EXPLORING RESILIENCE IN SOUTH AFRICAN ADULTS EXPOSED TO CHILDHOOD DOMESTIC VIOLENCE (DV)

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ABSTRACT

Despite an individual's demographic makeup, domestic violence (DV) is one of the most widespread problems in the globe. Children in South Africa (SA) are frequently exposed to domestic violence (DV), which leaves them with both physical and emotional wounds. To conduct the study, Humanities and Social Science Research Ethics and Child Welfare SA approval was required to do the study and to obtain research participants. The study included ethical principles like autonomy, confidentiality, voluntary participation, and do no harm in this study. This study utilized semi-structured interviews and a qualitative research methodology to explore the experiences of three males and five females, ages 25 to 38, who were exposed to childhood domestic violence. The researcher was able to obtain detailed narrative descriptions from the research participants by using an exploratory, descriptive method. Snowball sampling was utilized to recruit research participants. The data was analysed thematically, which led to the discovery of three major themes. They were adult experiences with childhood abuse, the effect of exposure to abuse, and elements promoting adult resilience after exposure to abuse. The overall conclusion was that children exposed to childhood DV needed access to external resources that would foster and support their potential for adapting. Since a children's own resilience is the key to adaptive adaptation, combining external resources with personal resilience can minimize or even reverse maladaptation. Therefore, service providers in the resilience space can assist by providing children exposed to childhood DV with the essential services to encourage and foster their resilience, facilitating healthy growth and adaptability.

KEYWORDS: Social-Ecological Theory, Domestic Violence (DV), Childhood Domestic Violence (DV), Exposure to Childhood Domestic Violence (DV), Resilience

LIST OF ABBREVIATIONS

DV: Domestic Violence

NGO: Non-Governmental Organisation.

DSD: Department of Social Development.

VFR: Victim Friendly Rooms.

SA: South Africa.

HIV: Human Immune Virus.

AIDS: Acquired Immune Deficiency Virus.

DECLARATION

I the undersigned hereby declares that the study entitled, "*Exploring resilience in South African adults exposed to childhood domestic violence",* is a result of my own research. The literature sources unlisted within this study have all been acknowledged and recognized fully through complete references.

Name: Gershwille Olivier

Date: 6 December 2021

DEDICATION

This study is dedicated to all children and adults going through adverse circumstances and adults who made positive changes after exposure to childhood domestic violence in South Africa.

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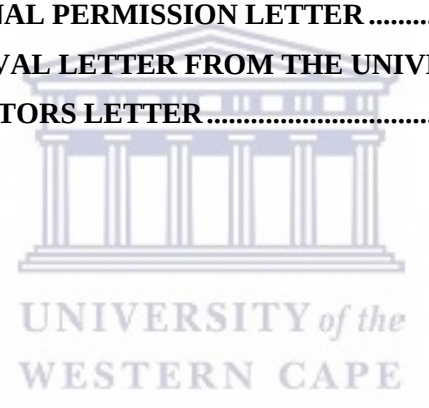
TABLE OF CONTENTS



LIST OF FIGURES

LIST OF TABLES

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Background and Rationale

It is well known that domestic violence (DV), which can take many different forms, has a harmful impact on society regardless of its demographics. Additionally, DV includes acts of intimidation like harassment in addition to financial, verbal, physical, sexual, and emotional abuse (South African Domestic Violence Act, Act No. 116 of 1998).

Violence in intimate relationships has a large social cost, increasing the incidence of PTSD, depression, and complex trauma for the public (Sadock, Sadock & Ruiz, 2015). In their lifetime, 17.3% of children are exposed to DV, according to Finkelhor et.al., (2013). The concern, according to Hlavaty and Haselschwerdt (2019), is that the behaviour would inevitably persist in their adult interpersonal relationships. It could develop into a generational issue if it is not addressed (Richter, Mathews, Kagura, & Nonterah, 2018). Additionally, there is a link between the externalizing behaviours of victims of violence, such as poor academic performance, bullying, vandalism, and physical aggression towards others, and the internalizing behaviours they exhibit, such as depression, anxiety, and PTSD (Hoosen, Adams, Tiljounie & Savahl, 2022). Children experience unique challenges considering the high prevalence of DV in SA. Due to societal problems and a lack of resources, apartheid's consequences can still be seen in young South Africans today, which causes despair and anxiety in teenagers from underprivileged ethnic groups such as black people and members of mixed heritage groups (Das-Munshi et al., 2016).

According to Nkanjeni (2019) police records identified more than 3000 women being killed in South Africa in 2017/2018, an increase of 11 percent from the previous year. The number of sexual assaults also increased by 8.2 percent from 6271 to 6786. Moreover, a study done by Gender Links in four provinces revealed that 78 percent of men from Gauteng, 48 percent from Limpopo, 35 percent from the Western Cape, and 41 percent from Kwa-Zulu Natal admitted to ever abusing a woman (Mpani & Nsibande, 2015).

Domestic violence was a factor in 198 killings in the Western Cape, and 5.2 percent of all homicides (South African Police Service, 2021). Following family members (23.4 percent), husbands or life partners (20 percent), boyfriends or girlfriends (36.6percent) made up the bulk of the perpetrators (South African Police Service, 2021). Parents or guardians were engaged in 3.9 percent of domestic violence-related murders. Knives (60 percent) and other sharp items (14.6 percent) are the most often utilized weapons in domestic violence, however guns were used in 6.3 percent of occurrences (South African Police Service, 2021). Therefore, is it vital to address the gap, focusing on exposure to childhood DV specifically in low-income and ethnic communities, which will enrich the comprehension to childhood DV (Richter, Komárek, Desmond, Celentano, Morin, Sweat & Coates, 2014; Boxer & Sloan-Power, 2013).

Resilience is an important mechanism to use, to alleviate or eradicate any psychological and physical trauma caused by childhood DV (Anderson, Renner & Danis, 2012). Some resilience studies have revealed that adults exposed to DV develop healthy and stable personalities (Anderson, Renner & Danis, 2012); however, there is a lack of knowledge as to how adults do so and whether the positive outcomes are sustained in longevity (Anderson Renner & Danis, 2012). According to Ungar (2013) individuals must tap into their external and available resources within their surroundings to develop and maintain resilience to achieve positive outcomes.

Therefore, the study aims to explore factors leading to positive outcomes after exposure to domestic violence in childhood, with particular interest in what social-ecological resilience processes, which facilitate their transition into adulthood**.**

1.2 Problem Statement

Exposure to DV is increasingly recognized as child maltreatment (Wathen & MacMillan, 2013). The cost of violence in interpersonal relationships is very high resulting in an estimation of R24.4 billion to R42.4 billion for 2012 and 2013 respectively (O'Leary, 2016). According to Finkelhor et.al., (2013) DV is a public health issue where 17.3 percent of children are exposed to DV in their lifetime. Moreover, Hlavaty and Haselschwerdt (2019) indicated that it is a concern since the behaviour will automatically continue in their interpersonal relationships. Furthermore, the review of the literature has uncovered a dearth of South African studies on the influence of exposure to childhood DV on adults during their life course, and the factors which were seen to contribute to adult resilience, after childhood exposure to DV. Therefore, more research must be done on DV in low- and middle-income countries such as South-Africa (Richter et al., 2014**).** Exposure as a child to DV requires more data and insight on how some adults have become resilient with positive outcomes (Richter et al., 2014). There is a lack of literature on how adults become resilient after exposure to childhood DV in SA and whether the positive outcomes are sustained later in life (Anderson, Renner & Danis, 2012). This study aims to fill this gap in the literature.

1.3 Research Question(s)

- What are the adult DV survivor's experience during childhood exposure to DV?
- What is the influence of exposure to childhood DV on adults during their life course?

- What were the factors which were seen to contribute to adult resilience, after childhood exposure of DV?

1.4 Aim and Objectives of the Study

1.4.1 Aim of the Study

The aim of the study was to explore resilience in South African adults who have been exposed to childhood DV in the Western Cape, SA.

1.4.2 Objectives of the Study

The objectives of this study were as follow:

- To describe adults' experiences of childhood exposure to DV.
- To explore the influence of exposure to childhood DV in adults during their life course.
- To explore factors which were seen to contribute to adult resilience, after childhood exposure to DV.

1.5 Research Methodology

This study adopted a qualitative approach which is used to define and comprehend shared social realities, including the depth, meaning and perceptions of individuals attach to them (Taylor, Bogdan & DeVault, 2015). This approach will allow the researcher to ask opened ended questions to gather rich and suitable information for the study (Taylor, Bogdan & DeVault, 2015). This study will focus on a specific population with a common shared phenomenon, which consist of exploring resilience in adults who have been exposed to childhood DV in the Western

Cape, SA. This will enable the researcher to explore the phenomena more in depth through behaviour, observations, and attributes of the research participants (Rossi, 2011).

1.6 Significance of the Study

This research study contributes to existing literature and knowledge within this field of research. It explored adult resilience exposed to childhood DV in the South African context, providing a deeper understanding on the topic and field of study since there is limited research done on this topic within its local and rural context in SA (Ricther, et, al., 2014). This study will enable and make parents aware of this epidemic as well as the serious consequences exposure to DV has on their children. It will lead to preventative interventions and mechanism from service providers in this field to alleviate exposure to childhood DV in SA. Moreover, to recognize and identify additional internal and external resilient resources, which will assist individuals who come from a similar DV background to foster and promote their resilience for positive adaption.

1.7 Definition of the Terms

Domestic Violence - Entails emotional, psychological, sexual, physical, financial, verbal abuse, as well as deprivation and acts of intimidation such as harassment (South African Domestic Violence Act No. 116 of 1998).

Childhood Domestic Violence- A child being either the direct victim of domestic violence and neglect or being a witness of domestic violence (Tierolf, Geurts & Steketee, 2021).

Exposure to Childhood Domestic Violence- Entails of children who have been exposed to domestic violence, poverty in childhood and resulted in long-term stress Fuller-Thomson, Sawyer and Agbeyaka (2021), and It is considered a form of maltreatment and witnessing violence (e.g., physical violence, psychological violence, etc.) (Cross, Mathews, Tonmyr, Scott & Ouimet, 2012).

Social-Ecology - Relates to the "capacity of both individuals and their environment; interact in ways that optimize developmental process" (Ungar, 2013, p. 256).

Resilience - The ability of humans to endure adversity and retain or recover to a normal state of functioning (Foy, Drescher & Watson, 2011).

Qualitative approach - It is an approach used to garner or draw out the depth and meaning attached to a participant's experience (Taylor, Bogdan & DeVault, 2015).

1.8 Chapter Outline

Chapter One - Provides an introduction into the research study, which consists of the background of the research topic: Exploring Resilience in South African Adults exposed to childhood DV. It is a short overview of the study and provides context to the rational of the research study. The research question(s) aim, and objectives are outlined and explains the methodological approach applied in the study. It ends with the significance of the study and the definitions of key terms.

Chapter Two - Focuses on the theoretical approach that was utilized within the study. The study was guided by the social-ecological framework.

Chapter Three - This chapter provides an in-depth literature review on DV, exposure to childhood DV as a child, and the resilient factors that contribute to adult resilience during and after exposure to childhood DV. Other aspects related to the research topic and aim are also discussed within this chapter.

Chapter Four - This chapter focuses on the methodology used in the study, which consists of the qualitative method. The population, sample, data collection method, data analysis, data verification and the ethical consideration are presented that were utilized within the study.

Chapter Five - The findings of the study are presented and discussed within this chapter relevant to the main themes and sub-themes that emerged from the results of research participants. Previous literature related to the findings of this research study are integrated into the discussion, linking it with the social-ecological framework.

Chapter Six - Provides the conclusion of the research study, summarizes the conclusion and contributions of the main findings, and provides the recommendations for future research.

CHAPTER TWO

THEORETICAL FRAMEWORK

2.1 Introduction

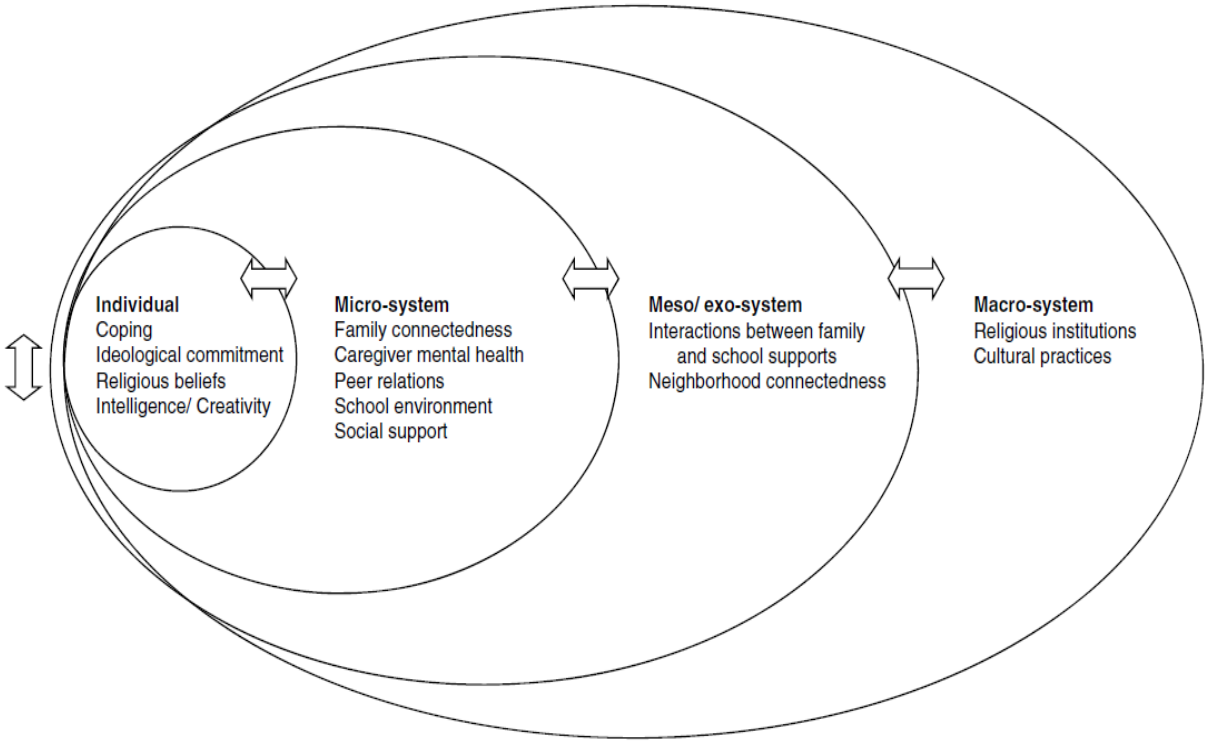
An overview of the study was provided in the previous chapter. This chapter will concentrate on the theoretical framework of the study. The main purpose of this chapter is to provide a theoretic understanding of adults, who were exposed to childhood DV through the theoretical lens of the social ecology of resilience (Ungar, 2012). This chapter will examine resilience factors that can be utilized by children exposed to DV throughout their childhood into adulthood, to obtain positive growth and adaption in their adult interpersonal relationships.

2.2 Social-ecology Resilience Theory

According to Windle (2011) social ecological resilience is seen as the process of effectively negotiating, adjusting, or managing the effects of exposure to adversity such as exposure to childhood DV. When a researcher adopts this theoretical framework, it considers the individual capacities, relationships and the availability of community resources and opportunities provided by the environment to buffer the effects of childhood exposure to DV (Ungar & Liebenberg, 2011). The term ‘resilience’ is a positive dynamic system that enables a person to adapt successfully to disturbances that threaten its function, viability, or development (Masten & Monn, 2015). Masten and Monn (2015) stated that besides family, the role of community and culture contributes to creating and fostering resilience in an individual.

According to social-ecology resilience, individuals can respond to adverse circumstances well (e.g., interacting with local organizations for help, seeking support from individuals) by utilizing community resources (Masten & Monn, 2015). As a result, Ungar (2013) conceptualized these aspects (e.g., inter and intra-personal factors) and developed the 'Social- Ecology of Resilience' theoretical perspective, which consists of the "capacity of both individuals and their environment to interact in ways that optimize a development process" (Ungar, 2012, p. 256).

Figure 2.1 below provides an illustration of how social ecologies influence resilience through



childhood to adulthood.

Figure 2.1: Social-Ecological Framework

Source: Ungar, 2012 (as cited in Tol, Jordans, Kohrt, Betancourt and Komproe (2013).

This model of Ungar was developed based on Bronfenbrenner's (1979) theoretical framework, which included several protective variables and levels that contribute and effect an individual's surroundings. Figure 2.1 depicts Ungar's (2012) social ecological framework for children in difficult situations Ungar (2012) (as cited in Tol, et.al., 2013). The arrows display how these systems interact with each other.

According to Ungar (2012), people are affected by their physical, social, and environmental contexts. These contexts are derived into three systems such as the Mirco (e.g., school and home environment), Meso (e.g., relationships with family, and school and neighbourhoods) and Macro (e.g., religious, and cultural institutions) systems. Ungar (2012) elaborated on this and indicated that the individual can separate him/herself from the micro-system based on self-determination and autonomy of the individual who either has a positive or a negative influence on an individual's resilience. Regarding Figure 2.1 above, Ungar (2012, p. 372) found that "…societal and cultural blueprint of resilience at macro level is understood less than resources at individual, family, and neighbourhood levels." As a result, Ungar (2012) highlighted a gap, and the relevance of this study is to potentially fill that gap and offer further data is critical.

2.3 The Root of Social-Ecology Resilience Theory

The study utilized Ungar's (2008) social ecological theory, which is an adaptation of Bronfenbrenner's (1979) ecological systems theory. These two theories allowed better comprehension of the dynamic and complex interaction between the child and the social context of his or her environment. Social contexts such as family, school and community and societal influence that contribute the child's development and the long-term effects after exposure to

childhood DV (Bronfenbrenner, 1979; Ungar, 2008). Deriving from these two theorists with their perspectives; the World Health Organization (WHO) and the Center for Disease Control and Prevention in the United States of America has also created a social-ecological model to comprehend violence and violence prevention against children (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

The social ecological theory give insight into how violence against children arises through the interplay of several risk factors on various levels or systems in the child's life, including those in the family, classroom, community and society. (Mathews & Benvenuti, 2014). The model created by WHO provides and identifies protective and risk factors at four levels, which consist of risk and protective factors at four levels (e.g., individual characteristics and behaviours, close relationships, the community, and society), (Mathews & Benvenuti, 2014). As a result, this model provides prevention strategies who are addressed on various levels over time, in order to prevent children's exposure to violence before it happens. (Mathews & Benvenuti, 2014).

Traditionally resilience originated from observing children in their natural environment who are exposed to adversities (Richardson, 2002). The term social-ecological resilience began its launch in the 1980’s in psychological services, it was mainly used as a metaphor for individuals who recovered from severe or long-lasting stress (Ungar, 2012). Shifting this term to the study of the environment and the influence it has on individuals, Werner, and Smith (1982) introduced protective process related with resilience. Their results shifted the focus of resilience theory, particularly studying invulnerable children. This term was elaborated by Anthony (1987) that included interactional process, focused on adverse environments or circumstances such as childhood exposure to DV.

From a human cybernetic perspective, adult who are exposed to childhood DV either return to a state of recovery and to a previous level of functioning (for example continued exposed behaviour as a child) or experience change and growth after exposure to childhood DV (Bateson, 1972). Ungar (2011) contextualized, designed, tested, and implemented these processes, which included theorizing about the contexts in which they occur and how they may be altered through intervention at nested ecological levels to develop and sustain resilience. Ungar (2012) defined four social-ecological systems to understand environmental contexts:

2.3.1 Decentrality: Consists of individual ecology which is resources within themselves used in their environment to navigate through childhood DV. For example, the relationship individual with individual characteristics has on their environment and how they utilized it for their benefit (Ungar, 2012).

2.3.2 Complexity: Consists of comprehension of the different internal and environmental resilient resources they used to achieve certain goals and how they dealt with failures. For example, the individual's gender, character, and material resources; how it was used to draw resources from their environment to survive (Ungar, 2012).

2.3.3 Atypicality: provided a better understanding into the natural environment the research participants grew up in and gives an idea of the protective mechanism they used when they were exposed to childhood DV, whether it was moral normative or not. For example, children joining anti-social groups to feel a sense of support and belonging since they were getting it in their household (Ungar, 2012).

2.3.4 Cultural Relativity: Consists of the cultural perspective of the individual that underlines atypicality and helps to explain complex interaction between the individual and the environment. For example, a child joined a gang because he/she felt a lack of belonging

in their household due to the ongoing domestic violence and chose to join a gang wherein he/she felt a sense of belonging, safety, and security (Ungar, 2012). This principle is relevant to the current study because it incorporates Ungar's (2013) second principle of resilience, which acknowledges resilience as multidimensional and emphasizes the importance of ecological, cultural, and contextual factors in developing one's resilience.

2.4 Social Ecological Perspective of Resilience: Four Principles by Ungar (2011)

2.4.1 Decentrality

By decentering the child, it becomes clear whenever a child grows up in a hostile environment, the desire to change and overcome adversity is found not only in the child's environment, but also in the child's process of utilizing available resources from their environment. Children are more likely to show resilience when surrounded by an environment of good quality. The counter view to this, is that children can successfully rise from the adverse backgrounds and that structural disadvantages are not reason enough for poor development (Boyden & Mann, 2005). This principle considers individual ecology which is resources within themselves and their environment to navigate through childhood DV. For example, the relationship individuals with individual characteristics have with their environment and how they utilized it for their benefit. This principle relates with (Darvishnia & Aghayousef, 2021), which indicates that resilience is an inherent ability every individual is born with, they can, work, love, and expect to have the possibility to survive hardships. Children with adverse past experiences do not change due to their inability to do something, because of the environment they are placed in (Ungar, 2013). For example, external resources available in advantaged community's vs disadvantaged communities are different. Resources such as libraries and schools do not have a significant influence on the

success of individuals. Moreover, Craig, Malvaso and Farrington (2021) found that social organizations and the culture of a community largely determines the environment of said community. By extension, the child's individual resources, for example sense of humour, optimism, above average IQ, or musical talents are only as good to the extent that his or her social and physically ecologies can facilitate the proper application of these individual resources to the child's development and responsibilities. Studying resilience observes both the outcome and the process of these outcomes unfolding. Therefore, is it the responsibility of the researchers to focus concurrently on the individual self (and the changes that occur) and the nature of the protection mechanisms that mitigate the influence of applicable risk factors involved.

2.4.2 Complexity

Complexity consists of comprehension of the different internal and environmental resilient resources they used to achieve certain goals and how they dealt with failures. For example, the individual's gender, character, and material resources; how these were used to draw resources from their environment to survive. This principle indicated that resilience is very complex, it all depends on the context of the adverse circumstances. According to Ungar (2001) people will be resilient in some challenges whereas in others they are not. For example, a child exposed to DV may use it as encouragement to do better, to be successful and not perpetuate the negative effects of DV, whereas another child who experiences the same exposure may perpetuate the exposure to DV, however both children become successful and responsible citizens. Which is why this principle is suggesting that "many different starting points can lead to many different but equally desirable ends by many different processes relevant to different ecologies" (Ungar, 2001, p. 7). Both children made use of environmental resources to channel and to utilize to reach one common goal, to be and become "successful" in their own individual perspective and context.

Complexity is described as “many different starting points that can lead to different, but equally desirable ends by many different processes relevant to different ecologies” (Ungar, 2011, p. 7). This principle considers resilience adaptable that changes over time based on environmental resources. Children may move to a different environment which is associated with new peers and influences which can either be beneficial or averse to a child’s resilience.

