

**ADOLESCENTS EXPOSURE TO DOMESTIC VIOLENCE AND
IDENTITY DEVELOPMENT**

M SOC SC (Clinical Psychology)

MS Makhubela

2010

ADOLESCENTS EXPOSURE TO DOMESTIC VIOLENCE AND IDENTITY

DEVELOPMENT



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MAKHUBELA MALOSE SILAS

A dissertation submitted in partial fulfilment of
the requirements for the degree of

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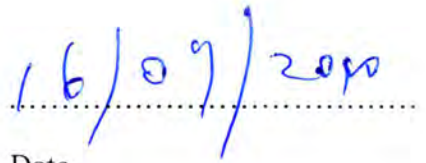
DECLARATION

I, Makhubela Malose Silas, declare that the dissertation hereby submitted by me in partial fulfilment of the requirements for the degree of Master of Social Science in Clinical Psychology at the North West University is my own work, and it has not been submitted by me for degree purposes at any other university previously. All the material used has been duly acknowledged.

A handwritten signature in blue ink, consisting of a large, stylized initial 'M' followed by a long horizontal stroke.

Signature

(Mr. M.S Makhubela)

A handwritten date in blue ink, written as '16/09/2020'.

Date

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ABSTRACT

Aim: This study examined the difference in identity development between adolescents exposed to domestic violence and those in non-violent homes, gender differences, as well as the interaction between gender and exposure to domestic violence on identity development of adolescents.

Method: Participants consisted of 45 male and 64 female students from the University of Limpopo, whose ages ranged from 15 to 20 years. Adolescents were classified into one of the two domestic violence exposure groups (namely, those from violent homes and non-violent homes) on the basis of respondents' ratings of their exposure to domestic violence both as witnesses of violence between their parents and direct victims. Their levels of exposure were then compared with identity development.

Results: The results indicated that the difference between the two groups of exposure to domestic violence reached a statistical significance on identity development. However, the gender differences in identity development of adolescents exposed to domestic violence and those not exposed did not reach any statistical significance. Again, on the interaction between gender and exposure to domestic violence on identity development, the results revealed no significant or acceptable level of interaction.

Implications: Finally, the implications and limitations of the study are described.

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CHAPTER 1: ORIENTATION OF THE STUDY

1.1 INTRODUCTION

South Africa is a violent society, characterized by a history of brutal crimes and racial conflicts (Dawes, Kafaar, des Sas Kropiwnicki, Pather & Richter, 2004; Ngoma, 2005; Themistocleous, 2008). However, an often underestimated form of violence in South African violence is that of domestic abuse (Dissel & Ngubeni, 2003; Domestic Violence Act 116, 1998). Available indicators of young children's well being, in the form of the high incidence of child mortality rates and physical (and sexual) abuse, all suggest that South Africa remains a hostile environment for its children (Country Reports on Human Rights Practices, 2005; Human Rights Watch, 2005; Ward, Martin, Theron & Distiller, 2007). Angles and Shefer (1997 in Hook, Watts & Cockcroft, 2002) noted that the home may, at times, be a source of various forms of familial violence that include physical, sexual and psychological abuse. The effects of exposure to violence committed against a family member by another member, or of being abused yourself, are quite disturbing and vary widely for different children and specifically children of different developmental stages (Kubeka, 2008; Sternberg, Lamb, Guterman & Abbott, 2006). It is these effects of violence on children that have motivated the researcher to undertake the present study.

1.2 BACKGROUND OF THE STUDY

1.2.1 Problem statement

With mounting concerns in South Africa about violence and its various forms and contexts, domestic violence has not received the necessary attention it deserves (Bernhardt, 2004; Dawes et al., 2004). It is often dismissed as a private family matter, or a mere domestic disturbance. As a result of the lack of attention to this kind of violence, adolescents who are exposed to it within their own families receive even less attention, and the effects on these adolescents are largely ignored. Domestic violence is one of the most pervasive forms of violence used against any individual in South Africa and it may be stated that exposure to this phenomenon is equally pervasive for those households that have children (Mashishi, 1998). Although most of these children are indirect victims of

violence and seldom have their experiences acknowledged, they are extremely vulnerable to what they have witnessed. They are not oblivious of the effects of violence between their parents, and there is evidence that the negative effects on their psychological well being can persist well into adulthood (Letourneau, Fedick & Willims, 2007; Osofsky, 2005).

Despite the increase in research on violence against women in South Africa (Ngoma, 2005) there is a paucity of research on children who have been exposed to violence in their homes. The significance of their experience has often been overlooked or ignored. Bernhardt (2004, p.3) states: "it is vital that the long-term developmental consequences of this experience be researched and documented in order to gain a more complete picture of the impact of exposure to domestic violence, and to determine in what ways the adult lives of these children remain affected". Researchers such as Sternberg et al., (2006) have pointed out that early family experiences influence later-life adjustment and wellbeing. Child development, occurring within a certain type of family ambience or system, plays a significant role in determining and shaping the way children will interact with others within the family and in the society. Such a set-up determines the outcome of children's psychosocial development (e.g., the formation of identity, assertiveness and self-concept) for the future (Sternberg et al., 2006; World Health Organisation, 2002). Thus, the focus of this study is on the relationship between adolescent's exposure to domestic violence (either in violent or non-violent homes) and their psychosocial development.

1.3 Aim of the study

The aim of the study is to examine the difference in identity development between adolescents exposed to domestic violence and those in non-violent homes, in the South African context.

1.4 Objectives of the study

Specifically, the present study seeks to:

- a) Investigate if there are significant differences in identity development of adolescents exposed to domestic violence and those in non-violent homes, in the Mankweng area of the Limpopo Province;
- b) Assess if there are significant gender differences in identity development of adolescents exposed to domestic violence and those in non-violent homes;
- c) Assess if there will be a significant interaction between gender and exposure to domestic violence on identity development of adolescents.

1.5 Scope of the study

The study was conducted in the Mankweng area of the Limpopo Province, South Africa. The Limpopo Province is home to about 5.4 million inhabitants. Among them, 97.1% are Blacks, 0.1% Coloureds, 0.1% Indians/Asians, and 2.7% Whites, of these 45.7% are males and 54.3% females. Many of the inhabitants live under poor socio-economic conditions (Health System Trust & the Department of Health, 1997; Statistics South Africa, 2000).

1.6 Significance and motivation of the study

This study is primarily concerned with adolescents who are exposed to domestic abuse between their parents or to them as direct victims. With the literature demonstrating the consequences of this problem, and despite the high prevalence of children's exposure to this form of family violence, the subject has received little attention. This paucity of literature is especially true in South Africa (Bernhardt, 2004). This neglect needs to be addressed. Therefore, this study hopes to contribute in the following ways:

- a) Provided that adolescence has been under-researched in general in South Africa (Swart, 2005), the study will contribute towards a deeper and broader understanding of adolescents' development in the South African context;
- b) The present study will attempt to elucidate the broader developmental implications and long-term consequences of violence in South Africa;

The study further seeks to address the Domestic Violence Act 116 (1998)'s major pitfall: the protection and implied status of women being the only victims and its total neglect of children, whom according to the researcher's opinion and literature provided, are also affected immensely by domestic violence.

CHAPTER 2: THEORETICAL PERSPECTIVES

This section details with the major concepts and theoretical conceptualisations that serve as a framework of the study.

2.1 OPERATIONAL DEFINITION OF TERMS

2.1.1 Domestic violence

In this study domestic violence is defined as a pattern of abusive and threatening behaviours that may include physical, emotional, economic, and sexual violence as well as intimidation, isolation and coercion taking place in one's domicile. For this study, the terms spousal abuse, domestic violence, family violence, interparental violence, and marital violence are used interchangeably.

2.1.2 Exposure to domestic violence

In the context of this study, "exposure to domestic violence" is conceptualised broadly as having to live in an unstable and violent environment and denotes the experience of this violence either directly as the victim (at the receiving end) or as a witness to the event. It is measured with the Child Exposure to Domestic Violence Scale (CEDV) developed by Edleson, Ellerton, Seagren, Schmidt & Ambrose (2007).

2.1.3 Children

For the purpose of this study, "children" refer to the offsprings of the domicile, family or intimate partners, who are under 18 years and still dependent on the parents for all forms of nurturing. In the context of this study, adolescents will thus be considered as children.

2.1.4 Adolescent

In this study, "adolescence" covers the period of life between 10 and 20 years of age, and is divided into three distinct phases: early, mid and late adolescence.

2.1.5 Psychosocial development

Psychosocial development in this study refers to an individual's formation or development of personal and social identity, gender identity and sexual exploration. It also involves the development of appropriate peer relations, emotional independence from parents, preparing for a career, and the achievement of socially responsible behaviour.

2.1.6 Identity

For the purpose of this study, "identity" is defined as a self-portrait, composed of many pieces that include vocational/career identity, political identity, religious identity, relationship identity, achievement/intellectual identity, sexual identity, cultural/ethnic identity, interests, personality, and physical identity. In the most basic form, identity is self-perception, which changes over time and contexts, and facilitates both integration with and differentiation from society. Identity development is measured with the Erikson Scale developed by Ochse and Plug (1986).

2.2 Psychological theoretical perspectives on adolescence and domestic violence

This section details several theories which attempt to explain the developmental impact of the exposure to domestic violence on adolescents.

2.2.1 Erikson's theory of psychosocial development

Erikson (1959), a psychoanalyst, expanded the psychosexual stages formulated by Sigmund Freud to address the ecological factors that affect the human development. Erikson (1959) recognised that both the familial and social milieu support human growth and development. Families provide grounding in emotional attachment, trust, autonomy, identity, and initiative, characteristics which serve as the foundation of healthy interactions with others. It is adult society's collective responsibility to provide structure, continuity and validation to facilitate the healthy development and integration into adult society of younger generations (Erikson, 1959). Erikson postulated the following eight psychosocial stages:

Basic trust versus mistrust and doubt (birth to between 12-18 months)

Infants gain a sense of trust and confidence from a warm and responsive care in their immediate world. Mistrust occurs when infants have to wait too long for comfort and are handled harshly. This stage involves developing, or failing to develop, a basic sense of trust in the world.

Autonomy versus shame (12 –18 months to 3 years)

Employing newly acquired mental and motor skills, children want to choose and decide for themselves. Autonomy is fostered when parents permit reasonable freedom or choice and do not force or shame the child. This stage involves developing a sense of oneself as an autonomous agent or being from the parents.

Initiative versus guilt (3 – 6 years)

Through make-believe play, children experiment with the kind of person they can become. Initiative – a sense of ambition and responsibility – develops when parents support their child’s new sense of purpose and direction. The danger is that parents will demand too much self-control, which leads to over-control, or feelings of too much guilt. This stage involves developing a sense of initiative and ambition.

Industry versus inferiority (6 – 11 years)

At school, children develop the capacity to work and cooperate with others. A feeling of inferiority develops when negative experiences at home, at school, or with peers lead to feelings of incompetence. This stage involves developing a sense of industry and competence.

Identity versus role confusion (adolescence)

The adolescent tries to answer the question, “Who am I, and what is my place in society?” Self chosen values and vocational goals lead to a lasting personal identity, while a negative outcome results in confusion about future adult roles.

Intimacy versus isolation (early adulthood)

Young people work on establishing intimate ties with others. Because of earlier disappointments, some individuals cannot form close relationships and remain isolated from others. The central task of this stage is the development of a capacity for intimate relationships.

Generativity versus stagnation (middle adulthood)

This emphasises on giving to the next generation through child rearing, caring for other people, or productive work. The person who fails in these ways experiences an absence of meaningful accomplishment. This stage focuses on the development of generativity, a commitment to future generations.

Ego integrity versus despair (old age)

In this final stage, individuals reflect on the kind of person they have been. Integrity results from feeling that life was worth living as it happened. Old people who are dissatisfied with their lives fear death and are sometimes bitter. This stage is concerned with the formation of a sense of integrity concerning to one's life and contribution to society (Hook, 2002).

It is evident from this theory that if children live largely in the shadow of fear of an abusive parent, it will be difficult for them to form a strong sense of trust in that parent.

2.2.2 The social learning theory and intergenerational transmission of violence

Mostly known as the observational learning theory, Bandura's theory (1969) is a revolution from the orthodox behaviourist view of behaviour and the individual psyche. The basic contention of this theory as opposed to other behaviourist models is that learning is a result of observation and imitation, and not only reinforcement and trial and error. Through observing and imitating the behaviour of others (especially primary socialisation agents), children become socialised into their families and the community's way of life (Corvo, 2006; Kubeka, 2008). The social learning theory is one of the prominent perspectives used to explain the consequences of domestic violence on

children (Bernhardt, 2004). The family is seen as the training ground for the learning of violence. Violent behaviour is modelled in adulthood as the individual uses his/her childhood experiences when developing intimate relationship roles (Murrell, Christoff & Henning, 2007).

According to Bandura (Kubeka, 2008), observing how parents behave in their own intimate relationship provides one of the first learning opportunities of behavioural alternatives for conflict resolution. Based on this premise, it is believed that those who observe violent behaviour may also imitate it. If it is reinforced, resulting in the desired consequences, there is a high probability that it will be repeated (Kubeka, 2008). The intergenerational transmission of violence theory is based on the social learning theory. Violence is learned through family role models, directly or indirectly, and reinforced during childhood. If the child sees aggression and anger as a way of coping with stress, or as an “appropriate” conflict resolution strategy, he or she is at great risk for displaying the same behaviours (Murrell et al., 2007).

2.2.3 Bronfenbrenner’s ecological theory of development

Bronfenbrenner (1979) offers a corrective to those accounts of psychosocial development that do not properly engage with the overarching socio-political context in which development occurs. According to Hook (2002), Bronfenbrenner’s is an original contribution to psychosocial developmental psychology for a number of reasons. First, he accords relatively equal importance to both the environment of development and the developing person; for him development is effectively the evolving interaction between these two variables. For Bronfenbrenner the developing child never exists in social isolation, or the child does never exit outside an accurately unique socio-political, historical and ideological set of circumstances (Hook et al., 2002).

Furthermore, for Bronfenbrenner, psychosocial development does not centre only on the traditional psychological process of perception, motivation, thinking, and learning perceived at the isolated level of the individual. He rather focuses on the content of these functions, on what is perceived, desired, feared, thought about, or acquired as knowledge, and on “how the nature of this psychological material changes as a function of a person’s

exposure to an interaction with the environment” (Corvo, 2006). In this way Bronfenbrenner (1979) defines development as the person’s evolving conception of the ecological environment, his or her relation to it, as well as his or her growing capacity to discover, sustain, or alter its properties. Belsky (1980) states the application of the model to intimate partner violence and its effects on child development. The ontogenetic system (the context in which individual human development occurs) refers to the historical, personal, psychological, and medical aspects of an individual, and an interaction between this system, learned behaviours, and cultural norms may trigger violent methods of solving family problems. Witnessing intimate partner violence is childhood trauma that may contribute to a dysfunctional ontogenetic system. Children whose mothers are abused are likely to suffer more severe forms of corporal punishment and more verbal aggression from their parents than children whose parents do not engage in spousal abuse (Moore & Pepler, 1998).

