (WHO, 2020).

d. **Society level:** The social level is a much broader level that encompasses issues that can lead to violence and abuse against children. They can contribute to domestic violence and harassment when variables of social and gender norms establish an environment in which violence is validated (Dubowitz et al., 2011). Health, fiscal, social and educational policies that perpetuate gender, economic and social disparities are other factors (Wolke, Copeland, Angold, & Costello, 2013). Lack of natural disaster conditions, social security,

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

inadequate governance and ineffective law enforcement can also be a source of child abuse (Assink et al., 2019).

Effects of domestic violence on children

Domestic violence against children has a lifelong consequence on the wellbeing of children, the environment and the country as a whole. Abuse against children may:

a. **Cause serious injury, even death:** Injuries are suffered primarily by victims of domestic violence and harassment due to physical combat and attack. In some cases injuries results in the death of victims (Sousa et al., 2011). This also includes the use of arms such as knives and handguns, with boys representing over 80 percent of victims and offenders (WHO, 2020).

b. **Impairing the growth of the brain and nervous system:** Early exposure to violence can influence the development of the brain and can affect the circulatory, endocrine, musculoskeletal, reproductive, respiratory and immune systems and other parts of the nervous system (Overlien, 2010). Violence against children can therefore have a negative effect on cognitive development, leading to educational and vocational failures (De Bellis, Spratt, & Hooper, 2011).

c. **The result of inappropriate coping and health risk activities:** Domestic violence affect children in several ways including the use of drugs (alcohol among others), and participation in high-risk sexual behaviours (DeBoard-Lucas & Grych, 2011). Again they exhibit higher levels of anxiety, depression suicide, and other mental health issues (WHO, 2020).

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

d. **Leading to unplanned pregnancy and diseases with sexual transmission:** Sex related abuse and violence may lead to reproductive health problems, including abortions, STIs, and HIV among others (WHO, 2020).

e. **Contributes to a range of non-communicable diseases in later life:** According to the Adverse Childhood Experience study (ACEs) in the 1990s, domestic violence and abuse results in diverse diseases (Cronholm et al., 2015). The increased risk of circulatory problems, cancer, diabetes, and other health problems is primarily attributed to negative coping and violence-related health risk behaviours (Finkelhor, 2018).

f. **Prevent prospects and future generations:** Children who are subjected to domestic abuse and threats, as well as other issues, are more likely to leave school, consider and maintain a demanding career, and are more likely to eventually be abused and/or commit interpersonal and autonomous violence that may have effect in the next century (WHO, 2020).

Preventing domestic violence and abuse against children

Violence against children can be prevented (Tharp, Simon, & Saul, 2012). Preventing and reacting to violence against children requires actions at all four interrelated risk levels to consistently address risk and protective factors (individual, relationship, community, society). A consortium of 10 international organizations have created and supported a verifiable evidence technical program named INSPIRE under the leadership of WHO: seven strategies to end violence against children (Shrivastava, Shrivastava, &

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Ramasamy, 2017; WHO, 2019; 2020). The purpose of the program is to support nations and societies attain sustainable development goal Target 16.2 on stopping child violence (WHO, 2019). One of the approaches is each letter of the word INSPIRE which have protective covering in many forms of violence and it offers some advantages in areas of education, mental health, and crime prevention (WHO, 2020). The methods are:

a. Implementation and the enforcement of laws (restriction of access to alcohol and firearms and prohibition of violent punishment for abuse)
b. Norms and values change (Modification of customs that tolerate the sexual harassment of girls or aggressive behaviour among boys);
c. Safe environments (like "hot spots" of crime in the towns and cities and then resolving local triggers by the police service)
d. Parental and caregiver support (Providing parental training);
e. Income and economic strengthening (Microfinance and gender equality preparation, for example);
f. Response services provision (Ensuring that victims of domestic violence received the needed psychological services); and
g. Education and life skills (This include safeguarding the future of the children and making sure they attend school and are offered teachings in life and social skills).

Apart from the INSPIRE projects, there are various acts and policies that have been implemented in several countries to serves as protection against domestic violence. For instance the Child Protection Act in USA, The Children’s Act in UK and Child Protection Law and Policy in China among others has been implemented to provide for the welfare of children. In Ghana,

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Children's Act (Act 560) developed in 1998 was also implemented to safeguard the rights of children against domestic violence.

WHO response to domestic violence and abuse against children

In May 2016, in a multi-sectoral national response, the World Health Assembly recommended the first ever WHO Global Action Plan to strengthen the role of the health system in mitigating domestic abuse, especially against women and girls, and against children.

Under the programme, the WHO, with support from other countries is dedicated to:

a. Monitor the world-wide extent and features of violence against children and encouraging countries to track and quantify such abuses.
b. Maintain an electronic database that summarizes research data on the impact, risk factors and proof of the prevention of violence against children.
c. Create effective evidence-based professional guidance manuals, guidelines and standards to prevent and respond to child abuse.
d. Global status reports on national attempts to resolve violence against children are frequently released through national strategies and action plans, legislation, preventive initiatives and response services.
e. Supporting the adoption of evidence-based prevention and response initiatives by countries and partners, such as those found in INSPIRE: Seven strategies to end violence against children.

VERITAS LUMEN NOBIS

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

f. Partnering with international agencies and organizations through programs such as the Global Collaboration to End Violence against Children, Together for Girls and the Violence Reduction Alliance to minimize and eradicate violence against children worldwide.

Depression

Depression is a mood condition that is characterised by a prolonged periods of deep sadness, despair, feeling of unimportance and hopelessness, low self-esteem, social withdrawal, and cognitive and physical sluggishness (Thapar, Collishaw, Pine, & Thapar, 2012). With this concept, it is obvious that depression requires more than just feeling depressed for a long period of time. Thus, people have trouble focusing and making choices as memories change to negative and unhappy events. Affected individuals can be lethargic and sleepy physiologically, but experience insomnia. A decrease in appetite and the beginning of stomach problems including constipation may be encountered. Both these cognitive and biological signs are not usually encountered by people who feel so depressed, so depression is obviously a different psychiatric condition (Beck & Alford, 2009).

Types of depressive disorders

The three key forms of depression are major depression, dysthymia, and bipolar disorder, according to the International Foundation for Depressions Research and Education (2005).

a. **Major depression:** It is a mood disorder characterised by an intense feeling of depression for a prolonged period of time without the high manic depression period (Gerrig & Zimbardo, 2010).

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

b. **Dysthymia:** This is a depressed mood that is chronic and relatively continual in nature. In dysthymia the low mood must occur for at least two years, along with at least two other symptoms of depression (Gilbert, 2016).

c. **Bipolar disorder:** It's a mood disorder in which an individual changes between depression's hopelessness and the over-excited state of mania, thus characterised by the manic and depressive stages (Gilbert, 2016).

Symptoms of depressive disorders

According Fried, Epskamp, Nesse, Tuerlinckx and Borsboom (2016), signs of depression includes:

a. Reduced enjoyment or interest in food, sex, social chat and other joys.
b. Severe sense of meaninglessness, self-blame, and remorse.
c. Tiredness and anxiety, characterized by chronic insomnia, stressing on work and decision-making.
d. Sluggishness, exhaustion, and lack of resources
e. Repeated feelings of death and suicide.

Managing depressive disorders

Various approaches have been outlined as strategies for managing and treating depression. They include:

a. **Physical exercise:** This is endorsed for managing mild forms of depression, and has adequate influence on symptoms (Cooney et al., 2013). Again, it has been found that exercise is effective in treating major depressive disorders (Josefsson, Lindwall, & Archer, 2014). In certain individuals, it is comparable to the usage of drugs or therapies. For those who are willing, inspired and physically healthy enough to

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

engage in a wellness program, exercise may often be prescribed as therapy (Josefsson et al., 2014).

b. **Psychotherapy:** Psychotherapies (talk therapies) can be offered by mental health practitioners to individuals, groups or families. A 2017 review found that cognitive behavioural therapy, psychoanalysis and Acceptance and Commitment Therapy (ACT) tends to be equivalent to antidepressant medications (Gartlehner et al., 2017). These talk therapies help in providing an intra-psychic approach to understanding and treating depression. There is a modest quality evidence that psychotherapy is a beneficial complement to the traditional Short-term treatment of treatment-resistant depression with antidepressant medications (Jaz et al., 2018).

c. **Medication:** Antidepressants are medications that are recommended to managing and treating depression. Studies of antidepressant effectiveness in persons with severe, mild to moderate depression have shown conflicting results (Iglesias-González et al., 2017) Robust evidence backs the efficacy of antidepressants in treating chronic (dysthymia) or severe depression. Selective serotonin reuptake inhibitors (SSRIs) and benzodiazepines have also proven effective in treating depression (Gomez, Barthel, & Hofmann, 2018). However, these medications results in certain side effects including weight gain or loss, low sex drive and addiction among other side effects (Quagliato, Cosci, Shader, Silberman, Starcevic, Balon, & Freire, 2019).

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Anxiety

Anxiety is a general feeling of anxiety regarding potential hazards. In Freudian construction, It is a signal of an internal struggle or dispute among primitive need called the (the ID) and restrictions against its realization called the Ego and the Superego (Starkstein, 2018). Everyone experiences feelings of anxiety. Indeed, Anxiety is centred on normal physiological and psychological response to traumatic situations classified as a fight or flight response (Clark & Beck, 2011; Craske et al., 2011). We experience this reaction as speeding thoughts, beating heartbeat with accelerated breathing, making it possible to use energy quickly. Some individuals often note a stomach knot and sweaty or clammy hands. These physical changes indicate energy shifts away from non-emergency activities such as digestion and combat or fleeing (Bögels, Alden, Beidel, Clark, Pine, Stein, & Voncken, 2010). This simple fight-or-flight response tends to be very widespread among all mammals and is in fact a very adaptive response to threats such as predators (Krause, Corts, Smith, & Dolderman, 2014). Responses to anxiety have four elements, according to Barlow, Haffa and Cohen (2002):

a. A negative emotional aspect that involves a sense of anxiety and anticipation.

b. A psychological feature, including troubling thoughts and a feeling of difficulty to cope with.

c. Psychological reactions which includes increased blood pressure and heart rate, joint pain, quick breathing, nausea, dry mouth, diarrhea and increased urination

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

d. Behavioural reactions, such as avoiding certain conditions and impairing the efficiency of tasks.

Though anxiety is an adaptive response, it becomes a disorder when it is disabling and is out of proportion. These are a group of disorders that include excessive, irrational and maladaptive anxiety or nervousness (Krause et al., 2014). The occurrence and seriousness of the responses are out of proportion to the factors that cause them, and interferes with daily life (Clark & Beck, 2011). These disorders are frequently seen affecting more than one million Americans aged 18 years and above, while nearly 21 million adults have mood disorders (Hantsoo & Epperson, 2017).

Types of Anxiety disorders

a. **Generalised anxiety disorder (GAD):** This includes often elevated anxiety levels that are not aimed at or limited to any specific situation. Additionally, people with generalised anxiety disorders often feel irritable and have difficulty sleeping and concentrating, which are not usual experiences for people who have any other type of anxiety problem (Tyrer & Baldwin, 2006). What makes generalised anxiety disorder distinct from other anxiety disorders is that people who have it often struggle to identify the specific reasons why they are anxious (Roest, Zuidersma, & de Jonge, 2012). Moreover, the anxiety that people with generalised anxiety disorder have does not seem to go away, even if a particular problem or issue is resolved. Rather, the anxiety

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

becomes redirected towards some other concern (Costello, Gould, Abrol, & Howard, 2019).

b. **Panic disorder:** This is a condition characterised by frequent repetitions of sudden, very intense fear (Sánchez-Meca, Rosa-Alcázar, Marín-Martínez, & Gómez-Conesa, 2010). The condition is different from generalised anxiety disorder because, the anxiety occurs in small sections, but can be far worse and extreme (Sánchez-Meca et al., 2010). Panic attacks, which are fleeting periods of intense fear that include a surge of physical activity mixed with terrifying feelings, are the main characteristic of this condition. When fear of death induces increased physical arousal, a panic attack escalates, and increased physical symptoms feed the terrifying thoughts (Sue, Sue & Sue, 2010). The escalation goes on for no more than 10 minutes, after which the individual will eventually return to a more relaxed state (Craske et al., 2010).

c. **Social phobias:** It is an unhealthy panic of public observation, appraisal, or humiliation. A person experiencing a Social Anxiety Disorder can go out in public, but prefers familiar places and routines. Even if he is very competent, an individual with social anxiety disorder will avoid many others because the anxiety levels are too high (Hofmann, Anu Asnaani, & Hinton, 2010).

d. Specific phobias: An intense fear of a certain object such as a snake or a condition such as being in an enclosed space is a particular phobia (LeBeau, Glenn, Liao, Wittchen, Beesdo-Baum, Ollendick, & Craske, 2010). Stimulus stimulation almost often

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

causes extreme anxiety or a panic attack. The degree to which they interfere with everyday life relies on how easy it is to escape the entity or scenario that is feared. In females, specific phobias are about two times as much as for men (Wardenaar et al., 2017).

Symptoms of anxiety disorders

Symptoms of anxiety differ from person to person, however according to Stubbs, Aluko, Myint and Smith (2016) general common signs and symptoms of anxiety disorders include the following:

a. Getting a sense of danger imminent, fear or doom
b. Sweating
c. Getting an accelerated heart rate
d. Getting the desire to prevent events that cause anxiety
e. Nervous, restless or tense feeling
f. Trouble sleeping
g. Trouble focusing or contemplating on anything other than the immediate concern
h. Faster breathing (hyperventilation)
i. Shaky
j. Tired or sluggish
k. Having gastrointestinal (GI) issues
l. Having trouble managing worry

Treating and managing anxiety disorders

Anxiety disorders can be treated. Treatment options include the use of medications and psychological therapies among other treatment options. The most used treatment for anxiety disorders include:

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

a. **Lifestyle and diet:** Exercise for which moderate evidence exists for some progress, requires lifestyle improvements, regularisation of sleep cycles, reduction of caffeine consumption, and smoking cessation (Stein & Sareen, 2015). In anxiety, avoiding smoking has advantages as big as or better than those of medication (Taylor et al., 2014).

b. **Psychotherapy:** Psychological therapies have been found useful in managing anxiety disorders among a number of individuals. The first line of action is cognitive behavioural therapy (CBT), which is very helpful for anxiety disorders (Stein & Sareen, 2015; Pompoli et al., 2016). CBT looks to be similarly efficacious when carried out through the internet (Mayo-Wilson, & Montgomery, 2013). In the treatment of anxiety disorders, mindfulness-based approaches also seem to be strongly recommended (Lang, 2013).

c. **Medications:** There are medications that can be used in treating anxiety. Medications like Selective serotonin reuptake inhibitors (SSRIs) or Serotonin–norepinephrine reuptake inhibitors (SNRIs) are first line choices in managing generalised anxiety disorders (Stein & Sareen, 2015). These medications have several side effects including tiredness and insomnia among others. The discontinuation of the drugs contributes to higher risk for complications (Batelaan et al., 2017).

d. **Alternative medicine:** Additional medications have been used or are under research for managing anxiety. As of 2019, research had indicated that cannabis was effective in dealing with anxiety disorders (Black et al., 2019) Kava is another substance under preliminary research for its possible temporary usage for patients with mild to

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

moderate anxiety (Witte, Loew, & Gaus, 2005). Kava has been recommended by The American Academy of Family Physicians for treatment of mild to moderate anxiety disorders in persons who do not use alcohol or other liver-metabolized medications and who favour natural cures (Saeed, Bloch, & Antonacci, 2007).

Stress

Stress is a feeling of physical or emotional distress (Goldberger & Breznitz, 2010). It can come from any thinking or case causing feelings of frustration, anger, or nervousness (Koolhaas et al., 2011). Stress is a reaction to a difficulty request from the human body. Stress may be useful in short bursts, such as when it aids in the danger of escape or when a deadline is reached. However when it is prolonged, it can be damaging to wellbeing (Marin et al., 2011). Stress as a natural aspect of daily life can arise from the environment, the body, and personal thoughts and experiences (Goldberger & Breznitz, 2010). Although stress is perceived to result from negative experiences, positive life changes like a work promotion or the birth of a child among other factors can produce stress. Positive stress is known as eustress while negative stress is termed as distress (Goldberger & Breznitz, 2010). Some experts argue that stress is a result of how individuals interpret their experience and situation, emphasising that people do not experience stress the same way (Sandi, 2013). Thus what may cause stress in a particular person may not cause stress in another.

Types of stress

According to Goldberger and Breznitz (2010), there are two major stress categories:

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

a. **Acute stress:** This refers to the Short-term stress which quickly disappears. It helps in managing challenging situations. It's very useful when there is the need to do something novel or thrilling. At one time or another, every person experiences acute stress.

b. **Chronic stress:** For longer times, this type of stress persists. People experience it when they have financial challenges, troubled marriage, or abuse. Chronic stress is known as any type of stress that persists for weeks or even months. People may develop accustomed to chronic stress which they do not realise how problematic it is.

Signs and symptoms of stress

Just like any other medical condition, stress has certain symptoms that prove problematic. Thawabieh and Qaisy (2012) state that symptoms of stress are categorised into a cognitive symptom, emotional, physical and behavioural.

a. **Cognitive symptoms:** These symptoms encompass the various problems related to thinking when an individual is under stress. Common cognitive symptoms of stress include: difficulties with memory, inability to focus, bad judgement, nervous or racing thoughts, and, among other symptoms, excessive concern.

b. **Emotional symptoms:** Emotional symptoms are related to the feeling of the individual when under stress. Emotions are likely to change under stressful conditions. They include, among other mental health

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

issues, depression, anxiety and restlessness, irritability or annoyance, loneliness and isolation.

c. **Physical symptoms:** As a condition, stress is accompanied by certain bodily reactions and signs. The most frequently documented bodily symptoms of stress are nausea and drowsiness, muscle pain and elevated heart rate, lack of sexual appetite, headaches, diarrhoea or constipation, and frequent colds or flu. Such signs are not just physical symptoms of stress.

d. **Behavioural symptoms:** Acute and chronic stress can be depicted through the behaviour of the individual in question. Examples of behavioural signs of stress include isolation away from family and friends, abandoning commitments, drugs (for example, alcohol) to relax, anxious habits and acting or edge.

Effect of stress on the body

The body responds to stress by producing hormones. The most notable stress hormone is cortisol and epinephrine (Ranabir & Reetu, 2011). These hormones activate certain areas of the brain, cause the muscles to tense, and increase pulse (Stockhorst & Antov, 2016). In the brief period, such reactions are better since they support in the controlling of stress inducing situation and are the way the body protects itself (Harris, 2015). When stress becomes prolong or chronic, the individual responds by staying alert although there may be no apparent danger. By so doing, the stress hormones stay in the blood for prolonged periods. This places the individual at risk of health problems over time, including hypertension, cardiovascular disease, diabetes, overweight, anxiety or depression, as well as menstrual cramps, among others

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

(Steptoe & Kivimäki, 2012). Having a health condition can make chronic stress worse.

