

**Exploring the dating experiences of young adult males who
have had childhood exposure to family violence (FV)**

Abygail Wadzanayi Hlomayi

3912882

Full Thesis submitted in fulfilment 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,

UNIVERSITY *of the*
University of the Western Cape
WESTERN CAPE

Supervisor: Prof E. Rich

Co-Supervisor: Dr J. Ryan

10 December 2022

<http://etd.uwc.ac.za/>

ABSTRACT

Family violence (FV) is recognised globally as one of the most widespread social problems. In most of these cases, children are unseen and vulnerable secondary victims despite the parental effort to reduce the likelihood of witnessing the violence. Consequently, exposure to FV has physical, social, and psychological detrimental effects which, in turn, negatively impact all developmental stages. This study aimed to explore the dating experiences of young adult males who have had childhood exposure to FV.

An explorative-descriptive design and qualitative approach was utilised to explore the experiences of six young adult males through semi-structured interviews. Thematic analysis was used to analyse the data, giving rise to three main themes, namely: the young adult males' current perceptions regarding the FV they were exposed to in childhood (Theme 1); the influence of the young adult males' childhood experiences of FV on their current perceptions of dating (Theme 2); and the young adult males' dating experiences (Theme 3).

The overall outcomes revealed that although most participants perceived their dating experiences as positive, there was unresolved trauma from their childhood that manifest as insecure attachments, insecurity, and/or co-dependency. Therefore, some recommendations regarding ways to support young adult males were made to the practitioners working with them to ensure that they develop and maintain healthy romantic relationships and reduce the risk of falling into the violence cycle.

KEYWORDS

Childhood exposure

Dating experiences

Early adulthood

Family violence (FV)

Young adult males



LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CDC	Centers for Disease Control and Prevention
CDV	Childhood Domestic Violence
COVID-19	Coronavirus
CSI	Concept Systems Incorporated
DRC	The Democratic Republic of Congo
DSD	Department of Social Development
DV	Domestic Violence
DVA	Domestic Violence Act
FV	Family Violence
HIV	Human Immunodeficiency Virus
HSSREC	Humanities and Social Sciences Research Ethics Committee
IPV	Intimate Partner Violence
NASEM	National Academies of Sciences, Engineering, and Medicine
NatSCEV	National Survey of Children's Exposure to Violence
NCTSN	The National Child Traumatic Stress Network
NPO	Non-Profit Organisation
PTSD	Post-Traumatic Stress Disorder
SAPS	South African Police Service
StatsSA	Statistics South Africa
WHO	World Health Organisation

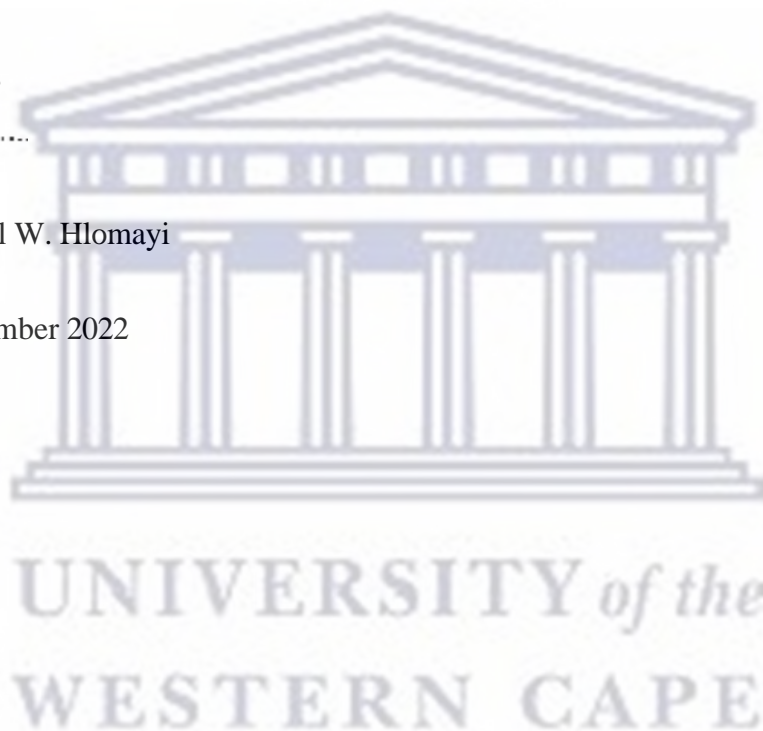
DECLARATION

I, Abygail W. Hlomayi, hereby declare that the study entitled, “*Exploring the dating experiences of young adult males who have had childhood exposure to family violence*”, is the result of my own research. All the sources used in this study have been indicated, and fully acknowledged, employing complete references.


.....

Name: Abygail W. Hlomayi

Date: 10 December 2022



DEDICATION

This study is dedicated to my family

and

all the children and young adults who have been exposed to adverse circumstances

as well as

the supportive caregivers in their lives.



UNIVERSITY *of the*
WESTERN CAPE

ACKNOWLEDGEMENTS

I would like to express my heartfelt gratitude to the following people who contributed to the successful completion and submission of this thesis. Without them, this journey would not have been possible:

- I am exceedingly grateful for Daddy God’s abundant grace and provision throughout this journey. Surely, “I can do all things through Christ who strengthens me”. He promises to bring to completion the good work He starts.
- My beloved parents – mom and dad – for your heart to provide and see me (us) flourish. Thank you for your constant support and prayers. Every word of encouragement kept me going. Thank you for not giving up on me. I appreciate you so much.
- My girls: Lulu, Naki, and Belinda. The group chats, calls, check-ins, and prayers carried me through all the ups and downs of this journey. Thank you for believing in me and the work that I do.
- My brothers-in-love: Yama and Teto, and my boys: Mpanji and Wankumbu, thank you for randomly checking in and spurring me on.
- To my spiritual mama, Mama K. Doll, thank you so much for all the prayers, words of encouragement, and for believing in me and calling out things I do not even see in myself. You have been an incredible support throughout this process. Daddy God knew that I needed you.
- Prof Rich and Dr Ryan, I prayed for supervisors like you, and Abba was very gracious in providing such supportive and understanding supervisors. I am deeply grateful for your invaluable input and for pushing me to the finish line. Thank you!

- A big thank you to all the research participants for agreeing to participate in my study. I pray that you continue on your journey of healing and share your sad but sacred stories.
- Lastly, a big thank you to all my sisters in Christ who pushed and encouraged me to keep going. Thank you for being so understanding and supportive throughout this journey.

I am sincerely grateful to all of you for your unique contributions.