An example of this is in Werner and Smith (2001), where they indicate that adults who display early signs of resilience do not universally demonstrate healthy coping mechanisms during every phase of their development. Even though early success does predict a better outcome overall (it depends on the environment and how their personal traits respond to that environment) or for example a school with valuable resources may contribute to better employment opportunities. Within this complex understanding of resilience, aspects of the environment where we want to exert more influence on outcomes rather than individual traits, for example, a better supported child will not necessarily perform better in all contexts when contextual elements are considered. Therefore, Ungar (2004) indicated that this principle needs to be considered thoroughly when assessing the quality of the child’s environment; less attention to the characteristics of the child self to enable fully nurtured resilience.

Children’s nature of ecologies, the meaning of the resources offered and the availability thereof (in this case, other behaviours are experiences as empowering) complicate predictions of outcomes (Craig, Malvaso & Farrington, 2021). Therefore, this principle is suggesting the need to develop contextually and temporarily specific models to explain resilience related outcomes. Though patterns may emerge, the evidence encourages caution when assessing the generalizability of findings unless social and physical ecologies are held constant (Ungar, 2011).

2.4.3 Atypicality

This principle indicates that there is a need to focus more on the environment in which children are placed rather than on the individuals themselves. This principle is utilized to promote further resilience that will manifest in ways that we do not expect or want; however, these ways are necessary because of the social ecologies in which children survive (Ungar, 2001). For example, Chinese females resorting to violence to deal with culturally embedded gender biases that poses a threat to the empowerment of young females within intimate relationships (Ungar, 2001). Thus, manifesting personal coherence maintenance and resistance of negative stereotypes imposed on these females by their counterparts (Wang & Gordon, 2012).

This principle allows an in depth understanding of the background of adults exposed to childhood DV, and environmental resources they have tapped into and utilized to become resilient against the negative effects of childhood DV (Ungar, 2001). More emphasis must be given to the environment and how people utilize the available resource that promotes their resilience. Atypicality argue that resilience is complex, however, it manifests in ways that may not be socially normative in society, depending on the environment that a child is exposed to (Ungar, 2001). An example of atypicality can be considered as a child who is exposed to DV in his or her house where he or she does not feel love or a sense of belonging due to the violence. He or she goes out and joins a gang or anti-social group to feel a sense of belonging, thus, resulting in fostering and promoting their resilience for them to survive. Children can also behave the opposite, by joining a socially acceptable group such as youth organizations or support group within their community; it all depends on their personality traits (Ungar, 2001).

This principle characterizes the way children's environments protect them when resources are scarce. Ungar (2011) found unanticipated characteristics of children's social ecologies to be protective when contexts were considered harmful. In a 1990 examination of two families in Philadelphia, it was found that if fewer opportunities for democratic decision-making exists, the better the academic performance for African American youth facing significant risks (Ungar, 2001). This example demonstrates that the increased exposure to risk may either acquire or cultivate alternative coping mechanisms; functional but culturally non-normative substitute adaption and hidden resilience (Ungar, 2004).

A protective process associated with resilience does not require a set of separate outcomes because the context of the assessment will determine whether resilience-related qualities (such as talents, abilities, and potential) are sufficient. Thus, it shifts the perspective of the observer to the perspective of the participant, however not all perspectives may be found acceptable. Hosokawa and Katsura (2019) looked at ecological variables like family process (such as parental support, authority, and discipline), parental characteristics (such as education and mental health), family structure (such as household density or welfare reliance), peers (prosocial or antisocial), and community (physical environment or school climate). Children who perceived their ability to change their immediate circumstances more accurately performed better than the children who misperceived their immediate circumstances (Sanson, Burke, & Van Hoorn, 2018). For example, children who are exposed to adverse environments growing up reported low levels of unreflective responsiveness to others, feeling low acceptance of others' expressiveness. According to Sanson, Burke and Van Hoorn (2018), these atypical effective management strategies is a productive means by which children reduce the distress they experience resulting from negative interactions with their family. The more cumulative risk of ecologies, the more

likely it is for a child growing up with these risks to experience personal difficulties. The more positive aspects that are present, the better the child did in inverse relationships.

2.4.4 Cultural Relativity

The word “culture” is the way of life for communities, codes of manners, clothing, language, religion, ceremonies, art, norms of behaviour, and systems of belief that have been passed down from the one generation to the other (Duque, Klevens, Ungar, Lee, 2005). Rural communities have their own set of cultures, and therefore the culture must be considered, because what may be acceptable to one culture may not be acceptable for another; the viewpoint of resilience from one culture may not be the same for the other. This study applies cultural relativity because it incorporates Ungar's (2013) second principle of resilience, which identifies resilience as a complex phenomenon requiring simultaneous consideration of ecological, cultural, and contextual factors to develop resilience.

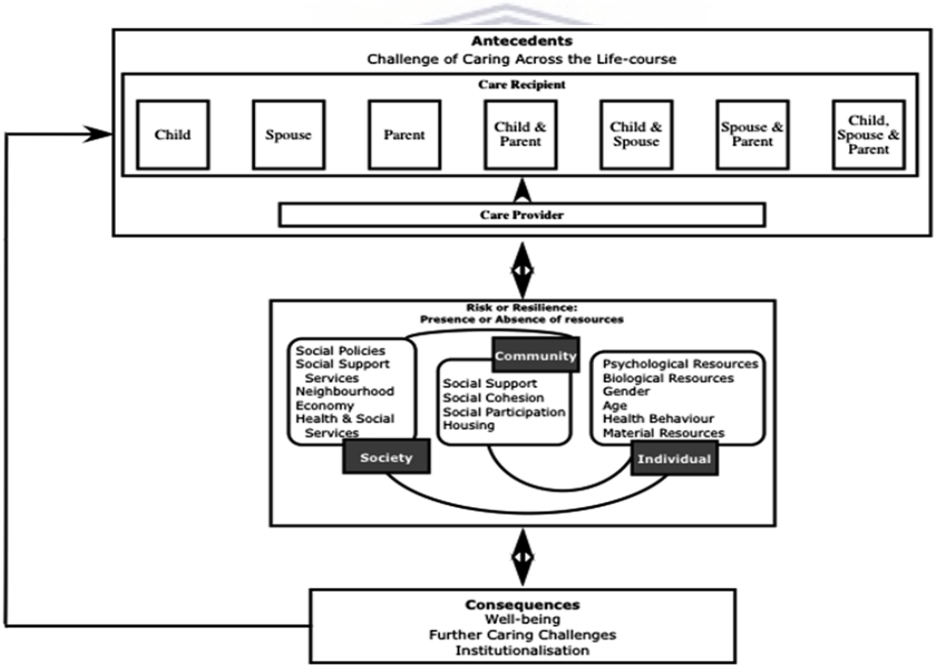
According to this principle, resilience is a process of negotiation, by which cultural bodies (for example mental health professionals, politicians, and media) determine the outcome associated with growth and development that requires a sense of interpretation (Ungar, 2001). Culture is an important factor in the processes related to resilience as it is a productive contributor that influences psychosocial health. The absence of well-defined milestones (for example the transition into adulthood, which can occur at different ages in different contexts) in an individual’s life cannot manifest development. Growth under a stress induced environment is both culturally and temporarily (and therefore, historically) embedded. The stronger the correlation between the child and the child’s culturally circumscribed expectations, the greater the likelihood that a child will show resilience. Growth and development are more likely in an

instance where social and physical ecologies of an individual are applied correctly as a resource to contribute to said growth.

2.5 Influence of Social-Ecologies on Resilience

There are three main social ecologies and contexts that Ungar (2012) focused on such as individual, community and societal ecologies, which was incorporated into the four principles mentioned above. These context(s) are individual, family, school, community, and cultural context(s).

Figure 2.2 below provides an illustration/framework of how social-ecologies influence resilience



throughout the life-course.

Figure 2.2: Resilience Framework in context of caring relation

Source: (Ungar, 2012)

Ungar (2012) recognized several factors that may escalate the risk to the child or act to enhance resilience. This framework is utilized to highlight how resilience functions across multiple

stages, which interrelate with one another. This framework demonstrates the human ecology framework, which Ungar (2012) collaborated with (Bronfenbrenner, 1994) Ecological Systems Theory to ultimately produce the Social-Ecology of Resilience. This framework and the perspective of Ungar (2012) on social ecology of resilience aims to understand how individuals live within their environment and evaluate how the environment influences on the resilience of individuals. Social-ecological perspective on resilience does not believe that individuals exist in isolation; they are influenced by their environmental, social, and physical contexts (Ungar, 2012).

2.5.1 Individual Context(s)

Individual resilience consists of individual-confidence, positive self-worth, ideology to breaking the cycle of violence, goal orientated, academic accomplishment and an easy temperament (Gonzales, Chronister, Linville & Knoble, 2012). The main question Ungar (2012) asks is: "How are individuals and their brains resilient in their social environment?" When answering the question, one must consider the environment and context that the individual is exposed to and how they respond to it. Ungar (2012) indicated that the neurophysiological mechanisms play an important role in resilience, which constitutes different ways of being in the world (Ungar 2012). Neurophysiological means the nervous system of the individual in unity with the neurology that studies disorders in the central nervous system (Mader, Miller & Olejniczak, 2018). On an individual context two features according to Ungar (2012) is vital for survival which is an attitude of approach, engagement and social relatedness that promotes positive outcomes. Children growing up in adversity, must have a close relationship with one or more adults and they must be effective in their environments to build resilience and positive adaption (Craig, Malvaso & Farrington, 2021).

According to a neurophysiological perspective on stress, the flight and fight response is the last response to adverse circumstances, and it is considered an effective way to manage stress and adapt to it. Individuals will use resources that will help them grow and flourish in their environment which will enable them to be resilient when exposed to DV (Ungar, 2011). According to Leadbeater, Dodgen and Solarz (2005), this can only occur when the social ecology (for example family structures, cultural norms, political process) has enabled resources for individuals to flourish from adversity (as cited in Leadbeater & McMahon, 2005). Ungar (2004) has criticized this perspective himself, where he indicated that people will blame the lack of resources in their environment for not flourishing through adversity. However, Masten (1994) indicated that individuals must have the inherent willingness to be resilient through adversity within their social and cultural context.

Individual: According to an extension of this idea by Darvishnia and Aghayousef (2021), children who are resilient have problem-solving skills, social competence, autonomy, a sense of purpose, and critical consciousness. Therefore, to become resilient children need to have must social skills, problem-solving abilities, autonomy, sense of purpose, and aspirations for the future to become resilient (Darvishnia & Aghayousef, 2021). Most people, according to Darvishnia and Aghayousef (2021), possess some of each of these qualities, but whether they are capable of supporting individuals in overcoming adversity in their lives depends on protective factors like their connections to their families, schools, and communities. However, resilience is the way that the individual responds to and navigates through adversity, whereas protective factors internally or externally decrease negative adverse outcomes (Benavides, 2015). This means that resilience is understood as context based on the protective factors present in the life of the individual (Alaggia & Donohue, 2018).

***Principle*:** The applicable principle to apply in this context is decentrality, which consist of inter-intra individual characters that assists individuals to navigate through adverse circumstances. Thus, ultimately a result in resilient adults who were exposed to childhood DV (Ungar, 2012). For example, a child exposed to DV, will have to channel their inner strengths and talents, and use it for their benefit, by participating in accessible and available resources in their environment that promotes their strengths and talents. Individual qualities of children have been identified as potential protective variables that promote resilience, including coping ability, self-esteem, temperament, prosocial skills, and physiological reactivity (Carlson, Voith, Brown & Holmes, 2019). Children who Self-talk (i.e., cognitively self-soothe) during household conflict have a lower risk of experiencing high levels of anxiety and stress (Rossman & Rosenberg, 1992).

The risk factors consist of biological and personal history factors which consists of the child's age, gender, educational ability, level, and capabilities; the income of the household; substance abuse within the household; personal history of violence of parent(s) and unwanted pregnancy (Centers for Disease Control and Prevention, 2013). At the individual level, protective factors include strong attachments to parents, maternal or paternal grandparents, or any adult who sets an example; child-focused support services (for example crèches); and improved information about abuse prevention (Centers for Disease Control and Prevention, 2013). According to Kumpfer (2002) intra (internal) strengths for successful adaptation after exposure to DV consists of several levels such as biological, cognitive, emotional, behavioural, social, and spiritual factors that contribute to individual resilience. According to the social-ecological perspective (Ungar, 2012) the child must be aware of himself or herself (e.g., strengths and talents) and interpret his or her environment correctly to draw applicable resources from the environment, to develop, maintain, and foster his or her resilience. Enabling them to flourish in their

environment. Children will exert their resilience capabilities depending on whether the environment and culture nurtures their abilities and capabilities (Gilligan, 2000).

2.5.2 Family Context(s)

According to Lamanna, Riedmann and Stewart (2020) a family is any sexually expressive, parent-child, or other kin relation in which people are usually connected by lineage, marriage, or adoption and care for any other children or dependencies.

***Individual*:** This study will take place in SA, which is important to consider, due to the diversity of cultures, ethnicity, sexual orientation, and race. When contextualizing protective factors in the South African context it is important to consider Ungar's (2013) view on social ecology of the individual given that Ungar (2013) sees resilience as a process with certain outcomes. Viewing protective factors in this context consists of intrapersonal factors (individual child factors), interpersonal factors, as well as contextual and cultural factors (Gonzales, et.al., 2012). Fostering resilience forms part of the intrapersonal characteristics of an individual, which consists of self-confidence, emotion regulation, social competence, and empathy (Howell & Miller-Graff, 2014; Franklin, Menaker & Kercher, 2012). Interpersonal factors consist of healthy and positive relationships the individual has with adults, specifically with the biological mother by whom the individual is protected from the DV. Herman-Smith (2013) indicated that secure attachment to a parent also fosters resilience, especially when the child has been exposed to DV which assists them to build positive relationships in their adulthood.

***Principle*:** This context considers Cultural Relativity and Atypicality. Reflecting on the background of the child, how he or she was raised within his or her family system and the culture the family system entails that can either have a positive or a negative influence on the child. Both principles acknowledge that one's culture and its environment primarily shape the resilience of an individual and how one perceives the world (Ungar, 2012).

Children who are exposed to childhood DV and to a dysfunctional family setup, show great possibility to overcome these negative effects and have positive outcomes, on their inter-intrapersonal characteristics and their access and availability environment resources (Ungar,2012). Based on previous literature on resilience, it was clear that resilience involves an interaction of several risk and protective processes over a period, involving micro, mezzo, and macro sociocultural influences (Ungar 2012). The risk children face within the family system is stress, dysfunctionality, and mental illness that parents face, which directly or indirectly negatively affect children within the family system (Ungar, 2012). "Family belief systems powerfully influence members' perceptions and response to adversity. Shared constructions of reality, influenced by cultural and spiritual beliefs, emerge through family and social transactions; in turn, they organize family approaches to crisis situations, and they can be fundamentally altered by such experiences" (Ungar, 2012, p. 179).

2.5.3 The school context(s)

Preschool (3 to 5 years): children at this age do not comprehend violence within the house, they therefore have amplified fearful responses and greater participation in conflict, which in turn, were linked to the development anxiety and depression symptoms (Davies, Cicchetti, & Martin, 2012). For the child to develop resilience the environment must give the opportunity for the child

to develop prosocial skills (for example building and showing empathy, being cooperative and responsible, having self-assertion) (Carlson, et.al., 2019).

School Age and Adolescence (6 to 17 Years): children in this age group who are exposed to DV will externalize behaviour challenges (for example bullying behaviour or a victim of bullying), PTSD symptoms, academic challenges and reduced cognitive functioning, in comparison to children who were not exposed (Fong, Hawes & Allen, 2019). At this age social relationships are vital to build resilience, children need to have a sense of belonging, trust, and support to enable and sustain their resilience (Knous-Westfall, Ehrensaft, MacDonell, & Cohen, 2012).

***Individual*:** A child experiencing DV needs a harmless haven to retreat to and engage in additional activities that contributing to their resilience such as having access to extra curriculum activities that their school or their community allows, which will contribute to fostering resilience (Gonzales et al., 2012). For example, "The social worker supported Simone, with the help of her mother, in identifying another enjoyable activity creating safety and supporting the clients' choice in moving forward. Simone loved swimming, so the social worker then assisted in finding affordable lessons at a public facility. Over time, Simone and her mother became "regulars" at the local pool and Simone later won a place on her school swimming team. Part of resilience-informed work includes important practical case management, as noted in this case study, an often minimized but nonetheless highly valuable function of social work" (Alaggia & Donohue, 2018, p. 30).

***Principle*:** The two principles that this context draws are decentrality and atypicality. These two principles consider the inter and intra-personal characteristics one has, the talents and strengths and how one can use these talents to identify available resources within your environment that

will promote and foster resiliency. Using the example of Simon (Alaggia & Donohue, 2018); she used her individual strengths (inter characteristics/protective factors), with the support of her mother and teacher (intra-characteristics/protective factors) that fostered and promoted her resilience.

2.5.4 The community context(s):

Ecological circumstances in which people, live, grew up in, work, play, and develop has a vital influence on the resilience of individuals. These circumstances contain economic steadiness, education, social context, health care, neighbourhood, and the built environment, which can either negatively or positively affect one's resilience; moreover, influenced by the distribution of resources on an international, national, and local level (WHO, 2018). The environment in which the child is exposed to plays a vital role in identify resources which will assist in their quest and promote their resilience (Centers for Disease Control and Prevention, 2013). This risk on a community level consists of surroundings in which relationships transpire such as the school the child attends, the work environment of the parents, high level of crime, substance abuse and lack of basic resources (Centers for Disease Control and Prevention, 2013). The protective factors to alleviate exposure to child DV on a community level is to have community resources that are accessible and available such as social support services, and social protection programmes to alleviate poverty and unemployment (Centers for Disease Control and Prevention, 2013). There needs to be acceptable and enough childcare facilities and supportive school settings with a comprehensive education method (Centers for Disease Control and Prevention, 2013).

According to Mosavel, Ahmed, Ports and Simon (2013) there are five community factors that can develop an individual's resilience. First, public laws and regulation which require the laws to

be more stricture, especially when it comes to the abuse of alcohol and the local shebeens in the community. Alcohol is a known factor that contributes to household DV. Second, community facilities and activities, which consist of recreational activities to be implemented, allowing a variety and a wide spectrum of young people to participate in. This will promote their individual strengths and talents which young people can tap into to foster their resilience. Third, social ills such as substance abuse and Human Immune Virus (HIV) / Acquired Immune Deficiency Virus (AIDS) which is one of the most prevalent social issues in SA. Social Services need to become more available and accessible, providing educational, psychosocial support services and advocating for the poor. Fourth, alleviating poverty will enable the child to build their integrity and confidence for the government to provide better housing, food, and employment. Poverty generates violence and crime due to the decline in opportunities for economic gain. Last, education is the key to success because it enables individuals to move upwards in social and economic mobility and allowing individuals to reach their full potential and becoming resilient after their adverse backgrounds.

Rutter and the English and Romanian Adoptees study team (1998) indicated that the community context shapes individuals in their environment. They studied resilience and the influence the environment has on resilience. According to their study, 111 children were examined with a background of early deprivation, physical and cognitive delay. The children were located to a more conducive environment before the age of two, where they received the necessary care. When re-assed at the age of four, the children's physical and cognitive abilities had developed significantly. A follow up session was done with the same individuals by Werner and Smith (2001). According to the composed information, Werner and Smith identified some individuals who experienced challenges in their adolescents, but they were able to make the necessary

changes by making sensible positive choices, and they were able to take advantage of opportunities. Krovetz (1999) argues that the reason the study was successful was due to the enhancement of protective factors such resources, schools, and communities were conducive and catered to the needs of the children.

***Individual*:** According to Sawyer (2012) children who are exposed to DV have a different severity of harm caused to them, it all depends on the environmental resources available to them. These resources can either be a source of resilience or risk determining the influence of violence to the children. Sawyer (2012) indicated that resilience can be fostered and enhanced when children have a positive relationship with a family member or parental figure, a stable social support network and positive school experiences, which links to protective factors.

***Principle*:** The primary principle in this context is complexity. This principal primary focuses on the environment, and how individuals make use of these environmental resources. The individual's characteristics (for example gender, character, and material resources), (Ungar, 2012) and how it was used to draw resources from their environment to survive. These resources are directly influenced through the lens of Cultural Relativity, based on the Cultural Relativity of the environment and context will ultimately result, whether a child will become resilient or not.

According to resilience theorists, most people possess positive traits, but whether these traits are sufficient to help individuals cope with adversity in their life relies on protective variables including their relationships with families, schools, and communities (Darvishnia & Aghayousef, 2021). Building resilience within the community context consists of economic empowerment and improved community resources. Provision must be made for the lack of community resources such as providing jobs and group counselling, which will develop individual's resilience (Zagar, Grove & Brusch, 2013).

2.5.5 The culture context(s):

In this context, resilience is understood as a culturally aligned transaction that is enabled by activities that social ecologies and young people mutually take (Ungar, 2013). Masten and Monn (2015) see resilience beyond child and family systems, they indicated that the community and the cultural context also play a vital role in resilience. They indicated that children should be studied within their cultural contexts, because what may be culturally resilient in one culture, might not be seen in another. Which appears that children's resilience appears to be linked to community cohesion and connections with cultural identity, particularly spiritual beliefs. (Gartland, Riggs, Muyeen, Giallo, Afifi, MacMillan & Brown, 2019).

***Individual*:** SA is a culture rich country; therefore, it will be important to consider one's culture and how it shaped and promoted one's resilience to having been exposed to childhood DV. What may seem to be acceptable, normative and resilience in one culture, may not be in another (Ungar, 2012).

***Principle*:** Consists of the cultural perspective of the individual that underlines atypicality and helps explain complex interaction between the individual and the environment (Ungar, 2013). For example, a boy child is exposed to DV, with a father who is part of a gang (atypicality). The father is killed by gang violence, his mother is unemployed and has no financial support. The boy child joins the gang and sells drugs to make money to support his mother and siblings (culture). This example is seen by society as non-normative and defiant to the societal norm, without taking in the background of the boy child, and utilizing the only resilient ideology he was exposed to, to survive (complexity). According to Ungar (2013) there are three principles that develop and build resilience within this context. Firstly, it is having a conducive natural environment which enables and promotes individual growth. Secondly, resilience is complex due

to it considering contextual and cultural aspects of persons. Thirdly, is that the amount of exposure plays a vital role on the influence on resilience and how individuals respond to it. Contexts potentiate the growth of resilience, and that context is culturally and temporally fixed; factors such as social functioning, and everyday social practices are negotiable across cultures (Ungar, 2011). Developing and fostering resilience in this context is to provide culturally relevant, community-based, and accessible programmes or resources to effectively intervene with untreated traumatic stress disorders and eradicating housing policies that catalyse youths' homelessness (Desmond, 2016).

2.5.6 Societal context(s)

Broader factors include high rates of unemployment; ill-distribution of resources and social exclusion; a frail lawful system, a frail policy, and regulatory agenda; a patriarchal promotion, agenda, and discrimination; normalizing violence and fragile law enforcement (Centers for Disease Control and Prevention, 2013). Protective factors to alleviate these aspects will consist of legal and policy frameworks that promote a safe environment to support victims of DV (Centers for Disease Control and Prevention, 2013). Balancing feminism with patriarchy and a compulsory criminal justice authorization for criminals of violence (Centers for Disease Control and Prevention, 2013). According to the National Development Agency (2013), society and organizations play an important role in resilience, since they provide oversight over institutions, which provide social services. There is a demand on civil society organizations to cater to those in need such as, protecting vulnerable groups, communities and hold public councils accountable (National Development Agency, 2013). These society organizations such as Non-Government Organisations, CBO’s and volunteering organizations must be resilient to endure the breakdown

to promote resilience within the vulnerable groups, when they need their services to become resilient from their own adverse circumstances (Funding Practice Alliance, 2011).