Managing stress

Stress management denotes a range of techniques and psychotherapies intended at adjusting an individual's stress levels, particularly chronic stress, typically for improving daily functioning (Seaward, 2017). It comprises regulating and minimising the strain that arises in demanding circumstances by making emotional and physical modifications (Gold & Roth, 2013). Strategies for managing stress comprise:

a. **Prevention and building resilience:** The reduction of stressful habits is part of prevention methods. Such common techniques includes positive support, consciousness, resource reinforcement, support networks, self-contracting, collaborating with significant ones, and self-help programs (Chao, 2011). Also developing the ability to resist stressful situations is also important in handling stress (Gold & Roth, 2013).

b. **Exercising:** Clark and Mach (2016) have revealed that exercise decreases stress. Physical activities efficiently reduce exhaustion, improve sleep, improve general cognitive function such as concentration, decreases tension, and improve self-esteem (Clark & Mach, 2016). Contrary to popular opinion, exercising is not necessary to be routine or intensive to relieve stress.

c. **Relaxation exercises:** Research has demonstrated that relaxation therapies have significant effect on reducing stress (Elsenbruch, Roderigo, Enck, & Benson, 2019). Some of the most efficacious

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

relaxation exercise include: mindfulness mediation and diaphragmatic breathing. Again taking time-off or vacations are also important in dealing with stress (Davis, Eshelman, & McKay, 2008).

d. **Psychological therapies:** In stress management, psychological therapies have proven to be effective (Steenkamp & Litz, 2013). For instance CBT has been found to reduce stress by dealing with the negative cognitions that are associated with the stressful situation though positive appraisal (Edelman, 2012). Other therapies such as Acceptance and Commitment Therapy (Stafford-Brown & Pakenham, 2012) and Rational Emotive Behaviour Therapy have been found to induce positive stress response.

Conceptual Framework

The conceptual framework depicts how the variables in the study are related and connected to each other. The framework shows that domestic violence leads to certain psychological effects. These psychological effects include anxiety, stress and depression. Thus the natures and severity of the violence can results in the feeling of these aforementioned psychological distress. They are likely to apply these coping strategies to victims of domestic violence to handle this abuse effectively. These strategies include the problem focused coping and the emotion focused coping. The conceptual framework is diagrammatically depicted in Figure 1.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Conceptual Framework

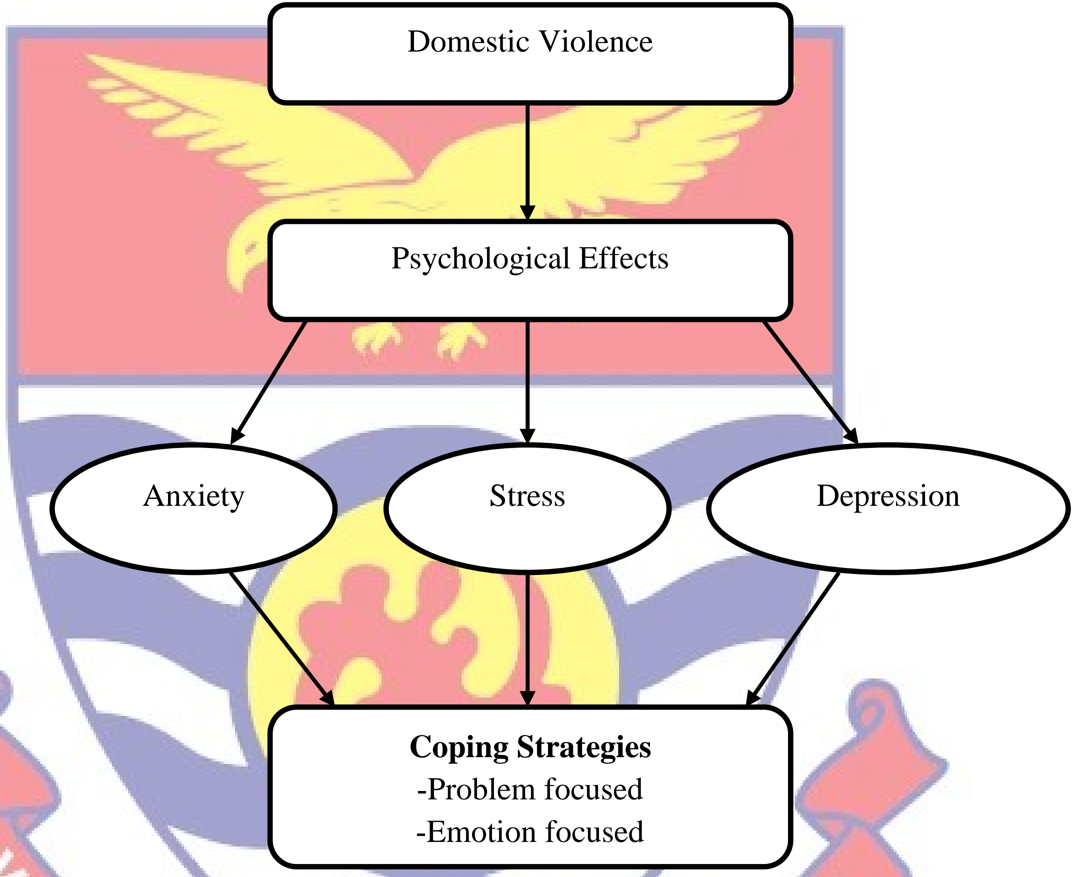


Figure 1: *Psychological effects and coping in victims of domestic abuse*

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Empirical Review

The empirical review for this study covers the various empirical studies that are related to this study. The empirical review was done in relation to the objectives that guide the study; this is considered relevant since it would help in discussing the findings of this study.

Types of domestic violence mostly experienced by children

Numerous studies have been carried out on the forms of domestic abuse faced predominantly by children over the years, many of which have yielded fascinating results. For example, Fantuzzo and Fusco (2007) researched the direct exposure of children to forms of domestic violence crime. It was a population-based inquiry, which involved a population of almost 900,000 in the participating country. Information collected for this study was gathered from a very large region of police department in the Northeast's domestic violence database. Data was collected over a 1-year period using the Domestic Violence Case Protocol-Child Enhanced Enhanced Protocol on all domestic violence incidents (DVEs) assisted by law enforcement investigations (DVEP-C). They had 1,560 substantiated DVEs in total. With largely Caucasian, middle class, and well-educated people, it was both suburban and rural. The county had 15% African American population, 12% Latino populace, and 8% Asian-American populace. Just 5% of people lived in poverty and 6% of the total population was underprivileged households of people below the age of 5. Compared to communities with similar size, county's crime rates were below the national average and violent crime was small. In 2001, the Police Department of the municipality registered 32 murders and 138 rapes. Approximately 1 in 1,000 residents' experienced

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

aggravated assaults, and nearly 50 percent of these crimes included abuse between intimate partners in the home. Their study expanded research by exploring the typology of crimes of domestic violence and children's direct sensory response to such forms. Their results found that almost half of all cases had kids involved, and 81% of these kids were specifically subjected to abuse. The risk of exposure was greater for children under the age of 6 years. Households with children identified with domestic violence compared to large families, they were more likely to be low-income, non-white, and controlled by a single woman. Seven domestic violence case profiles were revealed through the cluster analysis. Typology found that the most dysfunctional and hazardous profiles, including the use of guns, mutual attack, and drug abuse, were overwhelmingly exposed to adolescents.

Another study by Lepisto, Luukkaala and Paavilainen (2011) was on the topic witnessing and experiencing domestic violence. Their goal was to research and explain the perceptions among adolescents on various types of domestic violence and similarities between family histories. Their study comprised 1393 (733 males and 650 females) ninth-graders from one Finnish municipality. A well-structured questionnaire was the tool used for their data collection and they had a response rate of 66%. The adolescents were of the ages between 14 and 17 with a median age of 15. The study was split equally by gender. Adolescents lived in nuclear families in 62 percent of the cases. Six percent of teenagers had only one parent living with them. Seven percent of teens split their lives evenly between the households of the mother and the father (dual residence). Their findings showed that in the lives of teenagers, domestic abuse is fairly normal. Sixty-seven percent of respondents

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

experienced symbolic parental hostility, 55 percent moderate violence and 9 percent serious childhood violence. Parent-to-parent abuse was observed by 12 percent of adolescents. A variety of background variables for teenagers, such as self-perceived quality of life, life satisfaction, family relationships, practice of parenting, bullying in school and sexual activity, are correlated with experiencing domestic abuse and exposure to parental violence. The researchers then concluded that corporal punishment and the presence of domestic violence or abuse are key risk factors for far more serious domestic abuse and sexual harassment.

Multiple forms of domestic violence have profound consequencies on the health and risk behaviours of adolescents. Medical officers and other practitioners dealing with teenagers in various environments must be vigilant to the various types of abuses against children in order to break the negative cycle. Also, Mueller, Tranchant and Oosterhoff (2016), conducted a study on domestic violence and violence against children in Ghana. They used an original data which was collected through the Ghana Family Life Survey (GFLS 2015), which specifically assessed various forms of domestic violence and prevalence, not restricted to intimate partners. A quantitative questionnaire was their tool for data collection. The GFLS (2015) is a nationwide descriptive household survey of 4,995 participants between the ages of 15 and 60. They undertook comprehensive literature review and the sample involved 80 focus group meetings at the community level with women and men and 248 primary informant interviews with community leaders, civil society organization members, advocates, legal professionals, media officials, health workers and domestic violence and victim service units in all 10 regions

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

of Ghana. Their motive was to investigate how domestic violence (being it controlling behavior, sexual violence, physical violence, emotional violence and economic violence) if it is broadly grouped, applies to child abuse, including extreme corporal punishment. Their findings depict that, at the individual level, the data allowed for distinction between notions of control and economic, psychological, sexual and physical domestic violence. They used Johnson's (2006) four-way definition of intimate partner abuse at the household level. Multivariate regressions have shown a strong and consistent correlation between domestic violence and child violence. Children living in "intimate terrorism" households are 2.4 times the likelihood of exposure to extreme physical punishment. Based on findings from secondary literature and focus group conversations conducted by the research team, their results were discussed.

McCormac (2018) again concluded a report on children exposed to domestic violence and the impact on child development in the context of social relationships. The study presents the kinds of abuse, social growth of children and the impact of domestic violence on children's future social lives. The focus was on children between the ages of eleven (11) and seventeen (17). The researchers used a secondary data for their study since the data for the analysis was not collected by the researchers. Given the diversity of domestic violence, they found that physical abuse, emotional abuse, sex abuse and neglect are the most prevalent forms of violence against children. Physical violence is known as Battered-Child Syndrome. Such a species leaves short-term physical implications, but also some of the child's long-term impacts on behaviour and socialization. In comparison to neglect involving more

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

subtypes, their study showed that emotional child abuse is divided into passive and active emotional maltreatment. Emotional neglect is one of the most prevalent because it is the complete opposite of emotional abuse since the parent pays little attention to the child. Sexual abuse was the worst impact for a child, resulting in numerous long-term traumas in seeking relationships and confidence, but there is also a greater chance of depression and the emergence of suicidal thoughts.

Last but not least, Henry (2018) also researched on the exposure to domestic violence as abuse and neglect: Constructions of child maltreatment in daily practice. Their case study investigated selected child welfare reports and related risk and safety assessments in a single year between July 1, 2011 and June 30, 2012 for all unduplicated households (N = 2051) referred to and examined by a California public child welfare department (hereinafter the agency). 160 households were omitted from the population because of the lack of data. A random selection of households (n = 295) for case record analysis was chosen from the remaining population. The research used a mixed-method approach to collect the data. The study results found that out of the 295 case reports analysed, approximately one-third (n=94) of the households examined were reported for domestic abuse (which was generally on the types or any form of domestic violence). Fifteen percent (n = 43) of households were classified for historic domestic violence at the time of investigation and seventeen percent (n = 51) were listed for current domestic violence. The researchers then concluded that there is further work to be done in the preparation of review workers in charge of cases of domestic abuse referral. The above-mentioned studies do not directly address or examine the forms of

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

domestic violence encountered by children, but instead look at it from a wider viewpoint, suggesting and grouping the types of domestic violence under physical, mental, sexual, neglect, child abuse and or child behavioral restrictions that impact children both in the present and future. The study was not consistent, but it reveals some important results that can help deal with the forms of domestic abuse directly faced by children.

The psychological effects of domestic violence on children

A lot of researches as well as articles have been done and published regarding psychological effects of domestic violence on children and they all resulted in some interesting outcomes. For instance, Chemtob and Carlson (2001) carried out a study on the psychological effects of domestic violence on children and their mothers. The study sample was 50 in Honolulu, Hawaii, consisting of 25 mothers and children who had been abused domestically causing mothers to leave their relationship. The children were between the ages of 7 to 17 years (M = 11.20), while the average age of the mothers was 35.4 years with an average of 3.04 children (72 percent had 3 fewer children). Data collection was through a well-structured interview designed by the researchers to extract information which were relevant and needed for their research. Their results revealed signs of posttraumatic re-experiencing as a consequence of domestic abuse, avoidance, physiological arousal, associated symptoms, and parenting abilities. In a complex pattern of outcomes, significant rates of violence and associated traumatic disorders in both children and their mothers were identified. However, the incidence of disorders were typically not associated with children and mothers, and

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

affected mothers were less likely to seek mental health treatment for their children.

Humphreys (2007) also published a report on domestic violence and child protection: Difficult practice guidelines. The paper was written to discuss and address the numerous challenges and vulnerabilities associated with domestic abuse and child safety. The paper addressed problems such as issues of grafting domestic abuse into child security, recommendations for more effective child safety and well-being programs, and a host of others. But for the purpose of this review, the emphasis is on a sub-section of the paper which is evidence for assessing the experiences of children. According to the researcher, it is not easy to grasp the various reactions of children to living with domestic abuse. Within the evidence base, certain patterns are measurable, but are not conclusive. The effects of the violence from the researchers' point of view are complicated and they are enormous since it's an embodiment of both emotional and physical effects.

Again, Ghasemi (2009) published a study on the impact of domestic violence on the psychological wellbeing of children in Iran. Participants in a mother-child group were categorized into two parts in the study sample, those with children exposed to domestic abuse (N = 53) and the clinical control category (N = 64). In general, 234 mothers and children around 12 and 19 years of age were included in the study. The 53 mother-child groups were recruited from families in which there was a recent issue of domestic abuse. The mean age was 11.32 years (SD= 3.6) of the 38 male-child and 15 female-child participants, of which 76 percent were Fars and 24 percent were Turkish. The 64 mother-child dyads comprising the control group were drawn to the

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

mental health clinic from families with symptoms such as anxiety, depression and disruptive behaviour. On average, children (36 male and 28 female) were 11.53 years of age (SD = 4.2), 68 percent of whom were Fars and 32 percent of whom were Turkish. The information was gathered until families were randomly allocated to an intervention program protocol. The trauma symptom checklist for children (TSCC) self-report measure was completed by the participants (mothers and children). The same procedures were used for participants in the control. The results also supported previous reports of higher levels of trauma symptomatology in this sample. In addition, children subjected to domestic violence varied considerably from unexposed children with respect to somatic symptoms and aggression. In fact, increased domestic violence was linked to increase level of aggression and somatic symptoms. Such results indicate that children exposed to domestic violence have various physical and psychological well-being controls and may be physiologically and mentally disturbed due to domestic violence exposure.

In addition, Hovens et al. (2012) studied the effect on the trajectory of depressive and anxiety disorders of childhood life experiences and trauma. Netherlands Depression and Anxiety Research (NESDA) has been an ongoing cohort study exploring the course and effects of depression and anxiety conditions. The research data was collected from NESDA within a period of 8 years longitudinal cohort study involving 2981 respondents ranging from age 18 and 65 years. Respondents were enrolled in various categories and for various disease stages (health monitors, past history subjects, existing depression and/or anxiety disorder subjects). The findings showed that at least one childhood life incident was recorded at the baseline by 18.4 percent and

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

some childhood trauma by 57.8 percent. Events were not representative of any trajectory assessments in childhood life. The persistence of comorbid anxiety and depressive disorder at follow-up was associated with emotional abuse, psychological and physical violence, but not sexual harassment. Emotional violence and psychological neglect were related to a greater occurrence of a recurring path. A higher baseline prevalence of depressive symptoms were primarily caused by poor course outcomes. The researchers found that an increased persistence of comorbidity and chronicity, but not childhood life events, was correlated with childhood trauma in adults with anxiety.

In another study by Kuringe et al. (2019), the prevalence and associations of depression and anxiety symptoms among out-of-school teenage girls and young women in Tanzania were studied. Their research used a cross-sectional analysis of baseline data from North-West Tanzania's ongoing randomized controlled cluster trial. Out of 30 clusters, a total of 3013 out-of-school AGYW ranging from 15 to 23 years were included. The Patient Health Questionnaire (PHQ-4), an instrument composed of PHQ-2 and Generalized Anxiety Disorders (GAD-2), has been used to measure anxiety and depression. Audio Computer-Assisted Self Interview obtained data. For binary results, a random-effects logistic regression was adapted and an ordinal logistic regression model with robust variance was used to modify at the village level for clustering. To investigate the connection between symptoms of mental illnesses and other variables, logistic regression and ordinal logistic regression were used. The findings indicate that the prevalence of symptoms of depression and anxiety among out-of-school teenage girls and young women was 36% and 31%, respectively. The authors then concluded that among

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

adolescent girls and young women in Tanzania who have been out of school, signs of depression and anxiety are prevalent. They paid attention to the depressive and anxiety symptoms that were predominant among out-of-school teenage girls and young women for the purpose of their study. It is inevitable to let go of the fact that, while the opposite may be true, most school drop-out cases are related to domestic abuse, but it holds. Therefore, it illustrates the psychological effects on children of domestic abuse. The results highlight the need to improve prevention, scale-up screening and intervention, referral for diagnosis and treatment of mental health disorders.

The studies reviewed above talk about the negative psychological effects of domestic violence on children. But they all used different instruments for their data collection and specifically instruments for the data collection which makes some of their findings inconsistent. Few researchers also seem to be silent when it came to the psychological effects of domestic violence; they see it to be complex and complicated.

Coping strategies used by children experiencing domestic violence

Several studies have been made by both scholars and researchers about the coping strategies mostly used by children experiencing domestic violence. In this study, few articles that have been published by scholars and researchers on the aforementioned subject are reviewed. First, Street, Gibson and Holohan (2005) explored the effect on PTSD symptoms of traumatic experiences in childhood, stigma associated with abuse and avoidance of coping strategies in female survivors of domestic violence. The research included 63 individuals in need of resources from 23 battered-women shelters in the south-eastern United States. In the past year, everyone reported suffering both physical and

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

psychological violence from their intimate partners. 89% of the participants were residents of shelters during the time of the data collection, while the remaining 11% received supplementary shelter services (for example, legal advocacy, social work services). Relevant scales such as the Traumatic Stress Survey (TSS), Trauma-Related Guilt Inventory (TRGI), Brief COPE and the PTSD Symptom Checklist (Civilian Version) were used by the researchers to test the traumatic experience of the participants, the measure of guilt and accountability related to the experience of domestic abuse of the participant, the use of avoidant coping mechanisms and the degree to which they were bothered by each symptom related to a stressful encounters from the past using a 5-point Likert-type scale during the previous month, ranging from 1 (not at all) to 5 (extremely). The researchers found that their path analysis revealed respondents using the preventative coping mechanisms such as denial, self-distraction, and use of drugs and alcohol which correlated with trauma-related shame and thus concluded that exposure to victimization of domestic violence is an extremely traumatic and emotionally painful occurrence.