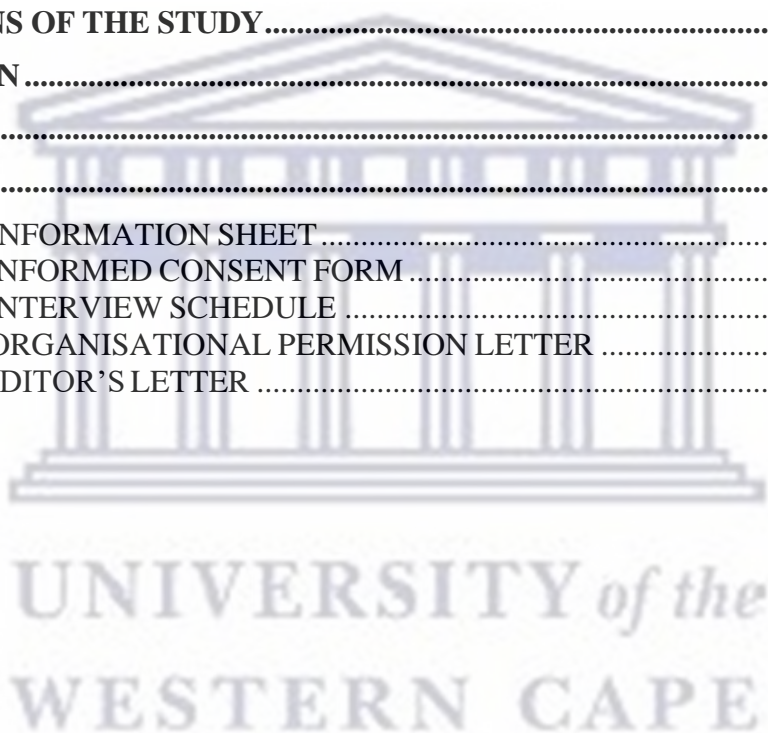
TABLE OF CONTENTS

ABSTRACT	I
KEYWORDS	II
LIST OF ABBREVIATIONS	III
DECLARATION	IV
DEDICATION	V
ACKNOWLEDGEMENTS	VI
TABLE OF CONTENTS	VIII
LIST OF TABLES.....	XII
CHAPTER ONE.....	1
INTRODUCTION TO THE STUDY	1
1.1 BACKGROUND AND RATIONALE	1
1.2 PROBLEM STATEMENT	2
1.3 RESEARCH QUESTION	3
1.4 AIM & OBJECTIVES OF THE STUDY	3
1.4.1 AIM OF THE STUDY	3
1.4.2 OBJECTIVES OF THE STUDY	3
1.5 SIGNIFICANCE OF THE STUDY	4
1.6 DEFINITION OF KEY TERMS & CONCEPTS.....	4
1.7 OUTLINE OF CHAPTERS.....	5
CHAPTER TWO.....	7
THEORETICAL FRAMEWORK.....	7
2.1 INTRODUCTION	7
2.2 THE ORIGINS OF THE ATTACHMENT THEORY AND THE ATTACHMENT MODEL	7
2.2.1 SECURE ATTACHMENT.....	9
2.2.2 INSECURE ATTACHMENT.....	11
2.2.2.1 Anxious(resistant)-ambivalent attachment	12
2.2.2.2 Avoidant attachment.....	14
2.3 ATTACHMENT WITH CAREGIVERS	15
2.3.1 ATTACHMENT WITH MOTHER.....	16
2.3.2 ATTACHMENT WITH FATHER.....	18
2.4 CAREGIVERS' MARITAL RELATIONSHIP AND ATTACHMENT.....	19
2.5 ATTACHMENT IN ADOLESCENCE AND EARLY ADULTHOOD	21
2.6 ATTACHMENT THEORY AND INTIMATE RELATIONSHIPS	23

2.6.1 THE SECURELY ATTACHED IN INTIMATE RELATIONSHIPS	24
2.6.2 THE INSECURE-ANXIOUSLY ATTACHED (PREOCCUPIED) IN INTIMATE RELATIONSHIPS	24
2.6.3 THE AVOIDANTLY ATTACHED IN INTIMATE RELATIONSHIPS	25
2.7 INTERGENERATIONAL TRANSMISSION OF ATTACHMENT RELATIONS	26
2.8 CRITICISM OF THE ATTACHMENT THEORY	28
2.9 CONCLUSION	29
CHAPTER THREE.....	31
LITERATURE REVIEW	31
3.1 INTRODUCTION	31
3.2 CONSTRUCTIONS OF FAMILY	31
3.3 THE DYNAMICS OF FV	33
3.4 THE NATURE OF FV	34
3.5 THE CO-OCCURRENCE OF FV	36
3.6 THE PREVALENCE OF CHILDREN'S EXPOSURE TO FV	37
3.7 THE EFFECTS OF FV ON THE PARENT-CHILD RELATIONSHIP	40
3.7.1 THE DIRECT AND INDIRECT IMPACTS OF EXPOSURE TO FV IN CHILDHOOD	44
3.8 THE EFFECTS OF FV ON DEVELOPMENT	45
3.8.1 PRENATAL THROUGH TODDLERHOOD (0 – 2 YEARS)	45
3.8.2 PRE-SCHOOLERS (3 – 5 YEARS).....	46
3.8.3 SCHOOL-AGE CHILDREN (6 – 12 YEARS)	47
3.8.4 ADOLESCENCE (13 – 18 YEARS)	47
3.9 PERCEIVED EXPERIENCES OF CHILDHOOD EXPOSURE TO FV AND ITS EFFECTS	48
3.10 EXPOSURE TO FV IN CHILDHOOD AND DATING EXPERIENCES IN YOUNG ADULTHOOD	50
3.11 CONCLUSION	52
CHAPTER 4.....	54
RESEARCH METHODOLOGY	54
4.1 INTRODUCTION	54
4.2 RESEARCH QUESTION	54
4.3 RESEARCH AIM	55
4.4 RESEARCH OBJECTIVES	55
4.5 RESEARCH APPROACH & DESIGN	55
4.6 RESEARCH METHODOLOGY	56
4.6.1 RESEARCH SETTING	56
4.6.2 POPULATION AND SAMPLING	57
4.6.3 PILOT STUDY	58
4.6.4 DATA COLLECTION	59
4.6.4.1 <i>Preparation of the participants</i>	61

4.6.4.2 <i>Individual interview sessions</i>	62
4.6.4.3 <i>Field notes</i>	63
4.6.5 DATA ANALYSIS	63
4.6.6 SELF-REFLEXIVITY	66
4.6.7 DATA VERIFICATION AND TRUSTWORTHINESS	66
4.7 ETHICAL CONSIDERATIONS	68
4.7.1 PERMISSION TO CONDUCT THE STUDY	69
4.7.2 INFORMED CONSENT	69
4.7.3 VOLUNTARY PARTICIPATION	69
4.7.4 AVOIDANCE OF HARM	69
4.7.5 DEBRIEFING	70
4.7.6 CONFIDENTIALITY AND THE RIGHT TO ANONYMITY	71
4.8 CONCLUSION	71
CHAPTER FIVE.....	72
FINDINGS & DISCUSSION OF RESULTS.....	72
5.1 INTRODUCTION	72
5.2 DEMOGRAPHIC DATA OF THE PARTICIPANTS.....	72
5.2 SUMMARY OF THE DEMOGRAPHICS.....	73
5.3 PRESENTATION & DISCUSSION OF THE FINDINGS.....	74
5.3.1 THEME 1: CURRENT PERCEPTIONS REGARDING THE FV THEY WERE EXPOSED TO IN CHILDHOOD	75
5.3.1.1 <i>Sub-theme 1.1: Perceptions of FV</i>	75
5.3.1.2 <i>Sub-theme 1.2: Mental illness</i>	77
5.3.1.3 <i>Sub-theme 1.3: Substance abuse</i>	79
5.3.1.4 <i>Sub-theme 1.4: Trauma</i>	82
5.3.1.5 <i>Sub-theme 1.5: Childhood neglect</i>	84
5.3.1.6 <i>Sub-theme 1.6: Family functioning</i>	86
5.3.1.7 <i>Sub-theme 1.7: Post childhood reflections of FV</i>	92
5.4.1 THEME 2: THE INFLUENCE OF THE YOUNG ADULT MALES' CHILDHOOD EXPERIENCES OF FV ON THEIR CURRENT PERCEPTIONS OF DATING.....	94
5.4.1.1 <i>Sub-theme 2.1: Perceptions of dating</i>	96
5.4.1.2 <i>Sub-theme 2.2: Intellectualisation of dating perceptions</i>	100
5.5.1 THEME 3: THE YOUNG ADULT MALES' DATING EXPERIENCES	101
5.5.1.1 <i>Sub-theme 3.1: Negative/unhealthy dating experiences</i>	102
5.5.1.2 <i>Sub-theme 3.2: Positive dating experiences</i>	108
5.5.1.3 <i>Sub-theme 3.3: Communication and connection</i>	112
5.5.1.4 <i>Sub-theme 3.4: Conflict resolution</i>	115
5.6 CONCLUSION	117
CHAPTER SIX	118
SUMMARY, CONCLUSION & RECOMMENDATIONS.....	118
6.1 INTRODUCTION	118
6.2 SUMMARY OF THE RESEARCH STUDY	119
6.2.1 CHAPTER ONE: INTRODUCTION TO THE STUDY	119
6.2.2 CHAPTER TWO: THEORETICAL FRAMEWORK	119