Moreover, they need to highlight certain programmes that target the vulnerable, to have a noticeable influence. Policy and financial resources must be put in place that promote the well-being of vulnerable groups from disadvantaged communities, resulting in greater infrastructure within these communities and more resources available to individuals to develop and enhance their individual resilience. (Funding Practice Alliance, 2011). Public resources in communities must be utilized such as schools, churches, delivery sites and human resources. They need to empower young people, retired professionals and the unemployed to make a valuable contribution to society and within their communities; thus, contributing towards the resilience within their respective communities and cultural contexts (Swart & van Marle, 2017).

Individuals' ability to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, as well as negotiate for these resources to be delivered, is referred to as resilience in the context of the current study. (Ungar, 2008). When contextualizing resilience and protective factors in the South African context, it is important to consider Ungar's (2013) view on social ecology of the individual, given that Ungar (2013) sees resilience as a process with certain outcomes. Viewing protective factors in this context consist of intrapersonal factors individual, interpersonal, contextual, and cultural factors (Gonzales et al., 2012). Fostering resilience forms part of the intrapersonal characteristics of an individual, which consists of self-confidence, emotion regulation, social competence, and empathy (Howell & Miller-Graff, 2014; Franklin et al., 2012). Interpersonal factors consist of healthy and positive relationships the individual has with adults, specifically with the biological mother who protects the individual from DV. Herman-Smith (2013) indicated that a secure attachment with a parent

also fosters resilience, especially when the child has been exposed to DV which assists them to build positive relationships in their adulthood. Last, the environment and cultural factors secure resilience, based on the resources available in the environment of the individual that can provide support services to the individual that has been exposed to adverse circumstances (Anderson & Bang, 2012).

2.6 Conclusion

The focus of this chapter was to describe the social-ecological framework, with its contexts and principles that ultimately contribute to adult's social ecological resilience. The social ecological perspective of resilience primarily indicates that the environment influences the resilience of children, and how the variety of ecologies (systems) interact with each to shape the child's resilience, perspectives, and ideologies that they have of their world. The environment within its complex context actively shapes the lifespan (child to adult) of an individual. Throughout this chapter it has been noted that the environmental context and the decentrality principle is of outmost importance to the child. These two aspects lay a stable foundation in the child's life. If these two factors are not stable, it will negatively influence on the resilience of the child.

CHAPTER THREE

LITERATURE REVIEW

3.1 Introduction

The previous chapter provided the theoretical framework for understanding the perceptions, experiences, and challenges on exposure to childhood domestic violence. This chapter will provide an in-depth overview of DV in a South African context, the influence of childhood exposure to DV, and adult resilience after exposure to childhood DV. Chapter three offers the reader an in-depth insight into the research topic, which entails a variety of concepts relevant to the research topic, and it provides an overview in exploring resilience in South African adults exposed to childhood DV.

3.2 Defining DV in SA

According to the South African Domestic Violence Act 116 of 1998, DV is defined as:

i. Physical abuse which involved any physical risk, harm, and injury towards the individual. It is considered as non-accidental which include physical action(s) that results in a physical damage.

ii. Sexual abuse is sexual conduct or a sexual performance involuntary forced upon a woman, man, or child without their consent, it is another means of coercing women in a patriarchal society.

iii. Emotional abuse consists of verbal abuse and continuous criticism to additional understated strategies such as bullying, intimidation and manipulation. It also consists of humiliating or constantly criticizing, blaming, accusing, and allowing an individual to perform degrading acts.

iv. Verbal abuse includes the perpetrator being continually verbally aggressive towards someone and verbally demeaning them. Psychological abuse includes perpetrator isolating individuals, enforcing control and power over them.

v. Economic abuse includes obtaining authority and control in an interpersonal relationship. It, comprises strategies to hide information, putting limits on the victim's access to possessions, or decreases accessibility to domestic finances.

vi. Intimidation, which may consist of intimidation towards the partner, children, or partner's family.

vii. Harassment.

Amendments have been made to the South African Domestic Violence Act 116 of 1998, which is considered the Domestic Violence Amendment Bill (2020). It has been through most of the stages of being passed and must still be signed into law. The amendments are appropriate considering the current study and the fact that exposure to DV is considered abuse in SA. The amendments are as follow:

i. **Related person abuse** - Entails violence against a relative through blood, marriage, adopted brother or sister

ii. **spiritual abuse** - Entails when someone utilizes spiritual or religious beliefs to hurt, control and manipulate another person for their own benefit.

iii. **Damage to property** - Entails breaking property of another intentionally.

iv. **Elder abuse** - is an intentional act to cause a great risk harm or neglect to an older adult.

v. **Coercive behaviour** - Involves negative pattern behaviour that is intentional to cause harm, isolate and threats.

vi. **Controlling behaviour** - Entails isolating a person from resources or support.

vii. **Exposing a child to DV** - Involves children who witness violence within their household between parents, family members or guardians.

3.3 DV in SA

3.3.1 Factors of DV in SA

SA has a complex history of violence, deeply rooted in underlying causes, which can also be considered complex, this was caused by colonialism and apartheid, which normalized and created widespread acceptance of violence (Naik, 2022). These structural inequalities created generational poverty, inequality, unemployment, rapid urbanization, inadequate housing, and poor education which contributed to the dysfunctional social dynamics that fuelled violence (Naik, 2022). Apartheid had a deep rooted and dysfunctional influence on family life, due to migration where fathers had to leave their home environments for employment opportunities (Mavangu & Thomson-de Boor, 2013). This created unequal power balances within the household that resulted in gender inequalities, that eventually led to DV (Mavangu & Thomson-de Boor, 2013). Gender inequality was created in a conventional and historical manner, resulting in males being the breadwinners for their families and working away from home for a long period of time. Thus, resulting in separation from their children's lives due to their frequent absences from home (Mavangu & Thomson-de Boor, 2013). This resulted and contributed to single parent families and mothers who stressed because of inconsistent parenthood and creating tension between the parents that caused violence within the house (Mavangu & Thomson-de Boor, 2013).

3.3.2 DV and the influence on women in SA

DV is experienced by 30 percent of women from the age of 15 years old and older in their lifetime (Treves-Kagan, et.al., 2019). According to Devries, Mak, Garcia-Moreno, Petzold, Child, Falder & Watts (2013) 25 percent of both men and women reported having perpetrated DV. This study occurred in the South African context, which is important to consider the diversity of cultures, ethnicity, sexual orientation, race etc. Based on the statistics provided by Maluleke, (2018); women had the same attitude and belief towards DV, where the highest percentage of individuals believed that it was acceptable for a man to hit a woman. "Black African men had the highest percentage of individuals who thought it was acceptable for a man to hit a woman, followed by white women" (Maluleke, 2018, pg. 6). This is due to the history of SA, cultural practices, and the belief that a woman is subordinate, listens to and respects men. Unemployment, high levels of substance abuse in black men, housing shortages and poverty also contributed to domestic violence (Revised White Paper on Family in South Africa, 2021). In the social ecological context of this study 76.9 percent of children have witnessed violence within the home (Kaminer, du Plessis, Hardy, & Benjamin, 2013). They have higher degrees of closeness to their female caregivers. In the study conducted, women experienced high rates of mood disorders and anxiety. Men experienced higher rates of alcohol abuse and/or dependency on substances and developed intermittent explosive disorder (Kaminer, du Plessis, Hardy, & Benjamin, 2013).

DV is considered a pandemic in SA because one in four South African women experience DV, whereby 25 percent of women in SA are assaulted with their interpersonal relationships, every week. Approximately 43 percent of 159 women had experienced physical assault and/or marital rape and it has been determined that 1 in 5 women is physically assaulted by her spouse. Occurrence of DV against women is determined to be 38 percent which results in 1 in 4 women

who are perpetrated by their spouse (First-Hand-news, 2013). According to First-Hand-News (2019), 21 percent of women experience DV throughout their lifetime, and it will continue to get worse due to the negative stereotype of women in SA, gender inequality and substance abuse (UN Human Rights Council, 2016). The cost relating to DV in SA was at least R28 billion in 2012 (KPMG, 2014), which is considered very high and has a negative effect and directly or indirectly the effects on the economy of SA, which directly and indirectly influence resources provided for direct and indirect victims of DV.

3.3.3 DV and the influence on children in SA

Children are being exposed daily to violence in their home, community, school, among peers and in their interpersonal relationships. An Optimus Study done by Artz, Burton, Leoschut, Ward and Lloyd (2016) in South African schools in 2015. The study focused on the lifetime experiences and prevalence of violence against children from the age of 15 to 17 years old, from 9,730 adolescents. The two categories were school and household violence. According to The Optimus Study by Artz, et.al., (2016) found that DV amongst Indian school going children was 24.5 percent, black school children 23.3 percent and the lowest being among white school children's 15.9 percent. The results and patterns were different when it came to exposure to household DV, where black children experienced the highest rate to exposure to family violence which consisted of 17.8 percent, coloured children 15 percent, Indian 11 percent, and White 6.2 percent.

Comprehending and contextualizing DV is important to consider the social ecological model. This model assisted the study to understand how DV operated in four levels: individual, relationship, community and societal, which relates to WHO's (2012) identification of a lack of research on community and societal level influences on childhood exposure to DV. The

individual and socially short- and long-term cost are very high; yet SA does not have a focus on alleviating and or eradicating children's exposure to childhood DV (Richter et.al., 2018). Estimations from VOCS (Victims of Crime Survey) 2016/17 data shows that only 9 percent of households in SA know a shelter or a place of safety for victims of DV. This is true for both male- and female-headed households. According to Rasool (2022) children exposed to childhood DV experience it on a higher level in rural areas, other than children in urban areas. Primarily because families residing in rural communities are more vulnerable, due to the lack of resources, unemployment, and patriarchy (Revised White Paper on Families in South Africa, 2021). Current data designates that early intervention is required to prevent or alleviate children's exposure to DV and other causes of toxic stress. Supportable and maintainable interventions are required to address DV as a foremost public health problem (Richter et.al., 2018).

These statistics are being criticized by Morei (2014) who emphasized that the statistics are due to DV not having a reliable measure, and not a crime category on its own. "The statistics do not include cases of DV because DV remains a crime which is not included in the South African Police Services annual crime statistics" (Morei, 2014, p. 929). Many of the DV incidences do not get reported, and do not end in prosecutions and therefore it fails to show up on administrative records, which negatively represents the statistics (Mogstad, Dryding, & Fiorotto, 2016). Cases of DV are sometimes not reported due to fear of intimidation, shame, fear of retaliations or cultural beliefs, where the individual sees it as normal as it is normalized within their households. According to Vetten (2014) over a period of 18 months a province in SA reported 942 cases of DV to a local hospital, police and courts serving the area; only 6.7 percent of these reports were reported in official statistics, which represent 63 women from the 924 reported cases.

3.4 DV in the Western Cape

According to a study done by Morna & Dube (2014), 39 percent of women experienced DV, which is the same percentage as men who have perpetuated DV in their lifetime. The form of DV experienced by most women is interpersonal violence which they experienced 44 percent in their lifetime, moreover, following a form of DV is emotional, followed by physical, economic, and sexual abuse, respectively. The study also determined that 6 percent experience physical violence in their lifetime and 6 percent experience sexual harassment (Morna & Dube, 2014). Recent statistics indicated that in the period of 1 January 2021 to 23 April 2022, forty four percent of injuries treated in emergency centres resulted from interpersonal violence. Most interpersonal violence victims (72%) were males between the ages of 20 and 40 years (Laenen, Moodley & Gould, 2022). Based on the statistics provided by Morna and Dube (2014) and Laenen, Moodley and Gould (2022), it is a clear indication that the DV and other forms of DV has increased.

According to the Matzopoulos & Myers, (2014). Western Cape males in the Western Cape are disproportionately affected by lethal violence, particularly domestic abuse, which results in the deaths of women. This proportion is slightly higher than the average in other provinces. DV experienced by South African teenage males and girls in a violent setting is 8 and 5 times greater, respectively, than the worldwide norm (Maphosa, 2022). According to statistics, over 23% of teenagers have admitted to experiencing domestic abuse (Burton, Ward, Artz, & Leoschut, 2015). According to a survey conducted in the Western Cape region of South Africa, 76,9 percent of teenagers had observed domestic violence, 58,6 percent had experienced it first-hand, and 75,8 percent had been exposed to it either directly or indirectly (Kaminer, Du Plessis, Hardy & Benjamin, 2013). A percentage of 8 percent of all teenagers in the Western Cape has

been exposed to DV in which a weapon was used and 8 percent of teens in the province reported that the perpetrators of the DV were under the influence of drugs or alcohol during DV incidences (Integrated Violence Prevention Policy Framework, 2013).

The research was conducted in Mosselbay and surrounding areas. The particular interest in a coastal area like Mosselbay is due to the high rate of DV cases, non-reported cases in these areas and the dangerous pathology of DV in these areas (Reynolds, 2020. Updated statistics that were reported by Reynolds (2020) demonstrated that there were 34,209 cases of DV for the financial year of 2018/2019. She indicated that many of the women in Mosselbay were exposed to childhood DV, which resulted in them continuing that form of behaviour into their adult relationships. She indicated that the women and their partners abuse substances and they are depended on their male partners for financial support and that DV is not directed at the children, therefore the women stay in the toxic relationship and are reluctant to leave.

Reynolds (2020) reported that women do not have the means to leave their toxic relationships and the lack of affordable housing in Mosselbay contributes to women staying, making it difficult for them to become independent. This is due to patriarchy and in rural communities it is very prevalent; men are still in most of the power positions, such as landowner, farmer and in senior positions in rural areas. This construct makes women more vulnerable for coercion and control, preventing women to seek help when experiencing DV abuse (Stark & Hester, 2019). DV is reported at SAPS; however, the police are reluctant to provide intervention unless the woman already has a protection order against her partner resulting in women failing to trust SAPS in Mosselbay (Reynolds, 2020).

According to Mosselbay Municipality (2018) common challenges that the community and the surrounding rural community experience are unemployment, poverty, lack of food security, lack of proper housing, sanitation, substance abuse, child neglect and crime. All these factors contribute to family violence, which leads to low morale, hopelessness and further contributes an exposure to child DV and continues to in a vicious cycle (Mosselbay Municipality, 2018). The Department of Rural Development within the Mosselbay Municipality are responsible for 7 Wards who are experiencing common challenges which result in family violence throughout the spectrum of the wards (Mosselbay Municipality, 2018).

3.5 Exposure to Childhood DV

3.5.1 Risk factors linked to childhood exposure to DV

Exposure to childhood DV is constantly found to be linked with hostile behaviour later in life, predominantly rape and IPV (interpersonal violence), (Fuller-Thomson, Sawyer & Agbeyaka, 2021). Lack of parenting skills in early childhood influences harmfully on children's capability to govern or regulate their emotions and interpret and comprehend the emotions of others effectively (Carter, Paranjothy, Davies & Kemp, 2022). Moreover, it is vital to enhance the secure attachment and the social support to build, maintain and promote children's resilience and ability to cope with adverse experiences (Fuller-Thomson, Sawyer & Agbeyaka, 2021). Some examples of childhood DV include their parents screaming in anger, pleading in fear, sobbing in pain, objects being thrown and shattered, and people being thrown against walls (Pascale & Laborde, 2020). It is possible for children to witness domestic rapes and see blood, bruises, and weapons (Pascale & Laborde, 2020).

3.5.2 Causes and risks on an individual level

Parents in rural communities may lack education to convey messages to their children regarding violence, especially when they are exposed to a certain environment and culture that promotes and normalizes violence (WHO, 2012). Substance abuse is one of the primary factors contributing to DV, it is considered as pathological indicators in families and statistically 70 percent of reported DV incidences involved substance abuse (Tittlova & Papáček, 2018). Exposure to violence between adults or parents in a household is a factor contributing to pathological manifestations when children become adults, it is considered as learned behaviour and is an outlet to deal with stressors, and resolving problems with violence (Tittlova & Papáček, 2018). Personality disorders such as depression, anxiety, PTSD and accepting the violence is a major risk and causes the perpetuation of violence in adulthood (WHO, 2012).

3.5.3 Causes and risks on a relationship level

With regards to physical and verbal conflict or displeasure in the relationship causes major risk(s) that lead to exposure to violence within the house. A toxic patriotic family system, which consist of men having different sexual relations and/or women having higher education than her male partner results in an economic imbalance within the relationship (Devries et.al., 2013). Especially in cultural practices where men are believed to be the provider within the home (Devries et.al., 2013). The inconsistency and imbalances between men and women in a relationship results in conflict and creates a chaotic household environment that promotes and encourages violence within the house (Tittlova & Papáček, 2018).

3.5.4 Causes and risks on a community and societal levels

According to WHO (2012), gender-inequitable social norms is part of the major concerns relating to causes and risk factors relating to DV because it promotes the notion of male dominance. Social ills, poverty, unemployment, lack of civil rights movement of women and weak legal sanctions against DV within a marriage can also be considered as high-risk factors that promote DV. High levels of illiteracy rates, prevalent alcohol and drug misuse and low socioeconomic growth and opportunities are considered triggers for DV (Centre for the Study of Violence and Reconciliation, 2016). It is closely connected with re/assertions of masculinities, adding to how women are portrayed in the media (Centre for the Study of Violence and Reconciliation, 2016).

In South Africa, the Domestic Violence Prevention Act (1993) is the first and most important law for domestic violence in South Africa. The law allows victims to protect themselves and apply for a ban in the Magistrates' Court. In addition, a provisional arrest warrant will be issued to arrest the criminal. If the perpetrator does not comply with the ban, the victim will be required to sign an affidavit at the police station. This allows police to enforce the warrant and arrest the creator. The perpetrator would then be placed in custody and brought before the Magistrate for sentencing within 24 hours (Prevention of Family Violence Act, 1993). However, the Domestic Violence Prevention Act of (1993), has been critiqued for being a severe and unjustified exception to the audi alteram partem rule (no one should be sentenced without first having a fair hearing where the evidence against them can be addressed). This rule is the considering that it is a cornerstone of South African law and should never be abandoned (Ryan, Esau, & Roman, 2018). The orders issued pursuant to the Act are frequently severe, and it is likely that the respondents will deny them access to their houses, their children, and their possessions (Ryan,

Esau, & Roman, 2018). Therefore, it is important to note that the Domestic Violence Act and Children's Act in South Africa is the most adequate legislation to alleviate and eradicate DV, when legislatively working with criminal cases pertaining to DV.

It is important that victims of DV be aware of available resources that they have in their possession after the perpetrator is released from the department of correctional services. However, as stated only 9 percent of households in SA know of a shelter or a place that keeps victims of DV safe (VOCS, 2016/2017). This demonstrates that citizens in SA need more awareness and education in terms of their available and accessible resources. SA has recognized the influence of DV and has implemented the Domestic Violence Act 116 of 1998, which addresses DV thoroughly and comprehensively. However, Morei (2014) criticized the act because it fails to consider the cultural, social, and economic factors as the forces within which DV is entrenched. The act to an extent has not protected or benefited the victims of DV in SA, due to the lack of implementation, the lack of enforcement organizations of the Act and embedded social, cultural, and economic inequality of the South African society (Morei, 2014).

Thorpe (2014) found that only two out of 145 police stations were compliant with the Domestic Violence Act and the criteria and expectations when it comes to reporting domestic violence. Moreover, the CSP must ensure that SAPS is compliant with all policies and legislation, since April 2012 (Thorpe, 2014). The CSP also ensures that services are offered to complainants of DV audited (Thorpe, 2014).

These VFR (Victim Friendly Rooms) are not being utilized by volunteers, there is no recruitment process for these volunteers, which result in these rooms not being managed properly or audited According to Thorpe (2014), this means that women will highly unlikely report domestic

violence because the police whose purpose is to keep them safe also perpetrate DV, which will result in lack of motivation to report DV. However, this improved during the October 2013-March 2014 reporting period (Civilian Secretariat for Police, 2014). Thus, causing a decrease in non-compliant rate police stations during the period of October 2013- March 2014 to 31 percent -20.7 percent, (Civilian Secretariat for Police, 2014). During an audit conduct by the CSP between April 2013 -September 2013 it was found that none of the 135 police had full regulatory compliance to the implementation of the Domestic Violence Act (Civilian Secretariat for Police, 2013). During the period of April 2013 – September 2013, 135 stations was audited, 37 police stations in eight provinces reported 59 domestic violence cases against SAPS members (Civilian Secretariat for Police, 2013). Thus, creating a gap in preventative and supportive services for women and ultimately negatively influencing the resilience of children exposed to violence. The CSP is also responsible to make sure that implementation of all policies and legislation in SAPS occur, since April 2012 (Thorpe, 2014) Their role is to observe whether SAPS are regulatory compliant, if record keeping services are in place and whether services are offered to complainants of DV audited (Thorpe, 2014). During the period of Oct 2013-March 2014 a sample of 145 audited, 74 police officer were found to have perpetrated domestic violence, where only 40 criminal cases were opened by complainants (Civilian Secretariat for Police, 2014).

3.6 Negative Effects of Childhood Exposure to DV

A global study found in 2018 that children of all socio-economic backgrounds were exposed to DV and had the same risk and symptoms of PTSD as soldiers returning from war (O'Donnel & Quarshie, 2019). Children become withdrawn, developed mental health problems, moreover, they become aggressive, develop anti-social behaviours, and negatively affected how children

socialize with others and are at risk to develop antisocial personality disorders as adults (LaViolette & Barnett, 2013:37). Children witnessing violence experience the abuse as if they are being abused themselves (O'Donnel & Quarshie, 2019). Exposure to DV in the household has a negative influence on how the child views and interacts with the world which may constitute to attachment and parenting challenges in the adult life of the exposed child (Hardcastle & Bellis, 2019). Extensive research has shown that it influences unborn children as well; due to the amount of distress the biological mother of the child experiences (Howell, Barnes, Miller & Graham-Bermann, 2016). Furthermore, it creates psychological challenges, where the child fears to be alone, they have poor concentration, and antisocial behaviours, problems with eating, language development, sleep problems and irritability (Ogundele, 2018).

In Botswana 88 percent of the women who had experienced DV and about two-thirds of the men who admitted perpetrating DV reported being abused as children. About half of these women had also witnessed their mothers experiencing DV (Ogundipe, Woollett, Ogunbanjo, Olashore & Tshitenge, 2018), which is highly caused by using substances and mental health conditions (Ogundipe et.al., 2018). A quarter of the men who admitted perpetrating DV had witnessed their mothers experiencing DV (Ogundipe, et.al., 2018). Almost 30 percent of children and young people are exposed to DV throughout their lifetime with negative effects that negatively influence their social and personal growth (Radford, Corral, Bradley & Fisher, 2013). They develop withdrawal behaviour, aggressiveness, delays in cognitive and emotional development (Meyer, Reeves, & Fitz-Gibbon, 2021). The current study used the following exposure concepts of DV, which demonstrated the form of violence exposed to as a child (Terelak, Kołodziejczak & Bulsa, 2019, p. 573):

3.6.1 Exposure to psychological violence

This consist of harmful criticism, humiliation forced submission by shouting stubborn mockery, derision, or ridicule in the eyes of others, being blamed for even minor mistakes, failure or multiple blaming for the perpetrator's own mistakes offensive comments and vulgar expressions towards the victim (Terelak, Kołodziejczak & Bulsa, 2019). The result of psychological abuse in children exposed to DV is aggression, internal and external behavioural challenges, and interruption in their cognitive and emotional development (Meyer, Reeves, & Fitz-Gibbon, 2021). According Meyer, Reeves and Fitz-Gibbon (2021) children are not only experiencing psychological difficulties but are also affected by it directly and indirectly which were the experiences of most of the research participants who took part of this study.