Overlien and Hyden (2009), have discussed the behavior of children while witnessing domestic abuse. A class of 4 to 6 children and 2 therapists meet for 90 minutes per day over ten weekly sessions. The emphasis of each session was on the meaning of violence, how they feel about violence and how to respond to violence occurrences. Every meeting begins with a recap of the previous meeting and the children were asked if there have been any changes since the last meeting, or if they have been thinking about something unusual since the last session. The simple statement the therapist communicate is that even though they may feel totally isolated at times, the children are not alone.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Many of their colleagues and friends experience similar episodes and some adults are interested in their predicament and are willing to support. The psychologist in the group encourage the children to talk freely about what happened. The meetings were arranged in such a way that, the therapist select a specific topic which serves as a point of departure for the session. The collection of data was simply through audiotaping of the counselling sessions that the therapist had with the children. The data consists of 29 community therapy meetings for 15 children ranging from 12 and 15 years and two therapists. Children used coping mechanisms such as turning to a very loud music, running, reporting to the police, and becoming afraid, the researchers found. Therefore, they claim that children reject violence in the sense that their response never requires the approval of violence, as some may suggest.

In addition, Salloum and Overstreet (2012), researched children's grief and trauma intervention after disaster: exploring coping skills versus narrating trauma. The analysis was a school-based mental health treatment carried out in four elementary schools in New Orleans, LA, three years after Hurricane Katrina (August 2008 to April 2009). Children who have encountered several forms of stressful experiences, as well as experiencing domestic violence, hurricane-related exposure, and death, were available to engage in conjunction with community practice and to enhance the generalizability of intervention. The inclusion criteria were the parental and child consent, in grade 2 to 6, vulnerable to any form of violence and having a PTSD score of 25 or more on the PTSD index. In all, about 587 consent forms were distributed to parents and 131 (22.32 percent) of the forms were returned. The results of the research indicate that building coping skills without the structured trauma narrative may

Digitized by Sam Jonah Library

© University of Cape Coast   https://ir.ucc.edu.gh/xmlui

be a successful intervention in children experiencing trauma-related distress to achieve symptom relief. However, with coping skills and narrative processing, it could be that extremely anxious children gain more symptom relief than with coping abilities alone.

Again, a study about children's views on domestic violence and harassment was conducted by Callaghan, Alexander, Sixsmith, and Fellin (2016): in a siblings' relational coping accounts. The study examined how children see their relationships, especially the relationship with their sibling in a family where there are issues of domestic violence. A semi structured interview technique was used to interview 110 adolescents to explore their knowledge on domestic violence to assist a thorough refflection of the complexities of relationship in families where there are issues of domestic violence. Their research adopted the exploratory case study approach to examine the position of the stories of three participants about their sibling relationships in depth. Furthermore, the results indicated that children consciously balanced their multiple relationships within and outside the family in ways that allowed them to be agentic and to create a more stable and sense of belonging. The study also showed that one important coping strategy used by the various siblings to help their brothers or sisters cope with the various domestic violence was by caring for them in any little and possible way that they can.

Aadnanes and Gulbrandsen (2018) have studied the experiences of child abuse and maltreatment among teenagers: sense making, conceptualizations, and coping with violence. The research was designed to cover subjects of diverse social, cultural, and ethnic backgrounds for both

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

young women and men. Data was gathered from interviews with 13 youths, five men, and eight women. In order to discuss conceptualisations, the interview questions were structured, and questions about concepts frequently direct to views on what constitute violence. Consequently, the content included a descriptive account including historical, relational, and temporal descriptions of the subjects' experiences. Except for one who was 35, all participants were between the ages of 17 and 30. In each interview, the researchers used an analytical approach, where they performed vertical readings to code popular themes. Horizontal readings were also performed to establish similarities and discrepancies between the tales. They grouped the broader subjects into three major themes through various readings: (a) complexities and negotiations to make sense of crime and abuse; (b) the most painful experiences; and (c) coping with aggression and abuse. The research was based on the empirical evidence as a whole, with individual teenagers acting as indicators of their logical analysis. The participants' tales of what they did in the face of aggression were based on their perception of the situation, according to the researchers. Many said that they hid in their rooms, as young children, sneaked to escape stimuli, and were alert to track an abusive parent. Some opted for more confrontational or drastic acts at an older age. It was indicated that, as they grew, their experience about the situations improved and shifted the space for action. They concluded that there are different ways in which our subjects specifically cope with abuse, which may seem dysfunctional to a professional eye in some situations. They revealed valuable information about the mechanism teenagers use to protect themselves and to cope with violence and, thus, these services should not be disregarded

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

by researchers and practitioners, but should be used and addressed in their practices as coping capabilities with cases of domestic abuse.

Finally, Gregory, Arai, MacMillan, Howarth and Shaw (2020), explored the perceptions and needs of children in cases of domestic violence: a secondary study of qualitative evidence from female survivors' adult friends and family members. They used a secondary review of qualitative data collected between 2012 and 2013 on a study of the effects of DV on adults offering informal assistance to female survivors (Gregory, 2015). Using posters in local health and community environments, social media and online ads and promotion on local radio, respondents for the initial study were recruited from around the United Kingdom. Semi-structured interviews were conducted with individuals who had a peer, relative or colleague who had encountered DV, using a subject guide that included questions that encouraged respondents, including family members such as children, to address potential impacts on themselves and others. Interviews ranged from 35 to 90 minutes, were registered, transcribed verbatim, and imported into the software of NVivo10. The research findings suggest that, 21 out of the 23 respondents in the initial research identified the children's experiences in living in domestic abuse circumstances. Participants' relationships with a survivor were: mom, dad, sister, niece, daughter-in-law, current partner, and mate. The researchers found that the techniques employed as a child included achieving a sense of self-assertion and power by facing the perpetrator, disclosing to a trusted adult what was taking place, and 'blocking out' incidents until it felt secure to identify them. They also discussed the processing and rehabilitation chances in adulthood through education and self-care (including

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

participation in therapy), and also through deliberate altruism and advocacy, by which they are empowered.

The various literatures reviewed above are not actually consistent. The reason is because every researcher suggested their own coping strategies which is used by children in coping with domestic violence. But, all the strategies mentioned appeared to be effective and thus can and will be relevant in the discussion.

Gender differences in psychological effect of domestic violence

Several researches have been conducted on the gender differences in psychological effect of domestic violence and they yielded some interesting results. For instance, Afifi (2007) conducted a research on gender differences in mental health. The research was to identify effective methods for the prevention of mental illnesses and the reduction of their risk factors may not be gender neutral, although the hazards themselves are gender specific. The primary purpose of the research was to examine why gender is significant in mental health, to clarify the association between gender and behaviour seeking health as a powerful determinant of gender differences, to explore gender gap in common mental health disorders, such as depressive and anxiety disorders, eating disorders, schizophrenia, and domestic violence. The researcher reviewed articles that had been published which were related to the study.

Also, Hornor (2010) did a study on the child sexual abuse: consequences and implications. The study was about reviewing articles on the aforementioned topic and provides a contribution on the topic because of its importance in the society. A variety of psychiatric disorders have been related to child sexual abuse in adolescence and into adulthood, according to the

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

researcher. The study found that the rate of lifelong psychiatric diagnoses is higher among females who reported history of child sexual exploitations. However, the rates of mental disorders are much lower when there is no underlying conditions of child sexual harassment. This indicates that the frequency of domestic violence and its gender-based psychological impact is higher for women than for men, with child sexual exploitation being one of the main forms of domestic violence. Depression, suicidal ideation, drug abuse, and PTSD tend to be linked with sexual abuse and the universal environment for them all is domestic violence. However, some psychological conditions, such as dissociative identity disorder, bulimia nervosa, and borderline personality disorder, have also been found to be related to sexual violence.

Again, a report was conducted by Cromer and Goldsmith (2010) in relation to sexual harassment or abuse against children: perceptions, views, and disparities between individuals. In order to recognize supposed child sexual abuse (CSA) theories, the researchers conducted a Google search. Google was selected as a result of having over 60 percent of the market share of search engines based on the Internet at the time. In an attempt to reflect on the outstanding opinions about child sexual abuse, they tried to investigate the most commonly searched child sexual abuse myths available to the populace. Some elements of the myths, including assumption that the common offenders are men, and that they are validated by evidence and are thus not myths, but precise beliefs. They also found proof that there are prejudiced views in the world of psychology, in the press and in the courts. These perceptions are complicated by factors such as patriarchy, gender, tradition and traumatic events, all of which influence the interpretation of child sexual abuse. This is

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

also another reason that males are more predators, with the prey being females and therefore males, since the predators have less psychological effects compared to the females.

In addition, the gender disparities in the relationship between CSA and risky sexual activities were explored by Abajobir, Kisely, Maravilla, Williams and Najman (2017). The study used meta-analysis within the contexts of Centres for Disease Control (CDC) and WHO definitions. Two key approaches are used in cross-sectional area measurement: first, retrospective self-report using validated instruments such as the Childhood Trauma Questionnaire, and second, details derived from reports of local child protective programs. Seven studies used in this research used self-report and one used substantiated CSA documents. To identify potential studies, they used two strategies. First, systematic searches of PubMed, EMBASE, PsycINFO and Google Scholar electronic databases, and the latter are used for manual searches of reference lists of included articles. The extracted data includes overall descriptions of the study, sample sizes, proportions, and ratios of adjusted odds. The researchers were that, in both women and men, the relationship among childhood sexual exploitation in general and subsequent risky sexual activity was similar. However, there was a higher risk of risky sexual behaviors in women (OR = 2.72) than in men (OR = 1.69) in cases of substantiated CSA, which was a clear picture of females being psychologically affected than males.

Finally, Wang et al. (2020) studied the association between exposure to child abuse and risk of psychiatric disorders: Taiwan's national cohort study. The study used data from the Taiwan National Health Insurance Research

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Database (NHIRD) to analyse the connection among child violence and the prevalence of psychiatric disorders for a period of 15 years. In the study, data on child abuse cases was derived from the outpatient and hospitalisation records. This research had a matched-cohort retrospective design. Children with a child abuse diagnosis, released as a child abuse cohort between January 1, 2000, and December 31, 2015, were recruited (n = 9837). Information was gathered using questionnaires. All analyses were conducted using Version 22 of the SPSS program. The findings found that the incidence of mental illness was slightly higher in victims of child violence (with more women than men specifically) than in controls (adjusted hazard ratio, 2.15; 95 percent confidence interval, 1.92–2.40; $P < 0.001$). They concluded that child abuse in Taiwan is related to increased threat of mental illness and drug abuse, which is also high in men than women. Such threats should be made aware of by people responsible for the welfare for abused children, including relatives, physicians, primary care providers, as well as policy makers.

In view of the articles reviewed above, we can see that females are mostly affected psychologically by domestic violence than males. The results were moderately consisted but yet, possess some interesting findings which will be helpful in this study.

Gender differences in the coping strategies

Interesting researches have been done in relation to the coping strategies used by both genders that is males and females in dealing with domestic violence and they all yielded some nice findings. For instance, Lepisto, Astedt-Kurki, Joronen, Luukkaala and Paavilainen (2010), examined the experiences of teenagers dealing with domestic violence. The survey was

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

carried out in one municipality in Finland for ninth graders in 2007. A total of 1393 teenagers participated, giving a 78 percent response rate. The Aggression Scale and the Adolescent Coping Scale, were part of the survey. In order to assess coping with and without experience of domestic violence among adolescents, logistic regression analysis was conducted. All statistical studies were carried out using version 15.0.0. of SPSS for Windows. In order to explain the data, frequencies and percentages were computed. Coping with adolescents was characterized by the Pearson chi-square test between coping and explanatory variables. The Pearson chi-square test was used to test reliance on explanatory variables and perceptions of domestic abuse. By age and general-adjusted univariate logistic regression model, statistically relevant variables discovered by the Pearson chi-square test were first analysed. The results showed that females are more likely to use non-productive coping mechanisms than males, but females were more likely to seek social assistance or professional advice as well. Coping with social action was more common for boys, while finding social help was more typical for girls from homes of violence. In addition, it was more common for girls from non-violent homes to find psychological support than those from violent homes, as was social action among boys.

The multivariate logistic regression model also revealed that experiences of abuse were correlated with decline in self-esteem, satisfaction with life, youth giving in while in a conflict situation, acceptance of physical punishment and coping by trying to belong and self-blame. No specialist support was sought by those with experience with domestic abuse. The researchers concluded that teenagers suffering from domestic abuse refuse to

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

seek assistance, so practitioners should take aggressive steps to assist them. These teens have indicated that they are happy with life, making it difficult to recognize their need for assistance. To identify and assist these adolescents, resources should be created.

Research on the topic Invisible victims or capable agents was conducted by Holmila, Itäpuisto, and Ilva (2011): Opinions and ways of dealing with problem drinking parents among children aged 12 to 18 years. The sample for this research was gathered from a brief web-based questionnaire with many open questions and some questions with available answers. The data collection instruments were placed on two support pages for children and teenagers. There were 16 questions in the questionnaire, in sections with available options and sections for writing the individual's own answer. The questions were formulated on the basis of observations from previous research and conversations with services providers working with children. The researchers found that kids with drinking parents are a secret group that is ignored by the service providers. However, they have formulated their coping mechanism, but in terms of gender, they vary. They often have different practical ideas and perspectives on programs and the kind of assistance they might find helpful. It is therefore important for children to be heard by therapists and officials dealing with family problems and noticed, assisted and respected by children's own agencies and ways of coping. The coping mechanisms of children may vary from those of adults.

Hines (2015) also published research on the issue of Children's Dealing with family Violence: Guidelines for Policy and Service. A qualitative synthesis was used in the analysis, which is an exciting way to evaluate

Digitized by Sam Jonah Library

qualitative data with the ability to generate first-hand results or facilitate quantitative results. In particular, meta-synthesis attempts to classify important effects of qualitative studies that are similarly oriented and to apply topics to explain the situation. Rigor/trustworthiness needed much attention; and another goal is to evaluation the data created on different persons, locations, and conditions. The empirical technique that can be used to help develop evidence-based approaches is known to be the meta-synthesis technique. The methodology seeks to summarize interpretative data or data based on the thoughts and experiences of the observed individuals seeking an interpretation on the historical events. In the meta-synthesis, 17 studies conducted between 1991 and 2012 were integrated. The researchers found that resilience, social support and hope are crucial aspects in supporting teenagers cope positively with domestic violence. By designing programs that include family advisors, raising children's understanding of the resources available, and empowering children to talk about their experiences with others, child care organizations may help children cope with family abuse.

Finally, VanMeter, Handley and Cicchettiti (2020), explored the role of coping strategies in the path between child abuse and internalizing and externalizing behaviour. The study samples comprised 416 children ranging from 5-12 years (M = 7.42, SD = 1.77) of which 59 per cent male, respectively. All children in New York City attended a summer day camp program targeted for low-income school-aged children for 2 consecutive years. Both maltreated (n = 197) and unmaltreated (n = 219) children were included in the survey. A Department of Human Services (DHS) liaison, which reviewed Child Protective Services reports, recruited neglected children to find

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

children with an account of ill-treatment. There were families from low SES backgrounds in the maltreated community (consistent with national demographics). During a week-long day camp, all data was obtained for two successive years. The camp offered a normal and relaxed atmosphere in which the behaviour and connections of the children could be observed. The researchers found that increased emotion-focused ($b = .20$, $SE = .05$, $p < .001$) and decreased problem-focused coping ($b = -.25$, $SE = .05$, $p <.001$) were correlated with maltreatment. The findings also revealed that emotion-focused coping is a process by which children who are maltreated are at increased risk of externalizing behaviours (estimating an indirect effect of 0.023, $SE = 0.053$; CI: 0.004, 0.23). The coping strategies varied in terms of gender, but the particular coping strategies used did not pin point. The researchers concluded that the findings demonstrate the effect that ill treatment could play a significant role in coping strategies and in the development of psychopathology.

Chapter Summary

The chapter covers the reviews of the appropriate studies related to this study. This section examined theories by highlighting the traumagenic dynamics model, socio-ecological model and the transactional model of stress and coping. It also explained the variables in the study and how they are linked to each other. Again this chapter reviewed empirical studies done in various contexts in relation to the purpose of the study. The outcome of the empirical review is important since it would aid in discussing the results and findings from this study.

VERITAS LUMEN NOBIS

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

CHAPTER THREE

RESEARCH METHODS

Introduction

This research was directed at assessing psychological effects and coping strategies of children experiencing domestic violence in Keta and Ketu South Municipal Assembly. The previous chapter reviewed theories and concepts associated to this study and empirical research in the field has also been carried out. The section also describes the method of analysis applied to the study.

Research Design

This study applies the descriptive survey; more specifically the cross-sectional design. Descriptive survey is a systematic technique that includes observing and explaining a subject or group's actions without impacting it in any way (Mitchell & Jolley, 2012). Therefore, the levels of complexity of descriptive studies which differ from those that provide simple frequency counts to those that present relational analysis. (Meyers, Gamst & Guarino, 2016). The descriptive model was selected because it offers a high degree of general capacity to represent a large population. (Creswell, 2013). By comparison with other data research designs, descriptive surveys can obtain data similar to the exact characteristics of the general population. Descriptive design is often highly analytical and several variables can be evaluated effectively (Rahi, 2017). Despite its strengths, the descriptive survey design has certain weakness. For instance, it is likely that participants may not be honest with their responses (Creswell & Creswell, 2017). The strengths of the descriptive design overshadows its shortfalls and has been confirmed to be an

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

effective design in a number of consistent academic and social research studies, making the descriptive design suitable for this study.

Study Area

The major study areas for this research are the Keta Municipal District and the Ketu South Districts. One of the twenty-five (25) districts in the Volta Region is the Keta Municipal Assembly. The administrative center of the municipal district is at Keta. According to the 2010 population census in Ghana, Keta had a settlement population of 147,618 people (Ghana Statistical Services, 2012). Ketu South on the other hand is also one of the 25 districts in Ghana's Volta Region. Ketu South District also has a population of 141,698 (Ghana Statistical Services, 2012). The administrative capital of Ketu South District is Denu. The native language of the people of Keta and Ketu is Ewe. However most people in these areas can read, speak and understand simple English language and terminologies. Keta and Ketu are mostly fishing communities but have other smaller farming communities in its surrounding areas. The communities have a number of second cycle institutions like Weta and Keta Senior High Schools and major tertiary institutions like Keta Nursing and Midwifery school among others.

Population

In research, a population is usually a collection of individuals that form main focus of a scientific query (Creswell, 2013). The individuals within a certain study population typically have a mutual, binding characteristic. The sample was selected from the available population for the study. The target group for this research is all young Ghanaian victims of domestic violence.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

The accessible population for this study includes all young victims of domestic violence in the Keta and Ketu districts in the Volta Region. The size of the population accessible for this research is uncertain. According to DOVVSU there is no fixed number of domestic abuse cases as the number of reported cases changes daily. Thus the exact population is unknown.