6.2.3 CHAPTER THREE: LITERATURE REVIEW	119
6.2.4 CHAPTER FOUR: RESEARCH METHODOLOGY	120
6.2.5 CHAPTER FIVE: PRESENTATION AND DISCUSSION OF THE FINDINGS	120
6.2.5.1 <i>Theme 1: The young adult males' current perceptions regarding the FV they were exposed to in childhood</i>	121
6.2.5.2 <i>Theme 2: The influence of the young adult males' childhood experiences of FV on their current perceptions of dating</i>	122
6.2.5.3 <i>Theme 3: The young adult males' dating experiences</i>	122
6.2.6 CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS	124
6.3 RECOMMENDATIONS	124
6.3.1 RECOMMENDATIONS TO PRACTITIONERS AND ORGANISATIONS WORKING WITH YOUNG ADULT MALES	124
6.3.2 RECOMMENDATIONS TO THE GOVERNMENT AND POLICYMAKERS	125
6.3.3 SUGGESTIONS FOR FUTURE RESEARCH	126
6.4 LIMITATIONS OF THE STUDY	126
6.5 CONCLUSION	128
REFERENCES	129
APPENDICES	156
APPENDIX A: INFORMATION SHEET	156
APPENDIX B: INFORMED CONSENT FORM	164
APPENDIX C: INTERVIEW SCHEDULE	167
APPENDIX D: ORGANISATIONAL PERMISSION LETTER	173
APPENDIX F: EDITOR'S LETTER	177



LIST OF TABLES

Table 5.1. Demographic data of the young adult males (research participants)	72
Table 5.2. Summary of themes and sub-themes	74



CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 BACKGROUND AND RATIONALE

Violence takes place in various settings; however, it is mostly found within the family setting with the family members being the perpetrators, leaving the whole family affected (Ryan, 2018). Ryan et al. (2015) explains that the concept of ‘family violence’ (FV) is difficult to define because of the numerous specific acts of violence being sub-categorised, making up a larger group. South Africa has reportedly one of the highest incidences of FV, with FV noted as the most prevalent form of human rights abuse in the country (Nyathi, 2012; Preller, 2012; Seabi, 2009). However, it is noted that FV statistics are not entirely representative of the current state of FV in the country due to underreporting. As such, this has been the issue of much debate and research (Kubeka, 2008; Nemasisi, 2018; Nyathi, 2012).

In 75%–90% of FV incidents, children are the hidden and vulnerable secondary victims despite parental efforts for them not to witness the violence (Pingley, 2017; Strydom-Singleton, 2015). Nonetheless, owing to violence exposure, children are placed at risk for negative long-term physical, social, and psychological effects (Kubeka, 2008; Nyathi, 2012; Woollett & Thomson, 2016). Childhood exposure to FV can impact all developmental stages, specifically early adulthood when young adults seek deep intimacy, satisfying companionship, and love, which interferes their ability to form healthy relationships (Alho, 2015; Armstrong, 2019; McLeod, 2013; Wallace & Roberson, 2016). Focusing on dating relationships in early adulthood when considering childhood exposure to FV is pertinent, as the internalised behaviour previously witnessed in childhood can be

perpetuated through emulation and insecure attachments (Weiss et al., 2011; Wallace & Roberson, 2016).

Inevitably, insecure attachments negatively affect the next generation's development and inadvertently increase aggression and violent behaviour in adulthood, thus modelling the intergenerational transmission of violence (Alho, 2015; Margolin & Vickerman, 2011). In their technical package of programmes, policies and practices, Niolon et al. (2017) indicated that focusing on the young adulthood developmental stage assists in preventing as well as developing an intervention that decreases the perpetration or victimisation of dating violence in early adulthood. The focus on young adult males is vital as research with that population group is limited. In their study, Warnick et al. (2019) highlighted the narrative and assumption that only women are victims of FV. Therefore, limited research has examined or explored males' experiences, feelings, or effects of FV, despite the findings that up to 27% of FV would not have occurred if boys were not exposed to violence in their childhoods (Abrahams & Jewkes, 2005; Baum, 2016). Hine et al. (2022) added that academic research on gender-specific experiences of males is essential as this has been previously overlooked. Consequently, more gender-inclusive services specifically meeting gender-specific needs can be developed through recognition and increased awareness of men's experiences (Hine et al., 2022).

1.2 PROBLEM STATEMENT

Exposure to FV in childhood may result in insecurely attached young adult males who can potentially enter relationships with negative preconceived notions of their partner (Woollett & Thompson, 2016). This eliminates trust and closeness in the relationship as well as creates hostility and anger towards the other (Woollett & Thompson, 2016). Consequently, this continues the cycle of abuse that can lead to physical, social and psychological damages that affect society as a whole and perpetuate FV globally and in

South Africa (Kubeka, 2008; Pingley, 2017; Nyathi, 2012). In early adulthood, young people are seeking intimate relationships and acting out what they have learned in their violent past (Godbout et al., 2016; Weiss et al., 2011). However, information on young males with regards to FV and dating has been limited (Baum, 2016; Hine et al., 2022; Umberson et al., 2016). Therefore, exploring the dating experiences of young adult males who have been exposed to childhood FV ensures that appropriate and suitable male client-focused interventions for this milestone are developed. Furthermore, it reduces the possibility of IPV in adulthood and will seek to alleviate violence in society.

1.3 RESEARCH QUESTION

What are the dating experiences of young adult males who have had childhood exposure to FV?

1.4 AIM & OBJECTIVES OF THE STUDY

1.4.1 Aim of the study

The study aimed to explore the dating experiences of young adult males who have had childhood exposure to FV.

1.4.2 Objectives of the study

The objectives of this study were to:

- Describe the current perceptions of young adult males regarding the FV they were exposed to in childhood.
- Explore the extent to which the young adult males' childhood experiences of FV have influenced their current perceptions of dating or being in an intimate relationship/partnership.

- Explore the dating experience of young adult males who have been exposed to FV in childhood.

1.5 SIGNIFICANCE OF THE STUDY

Early adulthood is a significant stage in laying the foundation for healthy and stable (intimate) relationships. Ensuring that young adult males engage in healthy relationships free from violence is a major investment in their future as well as society. Through gender-tailored interventions informed by the young adult males' experiences, this study will potentially contribute to ceasing or reducing the cycle of violence that usually entangles them in the early adulthood phase of exploring intimacy in relationships. Through this study, recommendations for effective and meaningful interventions were developed to add to the existing body of knowledge within the research field. Such knowledge helps design, develop and evaluate precise preventive interventions and treatment models for children and parents (or caregivers) exposed to FV.

1.6 DEFINITION OF KEY TERMS & CONCEPTS

Childhood exposure: refers to the negative circumstances in the home and/or community that places a child in danger or a vulnerable state and could potentially have long-lasting life effects on his or her well-being (Holden, 2002; Pingley, 2017).

Dating experiences: relates to the feelings, perceptions, attitudes, and role expectations within a romantic relationship (Manning et al., 2014).

Early adulthood: indicates the period from ages 18 to 35 whereby young adults become more independent and explore different life possibilities which takes enterprise to accomplish these many responsibilities (Armstrong, 2019; McLeod, 2013; Robinson, 2015).

Family violence (FV): any act or omission by persons who are cohabiting or living together as a family that results in serious injury to other members of the family (Wallace & Roberson, 2016).

Young adult males: refers to males between the ages of 18 to 35 who are assessing what they want in a long-term romantic partner including assessing acceptable and unacceptable traits and behaviours in relationships (Arnett, 2000; Manning et al., 2014).

1.7 OUTLINE OF CHAPTERS

Chapter One introduces the reader to the study; provides the context and background on FV in South Africa and the world; and mentions childhood exposure to FV and its effects on the secondary victims, i.e., the children on their dating experiences in early adulthood. It also gives an overview of the importance and rationale of the study; states the research question; and indicates the aim and objectives of the study. The chapter ends with an explanation of the significance of the study.

Chapter Two presents a detailed description of the theoretical framework that underpins the study, namely John Bowlby's attachment theory, alongside Ainsworth's attachment model.

Chapter Three provides an in-depth literature review on FV and its effects; childhood exposure, and the dating experiences of young adult males exposed to FV in their childhood. The chapter concludes with a summary that reflects what the existing literature posits on the various concepts and how they connect.

Chapter Four outlines the research methodology employed to conduct the research. The discussion of the qualitative approach includes the research approach and design, the study population and sample, the data collection procedure, data analysis, data verification, ethical considerations, and the limitations of the study.

Chapter Five presents the results of the study and provides a discussion of the main findings, according to themes and sub-themes. Simultaneously, the chapter will compare the findings from existing literature presented in Chapter Three as well as link them to the theoretical framework outlined in Chapter Two.