3.6.2 Exposure to of physical violence

Physical Violence entails jerking and/or poking or pushing, to hasten the victim, single or repeated slapping with a hand and/or kicking, beating with a tool that leaves no distinct, permanent marks on the body, and a beating that leaves distinct and visible bruises or wounds (Terelak, Kołodziejczak & Bulsa, 2019). Referring to the current study, men were the main perpetrators of DV and mostly physical, especially towards their mothers and some were direct victims of DV. According to Tittlova & Papáček (2018), the possible reason for this is that from childhood boys are not allowed traditional weaknesses, and showing emotions is a sign of weakness, such as emotional management. This leads to boys and subsequent men showing emotions by physically beating their partners (Tittlova & Papáček, 2018).

3.6.3 Exposure to neglect

Exposure to neglect involves a lack of concern for problems and/or ignoring feelings, trivializing emotions unjustified deprivation, restriction of food, drink, or sleep, disregard for ill-health or neglecting care in the case of illness and failure to provide necessary medical assistance (Terelak, Kołodziejczak & Bulsa, 2019). Some of the research participants experienced neglect not only physical but also emotional neglect from their parents, which was caused by substance abuse or patriarchy. According to Tittlova and Papáček (2018) neglect is violence against children, this normally occurs when parents did not want children and they reject them. This results in children seeking somewhere to belong outside the house and so they normally associate with deviant peers.

3.6.4 Exposure to economic violence

Exposure to economic violence entails the disproportionate, persistent control of expenditure, refusal to pay or provide for reasonable needs and deprivation of money or income. The man, or the husband is in control of the finances within the household (Terelak, Kołodziejczak & Bulsa, 2019). Research participant(s) have identified that their father(s) would go to work and not bring money home, and that he would use it for a sense of control and imbalance because many women in rural areas were depended on men to provide for their house. This statement was also motivated by Tittlova and Papáček (2018), who indicated that economic control and imbalance is a form of DV, because it negatively effects the whole household.

3.6.5 Exposure to sexual assault

Exposure to sexual assault is unpleasant, unwanted sexual remarks about the victim, "groping", inappropriate touching parts of the body and sexual abuse, unacceptable sexual behaviour towards the victim (Terelak, Kołodziejczak & Bulsa, 2019). One third of South African adolescents has reported to have been exposed to sexual abuse, this has negative effects on adolescents when it relates to their social, emotional development and their educational participation and cooperation (Artz et.al., 2016).

Failure to recognize the negative effects of DV in households and in society will result in two main environments: the desensitization of DV within communities and society at large and keeping DV occurring in the household a secret (Asay, De Frain, Metzger & Moyer, 2013). Moreover, "DV is seen as a private family issue, rather than a social problem or crime that requires societal intervention" (Asay et.al., 2013, p. 83). Even though there is well-documented evidence on the negative effects of DV, some children are not negatively affected by it, some children build and maintain positive relationships and adapt positively as adults (Kimball, 2016). Laing and Humphreys (2013) did an extensive literature review on children who experience adversities and they found that 26 to 50 percent of the children who experience interpersonal violence was functioning well as those children who have been exposed. These findings are vital to assist in finding factors that contribute to resilience to better provide services to children who are or were exposed to interpersonal violence (Alaggia & Donohue, 2018).

3.7 Influence on Interpersonal Relationships During and After Childhood Exposure to DV

There has been strong evidence that links children who have been exposed to childhood DV to become abusive in adulthood, whether it is a romantic relationship, familial relationships, or

even social relationships (Sancho-Rossignol, Schilliger, Cordero, Rusconi Serpa, Epiney, Hüppi & Schechter, 2018). “Theory suggests that experiencing violence in childhood plays a role in propensity to perpetrate violence or vulnerability to violence in adulthood” (Treves-Kagan et.al., 2019: p. 2). This perspective was supported by a systematic review of seven studies on adolescent who were exposed to DV in Africa, which connected exposure to childhood DV to revictimization in adulthood and two studies connecting childhood violence to perpetration for both men and women in adulthood (Roman & Frantz, 2013).

Established evidence has been provided for children who were exposed to childhood DV, have violent and aggressive tendencies in adult interpersonal relationships or within their own families (Nixon, Radtke & Tutty, 2013). These children who are exposed to childhood DV, display bullying tendencies, and are linked to teen dating violence (Temple, Shorey, Tortolero, Wolfe & Stuart, 2013; Foshee, Dixon, Ennett, Moracco, Bowling, Chang, & Moss, 2015). Children exposed to DV interrupts their emotional regulation process (for example emotion control, attention, and response control) (McKee & Payne, 2014). The result therefore creates attachment issues that the child has with others, and they have a high possibility to develop and display aggressive behaviour and jealousy within their teen and adult interpersonal relationships (McKee & Payne, 2014). It influences how they interact and comprehend the world, including how to initiate and maintain relationships, which later present difficulties in their adult relationships or when they become parents (Narayan, Kalstabakken, Labella, Nerenberg, Monn, & Masten, 2017). Mothers exposed to DV are at risk of displaying depressive symptoms both in pregnancy and post-partum which results in mothers having difficulty breast feeding, creating attachment issues for both the mother and the child (Racine, Madigan, Plamondon, Hetherington, McDonald & Tough, 2018). Negative socio-emotional functioning occurs with children exposed to DV,

their child developmental stages are affected, especially at 6, 18 and 24 months of age (Narayan, et.al., 2017). Children of parents who have experienced childhood DV, may experience hyperactivity, poor health conditions such as asthma, develop mental health disorders (Lê-Scherban, Wang, Boyle-Steed, & Pachter, 2018).

3.8 Fostering and Promoting Resilience

When using the social environment framework, it is necessary to consider discrimination, especially the history of discrimination and separation rooted in SA, and how it affects the resilience of children. The framework does not consider these aspects and how they affect resilience in that context, so we need to change the way we deal with the problems of the disadvantaged community (Henderson, DeCuir-Gunby, & Gill, 2016). Using this framework is not always feasible because children from disadvantaged communities do not always have access and availability to resources (Henderson, et al., 2016). Thus, children who reside in urban areas have more access and availability to resources, therefore the model is criticized because of its influence on prevention strategies to prevent exposure to childhood DV because one must consider transportation, housing and employment that may delay the reliability of prevention strategies (Henderson et al., 2016). According to Crane (2010) the ecological model is not perfect and critiqued it by indicating that the ecological model put more emphasis on external interactions and how it influences on the individual and lacks attention to the socially constructed meanings and internal factors that contribute to resilience. Crane (2010) indicated that normative values is also important as it does influence the physical behaviours and ecological outcomes; of which the social-ecological framework doesn't put much emphasis on. Likewise, it does not consider all social variables in consideration such as resource extraction and focusses more on material benefits other than internal factors, values, psychological aspects, and equity (Turner,

2014). The research on resilience has become a complex process, as it continues to expand, the focus should not only be on the child who was exposed to DV but also on the ecological resources and how these ecological resources influence the child (Tabibi, Baker & Nonomura, 2020). It is important to comprehend why some children exposed to DV do well despite their exposure because it assists in building a blueprint for future research and assisting families, governments, and policy developers to improve the intervention strategies to address exposure to DV (Tabibi et al., 2020). Yule, Houston and Grych, (2019) conduced a meta-analysis, it was determined that the protective factors to promote resilience in children exposed to DV are family support, school support, self-regulation, and positive peer association with support. The child needs to be exposed to the interaction of nurturing relationships with a trusting adult, school personnel and peers, thus it will enable them to build and increase their self-worth and will promote the capacity to adapt and face their adversity (Center on the Developing Child, 2015).

3.8.1 Fostering and promoting resilience in children

Fostering and promoting resilience in children consist of individual characteristics of resilient functioning, which includes personal strength, emotion regulations, prosocial skills, secure attachment to an adult, and having gratitude towards life (Masten & Narayan, 2012). For preschool children, emotion regulation and prosocial skill development is two of the most vital factors to be resilient during and after exposure to DV (Sianko, Hedge & McDonell, 2019). Throughout the developmental preschool years, children start to foster social relationships, positively engaging in interpersonal problems, and adjusting emotional reactions. Moreover, a contribution to healthy mental functioning as development improves. Resilience is an inherent ability every individual is born with. Children who are resilient, work, love, and can survive hardships. Children with resilience contain the ability to resolve problems, social competence,

autonomy, sense of purpose and critical consciousness (Darvishnia & Aghayousef, 2021). Mothers are generally and often the core of a supportive, loyal, and caring family system, the mother-child relationship should be strengthened for the child to alleviate some of the negative effects caused by DV (Sianko, Hedge & McDonell, 2019). This included extended family, to whom the child has a close relationship with, whether it is a grandparent, aunt, family friend, aunt, or uncle. This will enable the child to buffer some of the challenges to comes with exposure to childhood DV (Sianko, Hedge & McDonell, 2019).

3.8.2 Fostering and promoting resilience in youth

According to Fellin, Callaghan, Alexander, Harrison-Breed, Mavrou and Papathanasiou (2019) youth make use of their physical spaces and interpersonal relations that characterize their worlds. Youth exposed to DV must make sense and comprehend their response in its social, interpersonal, and spatial context (s) to overcome or generate positive outcomes, which is primarily the focus of this study, to identify the factors that contributed to adult resilience of children exposed to childhood DV. Positive peer association is important for the youth, due to them forming their own identity and trying to determine their role in society, therefore it is important that efforts be put in place for young people to seek assistance on behalf of their friends who experience adversity within their home (Sianko, Hedge & McDonell, 2019).

3.8.3 Fostering and promoting resilience in adults

It takes a great amount of personal strength to promote and foster resilience within adults. Adults utilize resilience through spiritual and social support (Anderson, Renner & Danis, 2012). Referring to the current study, the research participants utilized spirituality and religious views and beliefs that creates and enhances an opportunity for personal strength to prevail from their

previous and current adversities (Anderson, Renner & Danis, 2012). Adults have the ability seek informal and formal assistance to build their resilience from others, which will enable them to rebuild their lives, when they experience growth in their self-awareness, faith, and interpersonal relationships (Anderson, Renner & Danis, 2012). Religious groups provide emotional comfort and support, security, a sense of belonging and practical support, whether its financial support or shelter (Anderson, Renner & Danis, 2012). According to Cater (2014), there is a limitation regarding the adaption and the resilience of children after exposure to adversity, it lacks the narratives of the children who experienced it. Sianko, Hedge and McDonell (2019) indicated that parents only observe how their children are coping, teachers observe the academic performance of the children and social workers, or psychologists only assess and observe the emotional and psychological well-being of children.

This is limited because it is the perspectives of adults and it does not convey the child's reaction to witnessing DV, which can differ tremendously from the perspective of adults (Meyer, Reeves, & Fitz-Gibbon, 2021). Therefore, it was important for the current study to address the limitations of children exposed to DV in the context of small towns and rural areas.

3.9 Conclusion

Exposure to childhood DV is a global pandemic, that negatively affect all, does not matter the age, race, gender, ethnicity and or nationality. SA is one of the countries that is one of the forerunners of prevalence, regarding childhood exposure to DV. The family is the first system and context a child is exposed to, and if the system is dysfunctional, it will influence all within the family system, resulting in negative consequences. It is a clear indication on reviewing the literature in the chapter that exposure to childhood DV has a severe influence on society, it does

not matter what race, culture, ethnicity, or nationality you are. The Social – Ecological theory provides a variety of principles and contexts regarding resilience, and how it influences and shapes the life of the child, from childhood to adulthood after exposure to childhood DV. The theory provides a better comprehension between interplay between the child and his or her environment, and how it can influence the child's resilience. Thus, recognizing the importance of how one's surrounding can either promote or deteriorate resilience.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1 Introduction

The previous chapter offered a comprehensive overview of the study's literature. This chapter will outline the methodological approach of the study that resulted in achieving the aim and objectives that were discussed and outlined in chapter one. This chapter will discuss topics such as the research approach, the research design, the research population, the sampling, and the research setting. Additionally, an outline and discussion regarding the pilot study, the data collection process, and the analysis procedure will be presented. Finally, the ethics consideration will be discussed which consist of data verification and trustworthiness, self-reflexivity, ethics considerations and limitations of the study.

4.2 Research Question(s)

The main goal of research questions is to be utilized as a tool for approaching and interpreting the results of the research. Consequently, it is vital that researchers generate a plan prior to the

study and design the research according to that plan (Newman & Covrig, 2013). These questions narrow down and provide focus on the main objectives of the study, which encourages the study to have structure (Kross & Giust, 2019).

Ultimately, the question is defined as: “The research question is an unambiguous statement that clearly articulates the phenomenon you plan to investigate” (Kivunja, 2016, p. 167). The study developed three research questions, which Creswell (2014) sees as an important approach to narrow the aim and objectives targeting and addressing the desired outcome of a study. The purpose of these specific research questions was providing direction to the study and to provide substance and answers to the aim of the study, it also governs the methodology, analysis, and reporting of the research study (Khodabux, 2016).

- What are the adult DV survivor’s experience during childhood exposure to DV?
- What is the influence of exposure to childhood DV on adults during their life course?
- What were the factors which were seen to contribute to adult resilience, after childhood exposure of DV?

4.3 The Aim:

The aim of the study is to explore resilience in adults who have been exposed to childhood DV in the Western Cape, SA.

4.4 The Objectives:

- To explore and describe adults’ experiences of childhood exposure to DV.
- To explore the influence of exposure to childhood DV in adults during their life course.

- To explore factors which were seen to contribute to adult resilience, after childhood exposure to DV.

4.5 Research Methodology

4.5.1 Research Approach

The approach utilized in the study was qualitative. This approach is normally adopted when an understanding of shared social realities, including the depth, meaning and perceptions of individuals attach to them (Taylor, Bogdan & DeVault, 2015 et al., 2011). This allowed the researcher to examine how the research participants made sense out of their own concrete real-life experiences in their own minds and in their own words and how they attempted to put meaning behind the research participant's experiences (Cropley, 2015). More emphasis and thoughtfulness were provided on an individual basis (Mayring, 2014) and how the individual functioned within their environment, which makes it mainly inductive than deductive. Moreover, this approach is typically utilized to answer questions about the multifaceted nature of this phenomena, allowing the researcher and the reader to understand their lived realities from their own personal perspective. This approach enabled the researcher to explore the phenomena more in depth through behaviour, observations, and attributes of the research participants (Rossi, 2011) and to provide a holistic overview of their experiences within that specific time they are experienced the phenomena. There are three important components the researcher applied during this research study, which consists of the relationship between researcher and participant, the importance of meaning and the importance of context (DuBois, Walsh & Strait, 2018).

The purpose of descriptive qualitative studies is to uncover the three w's (what, when and where), (Abukhalaf & von Meding, 2021), to describe the social phenomenon and its features

with characteristics. This type of research is more focused on the “what” rather than the “why” and the “how” as something has occurred (Nassaji, 2015) The researcher had the necessary skill set such as demonstrating empathy yet being objective when analysing and interpreting the data and being neutral when conducting the research, to not influence or be potentially bias regarding the data collection process, thus eradicating distortion of the data and the meaning of it, within its context (Roller, 2018).

4.5.2 Research Design

The study utilised explorative-descriptive research design which was the blueprint and framework for conducting this research, which assisted the researcher in outlining the procedures necessary for obtaining data needed for this study (Taylor, Bogdan & DeVault, 2015). Descriptive research designs consist of examining “…what, where, and when of a phenomenon, exploratory research seeks answers to why and how types of questions. Exploratory research seeks to gain preliminary insight into a situation, phenomenon, community, or individual that is relatively unknown (Taylor, Bogdan & DeVault, 2015). Taylor, Bogdan and DeVault, (2015) regard the lack of basic information as one of the biggest motivations to apply exploratory research techniques. The researcher applied the descriptive research design which explores and explains specific details of an individual, group or a situation’s experiences, characteristics, and functions (Taylor, Bogdan & DeVault, 2015). Through the identification of causal factors and outcomes of the target phenomenon, it seeks to "connect the dots" in research (Bhattacherjee, 2012). It increased understanding on the phenomena and provide more in-depth information on a phenomenon of which there is not suitable or enough information about (Fedasiuk, 2020).

4.5.3 Research setting

The research was conducted in the Mosselbay area and surrounding areas which mostly consist of farms and small towns. It has an estimated population of 99 319 people and is regarded a harbour town that attracts tourists and visitors both nationally and internally. (Mosselbay Municipality, 2017). The particular interest in a coastal area like Mosselbay is due to the high rate of DV cases, non-reported cases in these areas and the dangerous pathology of DV in these areas, it consists of high rates of social issues such as substance abuse, unemployment, and poverty (Reynolds, 2020). Some of the social influences associated with coastal communities such as Mosselbay consisted of forced removals and displacement of local communities from traditional lands and waters, loss or restricted access rights, and influences on food security, health, and livelihoods, as well as on social cohesion, culture, identity, sense of place, gender relations, customary practices, and governance systems (Sowman & Sunde, 2018) Updated statistics that were reported by Reynolds (2020) demonstrated that there were 34,209 reported cases of DV for the financial year of 2018/2019 in the Western Cape.

4.5.4 Population and sampling

The population for this study were adults who were exposed to childhood DV, residing in Mosselbay and surrounding areas and who were service users of the NGO (Non-Governmental Organization) recruited and to refer other individuals who had experienced similar experiences. The consent was provided by the organization by providing their organizational stamp on the Organizational Permission letter (See Appendix D) Population is the entire pool of information from which a sample is drawn, and which conclusions are being drawn (Gentles, Charles, Ploeg & McKibbon, 2015). The population of the study assisted the researcher to have a group with

context, which have common or similar experiences to achieve the aim of the study (Gentles, Charles, Ploeg & McKibbon, 2015).

The researcher utilized elements of purposive sampling, which consists of elements with unique and specific characteristics, due to the topic of the study and the objectives thereof (Patton, 2014).

The criteria for inclusion were:

a) Adults who have been exposed to childhood DV residing in Mosselbay and surrounding areas.
b) Aged between 18 and above.
c) Positive outcomes from negative elements after exposure to childhood DV.
d) From a disadvantaged background.
e) Had obtained a college or tertiary qualification.
f) Referrals from the NGO, individuals or stakeholders who fit the criteria based on the research topic and the inclusion criteria.

The criteria for exclusion were:

a) Adults who have been exposed to childhood DV but did not adapt positively.

The sample consisted of eight research participants, who were service users at the NGO, and who were referred by service users who knew of individuals with similar experiences and outcomes. All resided in Mosselbay and surrounding areas, consisted of three male research participants, five of the research participants were female. All the research participants were either college or university educated. Due to the nature and the setting of the research study, the

research utilized snowball sampling, which is considered a referral system, due to the scarce population of the research topic it is common that research participants know of potential research participants who have commonality (Patton, 2014). Snowball sampling enabled the researcher to choose his research participants, referrals from the NGO, word of mouth of individual(s) who have a DV background but who have adapted positively from their adverse background (Dragan & Isaic-Maniu, 2013).

Due to the topic of the research study, it would have been difficult to use a different type of sampling, due to the research topic and having a high risk of unobtainable populations. Due to the research topic, it was clear from the beginning that the population will be low numbers. Snowball sampling allowed the researcher to take all aspects in account because it allowed the researcher (considering the research topic and the area of research) to obtain research participants who wanted to remain anonymous, who were geographically dispersed and did not want to feel stigmatized to become a research participant (Waters, 2015). Pilot study

A pilot study was conducted before the main study was launched and implemented. According to Bhattacherjee (2012), pilot testing is overlooked and not taken seriously, however it's an important part of the research, as it detects potential difficulties in the research design and whether the research questions were comprehensible to the targeted sample. The pilot study exposed whether the measurement instruments and constructs were valid and reliable, for normally a small sample of the research participants who partook in the pilot study (Bhattacherjee, 2012).

Two individuals were recruited to partake in the pilot study. They were not part of the eight research participants who took part in the official research study. Whilst conducting the pilot

study the researcher realized based on the feedback questions, the questions were amended to be more concise and simplified. The pilot study had to be simplified for some of the research participants for them to thoroughly understand the questions. Some of the questions were too long for the participants to respond to, therefore they had to be broken down, for the participants to effectively and comprehensively understand the questions to get a suitable response. The researcher acknowledged that the research participants responded better and engaged more effectively when having a conversation with them, rather than going down the interview schedule to ask the questions. This created more probing opportunities.

4.5.5 Data collection

Data collection is considered one step in an extensive and in-depth method of preparation, designing, and executing research (Bhattacherjee, 2012). If proper preparation, design, and execution of the research does not occur, it is highly likely that the results of the data collection might be irrelevant, as an abundance of collected data cannot make up for the lack of preparation and design, particularly with questions that were not interesting (Bhattacherjee, 2012).

The reason for using this group is that the population is strictly defined, detailed and the uniqueness of the sample is rare (Dragan & Isaic-Maniu, 2013). Research participants meeting the criteria were invited to participate in the study (individuals within the Mosselbay and surrounding areas, referrals from community members and the NGO. Permission to access service users was secured from the management of the NGO (*see Appendix D*). After discussing it with the management who requested to refer potential participants, the researcher left a detailed leaflet with information about the study. The researcher later returned to meet the willing participants at a venue of their choice to discuss the study and to gain written consent to

proceed with the study. This was in the privacy of their own home, a quiet, safe, and secure area or venue where the research participants felt safe and comfortable to conduct the interview. These setting(s) did not hinder the information disclosed by the research participants, thus, limiting the risk of malpractice and misconduct. After the interview, the researcher provided a thank you note and had a follow up session (for example face to face session, email, or telephone conversation) with research participants, to touch base and to provide any information and support needed with regards to the study. The main goal of this follow up was to determine whether the research participants needed further therapeutic intervention or whether they had any other questions regarding the study.

Willing participants of the study gave written consent, after the study had been explained verbally and an opportunity for questions had been provided (*see Appendix B*) to participate in the study. The participants were provided with a copy of the information sheet (*see Appendix A*), in the language of their choice which was mostly Afrikaans. All the appendices are therefore in both English and Afrikaans. The Afrikaans interviews were transcribed and were translated into English verbatim and back to Afrikaans for accurate reporting.

The research participants were competent to give consent (18 years and above) (Fouka & Mantzorou, 2011) (*see Appendix B*). As the requirements of a qualitative study is its focus on an in-depth understanding of a smaller sample of a population focused on the meaning of the study a total of eight participants who met the criteria were invited to participate in the study (Dworkin, 2012). Data was collected using semi-structured interviews guided by a semi-structured interview schedule with the research participants (Annum, 2018).

To make sure that the research was valid, the researcher ensured that the interview sessions were conducted in a setting that would promote or enable the researcher and the participants to focus on the interview without being disturbed. The setting, environment and the surroundings must be conducive, which result and promote comfortability for both the researcher and the participant (Jacob & Furgerson, 2012). When using interviews as a tool for research, the researcher has to make sure that the setting is quiet, less background noise (Gani, Rathakrishnan & Krishnasamy, 2020). Moreover, the researcher utilized safe and available space or rooms in the houses of the research participants for the interviews.

The interviews comprised one session of half an hour to 90 minutes. The interview sessions were centred around themes such as experiences of childhood exposure to DV, and the influence of exposure to childhood DV in adults during their life course, meaning how did exposure to childhood DV affect them as adults and the how are they dealing with the negative effects of exposure that maintains their resilience. Additionally, the factors which were seen to contribute to adult resilience, after childhood exposure to DV were explored.

4.5.6.1 Preparation of the research participants

Preparing and building a rapport with the research participants before the study which was vital to establish comfortability when interacting with the research participants, this is preferably done well in advance of the interview, but also during the interview itself (McGrath, Palmgren & Liljedahl, 2019). The only concern was that there would be limited time during the interview to build trust between the researcher and the research participants, therefore, the researcher drafted a short summary of the research study, written in layman's terms (Bell, 2014). This document was sent to the research participants prior to the interview, to enlighten them of the topics that

would be discussed during the interview (Bell, 2014). Preparing and building a rapport is important as it would enable the research participants to provide an in-depth and detailed explanation of their experiences during childhood exposure to DV (Bell, 2014). The researcher prepared the research participants on an individual basis via telephonic conversation(s), as this platform allowed the opportunity to inform the research participants about the aim, objectives, interview process as well as ensuring their confidentiality before, during and after the research study. A follow-up telephonic conversation occurred, to confirm a date, time, and venue with the research participants, to make sure that no inconvenience occurred before conducting the research interview.