Sampling Procedure

This study employs the use of convenience sampling techniques. Convenience sampling is a kind of method of non-probability sampling in which the sample is taken from a group of people that is easy to access. This sampling approach is often referred to as availability sampling (Etikan, Musa & Alkassim, 2016; Creswell & Creswell, 2018). There are no other conditions for the sampling process, except that people are available and willing to participate. Furthermore, this type of sampling method does not involve the production of a simple random sample, as the only prerequisite is whether participants consent to participate (Saunders, Lewis & Thornhill, 2012; Vehovar, Toepoel, & Steinmetz, 2016). The convenience sampling technique is considered applicable to this study because it aided in assembling respondents who were prepared to participate.

To arrive at a sample for the study, Delice, (2010) recommend that when the population size is unknown, a sample greater than one hundred ($n > 100$) is appropriate for a quantitative study. This is applicable for a study of this nature, thus based on the recommendation of Delice, (2010) a sample size of 150. For this study was arrived at.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Data Collection Instruments

A well-structured questionnaire is the data collection tool for this study. A questionnaire is a method containing a written list of questions for data issues (Krosnick, 2018). The Questionnaire allows respondents to read and interpret and provide responses in order to fulfill the study objective (Howitt, 2010). This instruments is cost effective and provides greater confidentiality specifically when studying sensitive issues like this. It is similarly beneficial when studying a relatively large sample (Rattray, & Jones, 2007). The study questionnaire consisted of numerous standardized and non-standardized inventories aimed at collecting data from the research participants in different ways. The instruments used are further explained below:

Depression, Anxiety and Stress Scale - 21 Items (DASS-21)

An adapted version of the Depression, Anxiety and Stress Scale was used to measure the psychological distress effect (DASS-21). DASS-21 is a self-report inventory of 21 items produced by Lovibond and Lovibond (1995) and intended to create a global psychological disorder scale. The instrument has three subscales that assess depression, anxiety and stress, and on a four point Likert scale which requires the respondents to rate how often they experience certain symptoms related to distress. The answers to Likert range from 0 to 3 (0 = did not apply to me at all, 1 = applied to me to some degree, or some of the time, 2 = applied to me to a large degree or a decent portion of the time, 3 = very much or most of the time applied to me).

The instrument is well established and is widely used by clinicians as well as researchers. DASS-21 has a Cronbach alpha ranging from 0.79 to 0.91

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

among American, Asian and European samples (Asghari, Saed & Dibajnia, 2008; Gong, Xie, Xu & Luo, 2010; Yıldırım, Boysan, & Kefeli, (2018). This points out that the instrument has a high internal consistency and is very reliable. DASS-21 was selected because it is widely used and is a strong measure for psychological issues.

Kids Coping Scale (KCS-10)

An adapted version of the 10-item Kids Coping Scale (KCS-10) which was developed by Maybery, Steer, Reupert and Goodyear (2009) was used to assess coping in Kids who are 7 years and above KCS-10 is a unidimensional self-response inventory that requires respondents to select whether they practice certain coping strategies and how often they use those techniques. The KCS-10 is measured on a 4-point Likert scale (0 to 3) which requires respondents to score the degree to which they are true of the statements given. The highest score to be obtained on the KCS-10 is 30 while the lowest score that can be obtained is 0. According to Maybery et al., (2009), the C KCS-10 demonstrated high test-retest reliability when used in assessing a clinical sample in Spain (r = .86, p < .05). The internal consistency of the KCS-10 ranges from .70 to .83 American samples (Maybery et al., 2009; Chan, Ng, & Chan, 2014). This scale was selected because it is precise, commonly used and easy to understand.

The questionnaire is classified into four sections. Section 1 consists of items that, among others, evoke demographic data such as gender and age. Section 2 is made up 7 types of domestic violence participants experience while Section 3 consisted of 21 items from the DASS-21 which assessed the psychological effect of domestic violence among participants. Section 4 also

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

consists of 10 items adopted from the Kids Coping Scale which assesses the coping of respondents. The questionnaire was made up of a total of 43 close ended items. Confirmatory factors analysis of the DASS-21 and the Kids Cope Scale is presented.

In the conduct of the confirmatory factory analysis, it was observed that the items on the two components, namely, DASS-21 and Kids Cope Scale explain a cumulative rotated variance of 63%. In furtherance, assumption such as Kaiser-Meyer-Oklin Measure of Sampling Adequacy and Bartlett's' Test of Sphericity were tested and fulfilled. Table 1 presents the summary of the assumptions.

Table 1- *KMO and Bartlett's Test*

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.696
Bartlett's Test of Sphericity	Approx. Chi-Square	2497.643
	Df	903
	Sig.	.000

From Table 1, the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO > 0.5) and Bartlett's Test of Sphericity was significant (p<001). This implies that it was possible to perform the exploratory factor analysis on the sample size used for the research.

For the purpose of the analysis, all items with factor loadings 0.36 were rejected. The decision was made in accordance with Yong and Pearce (2013) recommendation that, a rotated factor loading for a sample of between 120 and 300 would need at least 0.36 to be considered statistically meaningful. The summary of the exploratory factor analysis is presented in Table 2.

Table 2- *Rotated Component Matrix*

Items	Component	
	1	2

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

I found it hard to relax	.495	
I was aware of dryness of my mouth	.438	
I couldn't seem to experience any positive feeling at all	.484	
I experience breathing difficulty	.533	
I found it difficult to take up the initiative to do things	.652	
I over-react to situations	.449	
I experienced trembling	.568	
I felt I was using a lot of nervous energy	.603	
I was worried about situations in which I might panic and make a fool of myself	.529	
I felt that I had nothing to look forward to	.463	
I found myself getting agitated	.551	
I found it difficult to relax	.652	
I felt down-hearted	.594	
I was intolerant of anything that kept me from getting with what I was doing	.614	
I felt I was close to panic	.594	
I was unable to become enthusiastic about anything	.700	
I felt I wasn't worth much a person	.630	
I felt that I was rather sensitive	.396	
I was aware of the actions of my heart in the absence of physical exertion	.585	
I felt scared without any good reason	.670	
I felt that life was meaningless	.636	
I stayed from people; kept my feelings to myself; and just handled the situation on my own		.522
I tried to see the good side of things and/or concentrate on something good that could come out of the situation		.746
I realized I brought the problem on myself and blamed myself for causing it		.446
I realized that someone else caused the problem and blamed them for making me go through this		.485
I thought of ways to solve the problem; talked to others to get more facts and information about the problem and/or tried to actually solve the problem		.812
I talked about how I was feeling; yelled, screamed, or hit something		.668
I tried to calm myself by talking to myself, praying, taking a walk, or just trying to relax		.380
I kept thinking and wishing this had never happened; and /or that I could change what happened		.774
Turned to my family, friends, or other adults to help me feel better		.541
I just accepted the problem because I knew I couldn't do anything about it		.389

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.

Key: Component 1 = DASS-21, Component 2 = Kids Cope Scale

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

From Table 2, all the 21 items loaded successfully on DASS-21. Whereas the out of the 22 items for Kids Cope Scale 10 items (items 5, 7, 8, 9, 11, 12, 13, 14, 17 and 21) successfully loaded on Kids Coping. Table 3 and four presents the reliability statistics for the two scales. Reliability statistic of DASS-21 and Kids Cope Scale is shown in Table 3.

Table 3- *Reliability Statistics for DASS-21 and Kids Cope Scale*

Scale	Cronbach's alpha	Number of items
DASS-21	.896	21
Kids Cope Scale	.767	10

Inferring from Table 3, the reliability estimates for DASS-21 and Kids Cope Scale scales are .896 and .767. This shows high level of consistency of the items on the individual scales in measuring the constructs. This is in line with Pallant (2010) who indicated that a reliability of .60 or better explains that high level of consistency.

Pilot-testing of Instrument

Before actual data collection began, the instrument was subjected to pilot testing. The research instrument was subjected to pilot testing to determine the reliability of the research instrument. Pilot testing is a small-scale study in which a few respondents respond to a research instrument and comment on the feasibility and mechanics of the test research method (Thabane et al., 2010). With 30 young students sampled from the Ketu North District, pilot-testing was performed. These young students shares same characteristics with children from Keta and Ketu South in the Volta region. These 30 participants were only used in the pilot-testing of the instrument and were not included in the sample for the study. Few questions which were

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

ambiguous to the respondents were modified. Reliability analyses are shown in Table 4.

Table 4- Reliability Statistics for DASS-21 and Kids Cope Scale from Pilot-testing

Scale	Cronbach's alpha	Number of items
DASS-21	.841	21
Kids Cope Scale	.862	10

Table 4 show that the DASS-21 and Kids Cope Scale have high internal consistency, with Cronbach's alpha of .84 and .86 respectively.

Validity and Reliability of Instruments

Validity is explained by Johnson and Christensen (2004) centered on test scores, as the soundness of the interpretations, inferences and actions we make. Researchers need to make sure the test reflects what it intends to assess, for the given locality and for the specific context, in order to ensure validity, and again that the definitions given based on the test scores are correct (Johnson & Christensen, 2004) On the other hand, reliability refers to the consistency of the test scores or a research (Gay, Mills, & Airasian 2009). The evaluation tool or results will therefore produce similar results whenever it is applied to the same person or community. The Cronbach's alpha which is valued to be the most widely used method in estimating the internal consistency of the instrument, was used to test the accuracy of the testing tools in the analysis.

Face and content validity, which are both ways of ensuring validity was employed by my supervisors to ensure that the study and its results measures precisely what it was supposed to measure from the beginning of the

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

study. Cronbach's alpha above .70 was considered highly reliable based on the recommendation of Kimberlin and Winterstein (2008).

Data Collection Procedure

An introductory letter and ethical approval were obtained from the Department of Education and Psychology (see Appendices A) and the University of Cape Coast Institutional Review Board (see Appendices B), respectively, and sent to the Domestic Violence and Victims Support Unit (DOVVSU) and Regional Social Welfare Unit of the Volta Region. Contacts were made with the different heads of the unit to be permitted to perform the study in their homes or DOVVSU office with the victims. The researcher personally sent the data collection instruments to the study setting. The researcher briefly introduced the topic, the objective of the study and its importance to the participants. The researcher administered the questionnaires to participants who decided to be part of the study. In English language, the instruments were administered. The researcher supported participants who did not understand any of the details on the questionnaire by describing and translating when necessary, After the questionnaires were answered by the participants; the investigator compiled them. Each respondent spent about 25 to 35 minutes to complete the questionnaire. The data collection took approximately 4 weeks. In all 130 out of 150 individuals participated in the study thus resulting in approximately 87% return rate.

Data Processing and Analysis

It was essential to subject the data to statistical analysis and interpretation when the data collection was completed. The data collected has been structured and classified. The total score of responses of DASS-21 was

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

calculated and coded based on the interpretation of Lovibond and Lovibond (1995) and the responses on the KCS-10 was computed and coded based on the scoring and interpretation of Maybery et al., (2009). The composite scores of the various inventories were calculated in order to aid parametric data analysis. Statistical analysis, which consisted of descriptive as well as inferential analysis of the answers were provided.

Descriptive analyses, more specifically means and standard deviations as well as frequencies and percentages, were used to interpret data on research questions 1, 2 and 3. This is because the investigator wanted to classify the different forms of domestic abuse the participants suffer, the psychological issues and the coping strategies of the respondents

Multi-variate Analysis of Variance (MANOVA) were employed to test research hypotheses 1 and 2. This was because the researcher aimed at determining gender differences in the psychological effects (depression, anxiety and stress) as well as coping strategies (emotion focus and problem focus) (Howell, 2007). This test tool was the most appropriate to use because it helped the researcher find mean differences that existed in psychological effect in relation to gender. All statistical tests were conducted at a .05 level of significance. Information obtained from the data analyses was discussed in connection with empirical literature.

NOBIS

Ethical Considerations

The University of Cape Coast Institutional Review Board (IRB) gave the ethical approval (see Appendices B) for the research to before conducted. The researcher made sure to tell the participants about the rationale for the study. The consent of the participants were obtained be the data collection

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

began. Only respondents who agree to partake in the research were recruited. Respondents were guaranteed confidentiality and privacy of any information given and were also notified at any time during the data collection of their right to withdraw. There is no identification information on the questionnaire, so the participants filled in the questionnaires anonymously. Since the research was purely for academic purposes, the participants were assured of confidentiality. The acquired data was kept privately and only the researcher had access to the data. The data from the questionnaire was converted to a soft copy and password protected to ensure that no third party had access to the data. Hard copies of the questionnaire were effectively disposed. Data collected from the study would be kept for up to five years based on the suggestion of Wiley and Kerby (2018).

Chapter Summary

The research methodology used for the study was discussed in this section. The study design, population, sample and sampling procedures, methods, data collection procedures and data analysis were discussed in the chapter. The study used the descriptive survey research design. The accessible population for the study is unknown, thus based on the recommendations of Delice (2010), a sample size of 150 was selected for the study. The sampling procedure used was convenience sampling. The instrument used was the questionnaire which comprises various psychological tests and inventories. Data collection was done systematically. Data analysis included descriptive approaches such as mean, standard deviations, percentages and frequencies. Further statistical analysis was done using MANOVA.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

CHAPTER FOUR

RESULTS AND DISCUSSIONS

Introduction

The previous chapter dealt with the methodology of research which influenced the analysis. This segment presents the outcomes of the field data collected and addresses the outcomes of 130 questionnaires completed in Keta and Ketu South Municipality by children experiencing domestic violence. The purpose of this research was to look at the psychological effects and coping strategies used by children experiencing domestic violence in Keta and Ketu South municipality. The study employed the cross-sectional design.

According to demographics, research questions and hypotheses, the findings are presented in parts. The first segment deals with the study's demographics. The second section includes the type of domestic violence in the municipalities of Keta and Ketu South. The third and fourth sections deal with the psychological effects of domestic violence on children and the coping strategies used by children experiencing domestic violence respectively. The fifth section deals with the differences in the psychological effects of domestic violence among children based on gender. The last section covers the differences in the coping strategies used by children experiencing domestic violence based on their gender.

Section 1: Analysis of Demographic Information

Age-range of respondents

This section covered the age-range of the respondents, their gender, religious background, if their parents stayed together and whom they were

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

staying with. Table 5 presents the summary of the responses on the age range of the participants.

Table 5- *Age Range of Respondents*

Age	Frequency	Percentage (%)
14-16	**55**	**42.3**
17-19	**73**	**56.2**
20 and above	**2**	**1.5**

Source: Field survey, (2020) N=130

Table 5 shows that out of the 130 respondents, 73 (56.2%) were between the ages of 17-19 years while only 2 (1.5%) were above 20 years. Averagely, the majority 75 (57.7%) of the respondents were 17 years and older and at the senior secondary school level.

Gender of respondents

This section covered the gender of the respondents. Frequencies and percentages were used to analyse responses on their gender. Table 6 presents the results of the responses on the gender of the respondents.

Table 6- *Gender of Respondents*

Gender	Frequency	Percentage
Male	**53**	**40.8**
Female	**77**	**59.2**

Source: Field survey, (2020) N=130

Table 6 shows that 77 (59.2%) of the respondents were females with 53 (40.8%) being males. This means that the majority of the people who experienced domestic violence in the Keta and Ketu Municipality were females.

Religious background of respondents

This section covered the religious background of the participants. Responses on the religious background were analysed using frequencies and

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

percentages. Table 7 presents the results of the analysis of the responses on the religious background of the respondents.

Table 7- *Religious Background of Respondents*

Religious Background	Frequency	Percentage (%)
Christian	119	91.5
Traditional	6	4.7
Muslim	5	3.8

Source: Field survey, (2020) N=130

Table 7 shows that 119 (91.5%) respondents were Christians while 5 (3.8%) were Muslims. This shows that the majority of the individuals who had experienced domestic violence had Christian background while very few had Islamic background.

Parental situation of respondents

This section covered the responses on whether the respondents' parents were staying together. Responses were analysed using frequencies and percentages. Table 8 presents the analysis of the responses on whether parents of respondents were staying together.

Table 8- *Respondent' Parents Togetherness*

Parents Together	Frequency	Percentage (%)
Yes	71	54.6
No	59	45.4

Source: Field survey, (2020) N=130

Table 8, shows that 71 (54.6%) of the respondents responded 'yes'. This suggests that the majority of individuals who experienced domestic violence had parents who stayed together.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Accommodation status of respondents

This section covered the responses on who respondents were staying with. Using frequencies and percentages, responses were analysed. The results of the study of the responses on who the respondents were staying with are shown in Table 9.

Table 9- *Who Respondents were staying with*

Who Respondents are staying with	Frequency	Percentage (%)
Both Parents	50	38.5
Father	11	8.5
Mother	21	16.2
Grandmother	23	17.6
Grandfather	2	1.5
Friend	4	3.1
Siblings	9	6.9
Alone	10	7.7

Source: Field survey, (2020) N=130

Table 9 shows that both parents had the highest responses with 50 (38.5%). Grandfather had the lowest responses with 2 (1.5%) respondents. This indicates that the majority of the individuals who had experienced domestic violence were staying with both parents with just some few staying with their grandfather.

Research Question One: What are the most prevalent type of domestic violence in Keta and Ketu South Municipality?

The reason for this research question was to classify the most common form of domestic violence in the Municipality of Keta and Ketu South. Data on this question was collected using structured questionnaire and analysed using frequencies and percentages. Table 6 shows results of the analysis of the

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

responses on the most prevalent type of domestic violence in Keta and Ketu South Municipal Assembly.

Table 10- *Type of Abuse*

Type of Abuse	Frequency	Percentage
Control	36	27.7
Physical Abuse	22	16.9
Sexual Abuse	6	4.6
Emotional Abuse	26	20.0
Isolation	3	2.3
Verbal Abuse (treats and blame)	21	16.2
Economic Abuse	16	12.3

Source: Field survey, (2020) N=130

Table 10 shows that control as a type of abuse had the highest responses with 36 (27.7%). Isolation as a form of abuse had the lowest responses with only 3 (2.3%) responses. This shows that majority of the children who had experienced domestic violence had experienced control as a form of abuse with just some few who had experienced isolation.

Research Question Two: What are the psychological effects of domestic violence on children in the Keta and Ketu South Municipal Assembly?

This research question aimed to find out the psychological effects of domestic violence on children in the Keta and Ketu South Municipal Assembly. Data on this question was collected using the DASS 21 and analysed using frequencies and percentages. Table 11 shows the results of the analysis of the psychological effects of domestic violence on children in the Keta and Ketu South Municipal Assembly.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Table 11- *Psychological Effects of Domestic Violence on Children*

Type of Distress	Mean	Standard Deviation
Depression	8.88	4.98
Anxiety	8.03	4.64
Stress	8.98	4.32

Source: Field survey, (2020) N=130

The results from Table 11 show that there was the highest mean level of stress (M = 8.98, SD = 4.32) with anxiety having the lowest mean (M = 8.03, SD = 4.64). This means that children who had experience domestic violence had high stress levels and relatively low levels of anxiety. This implies that domestic violence had adverse psychological effects on the children. This is because per the results from their responses, the children had relatively the same levels of depression, anxiety and stress.

Research Question Three: Which coping strategies are used by children experiencing domestic violence?

This research question aimed to find out the coping strategies used by children experiencing domestic violence in the Keta and Ketu South Municipal Assembly. Table 12 indicates the outcomes of the analysis of the responses on the coping strategies used by children who had experienced domestic violence.