Chapter Six concludes the research paper; summarises the main findings of the study; as well as provides recommendations and suggestions for future research.



CHAPTER TWO

THEORETICAL FRAMEWORK

2.1 INTRODUCTION

This chapter details the theoretical framework which underpins the study. John Bowlby's (1969, 1973, 1980, 1982) attachment theory alongside Mary Ainsworth's (1970, 1971, 1978, 1979) attachment model were applied to form the theoretical undergirding of this study. The attachment theory and the attachment model elucidate the early interactions between children and their caregivers in their childhood and their impact on intimate relationships later in life. Therefore, the theories shed light on the dating experiences of young adult males who have had childhood exposure to FV. A comprehensive description of the attachment theory and an examination of the attachment factors as predictors or influencers of FV will be provided in the chapter. Furthermore, the critics' perspectives will also be mentioned in the chapter and addressed later again in the discussion of the findings and recommendations.

2.2 THE ORIGINS OF THE ATTACHMENT THEORY AND THE ATTACHMENT MODEL

Bowlby's (1969, 1973, 1980) and Ainsworth's (1970, 1978) attachment models are some of the most studied and cited theories within the social sciences and health sciences that have generated creative and impactful research today (Cassidy et al., 2013; Lee, 2003). The attachment theory is an ethological theory of interpersonal relationships that describes people's innate need for close attachments to significant others (or attachment figures), which serves as a survival function (Allison et al., 2008; Kesner & McKenry, 1998). A child's emotional tie to the caregiver is an example of an adaptive response that fosters survival (Bowlby, 1969). Therefore, an inborn motivational system known as the attachment behavioural system controls attachment behaviour such as crying, clinging, or seeking

contact (Allison et al., 2008; Bretherton, 1992). Hence, the caregiver's response to the child's needs in 'threatening' situations determines whether the child sees them as dependable or not. This either creates a secure base for the child to explore the world; or an insecure base that causes them to be anxious about, or avoidant of, exploring the world (Allison et al., 2008; Bretherton, 1992; Lee, 2003; McVay, 2012). Thus, the attachment and exploration systems are the core of the attachment theory (Lee, 2003).

Considering the effects of the caregiver's responsiveness to the child's needs, Bowlby (1973) developed the "internal working models" of self, others, and self-other relationships – a mental representation of an individual's relationship with their primary caregiver or important others that becomes a template for future relationships and allows them to predict, control, and manipulate their environment (Bowlby, 1982; Bretherton, 1992; Godbout et al., 2016; McVay, 2012; Weiss et al., 2011). The model infers that each relationship that an individual has in childhood and adolescence develops expectations regarding the availability of attachment figures (Bowlby, 1973; Bretherton, 1992; McVay, 2012). This means the multiple attachment relationships in these developmental milestones build on the previous relationships and contribute to the construction of expectations or beliefs regarding the sensitivity, availability, and responsiveness of the attachment figures (Bretherton, 1992; McVay, 2012).

With the help of working models, individuals predict the attachment figure's likely behaviour and plan their responses (McVay, 2012). These beliefs become internalised and entrenched, influencing how an individual interacts with the social world in the future (Godbout et al., 2016; McVay, 2012). They become the blueprint that may constrain or facilitate transitions to intimate relationships in early adulthood and adulthood (Concept Systems Incorporated [CSI], 2014; Weiss et al., 2011). Nonetheless, whatever type of model

they construct, i.e., healthy or unhealthy, will have great consequences (Bretherton, 1992; Godbout et al., 2016). For this reason, “attachment behaviour is held to characterise human beings from the cradle to the grave” (Bowlby, 1982).

On the other hand, Mary Ainsworth developed an advanced methodology that did not only allow for Bowlby’s ideas to be verified empirically but also contributed to expanding the theory itself. It is also partly behind the newly developed ‘*Strange Situation*’ concept we have seen in the past years (Bretherton, 1992; McVay, 2012). The notion of the attachment figure being a secure base from which the child can explore the world was developed by Ainsworth. Ainsworth explained in her 1940 study that within a secure familial security context, a child can gradually form new skills and interests outside of the family system (Bowlby, 1982; Bretherton, 1992). On the contrary, the lack of familial security causes the child to be handicapped and not explore (Bowlby, 1982; Bretherton, 1992).

Therefore, Ainsworth further developed the idea of control systems through the ‘*Strange Situation*’ concept. This concept splits attachment up into two styles: *secure* and *insecure*, with the insecure attachment being split into avoidant, and anxious(resistant)-ambivalent (Bretherton, 1992; Noonan & Pilkington, 2020). These three unique “attachment styles” refer to how children adaptively respond emotionally and behaviourally to their primary caregiver’s specific type of parenting (Bretherton, 1992). For the purpose of this study, the theoretical concepts help illustrate how FV not only impacts the caregiver-child interaction, but also the implications these could pose for future adult relationships.

2.2.1 Secure attachment

Finkel and Slotter (2007) describe a securely attached child as one who consistently receives care from his primary caregiver when he seeks protection and comfort. These children are known to feel confident to explore unfamiliar or new spaces in the presence of their primary caregiver (Bowlby, 1969; Bretherton, 1992; Finkel & Slotter, 2007; Noonan &

Pilkington, 2020). However, they tend to become distressed or sometimes angry when their primary caregiver leaves them alone but are quickly comforted when reunited with them (Finkel & Slotter, 2007).

Primary caregivers of secure children are often known for being reliably responsive (sensitive) to their child's needs, which sends a message to the child that their distressed pleas for comfort would be met (Bowlby, 1969; Bretherton, 1992; Finkel & Slotter, 2007; Hyde-Nolan & Juliao, 2012).

Finkel and Slotter (2007) and McVay (2012) added that children with secure attachment bonds report fewer symptoms of psychological problems in childhood, and even adulthood, compared to those who are insecurely attached. Instead, these children exhibit more adaptive qualities such as higher empathy, self-efficacy, and ego resiliency due to their caregiver's responsiveness to their needs (Finkel & Slotter, 2007; McVay, 2012). The child is made to feel calm and safe, concluding that he is lovable and that his caregiver is dependable (Finkel & Slotter, 2007; Hyde-Nolan & Juliao, 2012). Therefore, these securely attached children are likely to develop an internal working model of the self as valued and reliable (Bretherton, 1992; Hyde-Nolan & Juliao, 2012).

Even though the occurrence of FV weakens and disrupts the favourable caregiver-child interaction while it is happening, and in its aftermath, empirical evidence has proven that some children can form secure attachment representation within these very environments (Gustafsson et al., 2017; Mueller & Tronick, 2019). Warnick (2018) confirmed that the non-offending caregiver (typically the mother) was the primary source of support in the home. She contributed to the experience of being cared for which facilitated the social and emotional well-being of her child, and in turn, the establishment of a secure attachment (Warnick, 2018). Furthermore, in her study, Kelly (2018) indicated that severe FV sometimes pushes the non-offending parent to compensate for the exposure to violence

by deliberately increasing responsiveness to their children. Consequently, the patterns of secure attachment would be increased (Kelly, 2018).

Warnick (2018) added that peer groups, friends of the family, the school, and the church can be reliable external sources of protection, safety, and support for the vulnerable children exposed to FV in their homes. These support systems temporarily provide the child with a place where they can escape from the violence and enjoy the positive experience of a healthy family (Gustafsson et al., 2017; Warnick, 2018). Consequently, they buffer the negative impacts of the violence exposure (Noonan & Pilkington, 2020). Furthermore, some participants in Warnick's (2018) study noted that their siblings were a source of comfort and a safe place for each other where they could share feelings and dreams. Warnick (2018) describes this as a form of secure attachment experienced in the family system, although not from the primary caregivers.