While the interview was conducted with the research participants they were informed and reminded of the aim, the objectives of the study, clarifying the purpose of the study and were provided with a hard copy of the information sheet (*see Appendix A*). Thereafter, the participants were informed about the ethics regarding research, and they were requested to sign a consent form (*see Appendix B*). The researcher requested permission from the research participants to audio-record the interviews, this enabled the researcher to activity listen to the research participates, make field notes, and observe a research participant's behaviour. Audio recordings promoted accountability, trustworthiness and allowed the researcher to observe non-verbal communication during the interview and allowed a level of engagement on a more personal level with the research participants.

4.5.6 Data collection tools

The researcher made use of a semi-structured interview schedule, to enable the researcher to not only follow a strict formalized list of questions (Gani, Rathakrishnan & Krishnasamy, 2020).

This was utilized to qualitatively explore the factors that contributed to adult resilience, after childhood exposure to DV (See *Appendix C*) for the semi-structured interview schedule. The interviews were conducted within the participant's homes. English and Afrikaans were the preferred languages. The interviews lasted between 60 – 90 minutes. Audio recording was used to make sure that no data or misinformation was lost. Thereafter, the researcher made sure that all audio recordings were saved onto his computer, thereby protecting the data and the research participant by utilizing a password.

The research questions were open-ended questions that guided the responses (Taylor, Bogdan & DeVault, 2015). The open-ended questions focused on prompting information regarding DV from childhood experiences and exposure to DV as well as the influence thereof and the factors that contributed to resilience in adulthood against DV. For example: "Kindly describe what allowed you to achieve your goals and how did you deal with failure?" and "Kindly indicate any factor that acted as a protective mechanism in childhood?" The researcher made use of audio recordings, a semi-structured interview schedule and reflective journals, which were deemed important to keep records of the data collected (Annum, 2018).

4.5.7 Field notes

It is recommended that researchers take field notes, even if the interviews are audio-recorded. These field notes are a backup, especially when audio recordings fail to capture any verbal communication (Roller & Lavrakas, 2015). Field notes are useful when the research participant does not feel comfortable expressing themselves on audiotape when it comes to certain or sensitive information (Roller & Lavrakas, 2015). The researcher expanded his notes, on the day of data collection, which enabled the researcher not to forget any essential information or

abbreviations used. He reviewed his research field notes which enabled him to remember information that slipped his mind. Roller and Lavrakas (2015) noted that good note taking triggers memory, however it can be lost by wasting time or waiting too long before logging.

4.6 Data analysis

The researcher utilized thematic analysis to analyse and interpret the data. It is considered an approach that is independent and reliable (Vaismoradi, Turunen & Bondas, 2013). When utilizing thematic analysis, the process is considered reflexive and organic, which requires a researcher who is invested and attentive (Braun, Clarke & Terry, 2015). The main purpose for this is for the researcher to develop a story from the data received (Neuendorf, 2019). The researcher will recognize patterns and themes in the responses (coded texts) and will gain from this a structured collection of codes and how this interconnect with each other (Joffe, 2012). According to Braun, Clarkeand Terry (2015), themes present a map, providing hierarchy among themes. The following six phases of thematic analysis were implemented (Braun & Clarke, 2013):

Phase 1: Familiarizing yourself with your data: The researcher extended the engagement with the collected data, listened, and re-listened to the audio recordings, documented theoretical and reflective thoughts, and kept record of field notes made during the research (Braun & Clarke, 2013). The researcher wrote down the field notes in a hardcopy book, and concurrently wrote down reflective and theoretical thoughts and created potential codes and themes (Nowell, Norris, White & Moules, 2017).

Phase 2: Generating initial codes: The researcher generated codes by using a coding framework and by referring to his transcripts, audio recordings and reflective journals. The codes

were generated through data that was meaningful and was related to the objectives and the aim of the study. The researcher identified important sections of the text on transcriptions as they can relate to a potential or to an actual theme King (2004), (as cited in Nowell et al., 2017). The generated codes are more specific than the themes, however the codes tell a story and provide a picture of the background of the conversation that occurred (Braun & Clarke, 2013).

Phase 3: Searching for themes: Themes according to Aronson (1995) are ideas and components that are brought together (as cited in Nowell et al., 2017) and captures data or information of significant relevance to the research aim and objectives (Braun & Clarke, 2006), (as cited in Nowell et al., 2017). The themes that were developed were produced by the codes, which was also turned around, where themes became codes (Braun & Clarke, 2013). The method for creating themes occurred when the researcher analysed, combined, compared, and mapped codes, and how they relate to one another (Kiger & Varpio, 2020).

Phase 4: Reviewing themes Researcher triangulation: This phase consists of the review of the codes, which was extracted from each theme and whether they appear to be in a comprehensible pattern (Nowell et al., 2017). Thereafter themes were created; the validity of the themes was considered and whether it accurately reflected the connotations of the collected data (Braun & Clarke, 2006). The researcher made sure that the data had authenticity where needed. The purpose was to test for referential adequacy by returning to the raw data (Braun & Clarke, 2013).

Phase 5: Defining and naming themes: Initial documentation and the naming of themes occurred in this phase. The researcher revised themes, defined, and recognized whether there are sub-themes within the data (Braun & Clarke, 2013). This phase expected the researcher to

analyse and review the coded data, placed within the themes, thus allowing the researcher to create sub-themes enabling the data to have coherence and commonality between themes (Attride-Stirling, 2001; Braun & Clarke, 2006), (as cited in Kiger & Varpio, 2020).

Phase 6: Producing the report: In this phase the researcher started the process of coding and analysis in more detail. Thick descriptions of context description of the audit trail were reported, resulting in main themes and sub-themes (Braun & Clarke, 2013). The researcher utilized representative data extracts (for example quotations from the research participants) and narrative descriptions (Kiger & Varpio, 2020). This enabled the researcher to distract data that contained adequate information and context to comprehend the meaning, furthermore, be supported by intertwined documented descriptions that explains their significant importance (Braun & Clarke, 2013), (as cited in Nowell et al., 2017).

4.7 Self-Reflexivity

One of the major challenges to any research design is the troublesome issue of prejudice or the potential misrepresentation of research results due to unintentional effects from the researcher as well as research - interviewer bias (Roller, 2018). Reflexivity is important because it has the potential to threaten the outcome of the research study (van der Riet, 2012). Therefore, it is important for the researcher to thoughtfully consider the interview-interviewee relationship, the interaction which may have caused presumptions from certain demographics such as race, age, and gender (Palaganas, Sanchez, Molintas & Caricativo, 2017). The tool the researcher utilized was a reflexive journal, in which he logged details where he possibly influenced the research results of each research participant (van der Riet, 2012). The purpose of this journal was to sensitize his own prejudices, resulting in data that is more credible and has valid outcomes

(Roller, 2018). The journal assisted the research by enriching the study design, by providing a factual, first-hand account of the bias of the researcher that potentially influenced the research outcomes (Roller, 2018). This journal was utilized during and after every research participant, which enabled the researcher to observe and regulate any deviancy or discrepancies of the data collected.

4.8 Data verification trustworthiness

Trustworthiness is important in the authenticity of collected data. It is a mechanism that can be used by researchers and readers who are interested in their research (Roller, 2017). Trustworthiness consists of the following four components:

Credibility: The researcher kept a reflective journal to be aware of his own biases and ideas. The researcher will be persistent in his observation(s), encourage peer debriefing, and do member checks.

According to Roller (2018, p. 40) when researchers conduct their interviews there are three main questions a researcher should ask themselves, during and after the interview with the research participant, to alleviate or eradicate any bias or misperceptions. This promoting the credibility of the research and making it valid.

1) What do I think I “know” from this/these participant(s) and how do I think I “know” it?
2) What assumptions did I make (what did I assume to be true) about the participant(s)?
3) How did my personal values, beliefs, life story, and/or social/economic status affect or shape the questions I asked, the interjections I made, my listening skills, and/or behaviour?

When reporting the data outcomes or results of the research study, it is important that other researchers or the supervisor examines the work and draws their own conclusions (Roller, 2018; Roller & Lavrakas (2015). The experts in the researcher's field or the supervisors reviewing the research will contribute whether there are any discrepancies in the comprehensiveness, samples, potential biases, and field notes of the research (Roller, 2018; Roller & Lavrakas, 2015).

Transferability: The researcher ensured that the information sheets, main and sub questions were in the home language of the research participants. It enhanced transferability in the research context and the assumptions, which was central to the research (Trochim, 2020). Furthermore, this process is important, Trochim (2020), whether the researcher or another researcher chooses to transfer the research that he or she is responsible for transferring the data, whether it can be utilized or not.

Dependability: Regular paraphrasing will occur to make sure that the information provided by the research participants is valid, and no misperceptions or understanding is included. According to Forero, Nahidi, De Costa, Mohsin, Fitzgerald, Gibson, McCarthy and Aboagye-Sarfo (2018), dependability consists of the recruiting and interview process is to be ethical and according to protocol. The use of audio-recordings and transcriptions promoted dependability in the research process. The codes and themes were discussed with the researcher's supervisor, ensuring that the process and the data analysis process is valid and will achieve the aim of the research study (Forero, et.al, 2018). The codebook was revised on a regular basis (Whiting & Sines, 2012). The researcher utilized the mind-mapping process that assisted to verify consistency and enabled the platform to review whether the original data of the research participants were precise (Whiting & Sines, 2012).

Confirmability: The researcher remained objective and upheld an audit path to document the research process. The tool that was utilized to confirm confirmability was a reflexive journal, to record any challenges regarding the research topic (due to the sensitivity of the topic) or any other potential ethical issues (Forero et al., 2018). After concluding the data collection process, the researcher reflected on the interview, on each interview participant, in both written and verbal format (Forero et. al., 2018). The findings of this data analyses will be presented and discussed in the next chapter.

4.9 Ethical Considerations

According to Barrow, Brannan and Khandhar (2021) research must be ethical, due to the rights of the research participants. The following ethical considerations were considered (Barrow, Brannan and Khandhar, 2021).

4.9.1 Permission to conduct the study

The researcher obtained ethical clearance and approval from the Humanities and Social Sciences Research Ethics Committee (HSSREC, ethics nr: **HS20/5/22**), from the University of the Western Cape. The researcher also obtained permission from Child Welfare SA to utilize their material and human resources to conduct the study (*see Appendix D*).

4.9.2 Informed consent

The participants of this study provided written consent to participate in the study after receiving an information sheet with the details of the study in a language that they understood. The research process was explained to researcher participants where they were informed that they can withdraw from the study when they began to feel uncomfortable with the research questions.

This approach promotes: "… respondents' private data or responses will not fall into the hands of any third party…" (Bhattacherjee, 2012, p. 81) and it maintains confidentiality by respecting their autonomy when writing up the final research project.

4.9.3 Voluntary participation

The researcher made sure that the participants and the data was treated with the outmost respect and that the participants could make an informed decision regarding participation in the study. The researcher did not force any research participant to take part in the study and made it clear to them that they can withdraw from the study whenever they feel it is necessary to do so.

4.9.4 Do no harm

The study attempted to minimize the risk of harm to the individual. There was a possibility that some of the participants may experience some secondary psychological discomfort during the interview process. They were reminded that they could withdraw from the study at any time and that they would be encouraged to seek psychological support/debriefing should the therapeutic need arise.

Due to the sensitivity of the research topic, it was the duty of the researcher to minimize the risk (for example psychological, or social) associated with the research study, as it has the potential to open old wounds (Barrow, Brannan and Khandhar, 2021). For this reason, relevant referrals to organizations who provide debriefing services were consulted before conducting the interviews**.** However, none of the research participants requested for any further intervention after their interviews were conducted.

The research must somehow benefit the research participant, in some form or another. Fair distribution of the risk and benefits needs to be distributed, resulting from the research conducted (Creswell, 2015). Whether it's the people directly (for example the research participants) or indirectly (for example family of the research participant or people who have gone through similar experiences regarding the research topic) must gain knowledge from the research study (Creswell, 2015). By doing so the researcher made it clear on the information sheet *(see Appendix A*) that: "This research is not designed to help you personally, but the results may help the researcher learn more about the exposure of childhood DV and the resilience factors that assisted you to flourish from that exposure as a child."

The study occurred during Covid-19 and the researcher implemented the safety protocols provided by the Infection Prevention and Control Guidelines (2020) which states:

a) The wearing of protective gear such as a cloth mask.
b) Disinfection of hands at entry to and from the homes of the research participants.
c) Disinfection of areas utilized such as tables, chairs, etc.
d) 1.5 to 2 metres away from each other.

These protocols were put in place to protect both the researcher and the research participants. It was effective as both the researcher and the research participants were not infected with the Covid-19 virus.

4.9.5 Confidentiality

Informants will also be guaranteed that what they disclose to the researcher will remain confidential and will be used for research purposes only. It is a tool utilized to ensure that

potential research participants comprehend what it means to participate in a research study, which will enable them to make a conscious decision whether they want to participate or not. Informed consent relates to ethics, which promotes respect for research participants and their autonomy (Barrow, Brannan & Khandhar, 2021). Only the researcher and the research supervisor will have access to the data. Furthermore, after the analysis is conducted and finalized, data will be kept for about five years and will then be disposed of through shredding.

4.9.6 Anonymity

No personal identifying details was provided by the researcher, as pseudonyms or case numbers was used in the thesis or future publications and reports. Respecting the autonomy of research participants is vital, as the researcher must be committed to the self-determination and individuality of the research participants (Barrow, Brannan and Khandhar, 2021). The main goal within this principle is to protect the vulnerability of the research participants and for them not to be exploited due to the sensitivity of the research topic. All personal information was confidential and was kept on password protected computers to maintain confidentiality. The password is only known by the researcher involved in the study. The anonymity and the confidentiality of the participants will be ensured by using pseudonyms or codes in the thesis or future publications and presentations, to ensure the protection of the identity of the participants.

4.10 Conclusion

The research methodology was provided within this chapter. The approach and the process followed to conduct the interviews. This entails the population, sampling, data collection and the data analysis utilized to obtain the data from the research participants. Furthermore, this chapter discusses the pilot study, the main study and discusses and describes the researcher's experiences

from the research process by promoting and validating the credibility of this research study. Chapter five will discuss the results of the research study.

CHAPTER FIVE

FINDINGS AND DISCUSSION OF RESULTS

5.1 Introduction

The aim of this study was to explore resilience in adults who have been exposed to DV in their childhood in the Western Cape, SA, particularly focusing on Mosselbay and surrounding areas. This study utilized a qualitative methodology to collect data through one-on-one interviews, via snowball sampling. Factors the study focused on was to explore resilient factors utilized by research participants, which enabled adults to reach positive outcomes after exposure to childhood DV. The data of this study was analysed using thematic analysis which enabled the researcher to put the data into context, creating a picture and attached meaning to the data collected from the research participants. The objectives of the study were as following:

- To describe adults' experiences of childhood exposure to DV.
- To explore the influence of exposure to childhood DV in adults during their life course.
- To explore factors which were seen to contribute to adult resilience, after childhood exposure to DV.

5.2 Demographic Data of the Research Participants

Eight participants who resided in Mosselbay and the surrounding areas or who grew up in Mosselbay and surrounding areas agreed to take part in the study.

Table 5.1: The demographics of the research participants

Participant Identifier	Race	Age	Gender	Relationship Status	Education Level	Employment Status	Number of Children
P1	Coloured	29	F	Relationship	University	Employed	0
P2	Coloured	36	F	Relationship	College	Employed	3
P3	Coloured	38	M	Single	College	Unemployed	0
P4	Coloured	30	F	Married	University	Employed	2
P5	Coloured	25	F	Single	College	Unemployed	1
P6	Coloured	32	M	Relationship	College	Employed	0
P7	Coloured	28	F	Married	College	Unemployed	2
P8	Coloured	29	M	Married	College	Employed	2

5.3 Summary of the Demographics

Both males and females were invited to participate in the study. Three males and five females partook in the study. According to Table 5.1, the data were primarily from people of coloured descent. Due to research participants dropping out, of the study and due to the demographical area in which the research was conducted. The participants ages ranged between 25 and 38, most of the research participants were over the age of 20 years old. Three of the participants were

married, three were in a relationship and two were single. All the research participants completed matric, and all of them had a college or tertiary education. Three research participants were unemployed due to the Covid-19 pandemic and five of the research participants were employed.

5.4 Presentation and Discussion of the Findings

A total of eight research participants partook in the research study. Their interviews were transcribed into Afrikaans and translated into English verbatim. Semi-structured interviews as well as field notes were illustrative of the outcomes of the research study, which was displayed in the form of themes and sub-themes that emerged from the collected data.

Direct quotes were utilized in the study, which was taken from the transcriptions of the interviews to strengthen these outcomes. To provide support for the themes and the sub-themes that emerged from the study, previous literature was utilized to validate the findings of the research.

5.5 Summary of the Themes and Sub-themes

Table 5.2 below display the main themes and sub-themes from the collected data of research participants after it was analyzed and transcribed. Followed by the discussion of the themes, of which the themes are validated by the discussion and incorporation of previous literature.

Table 5.2: Summary of the themes and the sub-themes

Themes	**Sub-Themes**
Theme 1: Adult's experiences during childhood DV.	**Sub-theme 1.1:** The family and home environment.

	Sub-theme 1.2: Type of DV.
	Sub-theme 1.3: Factors of DV.
Theme 2: The influence of exposure to childhood DV.	**Sub-theme 2.1:** Parenting practices.
	Sub-theme 2.2: Risky behaviours.
	Sub-theme 2.3: Parent-child relationship in childhood and parent child relationship in adulthood.
	Sub-theme 2.4: Social relationships and romantic relationships.
	Sub-theme 2.5: Goal(s) attainment.
	Sub-theme 2.6: Stages of development.
Theme 3: Factors contributing to adult resilience after exposure to childhood DV.	**Sub-theme 3.1:** The utilization of religion.
	Sub-theme 3.2: Positive self-talk and self-motivation.
	Sub-theme 3.3: Protective mechanisms (safe environment, community support and resources).
	Sub-theme 3.4: Internal resilience.

5.5.1 Theme 1: Adult's experiences during childhood DV

Exposure to DV at home creates a stressful, distressing, and harmful environment, which results in long-term negative and long-term consequences into adulthood (Ungar, 2013; Cafcass Cymru, 2019). Therefor its vital to alleviate the exposure because the continuous exposure to DV in the household results in negative consequences in the emotional and biological adjustment, thus, leading the participants to have a nervous and self-doubting approach in future relationships (Ungar, 2012; Afolabi, 2015). Children express their exposure to DV differently, some express it with aggression, frustration, and panic (Afolabi, 2015). De Luna and Wang (2021) assert that hearing their parents fight, physically fight, yell at each other, see blood, bruises, or witness rape may cause trauma in children. Thus, resulting in a lack of structure and consistency within the house, which negatively affects the child's sense of confidence, esteem, safety, security, and boundaries (Sawyer, 2012).

This main theme describes and reinforces three additional sub-themes: the family and home environment, the type of DV, and the cause of DV. The goal of this theme was to explore the research participants' experiences holistically and to demonstrate how they influenced Theme 2 and its sub-themes, as well as to present a holistic perspective on DV and its contribution on the well-being of children exposed to DV.

5.5.1.1 Sub-theme 1.1: The family and home environment

According to Robbins (2021) children who are exposed to domestic violence at home are more likely to experience psychological consequences and are more likely to engage in both internalized and externalized bad behaviours. Family, social, and biological environments, socioeconomic resources, and inherited factors have been recognized in previous research as

contributing factors that can make a family social environment healthy or unhealthy (Afolabi, 2015). Children who live in unstable homes where family members move in and out are more likely to experience abuse, neglect, or both. This can result in co-dependency and drug misuse, which ultimately cause families to dissolve (Camilo, Vaz Garrido & Calheiros, 2021). They fear retaliation and they hope that their partner will change (WHO, 2012). The influence of economic dependence and substance abuse was reflected by one participant in the quote below:

> *"RP [Research Participant]: My father came in the evening home drunk, looking for trouble with her [mother] and he worked and never gave money … we also suffered, we went to bed hungry, there was no food, she[mother] worked at home and raised us, and he was the one that worked but he cached on his 10 and 12 things … there were times when things were nice when my mother started to work and things, then it was nice. Later on, she could not handle it anymore because he kept on drinking … she also started to drink and at the end of the day we ended up with other people, welfare cases." (MB, P2, Female, 36 years old).*

Rural communities are normally a close-knit setting; however, these communities tend to keep DV hidden and in enabling abuse due to people wanting help but refuse the help because they are afraid that other people will know the adversity that they are facing (WHO, 2012). In rural communities, there are unwritten and protected principles regarding the role of the man, which result in the man having power, owning property, and being the head of the family (WHO, 2012). These views are reflected in the statement below:

> *"RP: … one day he just went crazy with me and I pulled out a knife … I told him … you are not going to beat me unnecessary and that because the street light came on six o clock and I must be in the house and all the children is playing outside and here I am, standard nine … my mother then jumped in the middle and I scratched her on her hand. If we had an issue, he would go crazy and he will scream and his, his cute words were: "Don't talk shit to me" … until today it is like: "Don't talk shit to me" (MB, P 4, Female, 30 years old).*

> *"My father did not drink; my father went crazy like a drunk man in the house … You just have to make sure that you are walking on eggs in the house." (MB, Participant 4, Female, 30 years old).*

5.5.1.2 Sub-theme 1.2: Types of DV

When domestic abuse occurs, children are not only witnesses, but also victims of many forms of domestic violence (Callaghan, 2015; WHO 2012). Domestic abuse has a cascading effect, according to the findings of the study. One form of DV is physical violence, it consists of kicking, beating, and slapping. Most of the research participants have experience witnessing physical violence within their home as children. These views are reflected in the statements below:

> *"RP: … she[mother] couldn't protect any of us because my father would beat her up …" (MB, P 6, Male, 32 years old).*

Another form of DV is sexual violence, which **is** considered as rape and other forms of sexual pressure. Only one research participant has witnessed her mother being sexually inappropriate in front of her, which is still traumatizing to her, as reflected on the field notes during the observation of conducting her interview. She was not only exposed to DV but was also a direct victim of DV. These views are reflected in the statement below:

> *"RP: My mother had a few boyfriends and every boyfriend that time assaulted her or beaten her … and if she slept with a new boyfriend in front of me and I came across them, then she will beat me until I go to sleep." (MB, P 7, Female, 28 years old).*

Psychological abuse is one of the most common forms of DV it consists of emotional abuse, humiliation, insults, threats, intimidation, manipulation. The research participants were exposed to constant arguments, insults, and threats within their household. These views are reflected in the statement below:

> *"RP: … there were a moment where I woke up and hear arguments." (MB, P 1, Female, 29 years old).*

Lastly, controlling behaviour occurs when the perpetrator isolates the victim from social and family interactions while also limiting their access to resources. These views are reflected in the statements below:

> *"RP: … so we go to school and my mother will say there is no bread, we must wait until our father gets home … then my father gets home and then my father gets home drunk with no money … my mother and father gets in an argument ... then my father will beat my mother and say why she does not go work for money and all that." (MB, P 2, Female, 36 years old).*

Another participant said:

> *"R[Researcher]: … was there any physical and abuse in your house?"*
>
> *"RP: Yes, a lot actually … My uncle was always spiteful towards us … he will put us out of the house … with what you had on … Than you had to sleep outside." (GBR, P 3, Male, 38 years old).*

It is important to note, that most of the participants were not only exposed to DV as a child but were abused as children. As both witnesses and victims, the participants shared their experiences of multiple exposures to violence. Individuals who are considered at-risk or vulnerable because of DV exposure, on the other hand, can develop resilience if they have access to protective variables such as a trusted adult. One of the most powerful protective factors against adversity is having a close relationship with a supportive and dependable caregiver or access to material and human resources that foster and promote positive outcomes (Lipscomb, Hatfield, Goka-Dubose, Lewis & Fisher, 2021).