Table 12-*Coping Strategies Used by Children Experiencing Domestic Violence*

Coping Strategy	Mean	Standard Deviation
Emotion Focus	5.97	1.90
Problem Focus	6.59	2.32

Source: Field survey, (2020) N=130

The results from Table 12 show that problem focus had a higher mean (M = 6.97, SD = 2.32) than emotion focus with the mean (M = 5.97, SD = 1.90).

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

This means that children who had experienced domestic violence used problem focused coping strategies more compared to emotion focus coping strategies. This implies that most children who experience domestic violence deal with stress using problem solving techniques such as removing the stress source, finding information or support in coping with the situation, and removing oneself from the stressful situation.

Research hypothesis one

***H_0*: There is no significant difference in the psychological effects of domestic violence among children based on gender**

***H_1*: There is a significant difference in the psychological effects of domestic violence among children based on gender**

This hypothesis was tested to find the difference in the psychological effects of domestic violence among the respondent based on gender. Multi-variate Analysis of Variance (MANOVA) was used to test this hypothesis to establish how male and female differed on psychological effects of domestic violence. Three dependent variables were used: depression, anxiety and stress. Gender was the independent variable. Preliminary assumption testing was conducted to search for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices and multicollinearity, with no serious violations noted. The test of homogeneity of variance-covariance assumption was met using the Box's M Sig. value of .135, which was greater than .001. Levene's Test was also checked for violation of equality of variance for depression, anxiety and stress. The outcome indicated that none of the variables violated the equality of variance assumptions, Depression with a sig. value of .268, Anxiety with a sig value of .056 and

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Stress with a sig value of .297 all of which were greater than .05. After checking for and meeting all assumptions, Table 13 displays the results on the descriptive statistics:

Table 13- *Descriptive Statistics for Psychological Effects*

Variable	Gender	Mean	SD	N
Depression	Male	8.90	5.46	53
	Female	8.86	4.66	77
	Total	8.88	4.98	130
Anxiety	Male	7.54	4.07	53
	Female	8.36	4.99	77
	Total	8.03	4.64	130
Stress	Male	8.94	4.63	57
	Female	9.00	4.11	77
	Total	8.98	4.31	130

Source: Field Data (2020)

The findings of Table 13 present the descriptive results of the research variables, which showed that the mean psychological effects of male and female children who had experienced domestic violence did not vary significantly. The results suggested that both male and female had almost the same mean scores on depression, anxiety and stress with comparatively the largest difference on anxiety, male (M= 7.54, SD = 4.07), female (M=8.36, SD= 4.99) at .05 level of significance. This implied that descriptively, male and female do not differ in terms of how they were affected psychologically. However, the descriptive results were not enough to ascertain significant differences in mean scores of domestic violence victims, hence the need to examine the MANOVA Multivariate Tests in Table 14.

Table 14- *Multivariate Tests*

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Gender	Pillai's Trace	.016	.669[b]	3.000	126.00	.573	.016
	Wilks' Lambda	.984	.669[b]	3.000	126.00	.573	.016
	Hotelling's Trace	.016	.669[b]	3.000	126.00	.573	.016
	Roy's Largest Root	.016	.669[b]	3.000	126.00	.573	.016

Source: Field Data (2020)

Table 14 indicates the results of the multivariate test to check for gender differences in psychological effects. The findings indicate that there was no statistically significant difference in the psychological effects between males and females: F (3, 126) =.669, p=.573; Wilks' Lambda=.984; partial eta squared=.02. This implies that children, whether male or female who experience domestic violence had the same level of depression, anxiety and stress. No child experienced different psychological effects than the other.

Research hypothesis two

***H_0*: There is no significant difference in the coping strategies used by children experiencing domestic violence based on their gender**

***H_1*: There is a significant difference in the coping strategies used by children experiencing domestic violence based on their gender**

This hypothesis was tested to find gender difference in the use of coping strategies among domestic violence children. Multi-variate Analysis of Variance (MANOVA) was used to test this hypothesis to establish how male and female differed on their use of coping strategies when they experienced domestic violence. Two dependent variables were used: emotional focus and problem focus coping strategies. Gender was the independent variable. To test for normality, linearity, univariate and multivariate outliers, homogeneity of

Digitized by Sam Jonah Library

© University of Cape Coast   https://ir.ucc.edu.gh/xmlui

variance-covariance matrices, and multicollinearity, preliminary assumption testing was performed, with no serious violations noted. Using the Box's M Sig, the test for homogeneity of variance-covariance assumption was met. The .416 rating, which was higher than .001. Levene's Test was also checked for violation of equality of variance for emotion focus and problem focus. The findings suggested that none of the variables violated the equality of variance assumptions, emotion focus with a sig. value of .279 and problem focus with a sig value of .605 both of which were greater than .05. After checking for and meeting all assumptions, Table 15 displays the results on the descriptive statistics:

Table 15**-** *Descriptive Statistics for Coping Strategies*

Variable	Gender	Mean	SD	N
Emotion Focus	Male	6.39	2.01	53
	Female	5.67	1.77	77
	Total	5.96	1.90	130
Problem Focus	Male	6.66	2.27	53
	Female	6.54	2.36	77
	Total	6.59	2.32	130

Source: Field Data (2020)

Table 15 shows the descriptive results of the study variables which concluded that there were no significant gender differences in the mean scores of the use of coping strategies of children who had experienced domestic violence. The results suggested that both male and females had almost the same mean scores on emotion focus and problem focus with relatively a slight difference on emotion focus, male (M= 6.39, SD = 2.01), female (M=5.67, SD= 1.77) at .05 level of significance. This was an indication that descriptively, male and female did not differ concerning how they applied coping strategies. However,

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

the descriptive results were not enough to ascertain significant differences in mean scores of domestic violence victims, hence the need to examine the MANOVA Multivariate Tests in Table 16:

Table 16- *Multivariate Tests*

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Gender	Pillai's Trace	.039	2.578[b]	2.000	127.00	.083	.039
	Wilks' Lambda	.961	2.578[b]	2.000	127.00	.083	.039
	Hotelling's Trace	.041	2.578[b]	2.000	127.00	.083	.039
	Roy's Largest Root	.041	2.578[b]	2.000	127.00	.083	.039

Source: Field Data (2020)

Table 16 presents the results of the multivariate test to check for gender differences in the use of coping strategies. The results show there was no statistically significant difference between males and females on the use of coping strategies: F (2, 127) = 2.578, p= .083; Wilks' Lambda=.961; partial eta squared=.04. This implies that in spite of being male or female, children who had experienced domestic violence employed the same coping strategies.

Discussion of Findings

Comparing the literature and prior studies, this section interpreted and compared the findings of this current research. Each result was tested and its implications were also discussed with respect to existing theoretical positions and their practical applications. The findings were discussed according to the research questions and hypotheses. The outcomes on the common types of domestic violence were discussed. Findings on the psychological effects were also discussed followed by the discussion of the findings on the coping strategies that were being used by children who experienced domestic

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

violence. Findings on the gender differences in psychological effects were also discussed. Finally, there was also a review of the results on gender variations in the use of coping strategies. These are elucidated and discussed.

Type of Domestic Violence in Keta and Ketu South Municipal Assembly

The results of this research showed that control as a means of abuse was the prevalent type of abuse or domestic violence in the Keta and Ketu South Municipal Assembly. This was accompanied by emotional abuse, physical abuse and verbal abuse, Thus in all, control, emotional, physical and verbal abuse were the most form of abuse that children who were experiencing domestic violence were exposed to. The results of this study are inconsistent with those of Fantuzzo and Fusco (2007), who discovered that children were subjected to ethnic violence and low-income (economic abuse). This difference may not be unexpected because of the nature in which the study was conducted. In a study with a population predominated by Caucasians, middleclass and educated residents, then economic abuse and racial abuse should not be far-fetched. This outcomes is also inconsistent with the works of Lepistö, et al. (2011), who discovered that children were exposed to parental symbolic aggression, severe violence and parent to parent violence. Though domestic violence was fairly common in the lives of adolescents, these children were exposed to abuse that were different from that of the abuse and violence experienced by children in the Keta and Ketu South Municipalities. Lepisto et al. continued that these children who experience parental violence continue with school bullying and sexual abuse. Mueller et al. (2016) also found that in Ghana, children living in households were subjected to severe physical punishment. One reason could be that both parents were violent.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Women subjected to physical violence were found to be twice as likely as women to be abusive towards their children. On the other hand, men who were exposed to physical violence were seven times more likely to be aggressive towards their children. This means that children who were staying with both violent parents were likely to suffer more abuse. A study by Henry (2018) also confirmed that majority of households were filled with domestic violence. The findings indicated that these households were exposed to all forms of domestic violence. By implication, children from these households were exposed to all forms of abuse at various degrees.

The results of this study were consistent with McCormac's (2018) findings, which stated that physical abuse, emotional abuse, sexual abuse and neglect were the most prevalent types of violence against children. Though both studies had similar types of abuses, their rankings differed. This study found control to be the most prevalent form of abuse whilst that of McCormac found physical abuse as the leading form of abuse against children. The inconsistencies in these results may be accounted for due to different research designs, different measurement tools and different contexts. Notwithstanding these inconsistences, it is very pertinent that much attention is given to these forms of child abuse that occurred in the Ghanaian families. Though majority of the children were staying with both parents they still experienced various forms of abuse and probably that could be the reason why the children felt controlled and physically abused.

In most Ghanaian families, children are just expected to be seen but not heard. When this happens, the children might feel that they were being controlled and it may be the reason why large number of children who

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

participated in the study felt they were being controlled. In this families again, most children are not allowed to express their feelings. These children mostly repress their emotions and feel emotionally abused. The Socio-ecological model explains that the immediate physical and social environment (microsystem) and interactions between systems in the environment (mesosystems) continue to affect and modify the child's makeup. This explains why though children stayed with both parents, they still experienced all forms of abuse. The immediate family environments of parents who are violent may go a long way to have great effects on their children. Even when parents are violent between themselves but not to the children, it still indirectly had influence on the children such as being emotionally abused (Lepisto, et al., 2011). It is therefore very critical that attempts are made at all four important levels of risk to avoid and respond to violence against children as suggested by (Tharp, et al., 2012). Parental and caregiver support should be given as part of the INSPIRE strategy by WHO (2020) by providing parental training to young and first time parents. This would firstly prevents violent between the parents and prevent spillage to the children.

Psychological Effects of Domestic Violence on Children

This study found that children with domestic violence had high levels of stress, followed by anxiety and depression. Thus domestic violence had great psychological effects on children who are abused. This finding corroborates the findings of Hovens, et al. (2012) and Kuringe et al. (2019). Such studies have found that domestic violence had great impact on the psychological wellbeing of children which are related to the outcomes of this study. Both studies discovered that domestic violence predicted severe

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

depressive and anxiety disorders among children. On the contrary, Chemtob and Carlson (2004) in their study found that domestic violence had evidence of post-traumatic re-experiencing and psychological arousal among domestic violence children. Even though the study found stress, depression and anxiety among victims of domestic violence and that of Chemtob and Carlson found trauma and psychological arousal was common, the most significant observation was that domestic violence had a huge effect on the psychological well-being of the children abused. The low depression and anxiety found in this study was inconsistent with the findings of Humphreys (2007) and Ghasemi (2009) who found domestic violence to have great effect on the emotional and physical wellbeing of the children. These children exposed to domestic violence may be physiologically and psychologically traumatised. Notwithstanding the fact that this study reveals only stress among child victims of domestic violence and other research like Humphreys (2007) and Ghasemi (2009) report high emotional problems among child victims of domestic violence, the issue is that domestic violence had serious psychological effects on the children.

Lazarus and Folkman (1984), defined stress as the experience of stimuli assessed as harmful or difficult, which exceeds the ability of the person to cope with them. This means children who experienced domestic violence tend to experience stress because they perceived the abuse as harmful or a challenging situation which they could not cope with. As children experience stressful situations, they are likely to feel depressed and anxious making their psychological wellbeing very poor. Thawabieh and Qaisy (2012) listed anxious or racing thoughts and constant worrying as some of the symptoms of

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

stress therefore as abused children experience high level of stress, they would also have high level of depression and anxiety. It is therefore very crucial that efforts are made to do away with any form of abuse that increases the stress levels of children.

Coping strategies used by children experiencing domestic violence

The study found that children who have experienced domestic violence have applied problem focus as a form of coping strategies to help them adapt to stressful situations. The discovery of this research is inconsistent with the findings of First, et al. (2005), Överlien and Hydén (2009), Salloum and Overstreet (2012), Callaghan et al. (2016), Aadnanes and Gulbrandsen (2018), and Gregory et al. (2020) and First, et al. (2005), They found that children who had suffered abuse and domestic violence used avoidance coping strategies as a way to respond to their traumatic and emotionally painful circumstances. Overlien and Hyden (2009), found that, children used coping strategies such as listening to loud music, calling the police, hiding and even being fearful as a way of saying; 'I won't accept this', 'I don't want this in my life,' whenever they were experiencing domestic violence. Salloum and Overstreet (2012), also reported that children applied coping skills in addition to narrative processing which was not the same as the coping strategies used in this studies. Callaghan et al. (2016), reported of children making use of relational coping strategy in the face of domestic violence and abuse but the current study preferred children using emotional focused coping strategies. Aadnanes and Gulbrandsen (2018) found that by hiding in their rooms, tiptoed around to escape triggers, and on guard to track the abusive parent, people coped with abuse differently. Gregory, et al. (2020) reported that children's

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

techniques included achieving a sense of self-assertion and power by confronting the attacker, exposing to a trusted adult what happened, and 'blocking out' incidents until they felt safe to recall.

Though these forms of coping strategies differed from the coping strategies employed by the abused children in the Keta and Ketu South municipalities, they were all forms of coping that brought relief to the children in the face of abuse. Lazarus and Folkman (1984) in their transactional theory pointed out that coping strategies aim to either directly deal with the stressor or control sentiments arising as a result of the stressful situation. Abused children in Keta and Ketu South municipalities preferred to deal directly with the stressor to controlling the sentiments. They employed mechanisms such as generating and evaluating other solutions, learning new skills to manage the stressor or reappraising in attempts to change or reduce the negative emotions. These abused children prefer to tackle their challenges by facing the problems on their own because the problems were coming from the very parents they would have contacted for help. Therefore abused children had no option than to face their problems. Probably they saw or appraised the abuse situation as within their capacity to change. For instance a child who knows he faces physical abuse such as beatings from the parents may reappraise the beating as a normal thing which he has to face at all cost. In such a situation, he tunes his mind and therefore psychologically might not feel the pain very much. These abused children should be helped to cope with the psychological distress they go through to help boost their psychological wellbeing.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Gender differences in psychological effect of domestic violence

There were no gender differences in the psychological effects of children experiencing domestic violence in the study. This implies that both male and females experienced the same level of psychological distress including depression, anxiety and stress. This result is inconsistent with the findings of Afifi (2007), Hornor (2010), Cromer and Goldsmith (2010), and Abajobir, et al. (2017). These studies consistently found gender differences on the psychological effect of domestic violence. This means that females were affected psychologically more than the males. However, Wang, et al (2020) found the opposite where males experienced psychological effects more than the females. Though it could be seen that there were inconsistencies in the findings, it did not change the fact that both male and females were psychologically affected. These differences could be attributed firstly to the contextual differences and differences in the use of methodology and instruments. The discoveries of this study contradict the general expectation of how male are stronger in experiencing psychological distress than females. It was generally expected that females were susceptible to psychological distresses such as depression, anxiety and stress. However, children who had experienced domestic violence in the Keta and Ketu South showed no differences in psychological effects. The reasons for the no differences could be as a result of the kind of coping techniques that they used. These children tried to face the challenges or the problems and cope with it thus it did not affect them that much. Though they showed no differences, it still does not change the fact these children need to be taken care of and given proper coping strategies to help take them out of these psychological distresses.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Gender Differences in the Coping Strategies

The findings of this research have shown that there were no disparities in how coping mechanisms were adopted by male and female abused children in Keta and Ketu South. This implies that whether emotional focused or problem focused, both male and female abused children used the same coping strategies. However, this finding is in contradiction to the findings of Lepistö, et al. (2010), Holmila, et al. (2011), Hines (2015), Leite, et al. (2016), and VanMeter, et al. (2020). For instance, Lepistö, et al. (2010), found that children mostly used problem focused coping which was also same in this study but continued to report that girls were more likely than boys to use non-productive coping mechanisms. Holmila, et al. (2011), also reported that though children developed their own ways of trying to cope, they differ in terms of gender. VanMeter et al. (2020) found that though males and females differed in their use of coping strategies, specific coping strategies used could not be pin pointed. In this study, though children preferred problem focused coping to emotion focused, there were no differences in how these problem focused coping strategies were applied. In the face of domestic violence, both male and female preferred to control the situation or challenges and handle the source of the problem. For example, they evaluate the kind of abuse they have and learn new skills to manage the physical abuse or control they faced. These strategies helped them to reduce the negative emotions as well as the psychological effect that control, physical and emotional abuse had on their wellbeing. Children who know their parents would by all means abuse them verbally may cope with it by reappraising the insults as a normal situation in which case it might not affect them very much.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Summary of the Key Findings

Children who have suffered domestic violence reported control as the common type of abuse as well as emotional, physical and verbal abuse. Regarding the psychological effects on abused children, it was revealed that abused children had the same level of depression, anxiety and stress. The most popular method of coping mechanism used by children who had suffered domestic violence was problem-focused coping.

In terms of gender, there were no gender disparities in the psychological effects of domestic violence. The extent of depression, anxiety and stress did not vary between male and female children who had experienced domestic violence. Finally, in the coping strategies used by children who had experienced domestic violence, there were no gender gaps or differences.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Overview

The previous section reported the findings of the research and discussed them in relation to previous studies. This section comprises of the summary of the research, conclusions and recommendations.

Summary of the Study

The study examined the psychological effects and coping strategies used by children experiencing domestic violence. A descriptive survey design approach was used for the study. Using a convenience sampling technique, children who had experienced domestic violence were contacted with 130 participants responding to a structured questionnaire. Statistical procedures adopted in the data analysis were frequencies and percentages, and Multi-variate Analysis of Variance (MANOVA). The following were the key findings of the study:

1. Children who had experienced domestic violence reported control, emotional, physical and verbal abuse as the prevalent forms of abuse they encountered.
2. With regard to the psychological effects of domestic violence on children, it was discovered that depression, anxiety and stress were the same for child victims of domestic violence.
3. The most popular method of coping strategy used by children who had experienced domestic violence was problem-focused coping.
4. There were no gender disparities or differences in the psychological effects of domestic violence on children.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

5. Finally, in the coping strategies used by children who have experienced domestic violence, there were no gender disparities or difference.

Conclusions

Domestic violence among families remains a major concern in our societies today. It is evident that the consequences of domestic violence places a great burden on the child at all levels of development. The consequences of childhood domestic violence can be traced to some brain regions that do not develop or function properly. In addition to the immediate physical injuries that children can undergo from these assaults, the reactions of a child may have lifelong and even intergenerational effects. A child experiencing this will also be able to solve the problem and not continue to harm others. Breaking the cycle of violence would involve the family, society, and all those affected to have some degree of dedication. It may in itself be therapeutic to process a traumatic experience. Given the complex nature of the experiences and trauma of children, it is crucial for professionals who work with any of these children to recognize their painful memories and also focus on the resilience of the child in order to obtain the required support.