Belsky (1980) proposed a second view, namely, the microsystem, which refers to characteristics of the family of origin. This addresses the day-to-day functions of the family, its level of dysfunction and the relationships among family members. In those families where the mother is abused, children are more likely to develop behavioral and emotional problems than in normal families because (a) they are constantly exposed to violent role models, (b) they are continuously exposed to marital problems that result from spousal abuse, (c) they have to cope with fear not only for their mother's safety but also their own safety, and (d) one or both of their parents may be abusing them as well (Bronfenbrenner, 1979). As adults, these men may display adherence to rigid role structures, poor impulse control, strong dependency needs, and view partners as possessions (Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe, 2003).

2.3 Sociological perspectives of gender differences in mental health

Sociologists have posed two hypotheses to try to explain the inequality between males’ and females’ differential social experiences; namely, the differential exposure hypothesis and the differential vulnerability hypothesis (Denton, Prus & Walters, 2004).

2.3.1 The differential exposure hypothesis

The differential exposure hypothesis suggests that females report higher levels of health problems (compared to males) because of their reduced access to the material and social conditions of life that foster health (Denton et al., 2004). Research shows that women's social positions are different from those of men. Women are less likely to be employed, work in different occupations, more likely to have a low income and to do domestic labour (Denton & Walters, 1999). Studies also suggest that females report higher levels of health problems because they are exposed to higher levels of demands and obligations in their social roles, as well as experiencing more stressful life events (de Vries & Watt, 1996). There is also gender inequality in the exposure to various resources, and lifestyles, with males more likely than females to smoke, consume alcohol, while females are more likely than males to be physically inactive (Denton et al., 2004).

There are also important gender differences in perceived control and in self-esteem, with females reporting lower levels of both resources than males (Turner & Roszell, 1994), although females do report higher levels of social support (Umberson, Chen, House, Hopkins & Slaten, 1996). Research shows that when differential exposure to the structural, behavioural and psychosocial determinants of health are used as mediators between gender and health, gender differences in health are only partly explained (McDonough & Walters, 2001; Walters et al., 2002). Generally, based on the differential exposure hypothesis, gender inequality in health is essentially determined by the fact that males and females enjoy different socio-economic status.

2.3.2 The differential vulnerability hypothesis

On the contrary, the differential vulnerability hypothesis suggests that females report higher levels of health problems because they react differently to the social determinants of health than males (McDonough & Walters, 2001). For example, females are more likely to benefit from social support and caring for a family than males (Denton et al., 2004; Prus & Gee, 2003; Shye, Mullooly, Freeborn & Pope, 1995). Males and females may experience stress in different ways. Evidence shows that females react more intensely to ongoing strains than males do, while males are more likely to suffer from

economic stressors (Wheaton, 1990). McDonough, Walters and Strohschein (2002) found that child (parental) stress; environmental stress and family health stress are linked to health problems for females but not for males. Zuzanek and Mannell's study (1998) reveals that females have greater vulnerability to chronic stressors on health than males.

Therefore, gender inequality/differences may aggravate when males and females experience personal agony, or when a family is under long-standing stress, because males and females react to grievance differently. This emphasises the stressful life events of social disadvantages. Therefore, expect gender inequality in health is expected to persist, and is more likely to aggravate when the effects of individual and household disadvantages are considered. Multivariate analyses, in which gender differences in the influence of health predictors are examined, also show that men and women differ in their vulnerability to some, but not all, of the social determinants of health (Denton et al., 2004). The literature study has shown that, females are generally more likely to report and react to stressors experienced by others, especially their spouses. Some researchers argue that females have a greater vulnerability to the effects of such chronic stressors on health due to the greater stress associated with their family and marital roles (Denton et al., 2004).

2.4 Conceptualisation of exposure to domestic violence

According to Erikson (1963)'s psychosocial theory of development, domestic violence is seen as causing confusion in the identity formation process of the adolescent and the establishment of trust in other people. Here the adolescent is faced with the challenge of which of his/her parent to identify with and trust, which informs the development of the self concept, ways of relating in social relations, the forming of attachments, gender identity, and internal locus of control.

The social learning perspective also enables one to explore further the aggressive behaviour associated with the exposure of domestic violence on adolescents. The focus is on the manner in which behaviour is acquired and retained through the observation of significant others. This process is intensified by the fact that identification with a parental figure is firmly rooted and more pervasive during childhood and imprinted in later

development and identity formation (Bandura, 1973). In this way children may first learn the emotional and moral meaning of violence from those they respect and look up to, which in turn has a profound effect on how they view the world and their relationships with people. Thus, the danger of being exposed to intimate violence at home is that children may learn unintended lessons such as (a) "those who love you the most are also those who hit you", (b) "those you love are those you hit" (c) "violence can be and should be used to secure good ends", and d) "violence is permissible when other things do not work".

CHAPTER 3: LITERATURE REVIEW

3.1 Introduction

This section discusses studies on the pervasiveness of the exposure to violence domestically and internationally, the Domestic Violence Act, adolescence, and identity formation.

3.2 Prevalence studies

3.2.1 International studies

In the United States of America (USA), Myers and Thompson (2001) determined that 85% of their sample of African American adolescents had been victims of at least one act of interpersonal violence, while 91% had witnessed a violent event. Another study in the USA by Schwab-Stone et al. (1999) found that 39% of the teenagers in their study had witnessed someone being shot at within the previous year. Other figures available for the United States suggest that between 3.3 and 10 million children witness domestic violence each year (Fantuzzo & Fusco, 2007; Rossman, Hughes & Rosenberg, 1999). According to Park, Fedler and Dangor (2000) statistics from the United States of America show that as many as 87% of the children of battered women witness the abuse.

In Finland and Korea, 5% to 10% of the children experience physical violence at home. According to the 1993 Violence Against Women Survey (VAWS) in Canada, approximately 39% of women who reported that they had been assaulted by a marital or common-law spouse during their lifetime reported that their children had witnessed the violence against them. Similarly, the more recent 1999 General Social Survey on Victimization found that 37% of the women and men who reported they had been assaulted by a spouse also reported that their children had heard or seen the violence taking place. Both surveys suggest that when children witnessed the violence, the victims were more likely to report serious forms of abuse, more likely to suffer physical injury and more likely to fear their lives were in danger at some point during their relationship

than when children had not seen the abuse (Dauvergne & Johnson, 2001). Australia shows figures of 85% – 90% for domestic violence cases where children were present.

In Queensland, 88% (580) of the 856 respondents to the phone-in services conducted by the Queensland Domestic Violence Task Force reported the presence of dependent children in the household during the course of the violent relationship. Ninety per cent of these respondents reported that the children had witnessed the domestic violence, while a further 74% of these respondents had spoken to their children about the violence (Queensland Domestic Violence Task Force, 1988). In Western Australia, the Domestic Violence Task Force found that 84% of the 420 respondents to a newspaper survey had children living in the same household as the abusive partner. In a phone-in conducted at the same time, almost 87% of the 297 respondents with children reported that their children had witnessed them being abused (James, 1994).

The figures illustrating a high incidence of child witnesses to domestic violence are reinforced by Walker (1984) who also reported that 87% of the children were aware of the violence between adult partners, while Dobash and Dobash (1992) in a study of 314 first, worst and last attacks of violence recalled by victims, found that 58% of the attacks took place in front of the children. Sinclair's research (1985) based on clinical experience, has suggested that if children are in a violent family, 80% of them will witness an episode of wife assault. What they witness may range from a fleeting moment of abusive language to a homicide.

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

unlawful custody by the perpetrator (Wearing, 1992). A study in Nairobi, Kenya, found that 69% of adolescents had witnessed violence within their communities and homes (Seedat, Nyamai, Njenga, Vythilingum & Stein, 2002; 2004).

3.2.2 Prevalence studies in South Africa

In the Western Cape, Ensink, Robertson, Zissis and Leger (1997) found that 95% of the Xhosa-speaking children used in the study had witnessed violence, while 56% of the children had been victims of violence themselves. A study of marital violence amongst Coloured couples in the Cape area, conducted by Lawrence (1984) (in Mohammed, 2003), found that in 86% of the incidents of violence occurring between parents, their children were present.

Violence against children, including domestic violence and sexual abuse, remains widespread in South Africa (Human Rights Watch, 2005). Between February 2002 and June 2003, the police reported 21494 cases of rape of children, not including attempted rape. According to various observers, these figures represented a small percentage of the actual incidents of child rape, because most cases involved family members and were not reported. Between 1994/1995 and 2002/2003, reported cases of child abuse in South Africa had increased by 56.3%. In 2002/2003, 4798 cases of child abuse were reported to the police (SAPS Crime Statistics, 2003). An average of 15 000 cases of child abuse are reported to the Child Protection Unit of the SAPS every year (Dawes et al., 2004).

The major reasons for the difficulty to solicit national statistics of adolescent exposure to domestic violence in South Africa and why police statistics on the incidence of domestic violence are not available, are because there is presently no crime called “domestic violence” (Vetten, 2000) and even though you can gather some sense from independent studies, they mainly focus on women or parents.

3.3 The Domestic Violence Act 116 (1998)

Domestic violence has only recently become a form of social and public discourse (Ngoma, 2005). The first piece of legislation to specifically address domestic violence in South Africa was the Prevention of Family Violence Act (PFVA)(no. 133 of 1993),

passed to permit women to apply for an interdict to stop abuse by their partners (Vetten, 2005). Soon after the PFVA had been passed, some aspects of its provisions were questioned. These included: a) men's right to a fair hearing which was seen to be violated; b) an urgent need for the protection of the victim from harm; and c) the Act did not address violence by partners who are not cohabiting, same sex partners, and verbal and emotional abuse as a form of domestic violence. In view of the above shortcomings, the Domestic Violence Act (DVA) was passed in 1998 and operationalised a year later on 15 December 1999. The purpose of this Act is to: a) afford the victims maximum protection from domestic abuse that the law can provide; b) introduce measures which seek to ensure that the relevant organs of state give full effect to the provisions of this Act; and c) thereby convey that the State is committed to the elimination of domestic violence (*Preamble to the Domestic Violence Act No 116 of 1998* in Vetten, 2005).

As Vetten (2005) and Ngoma (2005) state, one of the key innovations of the DVA is its broad definition of domestic violence which includes a range of behaviours within its ambit. Acts constituting domestic violence include physical; sexual; emotional; verbal and psychological abuse; economic abuse; intimidation; harassment; stalking; damage to property; entry into the complainant's residence without consent (where the parties do not share the same residence); and any other controlling or abusive behaviour that causes harm, or may cause imminent harm to the safety, health or well-being of the complainant.

The DVA covers both heterosexual and same sex relationships and victims may apply for a protection order to stop the abuse and to stop the abuser from entering the mutual home, the victim's residence, or the victim's place of employment. The court may place other conditions on the order, including that the police seize any weapons or help the victim retrieve property from his/her home. The court can evict the abuser from the home, force him to pay rent for and/or emergency maintenance to the victim and limit the abuser's custody rights to children (Ngoma, 2005). A major pitfall associated with the DVA is that there has been a lack of training of law enforcement officials regarding the Act (Vetten, 2000 in Ngoma, 2005).

3.4 Psychosocial development

Psychosocial developmental psychology refers to a person's sense of identity and self, to their sexual, moral, and psychological growth, within a particular socio-cultural context (Hook, Watts & Cockcroft, 2002). It refers to the way individuals relate to and understand others around them in the interpersonal sphere, to the individual's unique style of behaving and responding to social situations. Psychosocial psychology illustrates that there is an intricate symbiotic link between the psychological and social developments of children. Traumatic events shatter and can stunt the normal development of a child. In most cases, violence and abuse of children take place within a child's social environment, i.e. within the family or the community. Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love, and community. They shatter the construction of the self that is formed and sustained in relation to others. As such, it includes much also questions of emotional development. These are the unique qualities that make one what he/she is and underscore the nature of the human condition and development. According to Hook, Watts and Cockcroft (2002): It is largely on the basis of these developing social interactions and adaptations that we come to possess our own personal values, idiosyncrasies, personalities and, sometimes, psychological maladaptations and problems.

Erikson (1963) sees psychosocial development as the individual's formation of personal and social identity, gender identity and sexual exploration, and the development of appropriate peer relations, emotional independence from parents, career choices and socially responsible behaviour, elements which are a result of the interaction of biological, psychological, social, and cultural forces. Erikson's theory of psychosocial development identifies identity crisis as central to the notion of adolescence. Psychosocial development includes emotional, personality, gender, and social development and is influenced by the family, the community, the culture, and the larger society. Major tasks of psychosocial development include acquiring a masculine or feminine gender role, developing appropriate peer relations, developing emotional independence from parents, preparing for a career, and achieving socially responsible behavior.

Erikson (1959) described eight psychosocial stages of development, each stage consisting of both physical and psychological development set in a social context. Each stage represents different developmental tasks that people face during a lifetime, with identity as the primary psychosocial task of adolescence (Erikson, 1959). Healthy identity development during adolescence facilitates a smooth transition from childhood to adulthood (Erikson, 1959, 1963, 1968). Successful identity development requires adolescents to participate in activities and explore domains that allow them to express their individuality and receive subsequent feedback and validation from society (Erikson, 1968). Identity represents an intricate blend of goals, beliefs, attitudes, and roles (Erikson, 1963). Researchers suggest that identity development is facilitated by self expression, feedback from society, new experiences, social development, skill acquisition, and self-reflection (Kleiber & Kirshnit, 1991).

Developmental psychology as the study of human development over the entire lifespan - from conception to death (Louw, 1991), aims to precisely identify the determinants of development and to determine the extent and nature of their influence (Hook, 2002). This enables one to explain a wide variety of psychological changes, both cognitive and social, which occur between birth and death. These various psychological changes are multifarious, and include insights into how children and adults learn, perceive, understand, recall, and process aspects of the world (Hook, 2002). For one to fully understand the developmental stage of adolescence, it is vital to have a broad overview of child development or human development for that matter, starting from infancy, as this will serve as a benchmark against which to weigh any straying from the developmental path that is considered “normal” in the human development field. Child development is a field of study devoted to understanding all aspects of human growth from conception through adolescence to death (Berk, 2000; Louw, 1991).

3.5 Philosophies of human development

According to Rice (1995), these philosophies are as follows:

3.5.1 Development is multidimensional

The first philosophy of development is that it is multidimensional which has as its components, four dimensions of multidimensional development, i.e. physical development, which includes genetic foundations for development, physical growth of the entire body organs, advances and changes in motor, sensory and body systems as well as health and other physical functions (Rice, 1995).

The second component is cognitive development, which encompasses changes in the intellectual processes of thinking, learning, judging, problem-solving, and communicating. These are influenced by both hereditary and environmental factors. Third, is the emotional development, which includes issues such as attachment, trust, love, security, affection, the concept of self, feelings of autonomy, acting out behaviour, and various other emotional feelings (Rice, 1995).

The fourth component is the social development, which stresses socialisation, moral development and the formation of relationships with peers and family members, marriages, parenthood, vocational roles and employment. It must be noted that these dimension do not follow each other sequentially, but unfold in a parallel order, although isolated from one another. In this way, according to Rice (1995) the development of a human being must be viewed in a holistic manner.