5.5.1.3 Sub-theme 1.3: Factors of DV

It is important to consider the different contexts and setting of the factors are specifically linked to the current study and the fact that it was done in a rural environment. Adversities in childhood can lead to acceptance of violence, substance abuse, despair, anxiety, and other psychopathologies such intermittent explosive disorder (a mental health illness directly associated to impulsive violent conduct) (Capaldi, Knoble, Shortt & Kim, 2012). Furthermore, exposure to childhood DV is linked to substance abuse of parents and mental health issues in both women and men, as well as the possibility for victimization and perpetration later in life. (Sommarin, Kilbane, Mercy, Moloney-Kitts, & Ligiero, 2014). According to Hlavaty and Haselschwerdt (2019) coercive control exposure is linked to higher levels of bullying, victimization and aggressive behaviour related to higher levels of perpetration when people were exposed to more physical violence (Hlavaty & Haselschwerdt, 2019).

5.5.1.3.1 Individual Factors

From the social ecological perspective in (Ungar, 2013), one must consider the different interactions and factors that are embedded in the family, community, and society with its challenges and how it influences the individual (Centre for the Study of Violence and Reconciliation, 2019). Factors to be considered at individual level is the level of education of the parents, because if you are educated you will have a lower risk of participating in violent and irresponsible acts (Tittlova & Papáček, 2018). Other reasons particularly in SA consist of frustrated masculinity, lack of social cohesion, poverty, high unemployment, and socioeconomic inequality in combination with the abuse of substances contribute to DV (Centre for the Study of Violence and Reconciliation, 2019). The high use of substance abuse is heightening the level of violence and abuse within the house, especially if both parents abuse substances and the

relationship between the parents reflects violence as a normal way of practice (Ungar, 2012). These views are reflected in the statements below:

> *"RP: … when my father obviously wanted to have alcohol, he will find smaller things in the house a problem … because she knows when he is he coming back … he is going to beat my mother up which he had done in front of us numerous of occasions … and also he have been using not only alcohol but also "dagga" (cannabis) …" (MB, P 6, Male, 32 years old).*

Another respondent mentioned:

> *"RP: Every weekend when she drank and then boyfriends beat her or the boyfriend's actual girlfriend came to beat her and then she took the frustrations out on me if it I ask why, mommy why is the aunty hitting and I will say uncle, uncle don't beat my mother or go home and then she further hit me." (MB, P 7, Female, 28 years old).*

5.5.1.3.2 Relationship factors

Challenges that arise in relationships are mostly caused due to a lack of communication that results in dissatisfaction and conflict with the relationship (WHO, 2010), (as cited in WHO, 2012). The fact that many of the participants came from a dominate patriarchy system and setting put more pressure on regarding economic stress, finding employment (WHO, 2010), (as cited in WHO, 2012). Challenges also arise when the responsibility of the relationship and the household is not being met (for example a man has external sexual relationships or partners) (WHO, 2010), (as cited in WHO, 2012). These views are reflected in the statements below:

> *"RP: … my father got in a relationship outside his marriage with our neighbour and it started there …" (MB, P 5, Female, 25 years old).*

Another respondent mentioned:

> *"RP: … I also went through it … that my mother went through with my father, I also went through it."*

"R: Which was what?"

"RP: Uhm … cheating." (MB, P 1, Female, 29 years old).

5.5.1.3.3 Community and societal factors

The study occurred in rural communities or with participants who grew up in a rural environment. The men within these communities have the belief that manhood is measured through aggression and dominance (WHO, 2012). Many people believe that a woman must be obedient and submit to the man, because he must take the lead. Poverty plays an important role within the rural context because work opportunities for woman are not enough, and they depend on the man to provide for the household (WHO, 2012). Children who are exposed to childhood DV and are from a disadvantaged environment, they need to tap into the environment's resources to foster and promote their resilience, and the resources must address their needs as children, if not, the child will be maladaptive (Ungar, 2011).

This means when a child navigates through their exposure to DV and they are not satisfied with the resources provided, it will ultimately lack meaning and will result in dissatisfaction, which will result in negative outcomes or maladaptation (Ungar 2011). These views are reflected in the statement below:

"RP: … were crying on our way out of the house and we decided that we are going to the police station now … we went to the police station …, but my mother always protected him [father] … My mother always said: "No it is not like that; how can this girl say such things." (MB, P 4, Female, 30 years old).

5.5.2 Theme 2: The influence of exposure to childhood DV

Children in South Africa are also subjected to various sorts of emotional abuse and neglect (Ritcher, et.al., 2018). According to one study, 35 to 45 percent of children had watched their

mother being beaten, and 15 percent had one or both parents who were too inebriated to care for them (Ritcher, et.al., 2018). By the age of five, approximately 6 percent of children have been subjected to recorded maltreatment, and up to 20 percent have observed familial violence (Wildeman, et.al.,2014)

Several studies have discovered a correlation between a history of DV exposure and a variety of disorders, including substance misuse, mental health difficulties, and alcohol dependency, all of which negatively impact the parent-child relationship and put strain on it. (Hlavaty & Haselschwerdt, 2019). Friends are the primary source of social support during this stage of growth and seeking support from friends is linked to higher friendship quality (Chowet, Roelse, Buhrmester & Underwood, 2012).

5.5.2.1 Sub-theme 2.1: Parenting practices

It has been believed that women should care and nurture their children, but due to the changing dynamics of the workplace and women becoming more involved, gender roles have changed; some men stay at home while women go out to work, and women earn more than men. (Baxter, 2012). Moreover, the process of effective parenting involves supporting a child's emotional and physical wellbeing from birth to adulthood. This includes physical care, emotional care, safety, and security, enhancing a child's potential, and managing behaviour. (Mares, Newman, & Warren, 2011). Rural communities are accustomed to family challenges being kept secret and private, and that it should not be discussed outside the house, (DSD, DWCPD & UNICEF, 2012). These views are reflected in the statement below:

> *"RP: … and then you cry that moment neh, and they call you and give a R5, I am making an example, or they give you a yogurt … and everything is gone, there is no grudges or some type of way how you feel regarding the situation." (MB, P 1, Female, 29 years old).*

> *"R: … when disagreements occurred, how regularly did it occur in the house …?"*
>
> *"RP: I wouldn't say a lot; I would maybe say once a month or like I told you ... basically it was placed under a rug… on the sideline, does not matter what they did, they were my cheerleaders and made me feel… they motivated me constantly to go for what I want. Whether it was sport activities, they were there, whether I had achievements based on awards, they were there, whether I had confirmation, they were there. That is why I am saying that never lacked, even though we went through these challenges." (MB, P 1, Female, 29 years old).*

Abusive fathers have the tendency to have unrealistic expectations of their children, fathers who lack understanding can lead to child neglect and child punishment (Bancroft, Silverman & Ritchie, 2012). Children are expected to obey, and not speak back to their fathers, they are not entitled to an opinion otherwise they are intentionally defying them (Bancroft, Silverman & Ritchie, 2012). Abusive fathers do not take feedback or criticisms lightly from their children, wife/girlfriend, and family members (Bancroft, Silverman & Ritchie, 2012). These views are reflected in the statement below:

> *"RP: … I was the eldest and he [father] expected me to do certain things … which I could not do because I was still a child…" (MB, P 6, Male, 32 years old).*

The mothers who are found in these violent incidents are refrained from comforting or attending to their distraught children, moreover, if she does attend to their child or children in distress, she herself might be punished for it (Bancroft Silverman & Ritchie, 2012). When a stepfather or different boyfriends enter the life of the child and abuse occurs in the house, family are highly likely to get involved with child protection services Lee, Lightfoot and Edleson (2008) as cited in Australia's National Research Organization for Women's Safety Limited, 2016).

It has been scientifically proven that stepfathers have a higher risk of being abusive, especially verbally abusive than the biological father (Shackelford, Block, Starratt & Weekes-Shackelford, 2012). These views are reflected in the statement below:

> *"RP: … like every month had a different boyfriend … and then the boyfriends beaten her or the boyfriends did wrong things with her and then I come across it and it was a bit traumatizing … and if she slept with a new boyfriend in front of me and I came across them, then she will beat me until I go to sleep …" (MB, P 7, Female, 28 years old).*

According to Stover, Easton and McMahon (2013), substance abuse, especially high usage of it can contribute to the dysfunctionality and abuse in the household. It influences on men and women's attentiveness in the house and leads to emotional unavailability for their children. These views are reflected in the statement below:

> *"RP: I cried many nights and sometimes he also beat on us, my father always … one-night neh … I can remember my mother was also drunk … he came home and I asked him, dada give something to eat and then he slapped me that my head hit the wall. I didn't pass out, but I was dizzy … he was the one that will say … let the children go and work but we were not able to go and work" (MB, P 2, Female, 36 years old).*

Permissive parenting, characterized by loving, understanding, warmth practices and reasoning are considered an act as a protective factor (Lorence, Hidalgo, Pérez-Padilla & Menéndez, 2019).

These views are reflected in the statement below:

> *"RP: Look here, there was never asked: Are you okay? How do you feel about this thing? As I, I, the relationship I have with my child, I am, I am, If I see she, she don't react on something that I gave her or let her do that I will ask her, look here are you all right? How do you feel about this? Are you comfortable with it? No, there was just told that you are going to do this thing now and you going to do just like I am saying and it does not matter if you are comfortable with it or not … I am very careful in how I handle my child … there is a boundary I must not cross … So, if I give her a hiding than, I always tell*

> *myself ok, one, two, three, I count … people praise her [daughter] and say my goodness your child has good manners" (MB, P 4, Female, 30 years old).*

5.5.2.2 Sub-theme 2.2: Risky Behaviour(s).

Risk factors and the effects of exposure to childhood DV displays itself in mental disorders, which result in substance abuse and dependency (Rasool, 2022)). This study focusses on how negative behaviour result in protective factors, which allowed the research participant to flourish from the negative influence and behaviour. According to Ungar (2011), making use of substances and withdrawing from school can be considered a coping mechanism when exposed to adverse circumstances, and it also forms part of the atypical principle discussed above. However, this can only occur based on and due to the capacity of the environment, its favourable to accommodate the child and does the child have the support such as educators, parental system to challenge negative development and promote and foster resilience (Ungar, 2011).

These views are reflected in the statement below:

> *"RP: … I still walk with this vengeance inside of me … Gave myself over to alcohol, parties … I usually came home then it's also an argument because I got skinny because I did not eat … rather drink myself drunk to forget but you don't forget." (MB, P 5, Female, 25 years old).*

Another participant said:

> *"RP: … and I would run away yes … when I ran away … I did not even tell my parents that I am coming home. They were looking for me all over … and then I was away for five days, ten days … I did smoke like "dagga." (MB, P 6, Male, 32 years old).*

Studies done previously in this subject matter has found that children exposed to childhood DV result in depression and mood disorders (Rasool, 2022). These views are reflected in the statement below:

> *"R: So, there was no one else you trusted and could count on?"*
>
> *"RP: No, I am not one … I don't trust people easily ... I am also a person that don't like people to know my business." (MB, P 1, Female, 29 years old).*

Children who have been exposed to childhood DV have a higher risk of developing depression and anxiety than children who have not been exposed; this is especially true of pre-school and early elementary school-aged children (Ungar, 2012; McDonald, 2015). These views are reflected in the statement below:

> *"RP: I just wanted to kill myself every time … ended with using drugs … because I was every time on the street, went to friends and the good friends that did not use drugs mothers told them they must go home six o clock. Like when I was little, that's when I kept everything in, that's where the dark things started where I stated to cut myself and … secretly smoked cigarettes and drugs." (MB, P 7, Female, 28 years old).*

Children have the tendency to become more aggressive especially in elementary school and in their adolescent stage of development (Grasso, Henry, Kestler, Nieto, Wakschlag & Briggs-Gowan, 2016). These views are reflected in the statements below:

> *"RP: … I have a temper; I have a terrible temper … But I handle it very well." (MB, P 4, Female, 30 years old).*

Another participant said:

> *"RP: … but it had a huge impact on my life because I am very aggressive … If someone now looks for nonsense, then I want to fight, I want… I secretly used "tik" (methamphetamine) at the college." (MB, P 8, Male, 29 years old).*

5.5.2.3 Sub-theme 2.3: Child and adult relationship(s)

Previous studies demonstrated that exposure to childhood DV is not only subjective by the violent incidences within the house but also the relationship that the child has with their parent, caregiver, and family, whether it is the perpetrator or the victim of the violence (Afolabi, 2015).

In the parent-child relationship, the parent's role is to provide protection. When parents are unable to protect themselves, this causes distress for the parent-child relationship, and puts a strain on the relationship. (Pingley, 2017).

> *"RP: At this moment…myself and my mother don't speak at all with each other. My father and I don't speak at all with each other… (MB, P 7, Female, 28 years old).*

Another participant said:

> *"RP: My current status with my biological parents…we don't speak…they don't want to be wrong...they don't know how to say sorry." (MB, P 8, Male, 29 years old).*

Parent-child relationship in childhood

DV exposure can have a variety of negative consequences on children's health and relationships with their parents. The ability of parents to provide warm/responsive parenting is projected to be reduced because of antagonism in the parental connection, as well as an increase in hostile and harsh parenting (Carter, Paranjothy, Davies & Kemp, 2020). Three cohort studies investigated the effect of parental abilities in the link between DV exposure and internalizing symptoms in children (Carter, Paranjothy, Davies & Kemp, 2020).

When biological parents and their children's contact gets disturbed due to DV, their parent-child relationship becomes distorted. However, one cannot always assume that if children stay with their parents who partake in high level of DV practices that it will be good for them (DSD, DWCPD & UNICEF, 2012). These views are reflected in the statement below:

> *"RP: … Then they went and got a social worker for me because I wanted to come right by myself … Until I realized there is something like social workers, that's where I now, after the drugs and ended up at [Youth Centre]* [redacted] *…" (MB, P 7, Female, 28 years old).*

However, removing a child from his or her parents might have negative effects on a child. When children are separated from their biological parents, it creates toxic stress in children and adolescents, and it has a significant negative influence on their stages of development (American Bar Association, 2019). It has been scientifically proven that toxic stress causes damage to the development of brain architecture and it causes stress related diseases (American Bar Association, 2019). The cultural aspects and context of SA must be considered, the norms, standard and values. Adults utilize their position to exert power over their children, rural communities are highly patriarchal, and men use it to exert power and feel a sense of entitlement which places children under risk (DSD, DWCPD & UNICEF, 2012). These views are reflected in the statements below:

> *"RP: … my relationship with my relationship with biological parents was obviously very, it was very odd in a lot of ways not really close relationship to a lot of domestic violence as a child … parents obviously had drunk a lot their alcohol level everyday was very high … My father was very abusive towards me … I was beaten almost every day of my life … my relationship with them was not good … My relationship with my mother was very … a bit close … because obviously she wanted to protected us …" (MB, P 6, Male, 32 years old).*

Another participant said:

> *"RP: … I always blamed my mother to say and thought you are making a slave out of me … I always had to clean everything." (MB, P 4, Female, 30 years old).*

Fathers play an important role, especially when it comes to placing their children on the right path. A positive influence and involvement from a father have been demonstrated through emotional health for the child and the father, even when presented with adverse circumstances (Barnes, 2016). These views are reflected in the statement below:

> *"RP: … my father and I always did stuff together … baked bread at home on weekends … than she is not home … I never allowed my father to feel alone." (MB, P 1, Female, 29 years old).*

Parent-child relationship in adulthood

Children have gotten themselves involved in the crossfire of fights between their parents, which is a result of one parent or both abusing substances, which results in injuries and ultimately relates to a lack of supervision and monitoring (Van As, 2012). These views are reflected in the statement below:

> *"RP: … you are not going to beat me unnecessary and that because the streetlight came on six o clock and I must be in the house and all the children is playing outside and here I am, standard nine … my mother then jumped in the middle and I scratched her on her hand. If we had an issue …" (MB, P 4, Female, 30 years old).*

When children are exposed to childhood DV and they become adults, there is higher chance that the relationship with their parents may be distorted or improved, depending on the context and whether they obtained external resources to provide intervention to mend the relationship (Van, As, 2012). These views are reflected in the statements below:

> *"RP: … my mother is currently deceased; she is now three years deceased. My father, we are still bumping heads … a lot, we argue, you know but we, we are fine, we are on a level … I have reached that point where I say exactly what I think of him … because I am grown now, I'm not that scared little girl that was beaten …" (MB, P 4, Female, 30 years old).*

Another participant mentioned:

> *"RP: At this moment, myself and my mother don't speak at all with each other. My father and I don't speak at all with each other. The only time I will hear from his is when he send a message to my husband I miss the children and send greeting to my daughter, but he will*

> *not send me a message and if I maybe reply and say daddy I miss you, than he ignores me and my mother is not interested at all." (MB, P 7, Female, 28 years old).*

5.5.2.4 Sub-theme 2.4: Influence on social and romantic relationships

Children who grow up in a healthier and secure parental environment, attachments and romantic relationships will be healthier as adults, whereas children with distorted attachments will have a higher chance of having aggressive and unhealthy adult interpersonal relationships (Rodriguez & Tucker, 2011). However, according to Rutter (1985) science has determined that some children are resilient towards the exposure of childhood DV, they continue to thrive and adapt successfully, despite their adversity (as cited in Carlson, et.al., 2019). These views are reflected in the statements below:

> *"RP: … me and my wife argue, but don't go that far to throw out windows, nagging on people, you understand … and the difference, we differ completely because we love each other, we understand each other, we communicate with each other and we help each other. We are not going to in front, or give our children lives that we had … My wife, and then I also have friends that I can talk to, I always talk to my friends … colleagues (smiling) yeah but, my wife is because I talk to her about anything." (MB, P 8, Male, 29 years old).*

Another participant said:

> *"RP: … I never went to smoking, even on school my friends around me all smoked, I was the only one that did not smoke and drinking as well … I never got involved with gangs or marijuana … the boyfriend I currently have is at least working, he provides at least, and he is also not violent and accept my children." (MB, P 2, Female, 36 years old).*

It has been determined that social support outside of the family from friends and adults has been proven to assist children to build and promote their resilience, especially in the context of poverty, child abuse and parental absence (Gartland et.al., 2019).

5.5.2.5 Sub-theme 2.5: Goal(s) attainment

Children and adolescents need social support, which consists of positive influence from family, friends, and communities Ungar (2008), (as cited in Ungar, 2012). Highlighting positive relationships, and the importance of it plays an important role in the development of goals, personal agency, and ambitions (Ungar, 2012). These views are reflected in the statements below:

> *"RP: … my grandmother … was the final motivation that encouraged me to go and get what I want, basically to get my degree." (MB, P 1, Female, 29 years old).*

Another participant said:

> *"RP: … I had the vision board I pasted pictures like any teenage girl will do, and I always put their wife, husband, children … and that is what I have today and is proud of my family … I really wanted to study further, I wanted to become an architect and my results was not that good … and then I did beaut y…" (MB, P 7, Female, 28 years old).*

When children become adolescents, they are at a vital stage of their development, and they need extra support from adult care givers due to their transition into adulthood and to achieve their goals they have set out for themselves and their dreams. Ungar (2012) believed that our ability to navigate through adversity is due to others' support. As adult humans, we can claim competence and compassion only if other human beings have been willing and able to commit their competence and compassion to us - throughout infancy, childhood, and adolescence (Ungar, 2012). These views are reflected in the statement below:

> *"RP: … it made me stronger. It taught me to take responsibility early. I was in standard 8 I started to work weekends and when I got to matric, I bought my own matric cloths … I always told myself, I want to work so that I can look after myself and my children … and I have matric after my name … I was at least on the collage for two years … Computer college, and after that I worked." (MB, P 2, Female, 36 years old).*

Children who have social support and have positive community support are better adjusted after and during the exposure to DV, they are more exposed and achieve goals beyond their limit that they set out for themselves (Ungar, 2012). They enjoy higher levels of social connectedness with peers and social support (Ungar, 2012). These views are reflected in the statement below:

> *"RP: Goals that I achieved … my work, I always looked for work, job hunting, completed college, I am married to my wife, that is my wife today and I have two beautiful daughters … Oh, there is a good thing, in 2006 I went to Germany and I; I toured the whole South Africa with soccer … went to Germany for soccer and toured South Africa, so that is what always stood out for me, I keep on bragging about it and besides that I also did modeling." (MB, P 8, Male, 29 years old).*

5.5.2.6 Sub-theme 2.6: Stages of Development

Exposure to childhood DV have negative outcomes, especially when it comes to biological and socio-functioning outcomes in children (Afolabi, 2015). Exposure to childhood DV in pre-school results in externalizing problems in males at the age of 16 and for females, who normally internalize it at the age of 16 (Cafcass Cymru, 2019).

Between the ages of 12 to 18 years old, children may experience anti-social behaviour such as impulsive or reckless behaviour, depression, anxiety, substance abuse, running away and self-destructive behaviour such as cutting (Lacey, Shahid & Jeremiah, 2021). For these negative effects to be alleviated or eradicated the adolescent in the adolescent stage must develop a strong sense of identity and purpose within society (Sandhu, Singh, Tung & Kundra, 2012). These views are reflected in the statement below:

> *"RP: … I could recognize it from an early, early age … I was approximately nine or ten … Than I could see it already … It felt like I never fitted in." (GBR, P 3, Male, 38 years old).*

Moreover, to build and foster resilience, children of school age must negotiate a complex social environment and develop the skills that will assist to improve and develop effective communication with their social relationships, thus echoing the sentiment of (Cafcass Cymru, 2019), that children experience exposure to childhood DV differently, some express the negative affects either through externalizing or internalizing behaviour, which influence their social competence (Afolabi, 2015). These views are reflected in the statement below:

> *"RP: … I was in grade ten … I was sixteen when it happened … I am now 26 years old … it actually broke me because I saw the psychologist to get over it …" (MB, P 5, Female, 25 years old).*

Exposure to long-extensive DV, especially in the prime developmental stages of children effects the brain and key psychological functioning that regulates emotions and interpersonal relationships (Puzzo, Smaragdi, Gonzalez, Martin-Key & Fairchild, 2016). Most children who fall victims to exposure to childhood DV show signs of distress in their development. While some display a high sense of resilience to such negative exposure, others are adversely affected by it (Afolabi, 2015). These views are reflected in the statement below:

> *"RP: … I feel I don't want to get married one day because I am scared that what my father did to my mother can also happen to me … I am raising a girl child, I don't want that what happened to me must happened to her … one day if God send someone my way, than maybe I will if it is a rightful man … my child's father also proved that what my father did to my mother, he exactly did it to me … he made me understand clearly that his father also left his mother with him … so that is why I am saying that relationships is not an option now I feel I am right on my own. At the moment, I don't have anyone in my life that consist of romantically, but I have friends that is very good to me. I am currently unemployed, and they will always support me." (MB, P 5, Female, 25 years old).*

According to Carlson, et.al., (2019) the contribute of exposure to childhood DV has been identified in six domains which consists of cognitive, social, physical, physiological, and behavioural. The following developmental time periods will be discussed with their influence on the research participants. The research participants were exposed to childhood DV in Preschool (3 to 5 years) and School Age and Adolescence (6 to 17 Years) stages of development.