2.2.2 Insecure attachment

Studies by Ainsworth showed that insecurely attached children cried frequently, even when reunited with their primary caregiver, and rarely explored their surroundings whether in the presence or absence of their caregiver (Bowlby, 1969; Bretherton, 1992). Caregivers of insecurely attached children are usually characterised with little or no sensitivity or unresponsiveness to their child's needs, i.e., the caregiver tends to frequently reject the child's bids for comfort or for exploration, causing them to feel anxious and insecure (Bretherton, 1992; McVay, 2012; Noonan & Pilkington, 2020). Finkel and Slotter (2007) added that anxiety and insecurity can quickly translate to anger and protest behaviours if the caregiver continues to be unresponsive. Therefore, the prolonged attachment disruptions cause the child to stay angry for a while even after they have been reunited with their primary caregiver (Finkel & Slotter, 2007). Interestingly, they simultaneously seek intimacy and contact but communicate it angrily (Finkel & Slotter, 2007). As a result, the child is

likely to be more immature than his/her peers, is more aggressive, usually maintains a negative effect, and is increasingly likely to develop psychological problems (Bretherton, 1992; McVay, 2012). Thus, these children tend to develop an internal working model of the self as unworthy or incompetent (Bretherton, 1992). As stated earlier, Ainsworth divided insecurely attached children into two categories: anxious(resistant)-ambivalent and avoidant, which will be explained in more detail below.

2.2.2.1 Anxious(resistant)-ambivalent attachment

Infants categorised as “anxious(resistant)-ambivalent” are described as ‘clingy’ or ‘needy’ (Lee, 2003). In other words, they get extremely anxious when separated from their caregiver which causes them to be inconsolably distressed or angry when their primary caregiver leaves them alone (Lee, 2003; Firestone, 2019a). When reunited with their caregiver, they exhibit both need and rejection of care. For example, they are wanting to be picked up, but then immediately push away (Bretherton, 1992; Finkel & Slotter, 2007; Firestone, 2019a). The caregiver possesses qualities of inconsistent and unreliable care or responsiveness to the child’s needs (Finkel & Slotter, 2007). When wanting to appear like a good parent, these caregivers may focus on or look to the child to meet their own needs such as reassurance or comfort (Firestone, 2019a). However, when they are not in need, they tend to be distracted or preoccupied with their own needs when the child is seeking affection or love from them (Firestone, 2019a). The child soon learns that their pleas will sometimes be met and sometimes be neglected (Finkel & Slotter, 2007). Therefore, these children tend to show as much distress as possible to get their caregiver’s attention and make them realise that their need for comfort is very high (Firestone, 2019a; Hyde-Nolan & Juliao, 2012). This behaviour increases the likelihood of the caregiver responding sensitively (Finkel & Slotter, 2007).

Gustafsson et al. (2017) highlighted that FV can affect one's parenting and relationship with their children. They further explained that one's ability to give and show love and attention to their children is deprived or lost within these contexts, and is often replaced with little sensitivity, and harsher and controlling parenting behaviours (Gustafsson et al., 2017). In her paper, citing Rosenblum and von Eye (2011b), Kelly (2018:516) concluded that FV is an "assault on the caregiving system". Campo (2015) and Greeson et al. (2014) addressed the effects of FV on the non-offending parent's (usually the mother) mental health, e.g. depression, anxiety, stress, complex post-traumatic stress disorder (PTSD), sleep problems, and self-medication with alcohol or other drugs. Consequently, maternal stress, depression and trauma could result in being emotionally indifferent and unavailable and poor maternal parenting practices (Campo, 2015). For instance, they may fail to manage daily activities such as feeding the child and playing with them; lose interest or lack the energy to tune into their child's needs; lack patience and understanding of their child; and fail to use positive behaviour strategies to guide their child's behaviour (Greeson et al., 2014). For those who are physically abused, serious injuries such as a broken bone might make it difficult for them to care for their child's everyday needs like bathing or cooking meals (Greeson et al., 2014). Campo (2015) further explained that the caregivers' ability to emotionally shield their child from the experience of trauma is compromised. Therefore, the child's capacity to cope with trauma is compromised by the non-offending caregiver's inability to act as a buffer to the trauma in the context of their stress, trauma, and depression (Campo, 2015; Margolin & Vickerman, 2011). As indicated in the theory, the child regards their caregiver as unresponsive and unreliable or unpredictable, causing them to feel anxious and eventually resistant to their care, yet they are yearning for their attention (ambivalent attachment).

On the other hand, the offending parent – most often the father – is usually dismissive and uninvolved in the rearing of the child, yet Hyde-Nolan and Juliao (2012) highlighted that both caregivers should actively seek to protect and provide their child with a sense of security. The aggressive, controlling, and undermining behaviour or attitude of the offending caregiver causes the child to be fearful (Campo, 2015; Hyde-Nolan & Juliao, 2012). As suggested by the theory, at times, the offending parent's hostile behaviour creates an overstimulating environment that makes it difficult for the child to concentrate or causes them to use attention-seeking behaviours such as showing as much distress as possible (Campo, 2015; Firestone, 2019a; Finkel & Slotter, 2007).

Gustafsson and colleagues (2017) also indicated the importance of addressing the trauma of intimate partner violence (IPV) itself as it inevitably impacts children's attachment representations.

2.2.2.2 Avoidant attachment

Avoidant children are likely to pursue physical contact with their primary caregivers; hardly exhibit noticeable signs of distress when their caregiver leaves them alone; and they tend to pull away from the caregiver or ignore them when reunited (Bretherton, 1992; Finkel & Slotter, 2007). The caregiver is known to be reliably unresponsive to the child's needs or attachment behaviour, causing the child to conclude that his or her pleas would be neglected and that making such pleas is inconsequential (Finkel & Slotter, 2007). Firestone (2019b) describes this type of parent or caregiver as an emotional desert, meaning they are often distracted or depressed within themselves. She further explains that there is a possibility of disconnecting from their own needs and, as an extension, are unresponsive to their child's needs (Firestone, 2019b). Consequently, the child develops an adaptive response of not depending too much on their caregiver (Finkel & Slotter, 2007). Firestone (2019b) defines this as pseudo-independence – that is, a child's attempt to meet his or her own needs. That

way, they avoid bearing the painful reality and shame of others consistently failing to respond to their needs (Firestone, 2019b).

Campo (2015) cited that where infants and children cannot rely on their parents or caregivers to protect them from or buffer traumatic events, they may instead turn to self-protective behaviours such as withdrawal, anger, and aggression. Similar to the anxiously attached, caregivers of an avoidant child are not responsive to the child's needs and are unresponsive – mostly preoccupied or overcome by their stressors (Campo, 2015; Margolin & Vickerman, 2011).

Therefore, understanding secure and insecure attachment assists the researcher to determine the young men's view of themselves, the other, and relationships, which would potentially highlight their views on intimacy, dating, and/or their dating experiences.

2.3 ATTACHMENT WITH CAREGIVERS

When a baby is born, he or she immediately needs someone to take care of him or her and this person can be a parent, sibling, or nanny; whoever it is, a bond will be formed between them (Lee, 2003). Pernebo and Almqvist (2016) added that babies are completely dependent on their caregivers, not only for physical care, but also for emotional closeness and the safety required for normal neurological, psychological, and social development.

Both Bowlby and Ainsworth deduced that a child's personality and character are usually shaped by the primary caregiver (Bretherton, 1992; Lee, 2003). Bretherton (1992) further explained that from birth babies are innately interested in the social world around them that they are introduced to, and learn about, from their primary caregivers, and this influences their personality and their sense of other.

Bretherton (1992) and McVay (2012) further explored the primary caregiver-child bond by highlighting the impact the quality of the bond has on the child and his or her future

relationships. As alluded to earlier, when there is a secure parent-child relationship, the child is likely to have a healthy and strong parent-child relationship; and is likely to grow into a confident and sociable individual with positive representations of self, others, and relationships (Bretherton, 1992; McVay, 2012). In contrast, the insecure parent-infant relationship impacts the quality of the later parent-child relationship along with the entrance of the child into all other intimate relationships (Bretherton, 1992; McVay, 2012). The child is likely to have negative representations of self, others, and relationships, particularly when engaging with unfamiliar people (Bretherton, 1992; McVay, 2012).

2.3.1 Attachment with mother

Carrying the baby for nine months, the mother automatically has a bond with the child (Lee, 2003). However, for the mother and the child to form a strong bond, it is recommended that the mother and baby are left alone right after birth (Lee, 2003). Lee (2003) explained that having too many people present right after birth can potentially disrupt the natural process of attachment and this can have long-term effects on the relationship between the child and the mother.