3.5.2 Organismic vs mechanistic view of a child

These seek to clarify whether or not the child is an organismic or mechanistic being. It begs the question, whether children are active beings with psychological structures that underlie and control development, whether they are passive recipients of environmental inputs. In the organismic theory put forward, children are viewed as active, purposeful beings that make sense of their world and determine their own learning while the surrounding environment supports development (Berk, 2000). In contrast, the mechanistic theory focuses on relationships between environmental inputs and behavioural outputs. The mechanistic theory regards the child as a passive reactor to environmental inputs (Berk, 2000).

3.5.3 Development as continuous or discontinuous

The third question human development theories attempt to answer is whether development is a continuous process, or whether it follows a series of discontinuous stages. In other words, is child development a matter of cumulative adding on of skills and behaviours, or does it involve qualitative, stage-wise change. Continuous development views development as a cumulative process of adding on more of the same types of skills that were there to begin with (Hook & Cockcroft, 2002; Louw, Louw, & Schoeman, 1995). According to Hughes (1988), development in terms of change and adaption continues throughout one's life span, even though some aspects of physical growth stop after reaching their highest point. This means that the notion that an adult cannot learn is a fallacy (Rice, 1995). This means that although the pace may vary, development is a continuous process that lasts as long as life itself, that is, from conception to death. In contrast to this view, the discontinuous development theory holds that new and different ways of interpreting and responding to the world emerges at particular time periods (Hook & Cockcroft, 2002).

3.5.4 Nature vs nurture and Gene-environment interaction (G x E)

The fourth question is whether development is primarily determined by nature or nurture and or by the interaction of the two, that is, whether genetic or environmental factors are the most important determinants of child development and behaviour or do they interact in this development. Coll (1990) states that some aspects of life seem to be more affected by heredity while others are affected more by the environment, although some are affected equally by both. One way in which development is determined is thus the manner in which these two factors interact. The nature theory of development (inborn biological givens) is the hereditary information a person receive from our parents at the moment of conception that signals the body to grow and affects all our characteristics and skills (Hook & Cockcroft, 2002; Rutter, 2006). According to the nurture theory of development, children are formed and affected by the complex forces of the physical and social world they encounter in their homes, neighbourhoods, schools, and communities (Hook & Cockcroft, 2002). According to the psychosocial theory of human development, an individual is a product of interaction between his hereditary structure and his

environment (Erikson, 1950; Rutter, 2006). The $G \times E$ hypothesis states that, the influence of an environmental factor to development or behaviour is conditional upon a person's genotype. Gene-environment interactions are therefore presumed to shape human behavior during early development.

3.5.5 Development reflects cultural differences

This implies that development can be regarded as being culturally defined. This means that cultural variations seem to have a greater influence on development than age. Rice (1995) supports this notion by citing a study which indicates that the Maya people emphasize the value of closeness while the Americans tend to put more emphasis on independence. This is also true for Africans where the spirit of interdependence and altruism rather than that of independence, seems to be emphasized (Louw, Van Ede & Louw, 1998). It is thus clear that the type of culture practised within a given community will have an influence on the developmental paths of the members of that particular community.

3.6 Identity formation/development

The formation of a stable identity is the key developmental task of adolescence (Erikson, 1959; 1963; 1968; Finkenauer, Engels, Meeus & Oosterwegel, 2002; Marcia, 1966; 1980). A well developed identity provides a foundation for a functional adulthood, creates a structure to organize and unify behaviour across different contexts, and provides a direction and focus for behaviour that reinforces an individual's identity (Waterman, 1984). Problems with identity formation during adolescence can lead to difficulties that may carry over into adulthood. In the most basic form, identity is self-perception (Groff & Kleiber, 2001). This perception changes over time and contexts, and facilitates both integration with and differentiation from society (Weiss, 2001).

Freud (1930) was one of the first psychological theorists to give attention to the fundamental question of self-definition (Freud, 1930; 1965). He believed that one's sense of self was derived from parental introjects during the genesis of the superego, at the end of the Oedipal conflict. Furthermore, he did not only believe that these introjects formed the foundation of one's self-definition during childhood, but also held that these parental

identifications were not significantly revised or updated during adolescence or adulthood. More or less, then, one's self-concept was believed to be a function of the basic identificatory processes occurring during the preschool years (Schwartz, 2003). Although Freud (between 1923 and 1961) wrote extensively on identification and other identity-like processes, the first psychodynamic theory to move identity formation beyond childhood identifications and parental introjects were those of Erikson (1956). He believed that it is the presence of self-selected identity elements that separates children from adolescents and adults. Frankly put, "the consolidation of identity marks the end of childhood" (Marcia, 1993, p. 4).

For Erikson, identity is best represented by a single bipolar dimension, ranging from the ego syntonic pole of identity synthesis to the ego dystonic pole of identity confusion. Identity synthesis represents a reworking of childhood and contemporaneous identifications into a larger, self-determined set of self-identified ideals, whereas identity confusion represents an inability to develop a workable set of ideals on which to base an adult identity. Ego identity, then, represents a coherent picture that one shows both to oneself and to the outside world. Career, romantic preferences, religious ideology, and political preferences, among other facets, come together to form the mosaic that represents who one is. The more complete and consistent that mosaic is, the closer to ego identity synthesis one is, whereas the more disjointed and incomplete the picture is, the more ego identity confusion one will manifest (Schwartz, 2003).

All individuals, at any time during their lives, can be placed at some point on Erikson's dimension between identity synthesis and identity confusion. Some facets of identity are unconscious, representing intrapsychic conflicts between the ego and the id and superego (Erikson, 1956; 1963). It follows, then, that the optimal placement along this axis is said to be near the midpoint but slightly closer to identity synthesis (Erikson, 1956; 1968). In more concrete terms, identity synthesis represents a sense of "a present with an anticipated future" (Erikson, 1968, p. 30). It is evident in people such as Mahatma Gandhi and Martin Luther King junior, who seem imbued with an unmistakable sense of purpose in their lives (Erikson, 1969). There is a sense of continuity of character that appears to hold the synthesized person together (Erikson, 1956). An identity-synthesized

person's choices and actions are consistent with one another, such that one can predict, with some degree of certainty, what that person is going to decide or do in the context of any particular situation or life choice.

At the other end of the identity dimension, Erikson (1968) posited identity confusion as somewhat of a continuum, "with mild confusion at one end ... and 'aggravated' confusion at the other" (p. 212). Erikson (1969) delineated four angles from which ego identity can be observed. These represent forms or angles that identity takes in varying situations and at different points during one's life: At one time, then, identity will appear to refer to a conscious sense of individual identity; at another to an unconscious striving for a continuity of personal character; at a third, as a criterion for the silent doings of ego synthesis; and finally, as a maintenance of an inner solidarity with a group's ideals and identity (Erikson, 1968).

Erikson (1968) organized his four angles of identity into three levels according to each angle's degree of embeddedness in self and context. As the most fundamental level, Erikson postulated ego identity as ego synthesis and continuity of personal character. Under the heading of ego identity, he placed one's most basic and fundamental beliefs about oneself that would be extremely private, if not unconscious, and that might represent intrapsychic conflicts that have been internalized from parents and carried over from childhood. As a composite of fundamental beliefs, ego identity was postulated to be temporally consistent and resistant to change (Erikson, 1969). At the intersection of self and context, Erikson spoke of personal identity as the set of goals, values and beliefs that one shows to the world. Personal identity includes career goals, dating preferences, word choices, and other aspects of self that identify an individual as someone in particular and that help to distinguish a person from other people. As the most contextually oriented level, social identity was identified as a sense of inner solidarity with a group's ideals, the consolidation of elements that have been integrated into one's sense of self from groups to which one belongs. Social identity has sometimes been described as group identity in social psychological literature. Aspects of self such as native language, country of origin and racial background would fall under the heading of group identity. Erikson's concept of identity is multidimensional and extensive in its scope and coverage. He spoke of

cognitive, moral, social, and cultural aspects of identity, among many others and identity, for him, is the individual's personal organization of experiences of biological and psychological development in relation to the recognitions and regulations the individual receives in the social context (Bergh & Erling, 2005).

It will be noted that, even though most individuals establish stable identities during their early 20s, the process of identity development begins during early adolescence. Early adolescents also experience increased cognitive abilities that make identity development possible (Bergh & Erling, 2005). This life stage serves as a time when the youth begin to engage in identity development, thereby laying the foundation of their future adult identities. The actual process of identity achievement is a multifaceted arrangement embracing a complex configuration of social and self representations. Erikson (1956) considers the realisation of ego identity as the state in which the individual perceives him or herself as a unique individual, but whose aspirations, values and behavioural norms are integrated with those of significant others. The most fundamental and distinguishing aspect of ego identity would be the reconciliation of the individual's concept of self with that of others' recognition of him or her (self). Ego identity is, therefore, not a mere self-definition but denotes sharing essential self-characteristics with significant others.

The nature of early adolescent identity development and the factors that influence this process represent an area of ongoing scholarly exploration. A deeper understanding of identity development and the timing of this process during early adolescence may help researchers and practitioners explain and more effectively influence this process. For example, the exposure to catalysts of positive identity development (e.g., role models, exploration of identity elements, democratic parenting and stable family functioning) (Waterman, 1984) during early adolescence may have a profound impact on the completion of identity development during late adolescence (Duerden, 2006) and thus, determine one's personality, life choices and interpersonal relations in adulthood.

3.7 Adolescence as a developmental stage and transition

According to Erikson (1959), the developmental stage of adolescence is in particular a critical and vulnerable phase for the establishment of a personal identity. Although not an

exclusive product of adolescence, identity achievement becomes more acute during this developmental stage due to the necessity to deal with considerable physical and cognitive changes, genital maturity and the acquisition of productive skills. It furthermore refers to a consolidation of previous developmental stages whilst confronting the demands of an approaching adulthood in a complex modern society.

Erikson viewed adolescence as the first time in life that the individual is confronted with the polarity between actively acquiring an integrative balance between past experiences and future expectations and the danger of getting stranded in feelings of identity confusion (Erikson, 1959). The adolescent years in many respects represents a psychosocial revolution in the whole of the human life cycle. It is a period that is marked by an accumulation of age-specific changes, extending over all domains of human development. The physical maturation in puberty, the obligation to cope with its sexual implications and to achieve a stable gender role, the acquisition of the faculty to think in abstract and hypothetical terms, and the social instigation to become a trustworthy member of society, all come together in one relatively restricted span of time. This confluence of biological, psychological and social imperatives produce an irreversible break with the familiar, socialization-bound identifications from childhood, turning adolescence into a major transition phase in life. Yet, at the same time, these changes also provide the optimal conditions for an active restoration of a sense of personal coherence (Marcia, 1994). It urges adolescents to actively explore and try out the different alternatives in becoming a person that matters. Consequentially, the developmental task of identity formation is readily recognized in "... the persistent adolescent endeavor to define, overdefine, and redefine themselves and each other in ruthless comparison, while a search for reliable alignments can be recognized in the restless testing of the newest in possibilities and the oldest in values" (Erikson, 1968).

The whole of adolescence can be characterized as a boundary state, which demarcates childhood from young adulthood. Noteworthy, in some cultures, especially African, the concept of adolescence is non-existent and is thus seen as part of childhood (Nsamenang, 1993). In western cultures it is the time of life, either most reviled, depicted as posing the greatest threat to the established order of things, or most celebrated and romanticized, in

particular within the sphere of popular culture, for its creative and challenging energies. At its onset, adolescence can be seen as the beginning of the end of childhood and as such is a time of mourning the loss of the relative dependency and security of childhood, characterized by attempts at recapturing what was lost. At its end, it can be seen as the beginning of adulthood, the time when the individual literally and/or metaphorically leaves home and separates from the family of origin, into a state of relative independence. As such it is a time filled with anticipation and foreboding in the face of freedom and separation, characterized by extreme and premature displays of independence and self-destructive and violent attempts to preserve the relative state of dependence.

Psychoanalysts describe adolescence as the terminal stage of the fourth phase of psychosexual development, the genital phase, which had been interrupted by the latency period. Adolescence is viewed here as the sum total of all attempts at adjustment to the stage of puberty, to the new set of inner and outer - endogenous and exogenous - conditions that confront the individual. It has been called a second edition of childhood, in that like childhood "a relatively strong id confronts a relatively weak ego". The adolescent resorts to the means and defenses of infancy and early childhood to cope with the biological fact of puberty, a period of rapid physical sexual maturation during which the body changes shape, effectively gains new parts and starts to behave in strange new, exciting and disturbing ways (Duerden, 2006). The relative state of psychic equilibrium established during the latency period is suddenly jolted and thrown into a relative state of crisis by the onset of puberty. Erikson was concerned to not look at adolescence as an affliction but as a "normative crisis", i.e., a normal phase of increased conflict characterized by a seeming fluctuation in ego strength, and yet also by a high growth potential. He also stresses the contribution this crisis makes to the process of character formation, in determining the "me and not-me" of individuation. The developmental tasks of acquiring a more or less intact ego and a separate identity from one's parents capable of surviving away from the family are performed at the boundary between me and not-me, a space where traits such as tastes, preferences, desires, interests, impulses, wishes, laws, rules, and reality, are constantly tried, tested, rejected and accepted (Duerden, 2006).

The task of separation may entail a total and often violent rejection of one's parents, and any societal manifestations of parental authority, going hand-in-hand with a turning towards one's peers; "youth" or "peer cultures" are idiomatic expressions of adolescent needs. The adolescent has been forced, so to say, into a self-chosen and self-made way of life. All these efforts of the youth are attempts to transform a biological event into a psychosocial experience, and, as Erikson suggests, social systems offer time and space, "institutionalised psychosocial moratoria", during and within which a sense of "inner identity" can be achieved. The adolescent needs this time and space to fulfil his or her socially and psychologically important developmental goals (Duerden, 2006). However, in an increasingly complex and secular world, wherein there is little agreement, and fewer rites of passage marking, as to when childhood and adulthood end or begin, the adolescent is forced to turn inwards towards him or herself and his or her peers for solutions and answers to such questions as "Who am I?"

The age at which adolescence begins varies from 11 to 13 years because of individual and cultural differences and the age at which it ends varies from 17 to 21 years (Louw, 1991). The term 'adolescence' means 'to grow up' or 'to grow to adolescence' (Louw, 1991). Adolescence is characterised by profound biological, psychological and social developmental stages. The biological onset of adolescence is signalled by the rapid acceleration of skeletal growth and the beginnings of physical sexual development. The psychological onset is characterised by an acceleration of cognitive development and consolidation of personality and identity formation. Socially, adolescence is a period of intensified preparation for the coming role of young adulthood. Adolescents, while proceeding through this period, are faced with the numerous tasks that they must master before they become adults. The developmental task of attaining autonomy, becoming independent in one's thoughts and opinions as well as actions, has long been thought of as one of the central processes of adolescence. This process is mostly easily steered in the context of a close relationship with the parents rather than at the expense of this relationship. In addition to this, the major task of adolescence is to achieve a secure sense of self, to form an identity. For adolescents, identity is both a matter of determining who one is and a matter of deciding who one will be.