The study concludes that, though control and other forms of abuses from parents may be suggestive of positive actions in grooming children, it may also be seen as destroying the future of these children. The adverse effect of the violence could be appalling if such coping strategies were not adopted by children. Unfortunately, children who are already affected by domestic violence need to live in the situation and be traumatically and frequently abused.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

It is therefore important that attention should be paid to victims of domestic violence, especially children in order to find appropriate ways of helping these individuals cope. By giving children early intervention, it is possible to stop the violence cycle and to provide them enough resources to be able to cope effectively in the face of any abuse.

Recommendations

In view of the findings from the research, the study recommends:

1. That nuclear families and children are given much attention. Most children stayed with their parents but still suffered all forms of abuse. The Social Welfare Department and Domestic Violence and Victims Support Unit (DOVVSU) should intensify public sensitisation on the negative effect of domestic violence in the Keta and Ketu South Municipality. Toll free numbers should be made available for children to report when they felt that they were being abused. Teachers should watch out for cues to help identify children who might be facing domestic violence but may not be confident enough to report. Parents and guardians should be educated to know the differences between physical abuse and punishments in order not to abuse children both physically and verbally in the name of punishing them.
2. The Clinical Health Psychologist should work hand in hand with the Social Welfare and DOVVSU so that when domestic violence victims are identified, they could help in reducing the psychological effect on the children. Social Welfare and DOVVSU should on the other hand inform the Clinical Health Psychologist to help in psychological

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

assessment for the victims of domestic violence to identify whether they are psychologically sound.

3. Clinical Health Psychologists should educate the populace as well as victims of abuse on proper coping strategies to help them better deal with the psychological traumas. The Ghana Psychological Association must partner with Ghana Education Service to make available extensive information on the various types of abuses and how children can deal with these situations instead of always trying to tackle the problems all by themselves.
4. The Ministry for Gender, Children and Social Protection must ensure that all activities are gender sensitive giving equal attention to both boys and girls. Both sexes must be empower to come out and report all forms of abuse they encounter instead of keeping it with the idea that a boys must be resilient.
5. The Ministry for Gender, Children and Social Protection should provide shelters and foster homes for children who experience domestic violence. These places would give the children their peace of mind and also help them better cope and recuperate psychologically. These shelters and protection houses should not focus on only females as both boys and girls need the same protection to help alleviate the adverse psychological effects domestic violence have on them.

Suggestions for Further Research

Given the limited scope of this thesis, future studies are to focus on the following research fields:

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Using a larger sample from a larger context so as to make the findings more generalizable.

1. To explore the cause for the reasons why parents abuse children.
2. As this study looked at the differences, further studies should also focus on mediations and moderations of other variables.
3. This study used a descriptive survey but further studies can use other research designs like longitudinal approach and other exploratory methods.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

REFERENCES

Aadnanes, M., & Gulbrandsen, L. M. (2018). Young people and young adults' experiences with child abuse and maltreatment: Meaning making, conceptualizations, and dealing with violence. *Qualitative Social Work*, *17*(4), 594-610.

Abajobir, A. A., Kisely, S., Maravilla, J. C., Williams, G., & Najman, J. M. (2017). Gender differences in the association between childhood sexual abuse and risky sexual behaviours: A systematic review and meta-analysis. *Child Abuse & Neglect*, *63*, 249-260.

ACPF (2014). *The African Report on Violence Against Children.* The African Child Policy Forum (ACPF).

Achebe, C. (1958). *Things fall apart*.. Heinemann Educational Books *Ltd*,

Adjah, E. S. O., & Agbemafle, I. (2016). Determinants of domestic violence against women in Ghana. *BMC Public Health*, *16*(1), 1-9.

Afifi, M. (2007). Gender differences in mental health. *Singapore Medical Journal*, *48*(5), 385.

Aihie, O. N. (2009). Prevalence of domestic violence in Nigeria: Implications for counselling. *Edo Journal of Counselling*, *2*(1), 1-8.

Al Dosary, A. H. (2016). Health impact of domestic violence against Saudi women: Cross sectional study. *International Journal of Health Sciences*, *10*(2), 165.

Alhabib, S., Nur, U., & Jones, R. (2010). Domestic violence against women: Systematic review of prevalence studies. *Journal of Family Violence*, *25*(4), 369-382.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

American Psychiatric Association (2013). *Diagnostic, statistical manual of mental disorders: DSM-5*. American Psychiatric Publishing.

Anamika, C. (2015). Effects of domestic violence on children: A study. *International Journal of Higher Education and Research*

Asghari, A., Saed, F., & Dibajnia, P. (2008). Psychometric properties of the Depression Anxiety Stress Scales-21 (DASS-21) in a non-clinical Iranian sample. *International Journal of Psychology*, *2*(2), 82-102.

Assink, M., van der Put, C. E., Meeuwsen, M. W., de Jong, N. M., Oort, F. J., Stams, G. J. J., & Hoeve, M. (2019). Risk factors for child sexual abuse victimization: A meta-analytic review. *Psychological Bulletin*, *145*(5), 459.

Aymer, S. R. (2008). Adolescent males' coping responses to domestic violence: A qualitative study. *Children and Youth Services Review*, *30*(6), 654-664.

Banyard, V. L., & Cross, C. (2008). Consequences of teen dating violence: Understanding intervening variables in ecological context. *Violence Against Women*, *14*(9), 998-1013.

Banyard, V., Hamby, S., & Grych, J. (2017). Health effects of adverse childhood events: Identifying promising protective factors at the intersection of mental and physical well-being. *Child Abuse & Neglect*, *65*, 88-98.

Barlow, D. H., Raffa, S. D., & Cohen, E. M. (2002). Psychosocial treatments for panic disorders, phobias, and generalized anxiety disorder. *A Guide to Treatments that Work*, *2*, 301-336.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Batelaan, N. M., Bosman, R. C., Muntingh, A., Scholten, W. D., Huijbregts, K. M., & van Balkom, A. J. (2017). Risk of relapse after antidepressant discontinuation in anxiety disorders, obsessive-compulsive disorder, and post-traumatic stress disorder: systematic review and meta-analysis of relapse prevention trials. *BMJ*, *(Clinical Research Ed.),* 358: j3927.

Beck, A. T. (2002). Cognitive models of depression. In R. L. Leahy & E. T. Dowd (Eds.), *Clinical advances in cognitive psychotherapy: Theory and application* (pp. 29-61). Springer.

Beck, A. T., & Alford, B. A. (2009). *Depression: Causes and treatment*. University of Pennsylvania Press.

Berk, L. E. (2000). *Child Development* (5th Ed.). Allyn and Bacon.

Black, N., Stockings, E., Campbell, G., Tran, L. T., Zagic, D., Hall, W. D., ... & Degenhardt, L. (2019). Cannabinoids for the treatment of mental disorders and symptoms of mental disorders: a systematic review and meta-analysis. *The Lancet Psychiatry*, *6*(12), 995-1010.

Bobonis, G. J., González-Brenes, M., & Castro, R. (2013). Public transfers and domestic violence: The roles of private information and spousal control. *American Economic Journal: Economic Policy*, *5*(1), 179-205.

Bögels, S. M., Alden, L., Beidel, D. C., Clark, L. A., Pine, D. S., Stein, M. B., & Voncken, M. (2010). Social anxiety disorder: questions and answers for the DSM-V. *Depression and Anxiety*, *27*(2), 168-189.

Boyd, N. G., Lewin, J. E., &Sager, J. K. (2009). A model of stress and coping and their influence on individual and organizational outcomes. *Journal of Vocational Behavior*, *75*, 197–211.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Bick, J., & Nelson, C. A. (2016). Early adverse experiences and the developing brain. Neuropsychopharmacology, 41, 177–196. https://www.nature.com/articles/ npp2015252. doi: 10.1038/npp.2015.252

Briere, J. N., & Elliott, D. M. (1994). Immediate and long-term impacts of child sexual abuse. *The Future of Children*, 54-69.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by Nature and Design*. Harvard University Press.

Bronfenbrenner, U. (1989). Ecological systems theory. In R, Vasta. (Ed.). *Annals of Child Development: (Vol. 6.)* pp. 187–249.. Jessica Kingsley Publishers.

Bronfenbrenner, U. (1994). *International Encyclopedia of Education* (Vol 3, 2nd ed.). Elsevier.

Bronfenbrenner, U. (1999). In Friedman, S. L. and Wachs, T. D. (Ed.). *Measuring environment across the life span: Emerging methods and concepts*. American Psychological Association Press.

Bronfenbrenner, U. (2005). *Making human beings human: Bioecological perspectives on human development*. Sage Publications.

Brough, P., O'Driscoll, M. & Kalliath, T. (2005a). Confirmatory factor analysis of the cybernetic coping scale. *Journal of Occupational and Organizational Psychology*, *78*(1), 53–61.

Brough, P., O'Driscoll, M., & Kalliath, T. (2005b). Evaluating the criterion validity of the cybernetic coping scale: Cross-lagged predictions of psychological strain, job and family satisfaction. *Work and Stress*, *19*(3), 276–292.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Bryman, A. (2016). *Social research methods*. Oxford university press.

Callaghan, J. E., Alexander, J. H., Sixsmith, J., & Fellin, L. C. (2018). Beyond "witnessing": Children's experiences of coercive control in domestic violence and abuse. *Journal of Interpersonal Violence*, *33*(10), 1551-1581.

Callaghan, J. E., Alexander, J. H., Sixsmith, J., & Fellin, L. C. (2016). Children's experiences of domestic violence and abuse: siblings' accounts of relational coping. *Clinical Child Psychology and Psychiatry*, *21*(4), 649-668.

Cantón-Cortés, D., Cortés, M. R., & Cantón, J. (2012). The role of traumagenic dynamics on the psychological adjustment of survivors of child sexual abuse. *European Journal of Developmental Psychology*, *9*(6), 665-680.

Chan, P. L., Ng, S. S., & Chan, D. Y. (2014). Psychometric properties of the Chinese version of the Kid-KINDLR Questionnaire for measuring the health-related quality of life of school-aged children. *Hong Kong Journal of Occupational Therapy*, *24*(1), 28-34.

Chao, R. C. L. (2011). Managing stress and maintaining well-being: Social support, problem-focused coping, and avoidant coping. *Journal of Counseling & Development*, *89*(3), 338-348.

Chao, R. C. L. (2011). Managing stress and maintaining well-being: Social support, problem-focused coping, and avoidant coping. *Journal of Counseling & Development*, *89*(3), 338-348.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Chemtob, C. M., & Carlson, J. G. (2004). Psychological Effects of Domestic Violence on Children and Their Mothers. *International Journal of Stress Management*, *11*(3), 209.

Clark, A., & Mach, N. (2016). Exercise-induced stress behavior, gut-microbiota-brain axis and diet: a systematic review for athletes. *Journal of the International Society of Sports Nutrition*, *13*(1), 43.

Clark, D. A., & Beck, A. T. (2011). *Cognitive therapy of anxiety disorders: Science and practice*. Guilford Press.

Coffey, P., Leitenberg, H., Henning, K., Turner, T., & Bennett, R. T. (1996). Mediators of the long-term impact of child sexual abuse: Perceived stigma, betrayal, powerlessness, and self-blame. *Child Abuse & Neglect*, *20*(5), 447-455.

Cooney, G. M., Dwan, K., Greig, C. A., Lawlor, D. A., Rimer, J., Waugh, F. R., ... & Mead, G. E. (2013). Exercise for depression. *Cochrane Database of Systematic Reviews*, *9*(9): CD004366.

Costello, H., Gould, R. L., Abrol, E., & Howard, R. (2019). Systematic review and meta-analysis of the association between peripheral inflammatory cytokines and generalised anxiety disorder. *BMJ Open*, *9*(7), e027925.

Craparo, G., Gori, A., Petruccelli, I., Cannella, V., & Simonelli, C. (2014). Intimate partner violence: relationships between alexithymia, depression, attachment styles, and coping strategies of battered women. *The Journal of Sexual Medicine*, *11*(6), 1484-1494.

Craske, M. G., Kircanski, K., Epstein, A., Wittchen, H. U., Pine, D. S., Lewis-Fernández, R., & Hinton, D. (2010). Panic disorder: a review of DSM-

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

IV panic disorder and proposals for DSM-V. *Depression and Anxiety*, *27*(2), 93-112.

Craske, M. G., Rauch, S. L., Ursano, R., Prenoveau, J., Pine, D. S., & Zinbarg, R. E. (2011). What is an anxiety disorder? *Focus*, *9*(3), 369-388.

Creswell, J. W. & Creswell, J. D. (2018). *Research design: Qualitative, quantitative and mixed approaches* (5th ed.). Sage Publications.

Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approach* (4th ed.). Sage Publications.

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.

Cromer, L. D., & Goldsmith, R. E. (2010). Child sexual abuse myths: Attitudes, beliefs, and individual differences. *Journal of Child Sexual Abuse*, *19*(6), 618-647.

Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., ... & Fein, J. A. (2015). Adverse childhood experiences: Expanding the concept of adversity. *American Journal of Preventive Medicine*, *49*(3), 354-361.

Davis, M., Eshelman, E. R., & McKay, M. (2008). *The relaxation and stress reduction workbook*. New Harbinger Publications.

De Bellis, M. D., Spratt, E. G., & Hooper, S. R. (2011). Neurodevelopmental biology associated with childhood sexual abuse. *Journal of Child Sexual Abuse*, *20*(5), 548-587.

DeBoard-Lucas, R. L., & Grych, J. H. (2011). Children's perceptions of intimate partner violence: Causes, consequences, and coping. *Journal of Family Violence*, *26*(5), 343.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Delice, A. (2010). The Sampling Issues in Quantitative Research. *Educational Sciences: Theory and Practice*, *10*(4), 2001-2018.

Dewe, P., & Cooper, C. L. (2007). Coping research and measurement in the context of work related stress. In G. P. Hodgkinson and J. K. Ford (Eds.), *International Review of Industrial and Organizational Psychology*, vol. 22 (pp. 141–191). John Wiley & Sons.

Doidge, J. C., Higgins, D. J., Delfabbro, P., & Segal, L. (2017). Risk factors for child maltreatment in an Australian population-based birth cohort. *Child Abuse & Neglect*, *64*, 47-60.

Dubowitz, H., Kim, J., Black, M. M., Weisbart, C., Semiatin, J., & Magder, L. S. (2011). Identifying children at high risk for a child maltreatment report. *Child Abuse & Neglect*, *35*(2), 96-104.

Dutton, D. G. (2011). *Rethinking domestic violence*. Vancouver: UBC press.

Edelman, S. (2012). *Change Your Thinking with CBT: Overcome stress, combat anxiety and improve your life*. Random House.

Edwards, J. R. & Baglioni, A. J., (2000). Empirical versus theoretical approaches to the measurement of coping: A comparison using the ways of coping questionnaire and the cybernetic coping scale. In P. Dewe, M. Leiter and T. Cox (Eds.), *Coping, Health and Organizations* (pp. 29–50). London: Taylor & Francis.

Elder, J. P., Lytle, L., Sallis, J. F., Young, D. R., Steckler, A., Simons-Morton, D., ... & Webber, L. (2007). A description of the social–ecological framework used in the trial of activity for adolescent girls (TAAG). *Health Education Research*, *22*(2), 155-165.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Elsenbruch, S., Roderigo, T., Enck, P., & Benson, S. (2019). Can a brief relaxation exercise modulate placebo or nocebo effects in a visceral pain model?. *Frontiers in Psychiatry*, *10*, 144.

Erten, B., & Keskin, P. (2018). For better or for worse?: Education and the prevalence of domestic violence in Turkey. *American Economic Journal: Applied Economics*, *10*(1), 64-105.

Espelage, D. L., Low, S., & De La Rue, L. (2012). Relations between peer victimization subtypes, family violence, and psychological outcomes during early adolescence. *Psychology of Violence*, *2*(4), 313.

Etikan, I., & Bala, K. (2017). Sampling and sampling methods. *Biometrics & Biostatistics International Journal*, *5*(6), 00149.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, *5*(1), 1-4.

Evans, S. E., Davies, C., & DiLillo, D. (2008). Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. *Aggression and Violent Behavior*, *13*(2), 131-140.

Fantuzzo, J. W., & Fusco, R. A. (2007). Children's direct exposure to types of domestic violence crime: A population-based investigation. *Journal of Family Violence*, *22*(7), 543-552.

Feiring, C., Simon, V. A., & Cleland, C. M. (2009). Childhood sexual abuse, stigmatization, internalizing symptoms, and the development of sexual difficulties and dating aggression. *Journal of Consulting and Clinical Psychology*, *77*(1), 127.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Finkelhor, D. & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, *55*(4), 530-541.

Finkelhor, D. (1987). The sexual abuse of children: Current research reviewed. *Psychiatric Annals*, *17*(4), 233-241.

Finkelhor, D. (2018). Screening for adverse childhood experiences (ACEs): Cautions and suggestions. *Child Abuse & Neglect*, *85*, 174-179.

Finkelhor, D., & Browne, A. (1986). Initial and long-term effects: A conceptual framework. In D. Finkelhor (Ed.), *A sourcebook on child sexual abuse*. SAGE Publications.

Finkelhor, D., & Browne, A. (1988). Assessing the long-term impact of child sexual abuse: A review and conceptualization. In L.E.A. Walker (Ed.), *Handbook on Sexual Abuse of Children* (3rd ed., pp. 55-69). Springer Publishing.

Finkelhor, D., & Kendall-Tackett, K. (1997). A developmental perspective on the childhood impact of crime, abuse and violent victimization. In Mt. Hope Family Center, University of Rochester (Ed.), *Developmental perspectives on trauma: theory, research and intervention* (Vol. 8, pp. 1-31). Rochester, NY: University of Rochester Press.

Finnbogadóttir, H., Dykes, A. K., & Wann-Hansson, C. (2014). Prevalence of domestic violence during pregnancy and related risk factors: a cross-sectional study in southern Sweden. *BMC Women's Health*, *14*(1), 63.

Folkman, S. & Lazarus, R. S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology*, *48*, 150–170.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Folkman, S., & Lazarus, R. S. (1988). Coping as a mediator of emotion. *Journal of Personality and Social Psychology*, *4*(3), 466–475.

Folkman, S. (1997). Positive psychological states and coping with severe stress. *Social Science and Medicine*, *45*(8), 1207–1221.

Fried, E. I., Epskamp, S., Nesse, R. M., Tuerlinckx, F., & Borsboom, D. (2016). What are'good'depression symptoms? Comparing the centrality of DSM and non-DSM symptoms of depression in a network analysis. *Journal of Affective Disorders*, *189*, 314-320.

Friedrich, W. N., Luecke, W. J., Beilke, R. L., & Place, V. (1992). Psychotherapy outcome of sexually abused boys: An agency study. *Journal of Interpersonal Violence*, *7*(3), 396-409.

Galinsky, E. (1999). *Ask the children*. William Morrow & Company.

Garbarino, J. (1992). *Children and families in the social environment* (2nd ed). Aldine de Gruyter.

García-Moreno, C., Pallitto, C., Devries, K., Stöckl, H., Watts, C., & Abrahams, N. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization.

Gartlehner, G., Wagner, G., Matyas, N., Titscher, V., Greimel, J., Lux, L., & Lohr, K. N. (2017). Pharmacological and non-pharmacological treatments for major depressive disorder: review of systematic reviews. *BMJ Open*, *7*(6), e014912.