A 1995 study by Klaus et al. (as cited by Lee, 2003) supported Ainsworth's non-sophisticated 1953/1967 Ugandan study that highlighted the correlation between maternal sensitivity and time spent with the baby, e.g., breastfeeding (Bretherton, 1992). These mothers can connect and communicate with their children using facial expressions, gestures, and vocalisations later in life. Hence, the children tend to cry less in threatening or unfamiliar spaces or when left alone. Klaus et al. (1995, as cited in Lee, 2003) revealed that mothers who were given an extra five hours a day for the first three days of their baby's life were more responsive and sensitive to their babies' needs. Maternal sensitivity and responsiveness are determinants of the mother-infant relationship based on prior satisfying or rejecting experiences the child has had with the mother (Bretherton, 1992).

Unfortunately for abused mothers, the attachment with their child might be deeply affected by the violence. Francavilla (2021) explained that even though not all abused mothers have a diminished parenting capacity, they may have difficulty in being engaged parents. They are more likely to struggle with being an energetic, patient parent, focusing attention on their children and keeping track of all the various details that childcare and schooling require (Francavilla, 2021; Hooker et al., 2016).

Hooker et al. (2016) took a step further by assessing the mother-child relationship or attachment of abused women during pregnancy and early infancy which included infant feeding and routine care. Because women begin to develop their maternal identity and “making room” for the new relationship with their infant, an abusive man is likely to feel that his existing bond with his partner is under threat, inducing jealousy and further violence (Hooker et al., 2016). Consequently, the mother-child relationship might be thwarted in its formative stage because the mother’s psychological transition to parenthood, and her ideas of self and the developing child, are influenced by her home environment (Hooker et al., 2016). In the end, the women have a hard time preparing to be protectors and providers of care when their own person may be under threat, and feelings of helplessness and fear begin to emerge. Hooker et al. (2016) cited empirical studies that proved that infants might become fearful and traumatised due to interactions with their traumatised mothers.

Since the mother and infant heavily rely on non-verbal, social-emotional communication, the infant can easily pick up the abused mother’s responses to him through her facial expressions, gestures, and the atmosphere she creates for him (Hooker et al., 2016). Therefore, environments marred with fear and chronic anxiety disrupt the mother-child attachment, and the mother’s capacity for a sensitive and attuned relationship with her new-born is severely compromised (Hooker et al., 2016).

Consequently, most empirical studies have found that abused women rarely initiate breastfeeding which increased the risk of early cessation of exclusive breastfeeding (Hooker et al., 2016). Breastfeeding provides regular intimate interaction between the mother and her child. It also creates a calming and relaxing environment that relieves stress and promotes maternal sensitivity (Bretherton, 1992; Gibbs et al., 2018; Gribble, 2006). The attachment theory highlights the effects of spending time with the infant on strengthening the mother-child attachment (Bretherton, 1992; Gibbs et al., 2018; Gribble, 2006). Hence, Nelson (2014) sought to help women and their children rebuild or restore their once-tormented relationship or bond because of FV.

2.3.2 Attachment with father

Unlike the mother who has an automatic bond with the child, the father must establish a bond after the child is born (Bretherton, 2010; Cabrera et al., 2018; Lee, 2003). Lee (2003) suggested that a father must be involved in the delivery of the child and should be readily available to hold or carry the child right away in an instance where the mother cannot do so. Hence, when the child is left alone with the mother, the father ought to be present to experience this bonding session with the child too. In so doing, the fathers are securing stronger attachment with their child in the months following the birth (Lee, 2003).

Literature has shown that the father-child attachment plays a pertinent role in the child's life as both parents have significantly different ways in which they interact with them (Bretherton, 2010; Lee, 2003). When the interactions with each parent are observed, it was obvious that the mothers are nurturing and affectionate towards their children and tend to be more verbal; whereas the fathers deal more with affiliation and play, and have a more physical relationship with the child (Bretherton, 2010; Cabrera et al., 2018; Fletcher et al., 2013). The play interactions with the father are more pleasurable to the children than those with the mother (Lee, 2003).

Since men have been identified as the perpetrators in most instances, Mohaupt et al. (2020) highlighted that partner-abusive fathers or offending fathers, rate higher on anger compared to non-abusive fathers, and they are more likely to express anger aggressively towards their children. The study also showed that partner-abusive fathers score poorly on measures of parental reflective functioning which refers to the caregiver's capacity to reflect upon his/her own internal mental experiences as well as those of their child (Mohaupt et al., 2020). They struggle to take the child's perspective and tend to use their awareness of their children's vulnerable emotions to punish or intimidate them (Mohaupt et al., 2020). Furthermore, the violent environment severely impacts the father's involvement, paternal sensitivity, and responsiveness to the child's needs (Gustafson et al., 2017).

FV disrupts the roles each parent can play in the life of the child, i.e., they are likely to become less sensitive or responsive to the needs of the child, which may potentially impact the dating experiences of the young adult males in the future.

2.4 CAREGIVERS' MARITAL RELATIONSHIP AND ATTACHMENT

Research has undoubtedly shown that the marital relationship between primary caregivers has a clear impact on the child's attachment to either party (Pernebo & Almqvist, 2016). Pernebo and Almqvist (2016) highlighted that the status of a marital relationship influences the caregivers' parenting in several ways. Whether good or bad, the caregivers' parenting role is subjective to the state of the marital relationship (Pernebo & Almqvist, 2016). When a child is raised in a safe and secure household, whereby both parents are involved and have a healthy and stable marital relationship, this allows the child to be securely attached to his or her caregivers. Each parent would play his or her role and contribute towards the well-being of their child (Markiewicz et al., 2001; Pernebo & Almqvist, 2016). Such parents are sensitive to their child's needs and appropriately respond to them, and that reiterates to the child that he/she is lovable and worthy (Markiewicz et al.,

2001; Pernebo & Almqvist, 2016). As a result, children within a healthy marital household are likely to develop a positive internal working model of self, others, and their relationships (Bretherton, 1992).

In contrast, Lieberman (2011) highlighted that an unstable or strained marital relationship causes the child to be insecurely attached due to his/her parents' unpredictable or unreliable responsiveness to his/her needs. An unstable or unsafe household jeopardises the parents' roles, sensitivity, reciprocity, and availability to the child's needs. Thus, the focus shifts from the child to their marital instability and issues – leading to parental alienation (Lieberman 2011; Wallace & Roberson, 2016). Consequently, the child develops an internal working model that says they are unworthy causing them to be avoidant or anxious in present and future relationships. They are left alone to navigate the social world where they needed their caregiver to act as a guide (Lee, 2003; Lieberman et al., 2011). Lieberman et al. (2011) brought out a different outlook on children who are products of unstable marital relationships. They pointed out that some of these children sometimes overcome unresponsiveness by creating a compartmentalisation in their sense of self (Lieberman et al., 2011). This serves as Bowlby's defensive exclusion to escape reality or the pain in which they are experiencing witnessing their caregiver's unstable marital relationship (Bretherton, 1992).

As stated earlier, FV can undoubtedly affect the caregivers' sensitivity to their child's needs. For example, when the marriage is unhealthy and violent, the parents become too occupied and frustrated with their marital issues causing them to neglect their child. As a result, the child develops a negative view of self, others, and relationships. Therefore, this section addresses the issue of exposure to or witnessing FV and its impact on the child's views on intimacy or dating.

2.5 ATTACHMENT IN ADOLESCENCE AND EARLY ADULTHOOD

As stated earlier, attachment behaviours formed in infancy help to shape the attachment relationships in early adulthood and adulthood which the attachment theory began to investigate in the late 1980s (Lee, 2003). In childhood, access to a caregiver as a secure base is essential during the process of psychological, cognitive, and social development (Grossmann & Grossmann, 2019; Lee, 2003). Access is initially physical but gradually develops into an internal working regulation, whereby the child uses his past experiences for affect-regulation and social relations (Grossmann & Grossmann, 2019; Lee, 2003). Lee (2003) added that attachments in childhood are often described as one-directional.