According to Moshman (1999), identity is, at least in part, an explicit theory of oneself as a person. Identity is generally seen as related to the self, with the understanding that neither term is easy to define and that the relationship of the two concepts is far from clear. Although identity formation is a challenging process even under the best circumstances, problems in earlier development may render it even more difficult and decrease the likelihood of positive outcomes (Moshman, 1999). Adolescent identity crisis is partly resolved by the move from dependency to independence. The initial struggles often revolve around the established concepts of sex roles and gender identification. Erikson's psychoanalytic psychology of adolescence was based on the twofold importance of identity formation and the ego's adjustment to the drives and to society. His writings on adolescence addressed both the anxiety inherent in the process of identity formation, and the analytic task of helping the adolescent to assess values and choices from the point of view of identity synthesis (McCarthy, 2000). Besides developing physically, cognitively and morally, the adolescent has to achieve social maturity. The adolescent's ability to handle the developmental tasks associated with social development (e.g. the development of independence), will, to a large extent, be determined by his or her physical and cognitive maturity, but also by the complexity or level of modernisation of the society in which the adolescent grows up; the characteristics of his or her subculture (ethnic and socio-economic) and the attitudes and reactions of society to his or her subculture; and the family structure and parental influence (Louw, 1991). Hook, Watts and Cockcroft (2002) state that it is becoming increasingly important in developmental psychology to acknowledge the role of context and culture in the development of the individual.

3.8 Importance of identity formation for adolescents

A successful identity development during adolescence provides a strong foundation for future health and well-being, while unsuccessful identity development during adolescence may result in maturation deficiencies. Studies suggest that adolescents who struggle with identity formation are often impulsive decision makers, more apt to experiment with drugs, alcohol and unprotected sex, and exhibit greater instances of psychosocial and behavioral problems (Finkenauer et al., 2002; Duerden, 2006). Healthy

identity development appears to be associated with reflective decision-making and moral reasoning, intimacy and cultural sophistication. Adolescents with stable identities also exhibit fewer signs of psychiatric problems (Waterman, 1999) and have higher levels of self-esteem, goal-oriented activity, optimal psychological functioning, and socially constructive behaviour.

3.9 Parent-adolescent relationships and development

Adolescents' relationships with their parents play an important developmental role during adolescence (Duerden, 2006). These relationships affect the adolescents' behaviour and nonfamilial relationships (Collins & Laursen, 2004). Baumrind (1991) has identified three different styles used by parents when interacting with their children: authoritarian, authoritative and permissive. Authoritative parents expect age appropriate behaviour from their children, but they also involve them in family rule and decision-making. They encourage individuation as well as responsibility. Permissive parents allow unrestricted freedom, and make little or no demands for age appropriate behaviour. Lastly, Authoritarian parents closely monitor and control behaviour and activities. They are not supportive of their children's independence and use psychological control to manipulate their children (Barber & Harmon, 2002). Baumrind's (1991) parenting styles have received theoretical support from Barber and Harmon's (2002) review of research concerning parental psychological control of their children. Psychological control is defined as "parental behaviors that are intrusive and manipulative of children's thoughts, feelings, and attachments to parents" (Duerden, 2006).

Research also shows that although children and adolescents suffer under psychological control, they need parents to exercise a certain level of behavioral control (Barber & Harmon, 2002). For example, it appears that adolescents associate with more positive peer groups when their parents monitor their behaviour and friendships. Research focusing on the effect of parent-adolescent relationships on adolescents' behaviour has produced interesting findings. For example, research regarding psychological control has increased greatly over the last decade and a half, and this growing body of literature

continues to confirm the negative effects of psychological control on children and adolescents (Barber & Harmon, 2002). Additionally, research findings regarding Baumrind's (1991) parenting styles show that little or no differences exist between the behaviour patterns of children of authoritarian and permissive parents (Duerden, 2006). These children exhibit more behaviour problems, lower academic performance and lower levels of social intelligence than children of authoritative parents. These findings suggest that adolescents need parents who expect them to act responsibly, but also allow them to experience monitored levels of independence and individuality (Baumrind, 1991).

In addition to influencing adolescent behaviour, research findings suggest that the family system impacts upon adolescents' ability to develop friendships (Ladd & Le Sieur, 1995). Ladd and Le Sieur (1995) present a detailed review of research in this area, with the conclusion that both indirect and direct family processes play a role in adolescent peer relationship formation. It appears that adolescents develop social competencies in the family, and that these social competencies facilitate the development of peer relationships (Ladd & Le Sieur, 1995). For example, the youth often imitate their parents' social behaviour, in their adolescent peer relationships (Ladd & Le Sieur, 1995). Research conducted by Brown et al., (1993 in Duerden, 2006) further illuminates the relationships between parental impact and adolescent peer relationships. In a study of almost 4,000 high school students, Brown et al., (1993) found that parents indirectly affect their children's peer group affiliations. It appears that adolescents gain acceptance into different peer groups as a result of previously established behaviours. In other words, adolescents often do not develop associated peer group behaviours after gaining membership of a particular group, but youth rather gravitate towards peer groups that espouse behaviours similar to their own. Adolescents' behaviour patterns develop in a large part in the home, and are impacted upon both positively and negatively by parents. These findings place further importance on the role parents play in the social development of their children. According to the findings of Brown et al., (1993), parents can help their children develop behaviours that will influence future peer group affiliations.

Considering the important role social feedback plays in the identity development process (Kleiber & Kirshnit, 1991), it would seem logical that the strong influence of the parent-adolescent relationship would also impact upon adolescent's identity development. Research findings confirm the assumption that parent-adolescent relationships affect the identity development process (Sartor & Youniss, 2002). For example, it appears that parental monitoring and emotional support promote adolescent identity development. Findings also suggest that positive parental feedback is associated with identity achievement among later adolescents (Duerden, 2006).

3.10 Identity development and the social context

The early relationship environment is crucial not only because it shapes the quality of subsequent relationships but because it serves to equip the individual with a mental processing system that will subsequently generate mental representations, including relationship representations (Fonagy, 2001). Environments can enhance growth or create risks for children. When a vulnerable child – a youngster with physical or psychological problems – is exposed to unfavourable childrearing contexts, development is seriously threatened. The context that fosters optimal growth is, in most cases and ideally, the family (Hook, 2002).

The family introduces children to the physical world through the opportunities it provides for play and exploration of objects (Senior, 2002). It also creates bonds between people that are unique. The attachments children form with parents and siblings usually last a lifetime, and they serve as models for relationships in the wider world of neighbourhoods and schools. Within families children also experience their first social conflicts. Discipline by parents and arguments with siblings provide children with important lessons in compliance and cooperation as well as opportunities to learn how to influence the behaviour of others. Within families children learn the language, skills, social and moral values of their culture.

The contextual approach to human development holds that development should be understood in the total setting or context in which it occurs (Hook, Watts & Cockcroft, 2002). Behaviour cannot be understood outside of the contexts it takes place in. Thus, the

individual cannot be understood in isolation from his or her environment, and development must be seen as a dynamic and changing process in which the individual and the environment continuously interact (Hook et al., 2002). The reason is that this context, be it historical (times in which the subject grows up); cultural (dominant culture in which the subject grows up); biological (health and physical status); economic (financial conditions); intellectual (subject's ability to deal with new challenges) or social as in their family network/relations, friends and peers, to some extent shapes and contributes (negatively or positively) to this development.

Thus, the familial context is an important part of the child's psychological and social world. Because the family, the child and the environment constantly interact, and therefore influence each other, the family plays a determinant role in what is normal and what facilitates or hinders development (Hook et al., 2002). As a result, children's search for meanings, competence and the right way of the world begins at home, long before they go to school (Nsamenang, 2000). Although Adams and Fitch (1982) first pointed to the important role of one context beyond the family in adolescent identity development, it has only been very recently that researchers have increasingly been focusing attention on social context and its role in adolescent identity development. Clear patterns of difference in identity-status pathways of movement have been found in various adult lifestyle contexts under study, even when key demographic variables such as education level, marital status, parental status, and/or age group have been held constant. To date, however, it has been difficult to determine the direction of effects and the question remains open as to whether individuals with certain kinds of identity structures are attracted to particular kinds of settings, whether particular settings steer the process of identity development, or a combination of both factors (Kroger, 1993).

From the above-mentioned research on contexts, it seems that social circumstances may set broad limits to likely behaviours, though individual personality characteristics do play a key role in influencing the course of identity development over time. Contexts, in broader terms, and their role in identity development, have been the focus of several recent articles, including those by Yoder (2000). Adams et al., (1990) have stressed that identity develops out of both individual and social processes. They point out how

processes of differentiation and integration underlie the relationship between individual and context, and how identity both shapes and is shaped by the surrounding milieu (Kroger, 1993). It has been also stressed that the best way to understand the relationship between identity development and context, is to delineate the levels or dimensions of identity being explored in relation to a given context. He has also stressed the need to understand particular individual factors such as ethnicity and gender and the particular meaning such issues take on within particular contexts. A further perspective has been stressed by Yoder (2004), in which she details various external "barriers" to development and how they may limit individual developmental options. Barriers may appear and disappear over time, and Yoder (2000) stresses various characteristics of barriers (e.g., socio-cultural bias) which may be identified over a continuum. Her formulations present an interesting new way of examining the impact of changing historical circumstances on the identity-formation process of adolescence.

3.11 Identity development and gender

Kroger (1997) undertook an extensive review of identity formation research regarding possible gender differences on three questions: (1) Are there gender differences in the identity-status distributions of adolescents and adults to deal with identity-defining roles and values? (2) Are there gender differences in the identity domains most important to self-definition? (3) Are there gender differences in the developmental process of identity formation? She examined published studies which appeared between 1966 and 1995 in the Social Science Citation Index that made use of one of the more common measures of identity status or style for both genders. After eliminating sample duplications, some 56 studies were examined and few gender differences appeared in response to the above three questions.

With regard to the question of possible gender differences in identity structure (global identity status ratings), 35 studies reporting 42 testings provided meaningful data. Only six distributions showed clearly statistically significant gender differences in identity status or style; there was no consistent pattern of gender differences across these studies. Some gender differences did appear in the identity-status distributions for the various identity content areas (or domains). However, no consistent patterns across studies could

be observed with one exception. For the few studies that included both genders and the content area of family/career priorities and/or sexual values, women generally predominated over men in moratorium and achievement-identity statuses. No gender differences appeared in the developmental pathways taken; both men and women showed increasing frequencies of moratorium and achievement ratings and decreasing foreclosure and diffusion ratings over time. By 1995, a few studies had explored the issue of possible gender differences in relation to social context, with no trends apparent (Kroger, 2000). In sum, there has been little evidence of gender differences regarding questions of identity structure, domain salience, or developmental process. It is important to note, however, that the review did not include an examination of possible gender X identity status interactions for dependent behavioural, psychological or social variables.

Cramer (2000) has recently suggested that there are some gender X identity status differences in personality processes, supporting identity development as well as in self-descriptions. Preliminary evidence from five researches to date suggests that gender-role orientation, rather than gender per se, is an important predictor of difference in resolutions to questions of identity, moral reasoning and intimacy. According to Kroger (2000), future identity research must recognize considerable intra and extra-sex variations, particularly regarding gender-role adherence, and examine the impact of this potential mediator on dependent variables under study, and this is partly one of the present study's aims.

The effect of gender on adolescent identity development remains a subject of debate (Duerden, 2006). Critics of Erikson's work suggest that females and males develop identity differently. Proponents of Erikson's work argue that no major differences exist between male and female identity development. This gender and identity development literature will be addressed in three distinct areas: process, timing and domains. The identity development process requires that individuals learn to differentiate themselves from those around them. Gilligan (1982 in Duerden, 2006) suggests that females value their relationships with others more than their ability to establish a sense of independence through differentiation. If correct, this priority difference between genders might mean that females and males engage in different identity development processes. For example,

women may focus on developing intimate relationships before they focus on identity development, thus altering the order of Erikson's identity and intimacy stages. In contrast to this claim, the studies that specifically address gender and identity suggest little or no differences between male and female identity development processes (Waterman, 1999).

Identity development timing refers to both when an individual begins and ends the processes of exploration and commitment (Duerden, 2006). Research tends to show little or no differences in regard to identity development timing between males and females. Since timing differences between males and females exist in puberty, with females beginning this process, on average, one to two years earlier than males, similar timing differences may exist with identity development as well. Marcia (1980) suggests the female focus on relationships lengthens the identity development process. Research findings not only fail to support Marcia's claims, but also suggest that females may proceed through identity development more quickly than males.

Identity domains represent the one area where slight differences between males and females appear in the psychosocial development research (Waterman, 1999). Identity domains such as religion and family roles have a strong influence on identity development. Research findings seem to indicate slight differences between genders across some identity domains such as family roles, social roles and politics. For example, findings suggest that females focus more on social roles, while males have a more fully developed political ideology. Studies that attempt to investigate gender and identity development should employ instruments that consider both intrapersonal (i.e., ideologies) and interpersonal (i.e., relationships) domains. Although identity domains represent one area where slight gender differences exist, most findings suggest that males and females progress through identity development in a similar fashion (Waterman, 1999).

3.12 The effects of domestic violence on children

There is a growing body of literature that has examined both the short and long term problems associated with children's witnessing of domestic violence. Over 80 studies that report associations between witnessing domestic violence and child development problems were found in the literature (Holt, Buckley & Whelan, 2008). Several authors

have produced extensive reviews of this literature (Holt et al., 2008; Lundy & Grossman, 2005). This literature will be discussed in terms of all ages, stages of development and gender, so as to get a broad and comprehensive view of these effects.

3.12.1 Infants

Infants, by definition, are the most limited of all children in their cognitive abilities and resources for adaptation. In terms of behaviour, however, infants who witness spousal violence are often characterised by poor health, poor sleeping habits and excessive screaming (Schiavone, 2009). It is also possible that they may suffer serious, unintended consequences when their basic needs for attachment to their mother may be significantly disrupted. Routines around sleeping and feeding often become far from normal. A mother living in fear of her husband may be unable to handle the stressful demands of an infant. Clearly, any rejection from a lack of availability of their principal caretaker, which is likely to continue for the duration of the domestic violence, would be felt by the child and could have long-term effects in the form of emotional deprivation (Cunningham & Baker, 2004). Developmental evidence suggests that children begin to learn the importance of emotions for communication and regulation early in the first year of life. They look for cues in their principal caregiver in order to recognise the appropriate emotion. They are, therefore, aware of others' negative emotions and mirror these in their own responses.

3.12.2 Toddlers

By the second year of life, children are developing basic attempts to relate causes to emotional expressions (Holt et al., 2008). A research study (Cummings et al., 1999) assessed toddlers' reactions to naturally occurring and simulated expressions of anger and affection by others in the family. It was found that the expressions of anger caused distress in the young children. This distress became even more apparent when verbal expressions were accompanied by the physical attack of another family member. They also found that repeated exposure to anger between their parents increased the likelihood of these stress reactions in the children, and as a result the children made more efforts to become actively involved in the conflict. Based on these initial data, the researchers

hypothesised that exposure to harsh emotions threatens children's sense of security in relation to their social environment.