Gay, L. R., Mills, G.E., & Airasian, P. (2009). *Educational research: Competencies for analysis and applications*. Pearson Education.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Gerrig, R. J., Zimbardo, P. G., Zimbardo, P. G. (2010). *Psychology and life*. Pearson Education Inc.

Ghana Statistical Service. (2018). Snapshots on key findings: Ghana Multiple Indicator Cluster Survey (MICS 2017/18), survey findings report.

Ghana Statistical Service (2012). *2010 Population and Housing Census*: *Summary report of final results*. Sakoa Press Limited.

Ghasemi, M. (2009). Impact of domestic violence on the psychological wellbeing of children in Iran. *Journal of Family Studies, 15(3)*, 284-295.

Gilbert, P. (2016). *Depression: The evolution of powerlessness*. Routledge.

Glesne, C. (2011). *Becoming qualitative researchers: An introduction* (4th Ed.). Pearson.

Gold, Y., & Roth, R. A. (2013). *Teachers managing stress & preventing burnout* Routledge.

Goldberger, L., & Breznitz, S. (Eds.). (2010). *Handbook of stress*. Simon and Schuster.

Gomez, A. F., Barthel, A. L., & Hofmann, S. G. (2018). Comparing the efficacy of benzodiazepines and serotonergic anti-depressants for adults with generalized anxiety disorder: a meta-analytic review. *Expert Opinion on Pharmacotherapy*, *19*(8), 883-894.

Gong, X., Xie, X. Y., Xu, R., & Luo, Y. J. (2010). Psychometric properties of the Chinese versions of DASS-21 in Chinese college students. *Chinese Journal of Clinical Psychology*.

Green, D. L., Choi, J. J., & Kane, M. N. (2010). Coping strategies for victims of crime: Effects of the use of emotion-focused, problem-focused, and

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

avoidance-oriented coping. *Journal of Human Behavior in the Social Environment*, *20*(6), 732-743.

Gregory, A. C. (2015). *On the outside looking in: the shared burden of domestic violence*

Gregory, A. C. (2017). 'The edge to him was really, really nasty': abusive tactics used against informal supporters of domestic violence survivors. *Journal of Gender-Based Violence*, *1*(1), 61-77.

Gregory, A., Arai, L., MacMillan, H. L., Howarth, E., & Shaw, A. (2020). Children's experiences and needs in situations of domestic violence: A secondary analysis of qualitative data from adult friends and family members of female survivors. *Health & Social Care in the Community*, *28*(2), 602-614.

Gregory, A., Feder, G., Taket, A., & Williamson, E. (2017). Qualitative study to explore the health and well-being impacts on adults providing informal support to female domestic violence survivors. *BMJ open*, *7*(3), e014511.

Guerrero, A. M., & Wilson, K. A. (2017). Using a social–ecological framework to inform the implementation of conservation plans. *Conservation Biology*, *31*(2), 290-301.

Halket, M. M., Gormley, K., Mello, N., Rosenthal, L., & Mirkin, M. P. (2014). Stay with or leave the abuser? The effects of domestic violence victim's decision on attributions made by young adults. *Journal of Family Violence*, *29*(1), 35-49.

Hantsoo, L., & Epperson, C. N. (2017). Anxiety disorders among women: a female lifespan approach. *Focus*, *15*(2), 162-172.

Digitized by Sam Jonah Library

Harris, R. B. (2015). Chronic and acute effects of stress on energy balance: are there appropriate animal models?. *American Journal of Physiology-Regulatory, Integrative and Comparative Physiology*, *308*(4), R250-R265.

Hazzard, A., Celano, M., Gould, J., Lawry, S., & Webb, C. (1995). Predicting symptomatology and self-blame among child sex abuse victims. *Child Abuse & Neglect*, *19*(6), 707-714.

Henry, C. (2018). Exposure to domestic violence as abuse and neglect: Constructions of child maltreatment in daily practice. *Child abuse & neglect*, *86*, 79-88.

Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Global prevalence of past-year violence against children: a systematic review and minimum estimates. *Pediatrics*, *137*(3).

Hines, L. (2015). Children's coping with family violence: Policy and service recommendations. *Child and Adolescent Social Work Journal*, *32*(2), 109-119.

Hofmann, S. G., Anu Asnaani, M. A., & Hinton, D. E. (2010). Cultural aspects in social anxiety and social anxiety disorder. *Depression and Anxiety*, *27*(12), 1117-1127.

Holmila, M. J., Itäpuisto, M., & Ilva, M. (2011). Invisible victims or competent agents: Opinions and ways of coping among children aged 12–18 years with problem drinking parents. *Drugs: Education, prevention and policy*, *18*(3), 179-186.

Hornor, G. (2010). Child sexual abuse: Consequences and implications. *Journal of Pediatric Health Care*, *24*(6), 358-364.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Howarth, E., Feder, G., Howard, L., Agnew-Davies, R., & Feder, G. (2013). Prevalence and physical health impact of domestic violence. *Domestic violence and mental health. London: RCPsych Publications*, 1Á17.

Howe, D. (2009). *A brief introduction to social work theory*. Red Globe Press.

Howell, D. C. (2007). *Statistical Methods for Psychology*. (6th ed.) Thomson Wadsworth.

Howitt, D. (2010). *Introduction to qualitative methods in psychology*. Prentice Hall.

Humphreys, C. (2007). Domestic violence and child protection: Challenging directions for practice. Australian Domestic & Family Violence Clearinghouse, USNW.

Iglesias-González, M., Aznar-Lou, I., Gil-Girbau, M., Moreno-Peral, P., Peñarrubia-María, M. T., Rubio-Valera, M., & Serrano-Blanco, A. (2017). Comparing watchful waiting with antidepressants for the management of subclinical depression symptoms to mild–moderate depression in primary care: a systematic review. *Family Practice*, *34*(6), 639-648.

Institute of Development Studies (IDS) & Ghana Statistical Services (GSS) and Associates (2016), *Domestic Violence in Ghana: Incidence, Attitudes, Determinants and Consequences*. IDS

International Foundation for Research and Education on Depression (2005). *About Depression.* http://www.ifred.org

Jaz, S., Davies, P., Williams, C. J., Kessler, D., Lewis, G. & Wiles, N. (2018). Psychological therapies for treatment-resistant depression in adults. *The Cochrane Database of Systematic Reviews,* 5: CD010558.

Digitized by Sam Jonah Library

© University of Cape Coast   https://ir.ucc.edu.gh/xmlui

Johnson, R. B., & Christensen, L. B. (2004). *Educational research: Quantitative, qualitative, and mixed approaches*. Allyn and Bacon.

Josefsson, T., Lindwall, M., & Archer, T. (2014). Physical exercise intervention in depressive disorders: Meta-analysis and systematic review. *Scandinavian Journal of Medicine & Science in Sports*, *24*(2), 259-272.

Kallstrom-Fuqua, A. C., Weston, R., & Marshall, L. L. (2004). Childhood and adolescent sexual abuse of community women: mediated effects on psychological distress and social relationships. *Journal of Consulting and Clinical Psychology*, *72*(6), 980.

Katz, E. (2016). Beyond the physical incident model: How children living with domestic violence are harmed by and resist regimes of coercive control. *Child Abuse Review*, *25*(1), 46-59.

Kaye, D. K., Ekström, A. M., Johansson, A., Bantebya, G., & Mirembe, F. M. (2007). Escaping the triple trap: coping strategies of pregnant adolescent survivors of domestic violence in Mulago hospital, Uganda. *Scandinavian Journal of Public Health*, *35*(2), 180-186.

Kimball, E. (2016). Edleson revisited: Reviewing children's witnessing of domestic violence 15 years later. *Journal of Family Violence*, *31*(5), 625-637.

Kimberlin, C. L., & Winterstein, A. G. (2008). Validity and reliability of measurement instruments used in research. *American journal of Health-system Pharmacy*, *65*(23), 2276-2284.

Koolhaas, J. M., Bartolomucci, A., Buwalda, B., de Boer, S. F., Flügge, G., Korte, S. M., ... & Richter-Levin, G. (2011). Stress revisited: a critical

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

evaluation of the stress concept. *Neuroscience & Biobehavioral Reviews*, *35*(5), 1291-1301.

Krause, M., Corts, D., Smith, S. C., & Dolderman, D. (2014). *An Introduction to Psychological Science*. Pearson Education.

Krosnick, J. A. (2018). Questionnaire design. In *The Palgrave handbook of survey research* (pp. 439-455). Palgrave Macmillan, Cham.

Lang, A. J. (2013). What mindfulness brings to psychotherapy for anxiety and depression. *Depression and Anxiety*, *30*(5), 409–412.

Lazarus, R. S. & Folkman, S. (1984). *Stress, Appraisal, and Coping*. Springer.

Lazarus, R. S. (1991). *Emotion and Adaptation*. Oxford: Oxford University Press.

Lazenbatt, A., Devaney, J., & Gildea, A. (2013). Older women living and coping with domestic violence. *Community Practitioner*, *86*(2).

LeBeau, R. T., Glenn, D., Liao, B., Wittchen, H. U., Beesdo-Baum, K., Ollendick, T., & Craske, M. G. (2010). Specific phobia: a review of DSM-IV specific phobia and preliminary recommendations for DSM-V. *Depression and Anxiety*, *27*(2), 148-167.

Leite, J. T., Beserra, M. A., Scatena, L., Silva, L. M. P. D., & Ferriani, M. D. G. C. (2016). Coping with domestic violence against children and adolescents from the perspective of primary care nurses. *Rev Gaúcha Enferm*, *37*(2), e55796.

Lepistö, S., Åstedt-Kurki, P., Joronen, K., Luukkaala, T., & Paavilainen, E. (2010). Adolescents' experiences of coping with domestic violence. *Journal of Advanced Nursing*, *66*(6), 1232-1245.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Lepistö, S., Luukkaala, T., & Paavilainen, E. (2011). Witnessing and experiencing domestic violence: a descriptive study of adolescents. *Scandinavian Journal of Caring Sciences*, *25*(1), 70-80.

Levendosky, A. A., Bogat, G. A., & Martinez-Torteya, C. (2013). PTSD symptoms in young children exposed to intimate partner violence. *Violence Against Women*, *19*(2), 187-201.

Lovibond, S.H., & Lovibond, P.F. (1995). *Manual for the Depression Anxiety & Stress Scales.* (2nd Ed.). Psychology Foundation.

Maiuro, R. D., & Eberle, J. A. (2008). State standards for domestic violence perpetrator treatment: Current status, trends, and recommendations. *Violence and victims*, *23*(2), 133-155.

Marin, M. F., Lord, C., Andrews, J., Juster, R. P., Sindi, S., Arsenault-Lapierre, G., ... & Lupien, S. J. (2011). Chronic stress, cognitive functioning and mental health. *Neurobiology of learning and memory*, *96*(4), 583-595.

Maybery, D., Steer, S., Reupert, A., & Goodyear, M. (2009). The kids coping scale. *Stress and Health: Journal of the International Society for the Investigation of Stress*, *25*(1), 31-40.

Mayo-Wilson, E., & Montgomery, P. (2013). Media-delivered cognitive behavioural therapy and behavioural therapy (self-help) for anxiety disorders in adults. *Cochrane Database of Systematic Reviews*, (9): CD005330.

McCormac, A. (2018). Children exposed to domestic violence and the impact on child development in social relation context.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

McLaren, L., & Hawe, P. (2005). Ecological perspectives in health research. *Journal of Epidemiology & Community Health*, *59*(1), 6-14.

McQuigg, R. J .A. (2011), Potential problems for the effectiveness of international human rights law as regards domestic violence. In R. J. A. McQuigg (Ed.), *International human rights law and domestic violence: the effectiveness of international human rights law* (p. 13). Taylor & Francis.

Merryfield, E. A. (2001). *Application of the Rorschach in evaluating the traumagenic dynamics for adolescents sexually abused as children.* ProQuest Dissertations and Theses database. (UMI No. 3108294).

Meyers, L. S., Gamst, G., & Guarino, A. J. (2016). *Applied multivariate research: Design and interpretation*. Sage publications.

Miljević-Riđički, R. (1995). Zlostavljanje djece: oblici zlostavljanja i njihovo prepoznavanje. *Društvena istraživanja-Časopis za opća društvena pitanja*, *4*(18+ 19), 539-549.

Mitchell, M. L., & Jolley, J. M. (2012). *Research design explained*. Cengage Learning.

Mueller, C., Tranchant, J. P., & Oosterhoff, P. (2016). Domestic violence and violence against children in Ghana 2015.

Myhill, A. (2017). Measuring domestic violence: Context is everything. *Journal of Gender-based Violence*, *1*(1), 33-44.

Newness, K. A. (2011). *Stress and coping style: An extension to the transactional cognitive-appraisal model*

Noblit, G. W., & Hare, R. D. (1988). *Meta-ethnography: Synthesizing qualitative studies* (Vol. 11). Sage Publication.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Ogum Alangea, D., Addo-Lartey, A. A., Sikweyiya, Y., Chirwa, E. D., Coker-Appiah, D., Jewkes, R., & Adanu, R. M. K. (2018). Prevalence and risk factors of intimate partner violence among women in four districts of the central region of Ghana: Baseline findings from a cluster randomised controlled trial. *PloS one*, *13*(7), e0200874.

Oliver, J., & Brough, P. (2002). Cognitive appraisal, negative affectivity and psychological well-being. *New Zealand Journal of Psychology*, *31*, 2–7.

Orpin, J., Papadopoulos, C., & Puthussery, S. (2020). The prevalence of domestic violence among pregnant women in Nigeria: a systematic review. *Trauma, Violence, & Abuse*, *21*(1), 3-15.

Øverlien, C. (2010). Children exposed to domestic violence: Conclusions from the literature and challenges ahead. *Journal of Social Work*, *10*(1), 80-97.

Överlien, C., & Hydén, M. (2009). Children's actions when experiencing domestic violence. *Childhood*, *16*(4), 479-496.

Pereznieto, P., Montes, A., Routier, S., & Langston, L. (2014). *The costs and economic impact of violence against children*. Child Fund.

Policastro, C., & Payne, B. K. (2013). The blameworthy victim: Domestic violence myths and the criminalization of victimhood. *Journal of Aggression, Maltreatment & Trauma*, *22*(4), 329-347.

Pompoli, A., Furukawa, T. A., Imai, H., Tajika, A., Efthimiou, O., & Salanti, G. (2016). Psychological therapies for panic disorder with or without agoraphobia in adults: a network meta-analysis. *Cochrane Database of Systematic Reviews*, (4): PMC 7104662.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Quagliato, L. A., Cosci, F., Shader, R. I., Silberman, E. K., Starcevic, V., Balon, R., & Freire, R. C. (2019). Selective serotonin reuptake inhibitors and benzodiazepines in panic disorder: a meta-analysis of common side effects in acute treatment. *Journal of Psychopharmacology*, *33*(11), 1340-1351.

Quennerstedt, A., Robinson, C., & I'Anson, J. (2018). The UNCRC: The voice of global consensus on children's rights?. *Nordic Journal of Human Rights*, *36*(1), 38-54.

Ragavan, M. I., Fikre, T., Millner, U., & Bair-Merritt, M. (2018). The impact of domestic violence exposure on South Asian children in the United States: Perspectives of domestic violence agency staff. *Child abuse & neglect*, *76*, 250-260.

Rahi, S. (2017). Research design and methods: A systematic review of research paradigms, sampling issues and instruments development. *International Journal of Economics & Management Sciences*, *6*(2), 1-5.

Rahi, S. (2017). Research design and methods: A systematic review of research paradigms, sampling issues and instruments development. *International Journal of Economics & Management Sciences*, *6*(2), 1-5.

Ramirez, J. M. (2009). *Child sexual trauma and traumagenic dynamics: the mediating role of family.* Available from ProQuest Dissertations and Theses database. (UMI No. 3383780)

Ranabir, S., & Reetu, K. (2011). Stress and hormones. *Indian journal of Endocrinology and Metabolism*, *15*(1), 18.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Rattray, J., & Jones, M. C. (2007). Essential elements of questionnaire design and development. *Journal of Clinical Nursing*, *16*(2), 234-243.

Roest, A. M., Zuidersma, M., & de Jonge, P. (2012). Myocardial infarction and generalised anxiety disorder: 10-year follow-up. *The British Journal of Psychiatry*, *200*(4), 324-329.

Rogoff, B. (2003). *The cultural nature of human development*. Oxford University Press.

Rosen, A. L., Handley, E. D., Cicchetti, D., & Rogosch, F. C. (2018). The impact of patterns of trauma exposure among low income children with and without histories of child maltreatment. *Child Abuse & Neglect, 80*, 301–311. doi: 10.1016/j.chiabu.2018.04.005

Salloum, A., & Overstreet, S. (2012). Grief and trauma intervention for children after disaster: Exploring coping skills versus trauma narration. *Behaviour Research and Therapy*, *50*(3), 169-179.

Sánchez-Meca, J., Rosa-Alcázar, A. I., Marín-Martínez, F., & Gómez-Conesa, A. (2010). Psychological treatment of panic disorder with or without agoraphobia: a meta-analysis. *Clinical Psychology Review*, *30*(1), 37-50.

Sandi, C. (2013). Stress and cognition. *Wiley Interdisciplinary Reviews: Cognitive Science*, *4*(3), 245-261.

Saunders, M., Lewis, P & Thornhill, A (2012). *Research Methods for Business Students* (6th Ed.). Pearson Education.

Seaward, B. L. (2017). *Managing stress*. Jones & Bartlett Learning.

Senn, T. E., Carey, M. P., & Coury-Doniger, P. (2012). Mediators of the relation between childhood sexual abuse and women's sexual risk

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

behavior: A comparison of two theoretical frameworks. *Archives of Sexual Behavior*, *41*(6), 1363-1377.

Shorey, R. C., Febres, J., Brasfield, H., & Stuart, G. L. (2012). The prevalence of mental health problems in men arrested for domestic violence. *Journal of Family Violence*, *27*(8), 741-748.

Shrivastava, S. R., Shrivastava, P. S., & Ramasamy, J. (2017). INSPIRE: A comprehensive package to reduce violence against children and provide a safe and nurturing environment. *Annals of Tropical Medicine and Public Health*, *10*(3), 507.

Slabbert, I. (2017). Domestic violence and poverty: Some women's experiences. *Research on Social Work Practice*, *27*(2), 223-230.

Sousa, C., Herrenkohl, T. I., Moylan, C. A., Tajima, E. A., Klika, J. B., Herrenkohl, R. C., & Russo, M. J. (2011). Longitudinal study on the effects of child abuse and children's exposure to domestic violence, parent-child attachments, and antisocial behavior in adolescence. *Journal of Interpersonal Violence*, *26*(1), 111-136.

Stafford-Brown, J., & Pakenham, K. I. (2012). The effectiveness of an ACT informed intervention for managing stress and improving therapist qualities in clinical psychology trainees. *Journal of Clinical Psychology*, *68*(6), 592-513.

Starkstein, S. (2018). Sigmund Freud and the psychoanalytical concept of fear and anxiety. In *A Conceptual and Therapeutic Analysis of Fear* (pp. 231-257). Palgrave Macmillan,

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Steenkamp, M. M., & Litz, B. T. (2013). Psychotherapy for military-related posttraumatic stress disorder: Review of the evidence. *Clinical Psychology Review*, *33*(1), 45-53.