However, in adolescence and early adulthood, the primary attachment shifts to reciprocal attachment relationships with peers or significant others (Allison et al., 2008; Delgado et al., 2022; Lee, 2003). This begins with a child breaking free from the attachment bonds with their parental-type figure when they reach adolescence – that part of the developmental milestone (Delgado et al., 2022; Lee, 2003). Lee (2003) highlighted that to develop autonomy, any attachment bond with their parents is viewed as restrictive rather than a secure protection base. Hence, the peers with whom they share the same view of breaking away from their parents become the attachment figures adolescents or young adults rely on to navigate the world around them (Lee, 2003). However, Delgado et al. (2022) regard autonomy development in adolescence as a continuation of child-like exploration. Similar to the Strange Situation, as adolescents and early adults, they feel more secure when they perceive availability and support from their parents (Delgado et al., 2022). Therefore, in spite of the changes in the parent-child relationship, when there is a quality relationship, the bond between them is still characterised by warmth, with the parents being important attachment. The internal working model acts as the base for the child to construct their

relational world (Delgado et al., 2022; Tan et al., 2016).

Although the shift is initially arduous, the adult attachment style is fully developed through the long-term relationships with their peers that may be of the romantic kind in adolescence and early adulthood (Weiss, 1982, as cited in Lee, 2003). Healthy attachments in these stages are sources of emotional security and support and contexts for growth in social competence (Delgado et al., 2022; Grossmann & Grossmann, 2019). However, disruptions in the family can alter the pathway from securely attached to insecurely attached, temporarily or permanently (Grossmann & Grossmann, 2019).

Insecure adolescents or young adults often doubt that their attachment relationships will last, particularly when there are disagreements or problems (Delgado et al., 2022). Hence, they avoid the problems altogether which can eventually cause future problems within attachment relationships and lead to depression and other problems (Delgado et al., 2022; Lee, 2003).

Thus, having the caregiver as a secure base (available to support or help) is important for the adolescent or young adult when independence becomes too overwhelming (Lee, 2003). Weiss (1982, as cited in Lee, 2003) asserted that adolescents or young adults who displayed autonomy-seeking behaviour typically have a secure and positive relationship with their caregivers, proving that attachment in adolescence and early adulthood is dependent on an individual's attachment history, i.e., their childhood (Allison et al., 2008; Kesner & McKenry, 1998). Essentially, their internal working models that create the beliefs about the self, others, and relationships, still play a fundamental role in their attachment processes in adolescence, early adulthood, and later in life (Lee, 2003).

This section speaks into the developmental stage on which the researcher is focusing, i.e., young adulthood and its link to one's childhood experiences. Therefore, this gives more insight into how childhood attachment plays out in adolescence and early adulthood. With the focus being on childhood exposure to FV, young men inevitably developed specific attachment traits that will be noticeable in their adolescence and early adulthood. Furthermore, it guides the researcher and those in the field to suggest or develop treatments and interventions best suited for insecurely attached young male adults.

2.6 ATTACHMENT THEORY AND INTIMATE RELATIONSHIPS

As explained in the previous section, adolescents form long-term relationships with their peers that may eventually grow into the romantic kind and may become full attachment relationships (Delgado et al., 2022; Lee, 2003; Tan et al., 2016). There is a possibility that the romantic relationships may become life-long with a need for species survival (Lee, 2003). Attachment in these intimate partnerships differs from infant attachment in the reciprocity of caregiving and sexual intimacy (Lee, 2003). However, like infant attachment, intimate relationships are guided by the internal models of attachment or are based on one's attachment history (Gillath et al., 2016). Like Ainsworth's infant attachment styles, Hazan and Shaver (1987 & 1998, as cited in Gillath et al., 2016; Bretherton, 1992) identified three attachment styles in adolescence and adulthood that characterise individual behaviour in intimate relationships, namely: (a) secure, (b) avoidant, and (c) anxious/ambivalent.

Bartholomew and Horowitz (1991) added a category to Hazan and Shaver's (1987) model of adult attachment by dividing the avoidant attachment style into (a) dismissing and (b) fearful. They argue that individuals with an avoidant style may genuinely dismiss intimate needs, and some may be fearful of intimate relationships, and avoid them. They also suggested that individuals should not be categorised into one style of attachment, but rather,

they have varying degrees of all four attachment styles (Bartholomew & Horowitz, 1991; Kesner & McKenry, 1998).

2.6.1 The securely attached in intimate relationships

Studies have proven that individuals who are securely attached (i.e., low in anxiety and avoidance) are comfortable with and open to closeness; they are trusting – feel sufficiently able to depend on others; have a higher sense of self-worth; are more expressive; and often have a greater social self-confidence (Kesner & McKenry, 1998; Velotti et al., 2018; Schachner et al., 2003). They are dependable and trustworthy; hence their relationships are long-lasting, stable, and satisfying (Kesner & McKenry, 1998; Schachner et al., 2003). However, they are also confident to leave if the relationship is unhealthy for them. They have a clearer understanding of their self-worth, and they know that their parents/caregivers/other attachment figures are available for them in an event of disappointment or heartache (Kesner & McKenry, 1998). In the realm of sexuality, secure individuals are open to sexual exploration but mostly with a single long-term partner (Schachner et al., 2003). Typically, their intimate relationships involve mutual initiation of sexual activity and enjoyment of physical contact (Schachner et al., 2003).

2.6.2 The insecure-anxiously attached (preoccupied) in intimate relationships

On the other hand, insecure-anxiously attached individuals are usually characterised by their fear of abandonment, low self-esteem, and high levels of separation anxiety (Bartholomew & Horowitz, 1991; Velotti et al., 2018). Therefore, in romantic relationships, they tend to become vigilant toward and preoccupied with their romantic partners and experience low relationship satisfaction and a high breakup rate (Hazan & Shaver, 1987; Schachner et al., 2003). They often struggle to trust their partner's words, warmth, and affection, because their caregiver often used the same empty words, lacking the real attuned nurturance they needed (Firestone, 2019a).

Mikulincer and Shaver (2005, as cited in Velotti et al., 2018) explained that these individuals have difficulties walking away from abusive or unhealthy intimate relationships. They view losing a partner as an unbearable experience because they believe that they do not have sufficient resources to withstand separation from the partner (Velotti et al., 2018). Consequently, they are more likely to develop illusions about a future change (for the better) of their partner causing them to be obsessive and highly dependent (Kesner & McKenry, 1998; Velotti et al., 2018). However, other studies have explained that these individuals can use exaggerated protestation signals when their attachment needs are not met, e.g., violence (Velotti et al., 2018). In line with attachment theory, the insecure-anxiously attached use extreme forms of emotional regulation to get the attention of the attachment figure (Velotti et al., 2018).

2.6.3 The avoidantly attached in intimate relationships

As stated earlier, the avoidantly attached can be divided into two groups: dismissive-avoidant and fearful-avoidant (Bartholomew & Horowitz, 1991; Kesner & McKenry, 1998). Schachner et al. (2003) described dismissive-avoidant individuals as those less interested in a romantic relationship, particularly long-term committed ones. They are characterised by their fear of and discomfort with intimacy and closeness; maintaining psychological and emotional distance and/or extreme jealousy towards a romantic partner (Kesner & McKenry, 1998; Firestone, 2019b; Wardecker et al., 2020). They appear more focused on themselves and value their priorities over their partner's, and similarly to the anxious individuals, they have low satisfaction in relationships and high breakup rates (Firestone, 2019b; Schachner et al., 2003). However, Firestone (2019b) highlights that their behaviour should not be misunderstood – they want to be in a relationship but are driven by the emotional desert in which they grew up. With regards to sexual intimacy, they are more inclined to engage in casual sex and tend to have more one-night stands – a single spontaneous sexual encounter between strangers or casual acquaintances without intimate self-disclosure (Wentland &

Reissing, 2014) – than the affectionate and intimate aspects of sexuality (Schachner et al., 2003).

On the other hand, although individuals with a fearful-avoidant internal working model tend to show some emotional vulnerability, they consciously back away from closeness behaviourally due to their fear of negative outcomes such as abuse or rejection (Bartholomew & Horowitz, 1991; Kesner & McKenry, 1998; McVay, 2012; Schachner et al., 2003; Wardecker et al., 2020).

In this section, based on the categories and their dominant characteristics, the researcher begins to have an insight into the possible perceptions young adult males may have on dating or being in intimate relationships or partnerships. This would be dependent on the attachment style and internal working model of self, others, and relationships that one has developed from childhood to young adulthood.