In a second study Cummings et al., (1999) targeted children in their third year of life. They found that these children readily distinguished between warmth and anger, and that the children responded to angry adult interactions with significantly greater displays of distress and subsequent increases in aggression with their peers. When the children were exposed to negative emotional exchanges a second time a month later, the researchers found even higher levels of distress and aggressive behaviour. Interestingly, boys showed more aggressive behaviour than girls following the simulation, whereas girls showed more distress than boys during the simulation. The short-term, immediate effects of domestic violence on toddlers can often be portrayed by behavioural problems such as frequent illness, severe shyness, low self-esteem, and trouble in daycare as well as social problems such as hitting, biting or being argumentative (Lundy & Grossman, 2005). Generally, the behaviour of boys tends to be externalised, while the behaviour of girls tends to be internalised. For instance, Carlson (2000) describes girls as having an increasing assortment of physiological symptoms and being more likely than boys to become withdrawn, passive, clinging, and anxious.

3.12.3 Pre-Schoolers

In their studies, Levendosky, Huth-Bocks, Shapiro & Semel (2003) recorded distress reactions in the younger age groups of 4 and 5. In addition, the researchers were able to identify the following three types of behavioural reactions to adult arguments, forty-six per cent of the children displayed negative emotions during the time that the anger was being acted out, but afterwards they reported feeling sad and wanting to intervene. Seventeen per cent showed no evidence of emotion, but later reported that they were angry. Over a third showed high emotional feelings (both positive and negative) during the arguments. Later, this latter group reported feeling happy, but they were also the most likely to become physically and verbally aggressive with their peers. It appears from this study that children's reactions to adult arguments and anger vary considerably, ranging from strong displays of emotional distress to very hidden emotional reactions. Also, the

type of immediate reaction shown by each child was found to be associated with his or her own degree of anger, sadness, or aggression following the violent incident.

Through the clinical testing of 77 children Davis and Cummings (1994) found that, those who displayed their reactions aggressively were pre-school boys. This same group of boys also demonstrated a higher level of somatic complaints, with twice as many pre-school boys as girls showing their emotional difficulties through such symptoms. On the basis of this study, pre-school boys had the highest rating for aggressive and somatic difficulties of any group in terms of age and gender. In another comprehensive study, Hughes (1988), used reports obtained from mothers and children, found that abused and non-abused child witnesses to domestic violence were compared to other children from a similar economic background on measures of self-esteem, anxiety, depression, and behavioural problems, according to reports obtained from mothers and children. Consistent with previous studies, the results indicated much higher distress levels in the children who had been both witnesses and victims than in the comparison group, with the non-abused witness children's scores falling somewhere between the two. Although Hughes (1988) did not perform any analysis by gender, the results of this study are in partial agreement with those of Davis and Cummings (1994) in that, on examination of the behavioural problem scores, it was revealed that the pre-school group had the highest rates of any group.

Children of this age interpret most events in relation to the self. They see themselves as the cause of the anger. They do not have the cognitive competence to take into account the whole situation. Placing blame for adult anger on oneself, therefore, is a developmentally defined common occurrence for preschoolers (McIntosh, 2003). There is also a relationship between the anxiety levels of this age-group and the mother's own anxiety levels. In fact, Hughes (1988) has suggested that especially shelter children, in an abusive home may associate their own feelings very closely with their mother, so that as the mother's anxiety level rises and falls, so does their own. It was also observed that exposure to domestic violence may affect pre-school children's social-cognitive developmental competence, they were often socially isolated from their peers and did not

relate to the activities or interests of their age group and they had problems in relating to adults as well.

3.12.4 Primary school age

By the time children reach school going age, they look to their parents as significant role models. Both boys and girls who witness domestic violence quickly learn that violence is an appropriate way of resolving conflict in human relationships (Holt et al., 2008). They are more able to express their fears and anxieties regarding their parents' behaviour. Like pre-schoolers, many feel partially responsible as participants in the family conflicts, while sex differences consistent with traditional sex-role stereotypes are likely to manifest themselves at this age (Martin, 2002). Similarly, Schievone (2009) described such children as constantly fighting with their peers, rebelling against adult instruction and authority, and being unwilling to do school work. In terms of gender, Davis and Carlson (1987) observed that girls in this age group showed high levels of both aggression and depression on the clinical behaviour checklist, in fact, they had the highest scores for problems compared to the other groups.

Studies of both boys and girls in this age group which have compared children living in refuges with community control groups matched on the basis of socio-economic status, have tended to confirm that children from domestic violence family backgrounds had significantly more behavioural problems and lower social competence than children from non-violent backgrounds. The research conducted by Wolfe et al., (2003) found that 35% of boys and 20% of girls fell within the clinical range of behavioural problems, with boys tending to have more elevated scores than girls. The pattern was replicated by Jaffe, Wolfe, Wilson & Zak (1986) who confirmed that girls tended to show more internalising than externalising problems (depression, anxiety and withdrawal), while boys showed both internalising and externalising problems (increased activity levels and aggression). However, Christopoulos et al., (1987) established that while children from domestic violence backgrounds had significantly more behavioural problems than the control group, while there were no differences in terms of gender, both boys and girls had increased internalising problems.

An Australian study has compared the psychological functioning of 22 children aged 6 to 11 years who came from violent backgrounds against a matched group of children who had no history of domestic violence (Holt et al., 2008). This research found that more than half of the group who had been exposed to violence showed borderline to severe levels of behavioural problems; and had below average adaptive skills whilst over 40% had reading ages over a year below their chronological ages. In addition, moderately high to high levels of anxiety were evident in only 15% of these children. These children also chose significantly more assertive responses and fewer aggressive responses. For these aggressive responses, however, boys rated higher. This was the only obvious gender difference in the study.

One study (Rosenberg & Giberson, 1999) which offers some explanation for the different gender outcomes in research findings, points to a possible interaction between the amount of violence the child has witnessed and the type of behavioural adjustment shown by males and females. Rosenberg and Giberson (1999) found that when there was a relatively lower occurrence of parental violence, boys selected aggressive coping strategies while girls reacted passively. Alternatively, when there was a high occurrence of violence, girls chose aggressive methods for solving problems and boys became more passive. Rosenberg hypothesises that a child's predominant method of problem-solving in interpersonal situations, which is gender-related, becomes exaggerated following exposure to parental violence. When the violence is extreme, however, the children may attempt to escape or avoid the problem situations, or even draw attention away from the parents to themselves by resorting to unusual and dramatic coping responses.

3.12.5 Adolescence and exposure to violence

Adolescents have generally been the subjects of fewer studies on the effects of exposure to domestic violence (Bernhardt, 2004). One of the reasons is that they tend not to stay in shelters as often as younger children and are, therefore, not as convenient a research sample (Carlson, 2000). Due to the chronicity of domestic violence, the effects on adolescents may be cumulative. Another factor specific to adolescence pertains to the long-term effects of witnessing marital violence. The impact may be delayed; only becoming visible long after exposure began. Delayed reactions appear to be particularly

common in girls, who may only show evidence of the impact during adolescence (Murrell et al., 2007). By the time children reach adolescence, their cognitive skills and resources for adaptation have usually reached a stage of development which encompasses both their own family dynamics and outside social networks such as peer groups and school influences. In other words, they are becoming aware that there are different ways of thinking, feeling and acting in the world from those to which they have been exposed. However, the question is whether the behavioural and social-learning processes of adolescents, who have been exposed to domestic violence, have become so entrenched that they find it difficult to engage in positive ways of social interaction (Corvo, 2006; Kubeka, 2008).

Given the important developmental tasks associated with adolescence, it would be expected that an ongoing stressor, such as inter-parental conflict, would have a profound influence on adolescent identity development (Haj-Yahia & Abdo-Kaloti, 2008; Mejia, Klierer & Williams, 2006; Morrell & Swart, 2005). Indeed, there have been several studies which have revealed significant relationships. Generally, studies using the Child Behavior Checklist (CBCL) (Achenbach & Edelbrock, 1991) and similar measures have found adolescent witnesses of domestic violence to exhibit more aggressive and antisocial (often called “externalised” behaviours) as well as fearful and inhibited behaviours (“internalised” behaviours) (Schiavone, 2009; Osofsky, 2005), they also tend to show lower social competence than other adolescents (Holt, Buckely & Whelan, 2008; Murrell et al., 2007).

Adolescents who are exposed to domestic violence were also found to show more anxiety, a lower self esteem, depression, anger, and temperament problems than those who did not witness violence at home (Osofsky, 2005; Schievone, 2009). Children from homes where their mothers were being abused have shown less skill in understanding how others feel and in examining situations from others’ perspectives when compared to children from nonviolent households (Mejia et al., 2006; Schewe, Riger, Howard, Staggs & Mason, 2006). Adolescents’ exposure to adult domestic violence was also significantly associated with a greater extent of immaturity and inadequacy among both boys and girls. Silvern et al., (1995), found that witnessing violence as a child was associated with adult

reports of low self-esteem among women. In the same vein, Wolfe, Crooks, Lee, McIntyre-Smith and Jaffe (2003) found that adult women who had witnessed domestic violence as adolescents showed greater distress and lower social adjustment than non-witnesses. These findings persisted even after accounting for the effects of witnessing parental verbal conflict, being abused as a child, and a low level of reported parental caring (Catani, Schauer & Neuner, 2008).

Another aspect of the effects on adolescents is their own use of violence. The social learning theory suggests that children who witness violence may also learn to use it (Murrell et al., 2007). Several researchers have attempted to look at this link between exposure to domestic violence and the subsequent use of it. Some support for this hypothesis has been found. For example, Carlson (2000) established that adolescent males who witnessed spousal abuse were significantly more likely to use violence than non-witnesses. There is also some support for the hypothesis that adolescents from violent families of origin carry violent and violence-tolerant roles into their adult intimate relationships (Bourassa, 2007; Prospero, 2006). For example, Kernsmith (2006) reported that the male batterers in their study were much more likely than others to have grown up in homes where adult domestic violence was occurring. A similar finding is also reported in a study by Barnett, Miller-Perrin and Perrin (1997). Likewise, Suh and Abel (1990) established that batterers who were abused as adolescents were more likely to abuse their own children. These findings resonate with the results of studies conducted in South Africa (Abrahams et al, 2006; Singh, 2003; Themistocleous, 2008).

For instance, Davis and Carlson (1987) concluded that growing up in a violent family increases the likelihood of becoming an abused wife, while Holt et al., (2008) found that a high incidence of violent men and their victims have been raised in violent homes and witnessed domestic violence as children. It, therefore, appears that witnessing violence at home impacts significantly on the adolescents' relationship with their mothers. By seeing her being frequently abused, adolescents may normalise the mother's suffering, and in some cases, even blame her for the family's problems. Alternatively, they may be very protective towards her and go to great lengths to ensure her safety (Angless & Shefer, 1997). Adolescents witnessing domestic violence tend to: a) show increase in

aggression; b) display acting out behaviours; c) disrupt the family routine; and, d) manipulate the family system. Teenagers may become aggressive in their own relationships or develop a fear of being in an intimate relationship (Diamond & Muller, 2003).

Several authors have reported strong associations between childhood victimization and later adult violent and criminal behaviour (Schewe et al., 2006). Violent adolescents who had often been seriously physically abused by a parent and had to witness weapons used in violations between adults in their homes were significantly more often abusers themselves than were others. These two variables, independently and in combination, were significantly associated with an adolescent's use of violence. The most direct consequences of exposure to domestic violence may be the attitudes an adolescent develops concerning the use of violence in conflict resolution. Kubeka (2008) suggests that children's exposure to adult domestic violence may generate attitudes justifying their own use of violence. Spaccarelli, Coatsworth and Bowden's (1995) findings support this association by showing that adolescent boys incarcerated for violent crimes who had been exposed to family violence believed more than others that acting aggressively enhances one's reputation or self-image. Believing that aggression would enhance their self-image significantly predicted violent offending (Edleson, 2004).

Kitzmann, Gaylord, Holt, and Kenny (2003) in a meta-analytic study, examined 118 studies of the psychosocial outcomes (e.g., identity development) of children exposed to domestic violence. Correlational studies have shown a significant association between exposure to violence and adolescent problems. Group comparison studies have shown that witnesses had significantly worse outcomes relative to non-witnesses and adolescents from verbally aggressive homes, but witnesses' outcomes were not significantly different from those of physically abused children or physically abused witnesses. The overall results of the current meta-analysis provided robust evidence that exposure to interparental aggression is associated with significant disruptions in an adolescent's psychosocial functioning, at least in the short-term (Kitzmann et al., 2003).

The results of this meta-analysis on the effects of witnessing domestic violence complement those of two other meta-analyses on the effects of domestic violence on

adolescents. Buehler, Krishnakumar, Stone, Gerard & Pemberton (1997) integrated the results of 68 studies on the association between adolescents' internalising and externalising problems and a range of conflict management styles expressed by married or divorced parents. Their results showed a high correlation for studies examining the association between an overt conflict style (physical and/or verbal aggression) and adolescent outcomes, with a positive effect size indicating worse child development outcomes. Reid and Crisafulli (1990) also published a meta-analysis of 33 studies on the association between adolescent's externalising problems and domestic violence (both conflict and relationship dissatisfaction) in samples of married families. They found that domestic violence affects adolescents' psychosocial development. These studies furthermore find resonance with studies conducted in Nigeria and South Africa which found that domestic violence negatively affects adolescents' psychosocial well-being (e.g., identity development) (Abrahams et al., 2000; Adegoke & Oladeji, 2008; Bach & Lauw, 2004; Finkelhor et al., 2007; Makama, 2003; Singh, 2003; Themistocleous, 2008).

3.13 Exposure to domestic violence both as victim and witness

The effects of witnessing violence alone, as opposed to witnessing violence as well as being physically abused, need to be separated (Holt et al., 2008). Some studies have found that physical abuse and being exposed to domestic violence contribute independently to problems in children and appear to have additive effects (Haj-Yahia & Abdo-Kaloti, 2008). Other studies have found that the effects on adolescents who both witnessed marital violence, and were abused themselves, are more severe (Bernhardt, 2004).

Most children who witness domestic violence are also victims of the abusive behaviour. Studies have shown an overlap of at least 40% between violence towards women and violence towards children (Themistocleous, 2008). The Queensland Domestic Violence Task Force (1988) phone-in revealed that, of the 88% (580) respondents who reported the presence of dependent children, 68% (392) mentioned that their children had also suffered at the hands of the perpetrator of domestic violence. Of these, 68% reported their children being physically abused, 70% reported emotional abuse, and 8% reported sexual abuse. Research in the United States has also shown that the rate of child abuse and

neglect of children in violent homes has been found to be fifteen times greater than the national average (Peled & Davis, 1995). In a New Zealand study, Church (1984) stated that half of the children surveyed had to be protected by their mother during the confrontation.

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

3.14 Gender differences and exposure to domestic violence

Different developmental trajectories are found when comparing males and females exposed to domestic violence (Holt et al., 2008). Studies on gender differences are, however, generally contradictory and inconclusive. Responding to Hester et al., 's (2000 in Kubeka, 2008) caution against erroneous gender assumptions, research on exposed adolescents has not found significant gender differences for psychosocial functioning or for the extent of difficulties across genders (Kubeka, 2008; Lemmey et al., 2001; Streitmatter, 1993).