5.5.2.6.1 Preschool (3 to 5 years)

Previous research has suggested that children in this stage who were exposed to childhood DV will most likely externalize behaviour challenges Oravecz, Osteen, Sharpe and Randolph (2011), (as cited in Carlson, et.al., 2019). Children in this stage are less likely to comprehend violence in the sense to how violence playing out, which leads to added behavioural challenges in contrast to children who have not been exposed to childhood DV, they do not have social competency and social skills (Carlson, et.al., 2019). These views are reflected in the statement below:

"RP: So, from that time, I was four, five-year-old yeah …" (MB, P 8, Male, 29 years old).

5.5.2.6.2 School age and adolescence (6 to 17 years)

Due to the developmental period of adolescence, exposure to violent families may make an adolescent feel guilty and ashamed about their family, and to fear repercussions of talking about the violence (Genç, Su & Durtshi, 2021). At this age, peer approval is so important that many adolescents would rather keep their family problems secret than have them shunned (Genç, Su & Durtshi, 2021). They may experience emotional numbing, post-traumatic stress symptoms, internalizing disorders, and externalizing behaviour problems are all typical in children who have been or are being subjected to domestic violence Vu, Jouriles, McDonald and Rosenfield (2016), (as cited in Carlson, et.al., 2019). These views are reflected in the statements below:

> *"RP: … where it actually affected me when I went to high school, I think I was the age of 13 or 14 … divorce came … I was in grade 10 when it occurred … then I had my outburst in matric." (MB, P 1, Female, 29 years old).*

Another participant mentioned:

> *"RP: … I think for me … when I was … ten, eleven I started to you know … for me I've been normalizing it …" (MB, P 6, Male, 32 years old).*

5.5.3 Theme 3: Factors contributing to adult resilience after exposure to childhood DV

From a social-ecological perspective resilience is defined as: "…both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways" (Ungar, 2008, p. 225). The fundamental goal of this resilience approach is to look at the internal and external resources that research participants used to achieve positive results, personal growth, and avoid negative consequences after being exposed to DV as a child. The findings were verified by Devaney's (2015) model, which included two coping strategies and what children do when they are distressed, which consist of the following:

Emotional-focused coping

Children will withdraw themselves from the violence occurring in the home by distracting themselves through listening to music or playing with toys to reduce and manage stress.

These views are reflected in the statement below:

> *"RP: … I just went to my grandmother, but many times she knew I liked rap music, I just listened to rap music … I just listened to music it made me forget about everything … my*

> *grandmother is a saved woman so she basically, I basically went to her, she always jumped in to help me … and she prayed and spoke to them, she does it till today." (MB, P 8, Male, 29 years old).*

Problem-focused coping

Children will physically intervene to stop the violence or call for help from others to change the problematic situation. These views are reflected in the statement below:

> *"RP: … always the people next door, to our neighbours. I will go and call the uncle and say, and say that my father is beating my mother again, he must come help please … The uncle will always come and stop the fight … some nights I will go and sleep by those people … the neighbours … the uncle that took us, Uncle Aby that took us to his mother and then the welfare took over further." (MB, P 2, Female, 36 years old).*

5.5.3.1 Sub-theme 3.1: Positive self-talk and self-motivation

According to Gonzales et al., (2012) positive self-talk and self-motivation is considered an intrapersonal factor. These elements include the child's attributes, such as an easy temperament, social competence, self-confidence, independence, academic success, goal focus, spirituality, sports, reading, commitment to ending the violent cycle, positive optimism, talents, escape and distraction (Craig, Malvaso & Farrington, 2021). Individual factors, such as IQ, a psychological aspect, must also be considered, according to Craig, Malvaso and Farrington (2021) because the environment limits potential for positive adaptation and results. These views are reflected in the statements below:

> *"RP: I read tremendously a lot. I read two, three books a night … academically I was that chick." (MB, P 4, Female, 30 years old).*

Another participant said:

> *"RP: I danced … It helped a lot. Let me tell you, if I went on that floor, I forgot about everything … it was almost like a stress reliever" (GBR, P 3, Male, 38 years old).*

A child's characteristics such as self-esteem, temperament, pro-social skills coping ability and reactivity all play a part in protecting a child against adversity and serves as a form of defence to negative outcomes associated with exposure to childhood DV (Carlson, et.al., 2019). Children who positive self-talk and sooth themselves when they are visualizing the DV within the house have a higher possibility to have fewer negative outcomes of the exposure to DV (Carlson, et.al., 2019). Adolescents who have a better social competence, social skills, self-esteem, have lower risk to internalize and or externalize poor behavioural outcomes, whilst and after exposure to DV Garrido and Taussig (2013), (as cited in Carlson et.al., 2019).

The following statements confirm:

> *"RP: … I told myself, apologies, that I don't, I don't want, I don't want uh…such a relationship and I don't want a life like this … I never as long as God help me put my kids through what I went through because it is not nice." (MB, P 1, Female, 29 years old).*

> *"RP: What I told myself is, God I never want to experience this again, I wish I was bigger; I wish I could stand on my own two feet." (MB, P 2, Female, 36 years old).*

> *"RP: ... because it is not going to get the best of me, there is no way … because if it got the best of me, I would not be sitting where I am sitting today and having this interview with you." (GBR, P 3, Male, 38 years old).*

> *"RP: … I told myself, that I will not allow that it happens to me … I will change, I want change in my life because I don't, that what happened to my mother, I don't want that to happen to me." (MB, P 5, Female, 25 years old).*

5.5.3.2 Sub-theme 3.2: Protective Mechanisms (safe environment, community support and resources)

Protective mechanisms, according to Racine et al., (2020), include decreasing the child's exposure to adversities, reducing the influence of exposure, and minimizing the chain reactions of exposure. It acts as a buffer against the exposure, giving the child the resources he or she needs to navigate and adapt to adversity for positive growth, self-esteem, and favourable results (Racine et al., 2020).

Factors that are considered as protective to children exposed to childhood DV consist of circumstances and characteristics of individuals, families, communities and larger society, all factors considered contribute to the well-being and reduce the risk for negative outcomes of children. These factors may assist children to negotiate difficult circumstances to build, foster and promote resilience (Child Welfare Information Gateway, 2015).

The study was able to provide a perspective on childhood DV exposure and its impact on children, as well as how protective factors lead to adult resilience, according to this social-ecological paradigm. It connects not only intrapsychic factors but also contextual factors such as substance abuse, unemployment, patriarchal attitudes, and sexism (Krug, Dahlberg, Mercy, Zwi, Lozano, (2015) cited in Centre for the Study of Violence and Reconciliation, (2016) which is relevant to this study. According to this paradigm, the encouragement and fostering of resilience occurs not only within the individual, but also as a result of changes in the individual's social surroundings, such as the physical environment, social, and organizational contexts. (Centre for the Study of Violence and Reconciliation, 2016).

These views are reflected in the statements below:

> *"RP: The school, my friend's mom and dad, they knew what went on in my house … so for that for me was just, at least I have somebody that has my back if something happens to me … I also suicide attempts where I wanted to kill myself before because I couldn't take what is happening with me, my household you know. Until my grandma decided that she is taking us …to Cape Town." (MB, P 6, Male, 32 years old).*

According to Gonzales et.al., (2012), External factors, one solid bond in the child's life, availability to a safe adult, protective mother, sensitivity and peers, and social support within the community are all considered interpersonal variables. One common factor among adults exposed to childhood DV is the one supportive adult who were consistent, it creates a buffering and provides protection from developmental disturbance (Shonkoff, 2015). These views are reflected in the statements below:

> *"RP: … I always spoke to my grandmother, she was everything; My grandmother had a huge impact, she was a grandmother for me, she was like my mother, she was a person I could be my naked self, whatever it was good or bad, she was like my guardian angel." (MB, P 1, Female, 29 years old).*

Another participant mentioned:

> *"RP: … I always went to speak to the aunty across the road … she basically assisted in raising me and always bought me clothes and so, kept me neat on school." (GBR, P 3, Male, 38 years old).*

Due to their protective factors, some children who are exposed to childhood DV and are at a high risk of developing behavioural, cognitive, and emotional issues do not experience or manifest such challenges (Vu et.al., 2016). Some are resilient and they adjust psychologically and emotionally well in adulthood (Vu et.al., 2016). These views are reflected in the statement below:

> *"RP: … look here, there was not really a comfort zone to go … my mother was a kissing, hugging type of person, so if you done getting your hiding, then you maybe get a hug but*

> *only after a while … because she was checking out the vibe … my grandmother… she always argued and fought with him, but she did not really do anything …so there was not really, in the sense of other people coming to help or so …" (MB, P 4, Female, 30 years old).*

Peers and social relationships that are supportive towards children who have been exposed to childhood DV has been proven to be a protective factor, they are more likely to seek help with their peers, which result in them feeling safe and they are able to communicate their problems which decreases the experience of depression (Camacho, Ehrensaft, & Cohen, 2012).

The promotion and fostering of resilience in children are due to a positive, caring and a present adult in a child's life (Lacey, Shahid & Jeremiah, 2021). Even though a long-term relationship with a caregiver is suited best, a short-term relationship with a mentor, caring adult, or an advocate in a domestic shelter can make a tremendous difference in the life a child (Lacey, Shahid & Jeremiah, 2021). These views are reflected in the statements below:

> *"RP: … I spoke to one aunty and when I spoke to the aunty that I want to stop using drugs then she told me that we are going to see someone. Then they went and got a social worker for me because I wanted to come right by myself … Until I realized there is something like social workers, that's where I now, after the drugs and ended up at "Huis Rosendal…" (MB, P 7, Female, 28 years old).*

Another participant said:

> *"RP: I always went to my grandmother, or I went to my friends in Mosselbay every weekend I just took myself away. School holiday times … until, till I finished school ... it's only the school that offered me a psychologist … the community did not reach out." (MB, P 5, Female, 25 years old).*

5.5.3.3 Sub-theme 3.3: Internal resilience

According to Child Welfare Information Gateway (2015) internal resilience consists of individual skills and capacities that improve the well-being of children exposed to childhood DV. Child Welfare Information Gateway (2015) indicated that there are two internal skills and capacities which are:

5.5.3.3.1 Self-regulation skills

This skill requires the child to have consistent stress management, emotional awareness, cognitive coping skills and anger management (Child Welfare Information Gateway, 2015). Children exposed to childhood DV, self-regulation skills are connected to resiliency; thus, having "supportive friends; reductions in internalizing problems; better cognitive functioning; and decreases in posttraumatic stress disorder, anxiety, depression, and overall behaviour problems" (Child Welfare Information Gateway, 2015, p.2).

The following statements confirm:

> *"RP: Everything that happened and what was done in my childhood life, I refuse it today in my house … I was a very strong girl; I just shook it off and play or went to friends and when I started to get older then I started to drink rather and like I told you started to use drugs and I just went on because I don't speak about it to no one." (MB, P 7, Female, 28 years old).*

> *"RP: … what I always told myself. If I'm bigger and stronger I am going to stay on my own or do my own thing … I was very involved in our church, even though I had so much shit at home … Such negative things … Did I still seek the positive things… That kept me positive." (MB, P 2, Female, 36 years old).*

> *"RP: I never want to be like that … until today I'm not like that … I refused until this hour. I always see the good in the bad." (GBR, P 3, Male, 38 years old).*

5.5.3.3.2 Problem-solving skills

Children exposed to childhood DV must have the ability and the skills to adapt and solve problems, which predominantly relate and result in enhanced mental health. These views are reflected in the statements below:

> *"RP: I think the one thing is that I didn't wanted to be the person that my father is … and also I didn't wanted my sister, my sister, my brother to go through the same thing … my pathway in where I'm heading is very important for me … and also the part in terms of career wise, the reason also why I decided to do what I did is because of what I've went through. I wanted to make a difference, I wanted to tell, share my story to young people …" (MB, P 6, Male, 32 years old).*

Internal resilience, which is linked to a child's coping abilities, self-esteem, social skills, and temperament, has been discovered to be protective variables, shielding children from potential harmful consequences following childhood DV exposure (Carlson, et.al., 2019). Children who are more positive demonstrate more positive adaption after being exposed to childhood DV (Carlson, et.al., 2019).

These views are reflected in the statements below:

> *"RP: I am a person that always, my pain, my challenges whatever life gives at me, that I use as my building blocks, my motivation to do better in life … everything that you go through … you have two choices, are you going to allow whatever you go through, are you going to allow that it destroy you and go lay and feel sorry for yourself and then over a few years you have regret. Or are you going to use it as your building blocks to move forward and to overcome those obstacles and to learn from that obstacle … I mean, it does not matter if other people motivate you, it also has to come internally." (MB, P 1, Female, 29 years old).*

Another participant said:

> *"RP: That is why, I stand on my word that, that what happened, the situation I will change." (MB, P 5, Female, 25 years old).*

5.6 Conclusion

The study focused and aimed to explore adult's exposed to childhood DV and obtain data as to how they navigated through their own diverse circumstances, ultimately resulting in positive outcomes. The findings suggest that community resources play a vital role in the fostering and the promotion of adult resilience after exposure to childhood DV. These resources need to be available and accessible to children, as it will enable them to navigate through their adversity. The findings highlight that internal resilience, with coping mechanism and protective factors in collaboration with accessible and available community resources allows and provides children who are exposed to DV the opportunity to create safe spaces for themselves, to cope with their adversity and ultimately allow them to emerge and generate positive outcomes in and through their exposure to childhood DV. Lastly, its proven that adults exposed to DV experience negative effects, however they manage it, and they are aware of it. This enabled them to prevent the negative behaviour onto their own children, breaking the generational breakdown within their own family. The following chapter will address the conclusion and recommendations of the research study.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The final chapter of this research study contains the summary, conclusions, and recommendations for future research, practitioners, and government agencies. The aim of this study was to explore resilience in adults exposed to childhood DV. To achieve this aim, a qualitative methodological approach was utilized, which placed emphasis on exploring and describing the phenomenon.

In terms of meaning, the purpose of this study was to understand the research participant's subjective perspective on childhood DV, rather than creating general perspectives of lived experiences (McGrath, Palmgren & Liljedahl, 2019). The research questions were addressed in Chapter five, the findings of the research the research were presented. The conclusions of the research study are based on the aim, objectives, methodology and findings thereof, and determining whether these aspects were achieved.

The three objectives of the study were:

- To describe adults' experiences of childhood exposure to DV.
- To explore the influence of exposure to childhood DV in adults during their life course.
- To explore factors which were seen to contribute to adult resilience, after childhood exposure to DV.

Data was collected from the research participants; this data was analysed, and four main themes emerged from the collected data were presented and discussed in Chapter five. Theory and literature were utilized to support, compare, and differentiate the findings in this study. Moreover, summaries of previous chapters, conclusions and recommendations from the data collected, its finds will be presented in the current chapter.

6.2 Summary of the Research Study

The summary provides a summary of the previous chapters, with not much details because they were thoroughly discussed.

6.2.1 Chapter 1: Introduction of the Study

This chapter provided a proposal and gave a thorough outline of the research study through an in-depth discussion of the research topic, the research problem, aim and objectives and methodology, providing direction in the research study.

6.2.2 Chapter 2: Theoretical Framework

Chapter two provided a thorough discussion on the theoretical framework utilized in the study. The social ecological model was selected as it serves to obtain the aim of the research study.

6.2.3 Chapter 3: Literature Review

Chapter three implemented literature based on exposure to childhood DV and resilient factors that contribute towards the resilience of children into adulthood. A detailed discussion occurred regarding concepts relevant to adults who were exposed to childhood DV and the resilience factors that contributed to it.

The literature and studies relevant to the research topic were presented, discussed, contrasted, and provided insight into resilient factors contributing to adult resilience against exposure to childhood DV.

6.2.4 Chapter 4: Research Methodology

The research methodology implemented was an explorative and descriptive qualitative approach, which was chosen and utilized to achieve the aim of the research study. The researcher recruited eight research participants to obtain information with different perspectives and views of the social phenomenon. This was done by utilizing purposive sampling, due to the research topic and the fact that the participants would be challenging to identify and recruit.

The research participants were recruited through previous clientele of the NGO Great Brak River, the recruited research participants could also identify other participants who went through similar experiences and who the researcher successfully recruited. The data was collected through semi-structured, one-on-one interviews with the research participants. The questions were guided by utilizing an interview schedule.

6.2.5 Chapter 5: Presentation and discussion of the findings

The second last chapter was utilized to discuss the findings of the research from the research participants after the data was collected and analysed. The interview session with each research participant was audio-recorded, was transcribed verbatim and analysed. Themes emerged from this data, which were identified, described, and presented in detail. The finding has concluded that exposure to childhood DV has its negative effects, but it can be managed based on the

ecological environment of the child and the resources made available to the child within its context.

The findings of the research were based on three themes, namely:

1) Adult's experiences during childhood DV.
2) The influence of exposure to childhood DV; and
3) Factors contributing to adult resilience after exposure to childhood DV.

The findings support past research articles sentiments on resilience 'it takes a village to raise a child' and that exposure to DV can be overcome by enhancing protective factors in the community. It disregards past statements that internal resilience does not play an important role, both external and internal resilient factors must work collaboratively together to result in a positive adaption instead of maladaptation with positive outcomes. Below is summarized sections of the main themes.

6.2.5.1 Theme 1: Adult's experiences during childhood DV

The first objective of the study was *to describe adults' experiences of childhood exposure to DV*. The overall results of this research study have demonstrated that all the participants had experienced exposure to childhood DV, the majority were exposed to physical violence in their household, and some were direct victims of DV.

This theme was described by three subthemes namely, *The family and home environment*, where the findings suggested that the home environment in which the research participants were raised in was dysfunctional. Most of the research participants indicated that there was a lack of

structure within their home, and some even fell victims to direct physical abuse, primarily as their father being the perpetrator.

Type of DV. The findings indicated that the research participants had been exposed to all types of abuse. Direct and indirect physical violence were experienced by the research participants. One research participant was exposed to sexual intercourse that occurred in front of her by her mother, to which she was punished afterwards because she walked in on them. Emotional abuse was experienced by all research participants and some experienced financial abuse.

Factors of DV. The study has found that traditional patriarchy practices were the forefront within the participants houses and the abuse of substances was the main factor of DV in their household. This study supports the ecological context of children which have a tremendous amount of influence on how they navigate through their adversity and how DV influence their resilience. A lack of protective factors (for example a trusting adult relationship, school, counsellors, positive friends, supportive organizations, and recreational activities) in their environment will result in children from disadvantaged communities being less likely to adapt positively after exposure to childhood DV.

6.2.5.2 Theme 2: The influence of exposure to childhood DV

The second objective of the study was *to explore the influence of exposure to childhood DV in adults during their life course*. The following results obtained in this research study has displayed that exposure to childhood DV has influenced all facets of the research participants lives, to their parenting practices, social and romantic relationships, setting of goals, deviant behaviour, and their stages of development. Thus, it was appropriate to develop it in six sub-themes, namely:

Parenting Practices. The research participants who had children are aware of how their parents raised them and the practices they practice. They choose to walk a different path when it comes to raising their children.

Some of the research participants identified that they have the tendency to fall back into the same parenting practices that they were raised in, but they found ways to manage and to stay away from the way they were raised when it came to raising their children.

Some parents supported the research participants well-being even though they were exposed to DV and through the course of the DV.

Parent-Child relationships in Childhood and Parent-Child relationships in adulthood. The findings indicted that the relationship with the research participants as adults with their parents had improved. There are clear boundaries and if there are any concerns they are addressed directly. Many of the research participants indicated that they could not defend themselves as children. They choose to remove themselves from their parent's toxic ways by addressing it.

Negative behaviour. The findings indicated that the research participants made use of substances such as alcohol, tik (crystal meth) and marijuana as a coping mechanism. Some indicated that they are aggressive and that small things will set them off, but they are trying to manage it.

Social and Romantic relationships. The findings have found that the research participants are careful when it comes to who they associate themselves with. When it comes to social relationships, they do not trust easily, and they are as to who they allow into their personal space. The partners they chose and who they decided to be in a relationship with or got married to are the opposite of what the romantic relationship between their parents were as children.

Some indicated that there are traits of behaviour their partner's display are just like their parents, however, they indicated that they at least communicate when they have issues and that they do not resort to violence or abuse.

Goal Attainment. The findings indicated that most of the research participants had reached their goal(s) that they had set out for themselves, with the support of trusting adults and resources that are made available and accessible to them. Some of the research participants indicated that even though they had not achieved their ultimate goals that they wanted to obtain, they have reached certain milestones they are proud of that will assist them to achieve their ultimate goals.

Stages of Development. The findings indicated that the earliest recollection of abuse from the research participant was at the age of four. Some of the research participants were so affected by the abuse that they sought psychological assistance, as it had influenced on their schooling and grading at school which threatened to negatively influence their goal(s) that they set out for themselves.

6.2.5.3 Theme 3: Factors contributing to adult resilience after exposure to childhood DV

The third and final objective was *to explore factors which were seen to contribute to adult resilience, after childhood exposure to DV*. Therefore, this objective was met due to the social-ecological model that provided significant insight into resilience and how it shaped this study.

Four sub-themes emerged from this main theme, namely, *The utilization of religion*. The results of the research study have found that most of the research participants used religion to cope and to escape from their adversity. Some belonged to youth groups within their church and took part in church activities to escape their dysfunctional home life.

Positive self-talk and self-motivation. The findings show that the research participants took part in recreational activities such as dancing, sport, and modelling to escape their adversity, some motivated themselves by being academically strong and would invest time in their schoolwork to build a better future for themselves. All the research participants told positive messages to themselves, which indicated that their "lives are going to be different when they are adults", or they will never "allow their child to go through what they are currently going through" and that "things will get better".

Protective Mechanisms (safe environment, community support and resources). The findings have found that a child who goes through adversity needs one trusting relationship with one adult, this will allow the child to feel a sense of belonging as well as a sense of safety and security. Most of the research participants had a trusted relationship with an adult outside their household. All the research participants depended on their social ecological environment to provide them with safety and security, as well as access to opportunities and skills. This allowed the research participants to make decisions for themselves and gave them the support to escape their adversity by either going to university or to college. This enabled them and empowered them to build their own lives and to make healthier decisions for themselves and for their own families.

Internal Resilience. The study has found that all the research participants had the internal will and determination to change their circumstances. They refused to make the same mistakes that their parents made. They made use of their resources and they collaborated with their internal resilience by making use of their resources that their ecological environment provided, and made the necessary changes, adapted to become resilient to the exposure of childhood DV.

6.2.6 Chapter 6: Conclusions and the Recommendations

Chapter six provided the conclusions and the recommendations of the study with a complete discussion, and presentation of the summary of the chapters in the study.

6.3 Limitations of the Study

Theofanidis and Fountouki (2018) describe the limitations of a study to outline possible weaknesses within the study, out of the researcher's control. As such the following factors were identified as possible limitations to the current study:

- There is a scarcity of South African literature on resilience in adults exposed to childhood DV. Therefore, the researcher had to make use of international journals for referencing purposes.
- Most of the research participants were females, due to them being more forthcoming other than males. The men who referred to the partake in the study either declined or withdrew from the research process. Males generally in small towns still have the mentality that men are supposed to be strong and not talk about their feelings (Revised White Paper on Families in South Africa, 2021). This influenced on the ratio of males and females in the study.
- The Covid-19 pandemic placed a tremendous delay on the data collection process due to the type of research design utilized for the research study.
- Initially, the goal was to recruit a diverse group of research participants, including people of different races and to include more males in the study. However, many of them declined or withdrew on the invitation to partake in the study.

6.4 Recommendations

The recommendations of the study were placed onto practitioners in the field who worked with children and families, government as well as future researchers who are actively working in the child and family fields.