Stein, M. B., & Sareen, J. (2015). Generalized anxiety disorder. *New England Journal of Medicine*, *373*(21), 2059-2068.

Steinmetz, S., & Gray, M. J. (2017). Treating emotional consequences of sexual assault and domestic violence via telehealth. In *Career Paths in Telemental Health* (pp. 139-149). Springer,

Steptoe, A., & Kivimäki, M. (2012). Stress and cardiovascular disease. *Nature Reviews Cardiology*, *9*(6), 360-370.

Stockhorst, U., & Antov, M. I. (2016). Modulation of fear extinction by stress, stress hormones and estradiol: A review. *Frontiers in Behavioral Neuroscience*, *9*, 359.

Street, A. E., Gibson, L. E., & Holohan, D. R. (2005). Impact of childhood traumatic events, trauma-related guilt, and avoidant coping strategies on PTSD symptoms in female survivors of domestic violence. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, *18*(3), 245-252.

Stubbs, B., Aluko, Y., Myint, P. K., & Smith, T. O. (2016). Prevalence of depressive symptoms and anxiety in osteoarthritis: a systematic review and meta-analysis. *Age and Ageing*, *45*(2), 228-235.

Sue, D., Sue, D. W. & Sue, S. (2010). *Understanding Abnormal Behaviour* (3rd Ed.). Routledge:

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Sullivan, M., Egan, M., & Gooch, M. (2004). Conjoint interventions for adult victims and children of domestic violence: A program evaluation. *Research on Social Work Practice*, *14*(3), 163-170.

Swick, K. (2004). *Empowering parents, families, schools and communities during the early childhood years*. Stipes Publication

Swick, K. J., & Williams, R. D. (2006). An analysis of Bronfenbrenner's bio-ecological perspective for early childhood educators: Implications for working with families experiencing stress. *Early Childhood Education journal*, *33*(5), 371-378.

Taylor, G., McNeill, A., Girling, A., Farley, A., Lindson-Hawley, N., & Aveyard, P. (2014). Change in mental health after smoking cessation: systematic review and meta-analysis. *BMJ*, *348*, g1151.

Taylor, S. E. & Stanton, A. L. (2007). Coping resources, coping processes, and mental health. *Annual Review of Clinical Psychology*, *3*, 377–401.

Thabane, L., Ma, J., Chu, R., Cheng, J., Ismaila, A., Rios, L. P., ... & Goldsmith, C. H. (2010). A tutorial on pilot studies: the what, why and how. *BMC Medical Research Methodology*, *10*(1), 1.

Thapar, A., Collishaw, S., Pine, D. S., & Thapar, A. K. (2012). Depression in adolescence. *The Lancet*, *379*(9820), 1056-1067.

Tharp, A. T., Simon, T. R., & Saul, J. (2012). Preventing violence against children and youth. *Journal of Safety Research*, *43*(4), 291-298.

Thawabieh, A. M., & Qaisy, L. M. (2012). Assessing stress among university students. *American International Journal of Contemporary Research*, *2*(2), 110-116.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Tonsing, K. N., Tonsing, J. C., & Orbuch, T. (2020). Domestic Violence, Social Support, Coping and Depressive Symptomatology among South Asian Women in Hong Kong. *Journal of Loss and Trauma*, 1-19.

Trickey, D., Siddaway, A. P., Meiser-Stedman, R., Serpell, L., & Field, A. P. (2012). A meta-analysis of risk factors for post-traumatic stress disorder in children and adolescents. *Clinical Psychology Review*, *32*(2), 122-138.

Turner, S. F., Cardinal, L. B., & Burton, R. M. (2017). Research design for mixed methods: A triangulation-based framework and roadmap. *Organizational Research Methods*, *20*(2), 243-267.

Tyrer, P., & Baldwin, D. (2006). Generalised anxiety disorder. *The Lancet*, *368*(9553), 2156-2166.

VanMeter, F., Handley, E. D., & Cicchetti, D. (2020). The role of coping strategies in the pathway between child maltreatment and internalizing and externalizing behaviors. *Child Abuse & Neglect*, *101*, 104323.

Vehovar, V., Toepoel, V., & Steinmetz, S. (2016). Non-probability sampling. *The Sage Handbook of Survey Methods*, (329-345)Sage.

Wang, D. S., Chung, C. H., Chang, H. A., Kao, Y. C., Chu, D. M., Wang, C. C., ... & Chien, W. C. (2020). Association between child abuse exposure and the risk of psychiatric disorders: a nationwide cohort study in Taiwan. *Child Abuse & Neglect*, *101*, 104362.

Wang, K. T. (2015). *Research design in counseling*. Nelson Education.

Wardenaar, K. J., Lim, C. C., Al-Hamzawi, A. O., Alonso, J., Andrade, L. H., Benjet, C., ... & Gureje, O. (2017). The cross-national epidemiology of

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

specific phobia in the World Mental Health Surveys. *Psychological Medicine*, *47*(10), 1744.

White, J. W. (2009). A gendered approach to adolescent dating violence: Conceptual and methodological issues. *Psychology of Women Quarterly*, *33*(1), 1-15.

Wiley, C. A., & Kerby, E. E. (2018). Managing Research Data: Graduate Student and Postdoctoral Researcher Perspectives. *Issues in Science and Technology Librarianship*.

Witte, S., Loew, D., & Gaus, W. (2005). Meta-analysis of the efficacy of the acetonic kava-kava extract WS® 1490 in patients with non-psychotic anxiety disorders. *Phytotherapy Research: An International Journal Devoted to Pharmacological and Toxicological Evaluation of Natural Product Derivatives*, *19*(3), 183-188.

Wolke, D., Copeland, W. E., Angold, A., & Costello, E. J. (2013). Impact of bullying in childhood on adult health, wealth, crime, and social outcomes. *Psychological Science*, *24*(10), 1958-1970.

World Health Organization (2020). *Violence against children*. https://www.who.int/news-room/fact-sheets/detail/violence-against-children

World Health Organization. (2019). *INSPIRE handbook: action for implementing the seven strategies for ending violence against children*. World Health Organization.

Worden, A. P., & Carlson, B. E. (2005). Attitudes and beliefs about domestic violence: Results of a public opinion survey: II. Beliefs about causes. *Journal of interpersonal violence*, *20*(10), 1219-1243

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Yıldırım, A., Boysan, M., & Kefeli, M. C. (2018). Psychometric properties of the Turkish version of the Depression Anxiety Stress Scale-21 (DASS-21). *British Journal of Guidance & Counselling*, *46*(5), 582-595.

Yadoglah, J. A. (2018). *Factors Influencing Child Trafficking: An analysis of cases reported in Ghana*.

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

APPENDICES

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

APPENDIX A

Introductory Letter

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF EDUCATIONAL FOUNDATIONS
DEPARTMENT OF EDUCATION AND PSYCHOLOGY

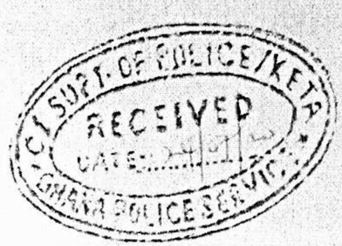
Telephone: 233-3321-32440/4 & 32480/3
Direct: 033 20 91697
Fax: 03321-30184
Telex: 2552, UCC, GH.
Telegram & Cables: University, Cape Coast
Email: edufound@ucc.edu.gh

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

16th June, 2020

Our Ref:

Your Ref:



TO WHOM IT MAY CONCERN

Dear Sir/Madam,

THESIS WORK
LETTER OF INTRODUCTION: MR. GABRIEL ACOLATSEY

We introduce to you Mr. Acolatsey, a student from the University of Cape Coast, Department of Education and Psychology. He is pursuing Master of Philosophy Degree in Clinical Health Psychology; he is currently at the thesis stage.

Mr. Acolatsey is researching on the topic: "PSYCHOSOCIAL EFFECTS AND COPING STRATEGIES USED BY CHILDREN EXPERIENCING DOMESTIC VIOLENCE IN KETA AND KETU SOUTH MUNICIPAL ASSEMBLY."

He has opted to collect or gather data at your institution/establishment for his Thesis work. We would be most grateful if you could provide him the opportunity and assistance for the study. Any information provided would be treated strictly as confidential.

We sincerely appreciate your co-operation and assistance in this direction.

Thank you.

Yours faithfully,

Theophilus A. Fiadzomor (Mr.)
Principal Administrative Assistant
For: Head

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

APPENDIX B

Ethical Clearance

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
ETHICAL REVIEW BOARD

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref: CES-ERB/ucc.edu/v4/20-40

Your Ref: ....

Date: 22nd June, 2020

Chairman, CES-ERB
Prof. J. A. Omotosho
[illegible]
[illegible]

Vice-Chairman, CES-ERB
Prof. K. Edjah
[illegible]
[illegible]

Secretary, CES-ERB
Prof. Linda Dzama Forde
lforde@ucc.edu.gh
[illegible]

Dear Sir/Madam,

ETHICAL REQUIREMENTS CLEARANCE FOR RESEARCH STUDY

The bearer, Gabriel Acclatsey, Reg. No EF/CHP/18/0012 is an M.Phil. / ~~Ph.D.~~ student in the Department of Education and Psychology in the College of Education Studies, University of Cape Coast, Cape Coast, Ghana. He / ~~She~~ wishes to undertake a research study on the topic:

Psychological effects and coping strategies used by children experiencing domestic violence in Keta and the Ketu South Municipal Assembly

The Ethical Review Board (ERB) of the College of Education Studies (CES) has assessed his/~~her~~ proposal and confirm that the proposal satisfies the College's ethical requirements for the conduct of the study.

In view of the above, the researcher has been cleared and given approval to commence his/~~her~~ study. The ERB would be grateful if you would give him/~~her~~ the necessary assistance to facilitate the conduct of the said research.

Thank you.
Yours faithfully,

Prof. Linda Dzama Forde
(Secretary, CES-ERB)

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

APPENDIX C

Informed Consent Form

UNIVERSITY OF CAPE COAST

DEPARTMENT OF EDUCATION AND PSYCHOLOGY

TITLE OF STUDY

Psychological effects and coping strategies used by children experiencing domestic violence in Keta and Ketu South municipal assembly

RESEARCHERS INFORMATION

Name: Gabriel Acolatsey

Department: Education and Psychology

Address: Department of Education and Psychology, University of Cape Coast, Cape Coast.

Phone: 0246675142/0208489643

Email: gabihays8619@gmail.com

PURPOSE

You are asked to participate in a research study. It is important that you understand why the research is being conducted and what it will entail before you decide to participate in this study. Please carefully read the following detail. If there is something that is not clear or if you need more details, please ask the researcher.

The main purpose of this study is to examine psychological effects and coping strategies used by children experiencing domestic violence in Keta and Ketu South municipal Assembly.

Specifically, the study sought to:

i. Identify the common types of domestic violence mostly experienced by Children in Keta and Ketu South Municipal Assembly.
ii. Identify most prevalent type of domestic violence experienced by children in Keta and Ketu South Municipal Assembly
iii. Explore the causes of domestic violence in Keta and Ketu South Municipal Assembly

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

iv. Examine the psychological effects of domestic violence on children in the Keta and Ketu South Municipal Assembly
v. Identify the coping strategies that are used by children experiencing domestic violence.
vi. Determine gender differences in psychological effect of domestic violence
vii. Determine gender differences in the coping strategies.

STUDY PROCEDURES

The study would require participants to answer a 53 item questionnaire made up of close ended question. The participant would have to select the extent to which some of the statements are true about them and the extent to which they agree with other statements.

RISKS

Participants would not experience any physical or psychological risk.

You may refuse to answer any or all questions and, if you choose, you may terminate your participation at any time.

BENEFITS

Though the study is strictly for academic purposes, it would inform policy makers and psychologist to better understand the psychological effects of domestic violence and the coping strategies used by children experiencing it. The study will also contributes to the global knowledge on domestic violence against children as it shards light on the negative effects of domestic violence on children.

CONFIDENTIALITY

Your comments will be confidential for the purposes of this research study. Please do not write on your questionnaire with any identifying details. The researcher will make every attempt to protect your confidentiality.

Except in situations where the researcher is legally bound to disclose particular events, the participant data will be kept confidential. Such incidents

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

include, but may not be limited to, violence events and the possibility of suicide.

CONTACT INFORMATION

You can contact the researcher whose contact information is given on the first page if you have questions about this study at any time, or if you experience any adverse reactions as a result of participating in this study. If you have concerns as a study participant about your rights, or if issues occur that you do not think you should address with the researcher, please contact the Institutional Review Board of University of Cape Coast

VOLUNTARY PARTICIPATION

Your involvement is voluntary in this study. It is up to you to determine whether to take part in this research or not. You will be asked to sign a consent form if you wish to take part in this study. You are also free to withdraw at any time and without offering a reason after signing the consent form. Withdrawing from this study would not change the relationship you have with the researcher, if any. Your data will be returned to you or lost if you withdraw from the study before data collection is completed.

CONSENT

I read and understood the information given, and I had the opportunity to ask questions. I understand that my participation is voluntary and that, without providing a reason and without penalty, I am free to withdraw at any time. I understand that a copy of this consent form is going to be issued to me. I consent to participate voluntarily in this research.

Participant's signature ____________________________ Date __________

Researcher's signature ____________________________ Date __________

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

APPENDIX D

Questionnaire

UNIVERSITY OF CAPE COAST

DEPARTMENT OF EDUCATION AND PSYCHOLOGY

QUESTIONNAIRE

I am a student of the University of Cape Coast conducting a research on the topic: "**PSYCHOLOGICAL EFFECTS AND COPING STRATEGIES USED BY CHILDREN EXPERIENCING DOMESTIC VIOLENCE IN THE KETA AND KETU SOUTH MUNICIPAL ASSEMBLIES**". The research is in partial fulfillment of the requirement for the award of Master of philosophy (Clinical Health Psychology). Therefore, any information you provide will be handled confidentially and will be used for no other than academic purposes. Your authenticity is very important in this study. Thank you in advance for agreeing to take part in this research.

Section 1

Demographic characteristics

Personal data

1. How old are you? a. 14 -16 ( ) b. 17 -19 ( ) c. 20 and above
2. Gender. Male ( ) Female ( )
3. Religious background: Christian ( ) Traditional ( ) Muslim( )
4. Do your parents stay together? Yes ( ) No ( )
5. Whom are you staying with? Both parents ( ) Father ( ) Mother ( ) Grandmother ( ) grandfather( ) Friend ( ) Siblings ( ) Alone ( )

Section 2

Types of Domestic Violence

Which of the following forms of abuse do you **MOSTLY** experienced? Tick (√) only one

S/N	TYPE OF ABUSE	RESPONSE
6	Control	
7	Physical Abuse	
8	Sexual Abuse	
9	Emotional Abuse	

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

10	Isolation	
11	Verbal Abuse (Threats and Blame)	
12	Economic Abuse	

Section 3

Causes of violence
Instruction

On the right side of the statements there is a row of boxes. Indicate in each box in response to each item a tick (√) to show how you agree and disagree to each item. Use the key below:

SA –Strongly Agree, A- Agree, SD-Strongly Disagree, and D- Disagree.

Please tick the appropriate column to show the common practices that occurs in the home/environment

Causes of violence in the home	SA	A	SD	D
Disagreement with parents				
Financial issues				
Desperation when one partner threatens to leave				
Anger escalation				
Problems at work or other perceived failures				
Jealousy and envy				
Alcohol and substance use				
Some cultural and religious practice				
Lack of Education (Formal Education)				
Individual lifestyle (i.e dressing)				

Section 4

Psychological effects of Domestic Violence (Abuse)

Please read each statement and circle a number 0, 1, 2 or 3 that shows how much you have been influenced by the statement over the past week. No right or wrong answers are available. Do not waste too much time on any of the statements.

The rating scale is as follows:

0 - Did not apply to me at al
1 – Applied to me to some degree, or some of the time

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

2 – Applied to me a considerable degree or a good part of the time 3 **– Applied to me very much or most of the time**				
1. I found it hard to wind down (Relax)	0	1	2	3
2. I was aware of dryness of my mouth	0	1	2	3
3. I couldn't seem to experience any positive feeling at all	0	1	2	3
4. I experienced breathing difficulty (e.g excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5. I found it difficult to work up the initiative to do things	0	1	2	3
6. I tended to over-react to situations	0	1	2	3
7. I experienced trembling (e.g in the hands)	0	1	2	3
8. I felt that I was using a lot of nervous energy	0	1	2	3
9. I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10. I felt that I had nothing to look forward to	0	1	2	3
11. I found myself getting agitated	0	1	2	3
12. I found it difficult to relax	0	1	2	3
13. I felt down-hearted and blue	0	1	2	3
14. I was intolerant of anything that kept me from getting with what I was doing	0	1	2	3
15. I felt I was close to panic	0	1	2	3
16. I was unable to become enthusiastic about anything	0	1	2	3
17. I felt I wasn't worth much a person	0	1	2	3
18. I felt that I was rather touchy (sensitive)	0	1	2	3
19. I was aware of the actions of my heart in the absence of physical exertion (e.g sense of heart rate increase, heart missing a beat)	0	1	2	3
20. I felt scared without any good reason	0	1	2	3
21. I felt that life was meaningless	0	1	2	3

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Section 5
Coping strategies during domestic violence
Instructions: The following questions are about how to deal with domestic violence in your life. Please read each item and check if you have used any of the following approaches to deal with domestic violence.

Tick the better answer on the right of each question.
Please read and verify the best response to each of the question.

	Did you do this?		**How much did it help?**		
	Yes	No	Not at all	A little	A lot
1. I thought about something else, tried to forget; and/or went and did something like watch TV or play a game to get it off my mind	□ 1	□ 0	□ 0	□ 1	□ 2
2. I stayed from people; kept my feelings to myself; and just handled the situation on my own	□ 1	□ 0	□ 0	□ 1	□ 2
3. I tried to see the good side of things and/or concentrated on something good that could come out of the situation.	□ 1	□ 0	□ 0	□ 1	□ 2
4. I realized I brought the problem on myself and blamed myself for causing it.	□ 1	□ 0	□ 0	□ 1	□ 2
5. I realized that someone else caused the problem and blamed them for making me go through this	□ 1	□ 0	□ 0	□ 1	□ 2
6. I thought of ways to solve the problem; talked to others to get more facts and information about the problem and/or tried to actually solve the problem.	□ 1	□ 0	□ 0	□ 1	□ 2
7a. I talked about how I was feeling; yelled, screamed, or hit something.	□ 1	□ 0	□ 0	□ 1	□ 2
7b. tried to calm myself by talking to myself, praying, taking a walk, or just trying to relax.	□ 1	□ 0	□ 0	□ 1	□ 2
8. I kept thinking and wishing this had never happened; and/or that I could change what happened.	□ 1	□ 0	□ 0	□ 1	□ 2
9. Turned to my family, friends, or other adults to help me feel better.	□ 1	□ 0	□ 0	□ 1	□ 2
10. I just accepted the problem because I knew I couldn't do anything about it.	□ 1	□ 0	□ 0	□ 1	□ 2

---***Thank you-***

Digitized by Sam Jonah Library

© University of Cape Coast https://ir.ucc.edu.gh/xmlui

Digitized by Sam Jonah Library