Some studies have concluded that boys are more likely to be affected by domestic violence than girls exposed to the same stressors (Jaffe et al., 1986; Wicks-Nelson & Israel 2000). However, some studies have established that more girls than boys scoring in the clinical range of psychological maladjustment, which strongly suggests that some girls may experience more difficulties than their male counterparts (Cummings et al., 1999; Kerig, 2001; Rossman et al., 1999).

Carlson (2000) found that adolescent boys who witnessed domestic violence were significantly more likely to approve of violence than were girls who had also witnessed it. In addition, O'Keefe (1994) found that boys' behavioural problems can be predicted by the amount of violence witnessed and girls' by the amount of mother-child aggression

experienced. This suggests that girls from violent homes may be more influenced by family violence than boys. Girls are at risk of learning that violence is normal and as a result can be more apt to accept violence within their own relationships (Direnfeld, 2007). Some studies have suggested that girls who have witnessed interparental violence exhibit more subtle effects that result in changes to their thinking and social perception. These subtle negative effects could, for example, be a negative attitude towards marriage or a distrust of males in general.

Kerig (2001) examined the ways in which cognitive appraisals mediate the impact of domestic violence on children's adjustment in gender specific ways. The study concluded that boys and girls attend to different aspects of the conflict and respond to it differently. Perceived threat mediates the impact of violence on boys' anxiety. For girls self-blame mediates the relationship between violence and their internalising problems. Boys tend to approach conflict in action-oriented ways. This study indicates that boys and girls make sense of their parents' conflicts and their own role in them, in ways specific to their gender. In addition, various studies have shown that men who witnessed their fathers abuse their mothers are at greater risk of abusing their own partners as adults (American Psychological Association, 1996). According to the 1993 Canadian VAWS (Violence Against Women Survey), men who witnessed their mothers being physically abused by their fathers as children were three times more likely to be violent in their own marital relationships than men who grew up in non-violent homes (Johnson & Ferraro, 2000). Although most research has focused on male violence toward their partner, there is some evidence that women who witnessed inter-parental violence in childhood have a higher likelihood of using violence against their own spouses or dating partners (Avakame, 1998). In addition, women who witnessed their mothers being abused are more likely to have a low self-esteem as adults (Silvern et al., 1995), and are significantly more likely to suffer from abuse in their own marital relationships (Dauvergne & Johnson, 2001).

The above-mentioned contradicting studies motivated the investigation of the question of gender difference in identity development on adolescents exposed to domestic violence.

3.15 Gender identification and domestic violence

Females and males encounter problematic gender roles when growing up in a home with marital violence (Bernhardt, 2004). Witnessing their fathers using violence against their mothers affects the development of their own gendered identities. This can occur in various ways. The child may either identify with the same sex parent, in other words, males will identify with the aggression of their fathers, while females with the victim status of their mothers. Alternatively, they may distance themselves from identification with a same-sex parent. Either option would impact on their own gender development (Cummings, Pepler & Moore, 1999). The different ways in which witnessing parental violence affect males and females could relate to gender role socialisation. Early gender socialisation for these children is atypical because in maritally violent homes prohibitions against hitting women are violated. Girls may become more aggressive because being at an early age, they do not see the under-controlled behaviour of either parent as dissonant with the female role and may begin to emulate this behaviour (Holt et al., 2008).

Boys may become aggressive because aggression is seen as appropriate for males. They learn attitudes that approve of violence against women by seeing their fathers' violence towards their mothers. This may strengthen their acceptance of violence as an appropriate behaviour. It may also provide a model for defining female partners as appropriate victims of violence (Bernhardt, 2004). This is the other way of accounting for gender differences, is same-sex identification, whereby children develop self-concepts that mirror the self-concepts of their same-sex parents. They are seriously affected by witnessing violence through the disruption of their relationship with their same sex parent at a time in their lives when identification with them is strong and essential to their development. Osofsky (2005) reports that seeing one's father using violence against one's mother may impact on positive gender identification. Adolescents neither want to identify with the aggression of the perpetrator, nor with the powerlessness of the victim. Both boys and girls are offered problematic gender roles in this situation, which may impact negatively on the way they see the opposite sex, as well as themselves (Bernhardt, 2004). Maleness may be mistrusted through its association with destructive behaviour. Femaleness may be associated with victim status. Children may believe that the victim

has brought the abuse upon herself, through her behaviour or because she is a woman. This may generalise into negativity towards women in general.

Mullender and Morley (1994) confirm that witnessing male domination and female submission impacts upon the development of adolescents' own gender identities. Some boys may distance themselves from aggressive versions of masculinity by identifying strongly with their mothers. Some girls may blame their mothers for their passive roles, and distance themselves from traditional femininity. Identification with the same-sex parent is particularly strong in children of school going age and adolescent development. Sex differences in the effects of violence could be due to the stronger identification of girls with their mothers. Girls might respond more seriously to witnessing domestic violence because they have developed a strong identification with their mothers who, as the victims of marital violence, are devalued in the marital relationship. These girls are mature enough to recognise her victimisation, yet insufficiently mature to cope effectively with it (Holt et al., 2008).

Cummings, Pepler and Moore (1999) suggest that a basic gender difference in interpersonal positioning would account for girls' greater maladjustment. Girls are more sensitive to the affective cues and states of other people, and show a greater pro-social awareness than boys. Their relational behaviour may be due to their innate disposition or to gender socialisation, in which traditional cultural mores encourage girls to stay in close proximity to their homes. The social context of the family may, therefore, be more important for girls than for boys, influencing girls' psychosocial development more significantly. Girls appear to be more sensitive to the affective states of their parents. Because of this salient interpersonal context girls may find it more difficult to process the intense, vicarious feelings of terror, sadness, anger, and helplessness that are aroused when they witness violence. These emotions are difficult to regulate and may result in a chronic form of distress, which would impact on their optimal and healthy development (Bernhardt, 2004).

Concluding remarks

It is evident from the above-mentioned studies that research on the issue of gender and the effects of domestic violence appears inconsistent and at times contradictory. It is these inconsistencies in the literature that have also motivated the present investigation.

3.16 Hypotheses of the study

The hypotheses of this study were:

- a) There will be a significant difference in identity development of adolescents exposed to domestic violence and those in non-violent homes.
- b) There will be a significant gender difference in identity development of adolescents exposed to domestic violence and those in non-violent homes.
- c) There will be a significant interaction between gender and exposure to domestic violence on identity development of adolescents.

CHAPTER 4: METHODOLOGY

This section details all the methods that were employed in this study. It provides explanations about samples, numbers of people contacted for the study, methods of data collection, data analysis, and ethical considerations.

4.1 The study design

This study adopted a quantitative research method, which specifically followed a factorial research design. A factorial research design is a design with more than one independent variable and where every level of each variable is paired with every level of all the other variables (Breakwell, Hammond, Fife-Schaw & Smith, 2006; Tredoux & Durrheim, 2002). It is employed when there are two categorical independent variables and one continuous dependent variable with all combinations of levels of the first independent variable with levels of the second independent variable (or factor) being represented in the design (Wuensch, 2005).

Factorial designs are preferable to one-way designs because they are realistic, capturing the complexity of social and psychological phenomena; they allow for the analysis of interactions between variables and they are economical and efficient in terms of time and cost, allowing many hypotheses to be tested simultaneously (Tredoux & Durrheim, 2002). Quantitative research is an inquiry into an identified problem, based on testing a theory, measured with numbers, and analyzed using statistical techniques (Creswell, 2003). Therefore, the goal of using quantitative methods is to determine whether the predictive generalizations of a theory hold true. This method utilizes strict control of variables and the focus is on static reality.

The variables are:

- a) **Independent variables:** Exposure to domestic violence and gender.
- b) **Dependent variable:** Identity development, as a function of gender.

4.2 Participants

The participants of this study consisted of adolescents from the University of Limpopo (Mankweng Area) in the Limpopo Province. The rationale for selecting this area was that the researcher is familiar with these communities, their culture and language. The sample of the study was obtained from the first year psychology students of the University of Limpopo (Turfloop Campus).

4.2.1 Demographic characteristics of the sample/participants

The sample size was a total of 109 adolescents aged between 15 to 20 years with the mean age being 18.71 years with a standard deviation of 0.946. There were more females (N=64; 58.7%) in the study than males (N=45; 41.3%). Of all the participants, 104 (95.4%) were Black, 4 (3.7%) were Coloured and 1 (0.9%) was White. All the participants (100.0%) stated that they were living at home during the time when the survey was done. Family composition varied with almost two-thirds of the adolescents (N=68; 62.4%) stating that they lived with both their biological parents, twenty-two (20.2%) lived with their mother and stepfather/mothers' boyfriends, nine (8.3%) lived with their father and stepmother/ fathers' girlfriends, and ten (9.1%) lived with others (such as grandparents and relatives).

4.2.2 Distribution of the participants according to exposure to domestic violence

Table 1: Distribution and demographic characteristics of exposure groups

Gender	Level of exposure	N	%	Mean	SD
Male	Non exposed	18	16.5	126.28	18.30
	Exposed	27	24.8	113.04	17.41
Female	Non exposed	20	18.4	122.20	21.50
	Exposed	44	40.3	112.32	17.90

Of the 109 participants included in the study, about 34.9% (N=38) of the participants had never been exposed to domestic violence, while 65.1% (N=71) of the participants had been exposed to domestic violence. These participants were both direct victims of abuse

and witnesses of domestic violence. Within this exposure groups, 16.5% (N=18; Mean=126.28; SD=18.30) of the male participants had never been exposed to domestic violence as compared to 18.4% (N=20; Mean=122.20; SD=21.50) of the females, while 24.8% (N=27; Mean=113.04; SD=17.41) of the male participants had been exposed to domestic violence compared to 40.3% (N=44; Mean=112.32; SD=17.90) of the females in the study.

4.3 Sampling method

Due to practical constraints, it was not feasible to collect a random sample of all domestic violence exposed adolescents in the Limpopo Province. A random sample within a university would only yield randomly obtained data applicable to that university and would also not be representative of the universe of domestic violence exposed adolescents in Limpopo. The convenient/purposive theoretical sampling technique was, therefore, employed for the purpose of this study. According to this technique, the aim is to create an operational population, in other words, a population that is theoretically constructed in such a manner that it represents the ideal (Bless & Higson-Smith, 1995; Peacock & Theron, 2007). With identity development reaching its peak during adolescence (Erikson 1959; 1968) the aim was to furthermore include adolescent male and female participants from all years of adolescence because identity establishment is not only dominated by physiological changes but also develops along personal, social and cultural dimensions of personality (Peacock & Theron, 2007). It was, furthermore, seen as imperative that all of the select elements of the sample could read and write in English for purposes of the self-administration of the data collection instruments.

4.4 Instruments

The quantitative data were collected through the employment of three instruments, namely, the demographic questionnaire, the Erikson Identity Scale and the Child Exposure to Domestic Violence Scale. The data were collected by the researcher and field workers. The questionnaire was in English. Where necessary the service of translators was employed.

4.4.1 The Demographic information

In the demographic questionnaire, participants were asked to provide information on their background and current family situation. All the respondents indicated their age, gender; ethnic identification and family structure (whether they were living with two biological parents, a single parent, step-parents and others) (see Appendix A).

4.4.2 The identity development scale: The Erikson Scale

An identity development questionnaire by Ochse and Plug (1986) was employed for the purpose of this present study. Ochse (1983) developed a standardised identity scale based on Erikson's theory specifically for the South African context. The scale can be used for both male and female adolescents (15–20 years). It has been tested to be reliable in terms of cross-cultural comparisons of Afrikaans, English and African language speaking groups (Thom & Coetzee, 2004). The Erikson scale consists of the following five sub-scales: trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, identity versus identity diffusion and the social desirability.

The scale consists of 58 items that create a single score pointing to the degree of identity development of an individual. The scale requires the participants to indicate how often the stated statements apply to them. Items will be scored on a four-point scale (ranging from “never applies” to “applies very often”). Thirty-two items are written in the reverse; in other words, a high score indicates a low level of identity development. These questions are scored in reverse before the total score per research participant is calculated, also prior to determining the reliability of the scale (Peacock & Theron, 2007). The final score for the scale is calculated by obtaining a sum across all the items (1 = never, 2 = seldom, 3 = fairly often, and 4 = very often). The maximum score that any person could obtain is 232 (4 times 58), while the minimum is 58 (1 times 58). The average score for this scale is approximately 135. Scores significantly higher than this (i.e., more than 2 standard deviations, or above 165) indicate a particularly well-developed sense of identity, while significantly lower scores (i.e., more than 2 standard deviations, or below 105) suggest that identity is still in development.

The reliability calculated by the Cronbach alpha of the Erikson scale was found to be 0.78, a value above that of the cut-off points suggested by Terre Blanche and Durrheim (1999) and it is, therefore, considered as an indication that the scale is reliable. This confirms that the Erikson scale could be well utilised in different contexts, ranging for instance, from its successful administration within the educational environments (Ochse & Plug 1986; Thom & Coetzee 2004) and correctional context (Peacock & Theron, 2007) (see Appendix B).

4.4.3 The child exposure to domestic violence scale

Having realised the limitations of measures such as the Conflict Tactics Scales (Edleson, Ellerton, Seagren, Kirchberg, Schmidt & Ambrose, 2007; Sternberg et al., 2006), there was a need for a measure that would gather child self-reports of exposure to violence. Due to the fact that relatively few or no child self-report tools have to date been developed (Finkelhor, Ormrod, Turner & Hamby, 2005), Edleson et al., (2004) adapted scales from some well-developed family violence scales such as The Conflict Tactics Scales to develop the Child Exposure to Domestic Violence Scale. The adapted version of the Child Exposure to Domestic Violence Scale (CEDV) developed by Edleson et al., (2007) was used in this study.

The CEDV consists of 26 questions in three sections. The first section includes a series of questions that specifically target the types of exposure to domestic violence a child may have experienced. Each child is asked to rate 10 different items focusing on the types of adult domestic violence to which she or he may have been exposed to. Each question is answered using a three-point Likert-type scale with their choices being “Never”, “Sometimes”, and “A lot”. A second part of this first section requires the child to indicate how he or she knows of the violence occurring at home. If a child responded “Never” to a particular question he or she moved to the next question. However, if he or she indicated exposure to such violence, the child is led by an arrow to an additional set of options that ask how the child was exposed, including five choices: “I saw the outcome (like someone was hurt, something was broken, or the police came)”, “I heard about it afterwards”, “I heard it while it was happening”, “I saw it from far away while it was happening” and “I saw it and was near while it was happening”. After checking all applicable exposures the

child is then instructed to move to the next item. The second section of the CEDV poses a series of 23 questions using the same three-point Likert-type scale. Each participant is asked to rate how often he or she intervened in the violent events and about other risk factors present in his or her life.

The CEDV subscales showed relatively high Cronbach's alphas ranging from $\alpha = .50$ to $.76$ and the overall α was $.84$. Test-retest reliability for each subscale was found to be ranging from $.57$ to $.70$, and all of them were statistically significant at $p < .001$. Its convergent validity scores compared with the TISH (Things I Heard and Seen) which is designed to measure the same construct, were tallied to be statistically significant and a positive correlation existed both at the level of exposure to violence at home ($r = .494$, $p < .001$) and exposure to violence in the community ($r = .397$, $p < .001$) (Bailey, Hannigan, Delaney-Black, Covington & Sokol, 2006; Edleson et al., 2007; Richters & Martinez, 1990)(see Appendix C).