6.4.1 Recommendation for practitioners who work with children and families

- ***Group interventions:*** Group interventions to be implemented by particularly targeting adults (men and women) who have been exposed to DV. Providing supportive services and guidance to alleviate and/or eradicate the negative effects of exposure to childhood DV. These interventions need to entail individual counselling by developing an Individual Developmental Plan (IDP) to address the needs of these adults' by implementing fatherhood and motherhood programmes relatively with family workshops/programmes to eradicate the pathology of DV.
- ***Family-Centered Interventions:*** Intervention done by practitioners working in the field including all members of the family for intervention (parents, children, and those family in the home [extended]), which should address the pathology of DV, in-depth family therapy and implementing techniques and strategies to rebuild the broken family system.
- ***Educational and awareness campaigns:*** Rural areas/small towns need more education on adjusted and adapted policy based on DV. Practitioners need to target direct and indirect victims of DV to provide them with the necessary knowledge and resources that can assist children who are exposed to DV within their households.

- ***Interpersonal relationship programmes:*** Provide social-emotional learning programs for youth and healthy relationship programs for couples to teach safe and healthy relationship skills.
- Encourage influencers and peers to become allies in preventing DV by empowering and educating bystanders, as well as implementing family-based programs.

6.4.2 Recommendations to Government

- Policy developers within government need to advocate, encourage, and mandate companies to encourage employee mental health. The purpose is to seek out adults who have been exposed to DV to enable them to address childhood trauma.
- Police officers are to be trained, mandated, to effectively implement the South African Domestic Violence Act to make sure that secondary victimization does not occur and to make sure that VFR are active and working according to standard operational procedures.
- Social Development to employ specialized practitioners to implement workshops and other interventions targeting DV in communities.
- The environment can be improved by enhancing school climate and safety, improving corporate policies, and changing the physical and social environment of neighbourhoods.
- Safety and security to improve, providing more half-way houses and implement more housing programmes for victims (men and women) of DV.

6.4.3 Suggestions for future research

- Future research is to address other races and geographical areas deeply affected by DV as it will deliver a more holistic perspective on exposure to childhood DV in SA.

- Future research should focus particularly on men on this topic which could provide new insights, due to men not being open to discuss their trauma based on this topic.

6.5 Conclusion

There is a scarcity of South African literature on the specific research topic. Therefore, the researcher had to make use of international journals for referencing purposes. Most of the research participants were females, due to them being more forthcoming than males. The small sample of the research participants may be a limitation, purely based on the sensitivity of the research topic. People tend to move forward and do not want to talk about their childhood trauma. The research question of the study was explored through a qualitative methodical approach, which allowed the researcher to reach the aim and the objectives of the research study. The outcome of the research study provided insights into the experiences, the influence of exposure in childhood, and the resilient factors that contributed to adult resilience, who were exposed to childhood DV. The results of the research study have determined that a socio-ecological environment allowed and created the opportunity to enhance, encourage and promote their internal resilience, which resulted in them achieving their goals and building healthy social and romantic relationships. Chapter six, which is the last chapter of this study provided the reader the opportunity to reflect on the summary and the conclusions of the other chapters. Recommendations were made for practitioners working with children and families, for governmental organizations and for policy developers. Lastly, suggestions were made for future researchers, to focus particularly on this topic.

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APPENDICES

APPENDIX A: INFORMATION SHEET – RESEARCH PARTICIPANT

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Email: rich.edna2@gmail.com and gershwilleolivier@gmail.com

Project Title: Exploring resilience in South African adults exposed to childhood DV

What is this study about?

This is a research project being conducted by Mr Gershwille Olivier from the University of the Western Cape. I am inviting you to participate in this research project because you have the expertise and the experience in the field of this research project. The purpose of this research project is to explore the resilience in South African adults exposed to childhood DV.

What will I be asked to do if I agree to participate?

You will be asked to fill in the agreement form to conduct an in depth-interview as well as the use of audiotape prior to conducting the interview. The interview will take about 30 to 60 minutes. The Social Economic Development (SED) office at Mosselbay Municipality will be used as a venue.

Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and to ensure your anonymity therefore your name will not be included for any purpose in this research project. A code will be used to differentiate different transcriptions of the participants. To ensure your confidentiality, the interview transcripts will be copied to a password-protected computer immediately afterwards and deleted from the audiotape this will only be known to the researcher.

What are the risks of this research?

There may be some risks from participating in this research study. The risks may include the psychological, social, emotional, and legal risks. There might also be the risks that are currently unforeseeable as all human interactions and talking about self or others carry some amount of risks.

We will minimize such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the researcher to learn more about exposure of childhood DV and the resilience factors that assisted you to flourish from that exposure as a child. The researcher hopes that, in the future, other people might benefit from this study through an improved understanding of parent-relationships.

Do I have to be in this research, and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits for which you otherwise qualify.

What if I have questions?

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department
Professor S Savahl

Centre for Interdisciplinary Studies on Children, Families and Society University of the Western Cape
ssavahl@uwc.ac.za
0219592277

Dean of the Faculty of Community and Health Sciences
Prof. Anthea Rhoda
University of the Western Cape
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee, Humanities and Social Sciences Research Ethics Committee (**HSSREC, ethics nr: HS20/5/22**)

BYLAE

BYLAE A: INLIGTINGSBLAD NAVORSINGSDEELNEMER

UNIVERSITEIT VAN DIE WES-KAAP
Privaat Sak X 17, Bellville 7535, Suid-Afrika
Epos: rich.edna2@gmail.com en gershwilleolivier@gmail.com

BYLAAG A
INLIGTINGSVORM

Titel van Projek: Ontdek veerkragtigheid by volwassenes in Suid-Afrika wat blootgestel was aan huishoudelike geweld as kinders.

Wat behels die studie?
Dit is 'n navorsingsprojek wat deur Mnr Gershwille Olivier by die Universiteit van die Wes-Kaap gelei word. Ek nooi u uit om deel te naam aan hierdie navorsingsprojek, want u het die ondervinding in die veld. Die doel van hierdie navorsingsprojek is om veerkragtigheid te ontdek by volwassenes in Suid-Afrika wat blootgestel was aan huishoudelike geweld as kinders.

Wat sal van my gevra word om te doen indien ek instem om deel te neem?
U sal gevra word om die instemmingsvorm vir 'n in-diepte onderhoud sowel as die gebruik van oudiokassette in te vul, voor die onderhoud plaasvind. Die onderhoud sal ongeveer 30 tot 60-minute duur. Die Mosselbaai Munisipaliteit, Sosiale Ekonomiese Department kantoore sal gebruik gemaak word vir onderhoude. Die vrae vir die onderhoud is gering om veerkragtigheid te ontdek by volwassenes in Suid-Afrika wat blootgestel was aan huishoudelike geweld as kinders

Sal my deelname in hierdie studie vertroulik gehou word?

Die navorser onderneem om u identiteit en die natuur van u bydrae te beskerm. Om u anonimiteit te verseker, sal u naam nie ingesluit word vir enige doelwit in hierdie navorsingsprojek nie. ‘n Kode sal gebruik word om tussen die verskillende transkripsies van deelnemers te onderskei. Om u vertroulikheid te verseker, sal die onderhoude onmiddellik daarna op ‘n wagwoord-beskermde rekenaar gekopieer word en dan afgevee word van die oudiokasset wat net bekend is aan die navorser.

Wat is die risiko’s van hierdie navorsing?

Deelname aan hierdie navorsingstudie mag sekere risiko’s inhou. Die risiko’s mag sielkundige, sosiale, emosionele en wettige risiko’s insluit. Daar mag dalk ook risiko’s wat huidiglik onvoorsiene is, ontstaan, siende dat alle menslike interaksies en gesprekke oor jouself of anders ‘n sekere aantal risiko’s behels. Ons sal nietemin sulke risiko’s so laag moontlik probeer hou en sal summier optree om u te help sou u enige ongemak, of die sielkundig of enige ander vorm is, ervaar gedurente die proses van u deelname aan die studie. Waar nodig, sal ‘n toegepaste verwysing na relevante professionele dienste verskaf word vir verdere hulp of intreding.

Wat is die voordele van hierdie navorsing?

Hierdie navorsing is nie ontwerp om u persoonlik te help nie, maar die uitslae mag die navorser help om meer te leer hoe u veerkragtigheid gebruik het as kind om ‘n positiewe impak the he op u lewe. Ons hoop dat, in die toekoms, ander mense voordeel sal trek uit hierdie studie deur verbeterde begrip veerkragtigheid en hoe blootsetlling aan gesinsgeweld op veerkragtigheid het.

Is ek verplig om deel te neem aan hierdie navorsing en mag ek ten enige tyd my deelname daaraan stop?

U deelname aan hierdie navorsing is heeltemal vrywillig. U mag kies om glad nie deel te neem daaraan nie. Sou u besluit om deel te neem aan hierdie navorsing, mag u ten enige tyd u deelname stop. Sou u besluit om nie deel te neem aan hierdie studie nie, of u besluit om op te hou deelneem ten enige tyd, sal u nie penaliseer word of enige voordele waarvoor u kwalifiseer, verloor nie.

Wat as ek vrae het?

Sou u enige vrae oor hierdie studie en u regte as navorsingsdeelnemer het, of sou u enige probleme wat u ervaar het gedurende die studie wil rapporteer, kontak asseblief:

Hoof van Departement
Dr. M Londt

Departement van Maatskaplike Dients Universiteit
van Wes Kaapland

mlondt@uwc.ac.za
0219592277

Dekaan van die Fakulteit Gemeenskaps- en Gesondheidswetenskappe

Prof Anthea Rhoda

Universiteit van Wes-Kaapland

Privaatsak X17

Bellville 7535

chs-deansoffice@uwc.ac.za

Navorsingskomitee vir Geesteswetenskappe en Sosiale Wetenskappe (HSSREC), Geesteswetenskaplike en Sosiale Wetenskappe Navorsingsetiekkomitee (**HSSREC, etiek nr: HS20/5/22**)

APPENDIX B: CONSENT FORM - RESEARCH PARTICIPANT

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Email: rich.edna2@gmail.com and gershwilleolivier@gmail.com

Title of the Research Project: Exploring resilience in South African adults exposed to childhood DV.

The study has been described to me as a research participant in a language that I understand. My questions about the study have been answered. I understand what my participation will involve, and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

_____ I agree to be audiotaped during my participation in the study.

_____ I agree not to be audiotaped during my participation in this study.

Participants Name……

Participants Signature…… Date……

Researchers Name……

Researchers Signature..... Date.....

BYLAE B: TOESTEMMINGSVORM - NAVORSINGSDEELNEMER

UNIVERSITEIT VAN DIE WES-KAAP
Privaat Sak X 17, Bellville 7535, Suid-Afrika
Epos: rich.edna2@gmail.com en gerswhwilleolivier@gmail.com

Titel van Navorsingsprojek: Ontdek veerkragtigheid by volwassenes in Suid-Afrika wat blootgestel was aan huishoudelike geweld as kinders.

Die navorsingstudie is beskryf aan my as navorsingdeelnemer in die taal wat ek verstaan. My vrae oor die studie is beantwoord. Ek verstaan wat my deelname sal behels en ek kom ooreen dat ek vrywilliglik en uit eie keuse deelneem aan die studie. Ek verstaan dat my identiteit nie bekend gemaak sal word nie. Ek verstaan dat ek ten enige tyd mag onttrek van die studie sonder om `n rede te verskaf en sonder om enige vrees of negatiewe gevolge of verlies van voordele te ly.

_____ Ek stem in om oudio-opname te neem gedurende my deelname aan die studie.

_____ Ek stem nie in om oudio-opname te neem gedurende my deelname aan die studie.

Navorsingdeelnemer se naam…….

Navorsingdeelnemer handtekening…… Datum……

Navorser se naam…….

Navorser se handtekeing……. Datum……

APPENDIX C: IN-DEPTH INTERVIEW SCHEDULE – RESEARCH PARTICIPANT

UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa
Email: rich.edna2@gmail.com and gershwilleolivier@gmail.com

Project Title: Exploring resilience in South African adults exposed to childhood DV.

Research introduction: This study is conducted in fulfilment for the requirements to obtain a Master's degree in Child and Family Studies at the University of the Western Cape. The study seeks to explore resilience in South African adults exposed to childhood DV.

Interviewer:	
Respondent Code:	
Age:	

Gender:	
Place	
Time:	

Welcome and Overview

Starting the Interview: Introduction and the Purpose of the Study

Anonymity

- Explain to the participant that data will be reported on the information shared no personal names will be used.
- Review points of clarification and confirmation that participants want to take part.

Permission to record the session

- Explain to the participant that the interview will be audio recorded for the purpose of capturing the information accurately.

Complete consent form

- Interviewer to complete the consent procedure prior to the interview [read information sheet, give participant a copy of the consent sheet, and have them sign the form.]

Complete demographic information

ASK- Do you have any questions before we get started?

Questions:

1. Kindly describe the relationship you had and currently have with your parents?
2. Kindly describe to me how disagreements or conflicts were addressed in your home?
3. If arguments could not be resolved, who would be the one aggravating the situation?

4. Were disagreements frequent in your house? Describe how these disagreements would usually play out.
5. Please indicated how old were you when you first saw the disputes occurring in the home? How did it make you feel?
6. Do you think the childhood experiences you had of home life, influenced you in any way today? If yes, in what way?
7. Kindly tell me what did you tell yourself when you saw verbal or physical violence in your home?
8. Please indicate where did you go after you saw the violence in your home?
9. If there were any community resources that helped you during this experience, can you kindly name them?
10. Kindly tell me if the violence within your house was reported to the police?
11. Was the community and family aware of the violence occurring within your house? If so, did anyone help?
12. Kindly explain what have you achieved that you considered a goal for you during your childhood, whether people agreed with it or not? And if there was no goal, or you failed at the goal, how did you deal with it?
13. *Exercise*: Kindly close your eyes, and go back to when you were a child and kindly describe to me the picture you are seeing, the good and the bad?
14. Kindly explain what have you done to cope or to survive that what was not considered socially acceptable in your community during your childhood?
15. If disagreements or arguments got too much for you as a child, is there anyone or anything that gave you a safe space to get away from the arguments and focus on things which made you happy?
16. Do you feel there is a difference between the relationships you have today in comparison to when you were a child?
17. Kindly explain what the difference is between your current relationship(s) to the one(s) you had when you were a child?
18. Can you please indicate to me who and what your support system is currently?
19. How would you describe your current social and romantic relationships? Please talk to me about it.

20. Kindly indicate any factor that acted as a protective mechanism in your childhood?
21. If there is any child who is going through what you went through in your childhood … what is the one thing you would want them to have, or made available to them?

Ending the interview: Thank you. I appreciate your participation in our discussion study.

BYLAE C: DIEPTE ONDERHOUDSKEDUL NAVORSINGSDEELNEMER

UNIVERSITEIT VAN DIE WES-KAAP
Privaat Sak X 17, Bellville 7535, Suid-Afrika
Epos: rich.edna2@gmail.com en gerswhwilleolivier@gmail.com

Projektitel: Verkenning van veerkragtigheid in Suid-Afrikaanse volwassenes blootgestel aan kinderjare DV.

Navorsingsinleiding: Hierdie studie word uitgevoer ter vervulling van die vereistes om 'n Meestersgraad in Kinder- en Gesinsstudies aan die Universiteit van Wes-Kaapland te verwerf. Die studie poog om veerkragtigheid in Suid-Afrikaanse volwassenes wat aan kindertyd-DV blootgestel is, te ondersoek.

Onderhoudvoerder:	
Respondentkode:	
Ouderdom:	
Geslag:	
Plek	
Tyd:	

Welkom en oorsig

Begin die onderhoud: Inleiding en die doel van die studie.

Anonimiteit

- Verduidelik aan die deelnemer dat data gerapporteer sal word oor die inligting wat gedeel word, geen persoonlike name sal gebruik word nie.
- Hersien punte van verduideliking en bevestiging dat deelnemers wil deelneem.

Toestemming om die sessie op te neem

- Verduidelik aan die deelnemer dat die onderhoud oudio opgeneem sal word met die doel om die inligting akkuraat vas te lê.

Voltooi toestemmingsvorm

- Onderhoudvoerder om die toestemmingsprosedure voor die onderhoud te voltooi [lees inligtingsblad, gee aan deelnemer 'n afskrif van die toestemmingsblad, en laat hulle die vorm teken.]

Voltooi demografiese inligting

VRA- Het jy enige vrae voordat ons begin?

Vrae:

1. Beskryf asseblief die verhouding wat jy gehad het en tans met jou ouers het?
2. Beskryf asseblief vir my hoe meningsverskille of konflikte in jou huis aangespreek is?
3. As argumente nie opgelos kon word nie, wie sou die een wees wat die situasie vererger?
4. Was onenigheid gereeld in jou huis? Beskryf hoe hierdie meningsverskille gewoonlik sou uitspeel.
5. Het asseblief aangedui hoe oud jy was toe jy die eerste keer gesien het hoe die dispute in die huis voorkom? Hoe het dit jou laat voel?
6. Dink jy die kinderervarings wat jy van die huislewe gehad het, het jou vandag op enige manier beïnvloed? Indien wel, op watter manier?
7. Vertel my asseblief wat het jy vir jouself gesê toe jy verbale of fisieke geweld in jou huis gesien het?
8. Dui asseblief aan waarheen jy gegaan het nadat jy die geweld in jou huis gesien het?
9. As daar enige gemeenskapshulpbronne was wat jou tydens hierdie ervaring gehelp het, kan jy dit asseblief noem?
10. Vertel my asseblief of die geweld binne jou huis by die polisie aangemeld is?
11. Was die gemeenskap en familie bewus van die geweld wat in jou huis voorkom? Indien wel, het iemand gehelp?
12. Verduidelik asseblief wat jy bereik het wat jy tydens jou kinderjare as 'n doelwit vir jou beskou het, of mense daarmee saamgestem het of nie? En as daar geen doel was nie, of jy het misluk by die doelwit, hoe het jy dit hanteer?
13. Oefening: Maak asseblief jou oë toe, en gaan terug na toe jy 'n kind was en beskryf vriendelik vir my die prentjie wat jy sien, die goeie en die slegte?
14. Verduidelik asseblief wat jy gedoen het om dit wat nie as sosiaal aanvaarbaar in jou gemeenskap geag is tydens jou kinderdae te hanteer of te oorleef nie?
15. As onenigheid of argumente vir jou as kind te veel geword het, is daar iemand of enigiets wat jou 'n veilige ruimte gegee het om weg te kom van die argumente en te fokus op dinge wat jou gelukkig gemaak het?
16. Voel jy daar is 'n verskil tussen die verhoudings wat jy vandag het in vergelyking met toe jy 'n kind was?

17. Verduidelik asseblief wat die verskil is tussen jou huidige verhouding(s) en die een wat jy gehad het toe jy 'n kind was?
18. Kan jy asseblief vir my aandui wie en wat jou ondersteuningstelsel tans is?
19. Hoe sou jy jou huidige sosiale en romantiese verhoudings beskryf? Praat asseblief met my daaroor.
20. Dui asseblief enige faktor aan wat as 'n beskermende meganisme in jou kinderjare opgetree het?
21. As daar enige kind is wat deurmaak wat jy in jou kinderdae deurgemaak het … wat is die een ding wat jy sou wou hê hulle moet hê, of aan hulle beskikbaar gestel het?

Beëindig die onderhoud: Dankie. Ek waardeer jou deelname aan ons besprekingstudie.

APPENDIX D: ORGANISATIONAL PERMISSION LETTER

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Email: rich.edna2@gmail.com and gershwilleolivier@gmail.com

Date: 02 December 2020
Child Welfare- Great Brak River

RE: Permission to Conduct Research Study

Dear Sir/Madam

I am writing to request permission to conduct a research study at your institution. I am enrolled as a Masters student in the Unit of Child and Family Studies in the Department of Social Work at the University of the Western Cape. The study focuses on exploring resilience in South African adults exposed to childhood DV. I will require permission to interview individuals who have been exposed to childhood DV. Interested participants, who volunteer to participate, will be given a consent form to be signed by them (copy enclosed). If approval is granted, I will conduct in-depth interviews with all the participants (see interview guide attached) that will last about 60 minutes. Neither your institution/centre nor the individual participants will incur any costs.

Your approval to conduct this study will be greatly appreciated. You may contact me at my email address: 3061295@myuwc.ac.za or gershwilleolivier@gmail.com

Sincerely,

Gershwille Olivier
Social Worker: 10-39296
Cell: 0814841938

BYLAE D: ORGANISATORIESE TOESTEMMINGSBRIEF

UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa
Email: rich.edna2@gmail.com and gershwilleolivier@gmail.com

Datum: 02 December 2020
Kindersorg- Groot Brakrivier

Rakende: Toestemming om Nasvorsing Studie uit te rig

Geagte Mnr/ Me:

Ek skryf hiermee om toestemming te verwerf om a navorsings study uit te rig by hierdie institusie.

Ek is huidliglik ingrskryf as ‘n Meesters grad student in die eenheid ‘Unit of Child and Family Studies in the Department of Social Work’ by die Universiteit van Wes-Kaapland. The studie fokus op die ontdekking van veerkragtigheid by volwassenes in Suid-Afrika wat blootgestel was aan huishoudelike geweld as kinders. Ek versoek om onderhoude, met indivdee van u organisasie te grbuik vir hierdie studie. Geintereseerde deelnemers wat gewilliglik deelneem, sal toestemmings briewe ontvang en teken (kopie aangeheg). Indien toestemming ontvang word, sal ek onderhoude hou (sien aangeheg) wat tussen 30 – 90-minute sal neem. Beide u kantoor of institusie of selfs die individuele deelnemer sal geen koste dra nie.

U toestemming om deel te neem aan die studies sal hoog waardeer word. U mag my kontak by die volgende e-pos gershwilleolivier@gmail.com

Die uwe,

Gershwille Olivier
Social Worker: 10-39296

APPENDIX E: ETHICS APPROVAL LETTER FROM THE UNIVERSITY

UNIVERSITY of the WESTERN CAPE

Department of Institutional Advancement
University of the Western Cape
Robert Sobukwe Road
Bellville 7535
Republic of South Africa

60 YEARS of hope, action & knowledge

17 July 2020

Mr GZ Olivier
Child and Family Studies
Faculty of Community and Health Sciences

Ethics Reference Number:	HS20/5/22
Project Title:	Exploring resilience in South African adults exposed to childhood domestic violence.
Approval Period:	17 July 2020 – 17 July 2023

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

The permission to conduct the study must be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse event and/or termination of the study.

Josias

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Director: Research Development
University of the Western Cape
Private Bag X 17
Bellville 7535
Republic of South Africa
Tel: +27 21 959 4111
Email: research-ethics@uwc.ac.za

NHREC Registration Number: HSSREC-130416-049

APPENDIX F: LANGUAGE EDITORS LETTER

Busy Bee EDITING

104 Sarel Cilliers Street, Napier, Western Cape, South Africa
Cell: +27 72 244 4363 or 082 807 0134
Email: info@busybeeediting.co.za / brendavanrensburg2@gmail.com
Website: www.busybeeediting.co.za

Proofreading and Editing Certificate

TO WHOM IT MAY CONCERN

Busy Bee Editing has completed the proofreading, editing, layout, syntax, spelling, grammar and reference check to the best of our ability on a 42 752 word Master's Thesis titled: EXPLORING RESILIENCE IN SOUTH AFRICAN ADULTS EXPOSED TO CHILDHOOD DOMESTIC VIOLENCE (DV) for Gershwille Zynodean Olivier, Student No.: 3061295, submitted in fulfillment of the requirements for the degree MA (Child and Family Studies) in the Centre for Interdisciplinary Studies of Children, Families and Society, Faculty of Community and Health Sciences at the University of the Western Cape.

Hugo Chandler

For Busy Bee Editing: Hugo Chandler

Brenda van Rensburg

For Busy Bee Editing: Brenda van Rensburg

Date: 3 December 2021