4.4.4 Pilot study: reliability coefficients of the scales in this current study

A pilot test was conducted to assess the reliability of the instruments. As mentioned earlier, it is important for research results to be based on data that are both relevant (i.e., valid data) and accurate (i.e., reliable data) (Fraenkel & Wallen, 2003). According to Babbie (1990), a pilot study is also useful to anticipate and eradicate any problems in the field prior to undertaking the research. Furthermore, it may aid in the sample size confirmation and testing of data collection method properties such as language, content and time.

Cronbach's alpha statistics were calculated to assess the internal consistency/reliability of the CEDV, Erikson and Social Desirability Scale in this current study. The reliability coefficient of the CEDV scale was high at $\alpha = .85$, the alpha coefficient of the Erikson scale was high at $\alpha = .84$ and finally the alpha coefficient for the Social Desirability scale was also high at $\alpha = .68$. This proved that the scales were reliable and could be used in the study.

Therefore, 11 research participants (10 % of 109) were included in the pilot study prior to undertaking the entire data collection process. To establish the reliability for the Erikson

scale and CEDV, all the responses from the survey were coded, entered into a computer file and analyzed using the SPSS (version 17.0) statistical programme, with the Cronbach alpha and item-to-total correlation methods. The pilot study further proved that the data collecting instruments were reliable and the questionnaires comprehensible for the participants.

4.4.5 The relationship between the Social Desirability scale, CEDV and Erikson's scale

To investigate the relationship between these variables, a correlation analysis was computed. The result of the analysis revealed that the social desirability scale correlated significantly and positively with the Erikson's scale ($p < .01$). This indicated that the respondents in these scales responded in a socially desirable manner. However, the social desirability scale did not have a statistically significant relationship with the CEDV scale ($p > .05$), meaning that in this scale the participants did not respond in a socially desirable manner.

4.5 Statistical Methods

Data analysis for this study was conducted using the computerized Statistical Programme for Social Sciences (SPSS) software, version 17.0. The first analysis was the reliability coefficient (i.e., internal consistency) of the three instruments used in this study. Descriptive statistics (mean, standard deviation and percentage) were also computed and presented to provide an overall picture of the data obtained. Following this, the 2x2 ANOVA test was employed to compute the data.

4.6 Data collection procedure

The initial step in commencing with this human experimentation research was by obtaining endorsement for the study from the North-West University, Human and Social Sciences Higher Degrees Committee. The proposal went through all the processes of ethical approval of the North-West University and the study was approved to proceed.

The participants were first requested to fill in consent forms. Then the Erikson Scale (ES) and CEDV were administered concurrently to the group of students in their lecture hall. The researcher explained the purpose of the study to the participants, and how the questionnaires were to be completed. Four trained assistants (two psychology honours students and two psychology master students) were available at the data collection hall, to clarify the purpose of the project and answer any questions that might arise during the process. Participation in the research was voluntary, while confidentiality and anonymity were assured.

4.7 Ethical considerations

Ethics is a set of moral principles which is suggested by an individual or group, which is subsequently widely accepted, and it offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants, and students (Strydom, 1998). Therefore the researcher needs not to overlook these rules as they are widely accepted in any professional field of research. In this study the participants were informed about the purpose of the research, while confidentiality and anonymity were also assured. All the participants completed a consent form before they took part in the study (see Appendix E). With respect to the emotional arousal the participants might have experienced following completion of the questionnaires, the following precautions were made. The participants were debriefed at the end of the study and each was provided with the contact information of a trauma counsellor and social worker at the University of Limpopo counseling centre, should they need any further psychological help. The researcher made arrangements with these professionals before the study commenced, in order to provide assistance to the participants that might contact them.

CHAPTER FIVE: RESULTS

5.1 Introduction

This chapter presents the results and interpretation of the data of the present study. The data analysis was computed using the Statistical Package for Social Sciences (SPSS) programme. Statistics such as percentages, means, and ANOVA were used to analyze the data.

For this study, three hypotheses were stated:

- a) Hypothesis 1: There will be a significant difference in identity development of adolescents exposed to domestic violence compared to those from non-violent homes.
- b) Hypothesis 2: There will be a significant difference between males and females in identity development of adolescents exposed to domestic violence and those in non-violent homes.
- c) Hypothesis 3: There will be a significant interaction between gender and exposure to domestic violence on identity development of adolescents.

To examine these hypotheses, a factorial ANOVA was conducted to test for significant group differences and interaction between the variables.

Table 2: ANOVA table showing exposure/non exposure to domestic violence on identity development of adolescents

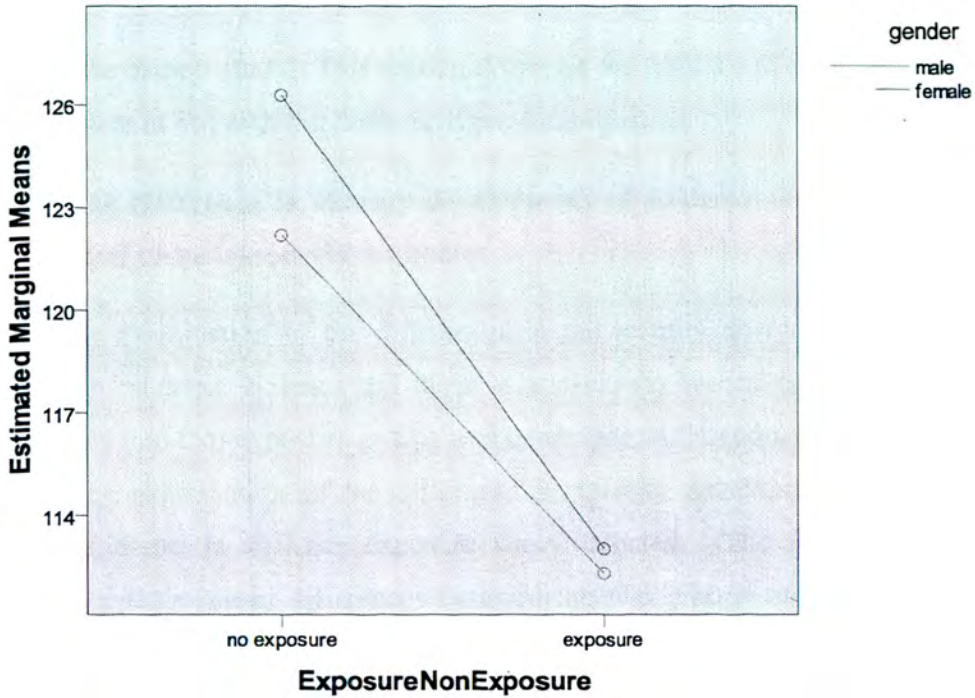
	DF	Mean square	F	Sig	P
Exp/NonExposure(A)	1.105	3234.050	9.395	.003	.02*
GENDER(B)	1.105	139.171	.404	.526	Ns
A × B	1.105	68.246	.198	.657	ns
Error	105	344.241			
Total	1521897.000	109			

Table 2 shows that those who were exposed to domestic violence had significant changes in identity development than those who were not exposed, $F, (1,109) = 9.395, P < .02$.

According to table 2 there was a significant main effect for the exposure groups, $F (1, 105) = 9.39, p < .05$. The adolescents who were not exposed to domestic violence ($\bar{X} = 123.13 \pm 19.89$) achieved a higher identity development overall than those adolescents who were exposed to domestic violence ($\bar{X} = 112.59 \pm 17.59$).

Hypothesis 2 stated that there will be a significant difference between males and females in identity development of adolescents exposed to domestic violence and those in non-violent homes. The results show no significant difference between the males and females (see table 2). However, the means score of the participants in figure 2 shows that exposed males had higher changes in identity development ($\bar{X} = 118.33 \pm 18.75$) than females ($\bar{X} = 115.41 \pm 19.48$) but did not reach an acceptable level of significance.

Figure 1: Profile Plots



Hypothesis three predicted that there will be a significant interaction between gender and exposure to domestic violence on the identity development of adolescents. The results in Table 2 did not show any acceptable level of interaction and as a result, the hypothesis is not supported.

In an attempt to investigate the difference in identity development between adolescents exposed to domestic violence and those in non-violent homes, some hypotheses were posed in the current study. This section discusses the results and examines whether they are consistent or not with the findings of previous research.

6.1 The difference in identity development of adolescents exposed to domestic violence and those in non-violent homes

Before the examination of the differences in the identity development of adolescents exposed to domestic violence and those in non-violent homes, the classification of the participants into two exposure groups was conducted. As mentioned in the methodology section, the examination of the difference in identity development between the two groups of domestic violence exposure was computed. The findings of this study indicated that the mean differences between the two groups of exposure to domestic violence reached a statistically significant level on the identity development scale, which suggests that exposure to domestic violence significantly negatively affect adolescents' identity development. This implies that adolescents who are exposed to domestic violence experience problematic identity development than those from non-violent homes.

This finding is consistent with the theory and findings of previous empirical studies (Alexander, Macdonald, & Paton, 2005; Bandura, 1977; Belsky, 1980; Bernhardt, 2004; Bronfenbrenner, 1979; Cunningham & Baker, 2004; Dauvergne & Johnson, 2001; Holt, Buckley & Whelan, 2008; Kurst-Swanger & Petcosky, 2003; Kitzmann et al., 2003; Kubeka, 2008; Lundy & Grossman, 2005; Martin, 2002; McIntosh, 2003; Mejia et al., 2006; Murrell et al., 2007; Osofsky, 2005; Schewe et al., 2006). Researchers contend that adolescents encounter more problematic gender roles, gender identity development and the development of their self-concept when growing up in a home with domestic violence as compared to those in non-violent homes (Bernhardt, 2004; Bourassa, 2007; Catani et

al., 2008; Duerden, 2006; Finkelhor et al., 2007; Morrell & Swart, 2005; Sartor & Youniss, 2002).

These researchers also established that adolescents neither want to identify with the aggression of the perpetrator, nor with the powerlessness of the victim. Both boys and girls are offered problematic gender roles in this situation, which may impact negatively on the way in which they see the opposite sex, as well as themselves (Amato, 2000; Baldry, 2003; Barber & Harmon, 2002; Bernhardt, 2004; Cooney, 2004; Gelles & Cavanaugh, 2005; Kitzmann et al., 2003; Levendosky, Huth-Bocks, Shapiro & Semel, 2003; Whitefield, Anda, Dube, & Felitti, 2003). Mullender and Morley (1994) further confirm that witnessing male domination and female submission impacts upon the development of the adolescents' own gender identities.

The results of this study further find resonance with studies conducted in Nigeria and South Africa which revealed that domestic violence negatively affect adolescents' psychosocial well-being (e.g., identity development) (Abrahams et al., 2000; Adegoke & Oladeji, 2008; Bach & Lauw, 2004; HSRC, 2004; Makama, 2003; Singh, 2003; Themistocleous, 2008). Adolescence marks the point when the impact of domestic violence extends beyond the boundary of the family, with difficulty forming healthy intimate relationships with peers due to the models they experienced in their family (Holt et al., 2008; Levendosky, Huth-Bocks, Shapiro & Semel, 2002). Research suggests that exposed adolescents are less likely to have a secure attachment style and are more likely to have an avoidant attachment style, indicating perhaps that they no longer feel trust in intimate relationships (Levendosky et al., 2002). Gelles and Cavanaugh (2005) found that a high incidence of violent men and their victims have been raised in violent homes and witnessed domestic violence as children, lending some support to the intergenerational transmission of violence hypothesis (Haj-Yahia & Abdo-Kaloti, 2008; Kennedy, 2008; Kernsmith, 2006; Levendosky et al., 2002; Prospero, 2007; Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe, 2003).

6.2 The gender difference in identity development of adolescents exposed to domestic violence and those in non-violent homes.

In this study, there were no significant statistical difference between the male and female participants on identity development between male and female participants exposed to domestic violence and those not exposed, although the males tended to have higher scores than the females. Although the stated hypothesis was not supported as predicted, however, the finding is somehow consistent with the findings of previous empirical works (Fantuzzo & Fusco, 2007; Holt et al., 2008; Kernsmith, 2006; Kubeka, 2008; McCloskey & Lichter, 2003) in which there were no significant gender differences in relation to psychosocial development (i.e., identity). Responding to Hester et al.'s (2000) caution against erroneous gender assumptions, research on adolescents exposed to domestic violence did not find significant gender differences for internalising and externalising symptoms (Cummings, Pepler, & Moore, 1999; Kerig, 2001) or for the extent of difficulties across genders (Cummings et al., 1999; Lemmey et al., 2001).

Furthermore, this present study finds some resonance in previous qualitative research and longitudinal studies on adolescents exposed to domestic violence (Buckley et al., 2006; Fergusson & Horwood, 1998; Hotton, 2003; Song, Singer, & McAnglin, 1998). Most studies that have specifically addressed gender and identity have suggested statistically insignificant or no differences between male and female identity development processes (Archer, 2002; 1985; Streitmatter, 1993; Waterman, 1999). By 1995, studies that had explored the issue of possible gender differences in relation to social context, found no apparent trends (Kroger, 1993). In sum, there has been little or no evidence of gender differences regarding questions of identity structure, domain salience or developmental processes. Although boys, in many of the studies, were more likely to display aggressive behaviour and modes of interpersonal interaction than girls, the studies have not found that exposure to violence in the home differentially impacted boys' aggressive behaviour over that of girls showing some similarity in experience (Dauvergne & Johnson, 2001; Hotton, 2003; Kerig, 2001).

Preliminary evidence from five researches to date suggests that gender-role orientation, rather than gender per se, is an important predictor of difference in resolutions to questions of identity, moral reasoning and intimacy (Marcia et al., 1994; Skoe, 1993).

6.3 The significant interaction between gender and exposure to domestic violence on identity development of adolescents

The present study has found no significant interaction between gender and exposure to domestic violence on identity development of adolescents, suggesting that gender and exposure to domestic violence do not combine additively to influence the identity development of adolescents. These findings, although not supported as predicted, they are congruent to those of Kroger's (2000) meta-analytic review, which established that few studies had actually explored the issue of possible gender differences in relation to social context (exposure to domestic violence) and identity development, with no apparent trends. This is further supported by the findings of the Canada National longitudinal survey and the New Zealand birth cohort longitudinal study, where the interaction between exposure to domestic violence and the gender of the children were examined and revealed no significant interaction (Hotton, 2003; Fergusson, Boden & Horwood, 2006).

In general, researchers have reported little (not significant) or no evidence of gender differences regarding questions of identity structure, domain salience, or developmental processes (McCloskey & Lichter, 2003; Holt, Buckley & Whelan, 2008; Kerig, 2001).

6.4 CONCLUSION

In the present study, the researcher arrived at the following conclusions based on the above results:

The current study has attempted to investigate the difference in identity development between adolescents exposed to domestic violence and those in non-violent homes. The findings of this study showed that there was a significant difference in identity development of adolescents exposed to domestic violence and those in non-violent homes. Hence, the present study provides evidence on the negative impact of an abusive

home on the identity development of adolescents as theorised by Erikson (1959), Bandura (1977) and Belsky (1980), specifically of African adolescents at the University of Limpopo (Turfloop campus).

In this study, no difference was found between male and female participants on identity development between male and female participants exposed to domestic violence and those not exposed. Both females and males did not score significantly different on identity development. That is, this study has shown that domestic violence affects identity development of adolescents of all genders in the same manner.

6.5 LIMITATIONS OF THE STUDY

This study has a few limitations. One of the limitations is that, since the study was conducted among University students only, the interpretation of the results was limited only to this group. Therefore, the results may not be generalized beyond the adolescent population of the University of Limpopo students. Due to time and financial constraints, the populations samples used in this study are limited only to this area and population. Hence, this should be taken into cognisance when one reads the findings of the present study.

6.6 IMPLICATIONS OF THE STUDY

By looking at the findings of the study, the current study has shown significant differences in identity development between adolescents exposed to domestic violence and those in non-violent/non-abusive homes. Thus, this finding adds to the literature or previous research in the African context that domestic violence or domestic abuse has a negative influence on an individual's psychological well-being and development.

Regarding gender differences in identity development, this study indicates that the adolescents' gender can in no way mediate the effects of exposure to domestic violence on the development of identity. Hence, one needs to be cautious not to over-pathologise a certain gender group or assert erroneous gender assumptions as far as identity development and domestic violence are concerned.

The study has furthermore elucidated the Domestic Violence Act's major pitfall: the implicit status of women being the only victims of domestic violence, its total neglect of the children and the reduction of their experiences as of peripheral importance to those of the parents. According to the current research findings and previous literature, it is clear that domestic violence has a more systematic effect on children's psychological development, and thus there is a need for redress and the DVA to also prioritize children's experiences.

6.7 RECOMMENDATIONS

Based on the above results, the following recommendations are made:

- Since the present study is cross-sectional, it is advisable to study the relationship between exposure to domestic violence and identity development through a longitudinal approach or follow up approach, to provide the short term and long-term effects of domestic violence on children. In addition, future researchers would have to consider, in their sampling population, other geographical areas, SES and ethnic groups for thorough representation.
- Furthermore, when future researchers collect such kind of sensitive personal information/data (e.g., domestic violence), consideration to include interviews in their methodology, together with self-report, may give them more reliable information (multidimensional methods of assessment).
- Literature on developmental psychology theory indicates that variables such as the duration of exposure to the stressor, the adolescents' temperament, parent-child relationships and SES mediate the relationship between identity development and exposure to domestic violence. Future research needs to explore these factors and determine the impact they have on the above-mentioned relationship.

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APPENDICES

Appendix A: The Demographic questionnaire

1. How old are you?
2. Where do you live? (Circle one answer)
 - a) Home
 - b) Shelter
 - c) Other (where?).....
3. Who are the people you live with? (Circle all that apply)
 - 3.1 Mother
 - 3.2 Father
 - 3.3 Step Mother
 - 3.4 Step-Father
 - 3.5 Mother's boyfriend or partner
 - 3.6 Father's girlfriend or partner
 - 3.7 Other (Who?).....
4. Which race do you belong to? (Circle one answer)
 - 4.1 Black
 - 4.2 Coloured
 - 4.3 Asian
 - 4.4 White
5. Are you male or female? (Circle one answer)
 - 5.1 Male
 - 5.2 Female

Appendix B: Erikson Scale

Instructions

The following questions are presented in the form of statements. We would like you to indicate how often each of these statements applies to you by placing a tick (✓) in the appropriate square.

Place a (✓) in **Square 0** if the statement *never applies* to you.

Place a (✓) in **Square 1** if the statement *only occasionally* or *seldom applies* to you.

Place a (✓) in **Square 2** if the statement applies to you *fairly often*.

Place a (✓) in **Square 3** if the statement applies to you *very often*.

No	Item	Never applies	Seldom Applies	Fairly often	Very often
1	I feel pessimistic about the future of mankind.	0	1	2	3
2	I have feeling that I would like to “sink through the floor” or be become invisible to those around me.	0	1	2	3
3	I feel guilty when I am enjoying my self.	0	1	2	3
4	I make the best of my abilities.	0	1	2	3
5	I wonder what sort of person I really am.	0	1	2	3
6	People seem to change their opinion of me.	0	1	2	3
7	I feel I will achieve what I want in life.	0	1	2	3
8	When people try to persuade me to do something I don't want to, I refuse.	0	1	2	3
9	I am prepared to take a risk to get what I want	0	1	2	3
10	When people look at something I	0	1	2	3

	have done, I feel embarrassed by the thought that they could have done it better.				
11	I feel certain about what I should do with my life.	0	1	2	3
12	I feel uncertain as to whether something is morally right or right.	0	1	2	3
13	When I am looking forward to an event, I expect something to go wrong and spoil it.	0	1	2	3
14	After I have made a decision I feel I have made a mistake.	0	1	2	3
15	I feel hesitant to try out a new way of doing something.	0	1	2	3
16	I lack the energy to get started on something I intended to do.	0	1	2	3
17	Most people seem to agree about what sort of person I am.	0	1	2	3
18	I feel my way of life suits me.	0	1	2	3
19	I feel people distrust me.	0	1	2	3
20	I am unnecessarily apologetic.	0	1	2	3
21	When I compete with others I try hard to win.	0	1	2	3
22	I get a great deal of pleasure from working.	0	1	2	3
23	My worth is recognized by others.	0	1	2	3
24	I feel freer to be my real self when I am away from those who know me very well.	0	1	2	3
25	I feel the world's major problems can be solved.	0	1	2	3
26	I feel someone will find out something bad about me.	0	1	2	3

27	I am confident in carrying out my plans to a successful conclusion.	0	1	2	3
28	I lose interest in something and leave it unfinished	0	1	2	3
29	I feel that what I am doing in life is not really worthwhile.	0	1	2	3
30	I feel I fit in well in the community in which I live.	0		2	3
31	I feel low spirited (depressed).	0	1	2	3
32	I worry that my friends will find fault with me.	0	1	2	3
33	I am curious or inquisitive.	0	1	2	3
34	I feel too incompetent to do what I would really like to do in life	0	1	2	3
35	I feel proud to be the sort of person I am.	0	1	2	3
36	People seem to see me very differently from the way I see myself	0	1	2	3
37	I am filled with admiration for mankind.	0	1	2	3
38	I feel frustrated if my daily routine is disturbed.	0	1	2	3
39	I make exciting plans for the future.	0	1	2	3
40	I feel the thrill of doing something really well.	0	1	2	3
41	I feel left out	0	1	2	3
42	People seem to disapprove of me.	0	1	2	3

43	I feel there is something lacking in my life.	0	1	2	3
44	People think I am lazy.	0	1	2	3
45	I feel what happens to me is the result of what I have done.	0	1	2	3
46	I avoid doing something difficult because I feel I would fail.	0	1	2	3
47	I change my ideas about what I want from life.	0	1	2	3
48	When I have difficulty in getting something right, I give up.	0	1	2	3
49	I am unsure as to how people feel about me.	0	1	2	3
50	People can be trusted.	0	1	2	3
51	When I disagree with someone I tell them.	0	1	2	3
52	I enjoy competing.	0	1	2	3
53	I feel competent	0	1	2	3
54	My feelings about my self change.	0	1	2	3
55	I have a sense of accomplishment	0	1	2	3
56	I feel I sometimes put up an act or pretend so that I get something in return.	0	1	2	3
57	I feel optimistic about my future.	0	1	2	3
58	I feel proud to be the member of the society in which I live.	0	1	2	3

Appendix C: Child Exposure to Domestic Violence Scale

Instructions

This is a list of questions about your life and your family. It will probably take you about 30 minutes to fill out. Please do NOT write your name anywhere. You may decide to stop answering the questions at any time. Think for a moment about the people who live with you. There are lots of ways to describe the adults that kids live with. For example, some kids live with a stepparent, or a grandparent, or foster parents. Other kids live with one of their parents and that parent's girlfriend or boyfriend. The following questions are about the adults you normally live with. To make them easier to understand, we use the words "mom" and "mom's partner."

Part One

There are two parts to each question.

⇒ First answer the question about how often something happened by circling your answer.

⇒ Then check off all the ways you knew about what happened.

⇒ If you answer “Never” in the first part, skip the second part and go on to the next question.



Never



Sometimes



A lot

Example:

How often have there been fights at your school?

Never

Sometimes

A lot

Circle never,
then go to the
next question.

How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

1. How often do adults in your family disagree with one another?

Never

Sometimes

A lot

Circle never,
then go to the
next question.

How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

2. Has your mom's partner ever hurt your mom's feelings by calling her names, swearing, yelling, threatening her, screaming at her, or things like that?

Never



Circle never,
then go to the
next question.

Sometimes

A lot



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

3. How often has your mom's partner stopped your mom from doing something she wanted to do or made it difficult for her to do something she wanted to do, like leave the house, go to the doctor, use the telephone, or visit her friends or relatives?

Never



Circle never,
then go to the
next question.

Sometimes

A lot



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

4. How often has your mom's partner stopped your mom from eating or sleeping, or made it difficult for her to eat or sleep?

Never



Circle never,
then go to the
next question.

Sometimes

A lot



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

5. How often have your mom and her partner argued about you? *[It is important for you to know that it is not your fault if your mom and her partner argue about you.]*



Never



Circle never, then go to the next question.



Sometimes



A lot



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

6. How often has your mom's partner hurt, or tried to hurt, a pet in your home on purpose?

Never



Circle never, then go to the next question.

Sometimes

A lot



How did you know about it?

- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

7. How often has your mom's partner ruined, broken or destroyed something on purpose, like punching a wall, ripping a phone cord out of the wall, smashing a picture, or things like that?

Never



Circle never, then go to the next question.

Sometimes

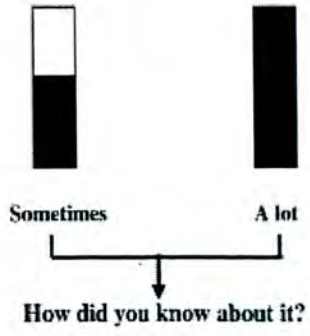
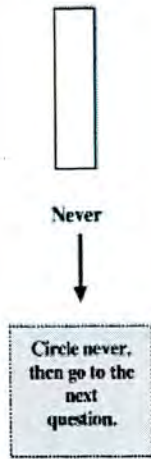
A lot



How did you know about it?

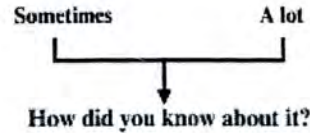
- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

8. How often has your mom's partner done something to hurt her body like hitting her, punching her, kicking her, choking her, shoving her, pulling her hair, or things like that?



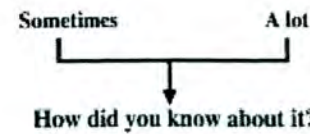
- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

9. How often has your mom's partner *threatened* to use a knife, gun, or other object to hurt your mom?



- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

10. How often has your mom's partner *actually* hurt your mom with a knife, gun, or other object?



- = I saw the outcome (like someone was hurt, something was broken, or the police came).
- = I heard about it afterwards.
- = I heard it while it was happening.
- = I saw it from far away while it was happening.
- = I saw it and was near while it was happening.

PART TWO

11. If your mom and her partner fight, when did the fighting start? (Circle one answer)

11.1 I don't remember them fighting.

11.2 They started fighting this year.

11.3 They started fighting 2-3 years ago.

11.4 They started fighting 4 or more years ago.

11.5 They've been fighting for as long as I can remember.

It's hard to know what to do when you see someone getting hurt. In the following questions the word "Hurt" means hurting your mom's feelings on purpose, threatening her, physically hurting her, or stopping her from doing some things. Choose the answer that best describes your situation and tick it. There are no right or wrong answers to these questions.

No.	Item	Never	Sometimes	A lot
12	When your mom's partner hurts her, how often have you yelled something at them from a different room than where the fight was taking place?	0	1	2
13	When your mom's partner hurts her, how often have you yelled something at them in the same room where they are fighting?	0	1	2
14	When your mom's partner hurts her, how often have you called someone else for help, like calling on the phone or going next door?	0	1	2
15	When your mom's partner hurts her, how often have you gotten physically involved trying to stop the fighting?	0	1	2
16	When your mom's partner hurts her, how often has he done something to you, to hurt or scare your mom?	0	1	2
17	When your mom's partner hurts her, how often have you tried to get away from the fighting by	0	1	2

	hiding, leaving the house, locking yourself in a different room or things like that?			
18	How often has your mom's partner asked you to tell him about what she has been doing or saying?	0	1	2
19	How often do you worry about your mom's partner getting drunk or taking drugs?	0	1	2
20	How often do you worry about your mom getting drunk or taking drugs?	0	1	2
21	How often does your mom seem sad, worried or upset?	0	1	2
22	How often does it seem like you have dealt with big changes in your life? Like, changing homes, staying in hospital, your parents getting divorced, and the death of someone close to you, a parent going to jail, or other things like that?	0	1	2
23	How often has an adult in your family hurt your feelings by making fun of you, calling you names, threatening you, or saying things to make you feel bad?	0	1	2
24	How often has an adult in your family done something to hurt your body, like hitting you, kicking you, beating you up or something like that?	0	1	2
25	How often has someone who is <u>not</u> a member of your family touched your private parts when you didn't want them to, made you touch their private parts or forced you to have sex?	0	1	2
26	How often has someone in your family touched your private parts when you didn't want them to, made you touch their private parts or forced you to have sex?	0	1	2



NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
MAFIKENG CAMPUS

Department of Psychology

Private Bag X2046
Mmabatho
2735

Telephone: +27 18 389 2160

APPENDIX D: LETTER TO OBTAIN CONSENT FROM PARTICIPANTS

Dear Participant

INFORMED CONSENT

Thank you for demonstrating interest in this study that focuses on domestic violence and identity development of adolescents. The purpose of this questionnaire is to examine your exposure to domestic violence and your identity development thereof. Your responses to this questionnaire will remain strictly confidential. The researcher will not attempt to identify you with your responses to the questionnaire or to name you as a participant in the study. Please be advised that this survey is voluntary and that you have the right to terminate your participation in the study at any time.

This questionnaire consists of three (3) sections: Section 1 deals with your personal information; Section 2 deals with your exposure to domestic violence; and Section 3 looks at your level of identity development. Kindly answer all the questions and reflect your true reaction. Your participation in this research is very important. Thank you for your time

Sincerely

Makhubela Silas
Masters Student

Date

Professor E.S Idemudia
Supervisor

Date



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
MAFIKENG CAMPUS

Department of Psychology

Private Bag X2046
Mmabatho
2795

Telephone: +27 18 389 2160

APPENDIX E: CONSENT FORM TO BE SIGNED BY PARTICIPANT

CONSENT FORM

I _____ hereby agree to participate in a Masters Research project that focuses on the relationship between exposure to domestic violence and identity development in adolescents.

The purpose of the study has been fully explained to me. I further understand that I am participating freely and without being forced in any way to do so. I also understand that I can terminate my participation in this survey at any point should I not want to continue and that this decision will not in any way affect me negatively. I understand that this is a research project, whose purpose is not necessarily to benefit me personally. I further understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

Signature: _____

Date: _____