2.7 INTERGENERATIONAL TRANSMISSION OF ATTACHMENT RELATIONS

According to Shah et al., (2010), a caregiver's attachment style is revealed in various aspects of his/her life, including the lives of his/her children: his/her attachment style. Intergenerational attachment theory implies that caregivers' mental representations of earlier attachments may influence the development of their child's attachment to them (Belsky, 2005; Shah et al., 2010). Considering this, one can derive a conclusion that a parent or a caregiver who had a secure attachment will most likely rear a child with a secure attachment (Belsky, 2005).

Firestone (2019a) added that a caregiver who creates an anxious attachment with his/her child often experienced this style of attachment as a child. This means these caregivers' emotional needs were not consistently met which left them feeling empty (Firestone, 2019a). As a result, when they become parents, they often turn to their children to

fill the emotional hole (Firestone, 2019a). Consequently, this style of attachment becomes a model for their children on how relationships work; and they carry this model into their own adult relationships (Firestone, 2019a).

This supports Bowlby's interest in intergenerational attachment styles (Bretherton, 1992, 2013). In his second volume of the attachment trilogy, *Separation*, Bowlby explained the role of internal working models in the intergenerational transmission of attachment patterns (Bretherton, 1992, 2013). He further explained that individuals that have supportive parents or caregivers grow up to be stable and self-reliant (Bretherton, 1992, 2013). The parents' tendency to engage in relatively open and honest communication, not only with their own working models of self, but of their child, and others, shows the child that these working models are open to questioning and revision (Bretherton, 1992, 2013). Therefore, being a product of this kind of rearing, the child will most likely adopt or inherit this style (Bretherton, 1992, 2013).

Hence, McVay (2012) added that to help the child, the parents or caregivers ought to be helped. A host of influences bred within the household can cause a child to be securely or insecurely attached which will influence the relationships the individual enters into later in life (McVay, 2012). The influences can affect parental responsiveness and sensitivity to the child's needs (McVay, 2012). For example, violence in the home can lead to maternal deprivation, causing the child to experience negative self-models and potentially develop insecurities that can affect his/her future intimate relationships (McVay, 2012). These relationships are likely to run a much higher risk of becoming violent due to insecure attachment styles (McVay, 2012). Consequently, the intergenerational transmission of attachment relations becomes more apparent or continues when violence in the relationship worsens and the likelihood of their children witnessing these increases; while the caregivers' responsiveness to their child's needs decreases (McVay, 2012).

Therefore, McVay (2012) proposed that to inhibit the transmission of violence into the next generation, partners should receive treatment or therapy before a child is born or early in the infant's life whereby attachment styles can still be modified. If treatment is done later in the child's life, it is recommended that the child be included in treatment using individual counselling and play therapy to reform developing attachment patterns (McVay, 2012).

2.8 CRITICISM OF THE ATTACHMENT THEORY

Even though the attachment theory is regarded as the most popular theory to describe parent-child behaviour or interaction; and has been labelled one of the last, "grand theories" that has not been completely dismissed, replaced, or extensively revised; it has faced several criticisms from various fields on the topic of development (Fitzgerald, 2020; Lai & Carr, 2018). Some psychologists such as Judith Rich Harris and Tiffany Field argued that parents or caregivers should not be viewed as the only source that shapes or determines how a child "turns out" (Field, 1996; Harris, 1998). Hence, Harris (1998) explained that peers and the environment also play significant roles in influencing a child's personality.

Just over two centuries ago, people resided in groups that extended far beyond the nuclear family (Harris, 1998). Bearing this in mind, Harris (1998) explained that children were influenced by several people, not just their parents. She argued that people need to recognise that most personality traits come from genes, not the parents' nurturing (Field, 1996; Harris, 1998). They further explained that behaviour is rather learned in the social group one finds him/herself in, and this applies to both children and adults. Hence, siblings raised in the same home, by the same parents, are no more the same as those who are raised in separate homes: each child behaves differently (Harris, 1998). With her arguments, Harris(1998) tries to indicate that parents have control over their child's behaviour only up to a certain extent.

Field (1996) emphasised the issues of attachment behaviours being limited to those that occur with the primary attachment figure, usually the mother. Like Harris (1998), Field (1996) explained that children attach to other people. However, this does not necessarily manifest in the same way as the mothers. A child might cry or follow his/her mother when they are about to leave, but with a sibling, a father, or a peer they may only become fussy or unable to sleep (Field, 1996). Furthermore, Field (1996) contended that the attachment model behaviour list only includes blatant behaviours and excludes the possibility of physiological changes during separations and reunions.

The criticisms stated may apply to the cases that may give inconsistent or contrasting results from the expected traits or characteristics of a specific attachment style. For example, a young adult male exposed to FV in his childhood can be securely attached and have a positive view of self, others, and relationships. This young adult male may have an adult figure or figures in his life whom he can rely on or depend on, or it can simply be his inbuilt resilience to overcome adverse circumstances or situations.

2.9 CONCLUSION

In this chapter, Bowlby's attachment theory and Ainsworth's attachment model were used to show people's innate need for close attachments to significant others, or attachment figures from childhood to early adulthood. In childhood, a caregiver's responsiveness to the child's needs determines a child's internal working model of self, others, and self-other relationships in childhood, adolescence, and adulthood. Individuals are categorised as securely or insecurely attached. Depending on the category they fall under, the attachment style may enhance or diminish the individual's internal working model.

The chapter also revealed the intergeneration transmission of attachment relations. The way an individual's caregiver looks after him or her is how they are likely to be as caregivers themselves. Lastly, the researcher provided some criticisms of the attachment theory and how they may potentially apply to cases with inconsistent or contrasting results from the expected traits or characteristics of a specific attachment style.

The next chapter, the literature review, will provide critical insights into other research conducted on the topic.



CHAPTER THREE

LITERATURE REVIEW

3.1 INTRODUCTION

The previous chapter discussed the theoretical framework to understand the dating experiences of young adult males who have had childhood exposure to FV. The current chapter provides an in-depth critical overview of research that has been conducted on the topic. The chapter identifies the constructions of a family; the continuity of FV and its nature; it differentiates exposure to violence and child abuse; provides statistical evidence on the prevalence of childhood exposure to FV; its impact, continuity, consequences, and effects in the different developmental stages; dating experiences in young adulthood; the approaches to FV. Lastly, the chapter also seeks to identify the gaps in the literature that will be addressed in the researcher's study.

3.2 CONSTRUCTIONS OF FAMILY

From the beginning of time, human beings have always lived in families (Department of Social Development [DSD], 2013). Communities and societies are made up of families that influence the way they are structured, organised, and function (Amoateng et al., 2004; DSD, 2013). The family plays a central role in the lives of its members, from cradle to grave, and provides them, among others, with psycho-emotional and economic support (Amoateng et al., 2004). Being both a biological and a social unit, the family has been and continues to be viewed as the chief institution and a cornerstone of human civilisation in society that imparts society's values, norms, morals, and mores; contributes to an individual's physical, emotional, and psychological development; as well as determining the conditions of social reproduction (DSD, 2013). All over the world, the family undergoes continuous changes in structure and content as well as societal and global transformation. The family environment

constructs social phenomena and determines responsibilities and obligations to both the family and community members, which in turn impacts society (Amoateng et al., 2004). Generally, a strong family, as opposed to a weak one, can accomplish this competently.

The Centre for Social Justice (2010), DSD (2013) and Ziehl (2003) elaborated that strong, stable, and supportive families are usually associated with several positive outcomes such as higher levels of self-esteem; lower levels of antisocial behaviour, e.g., crime, violence, and substance abuse; higher levels of work productivity; lower levels of stress; and more self-efficacy to deal with socioeconomic hardships. Moreover, throughout time, stable and healthy families have been described as the heart of strong societies (Centre for Social Justice, 2010; DSD, 2021). A healthy family setting produces high levels of social capital, resilience, and contributes to the smooth functioning of society and high social cohesion (Centre for Social Justice, 2010; DSD, 2013). On the other hand, unstable and dysfunctional families – in which conflict, misbehaviour, neglect, or abuse occur continually or regularly – can foster and condone the oppression of certain family members, especially women and children (DSD, 2013). Consequently, this has a profoundly damaging impact on the individual which often leads to behaviour that is severely damaging to society (Centre for Social Justice, 2010; DSD, 2013).

However, despite being universally regarded as one of the foundational social institutions in all societies, the concept of the family is deemed difficult to define (Amoateng et al., 2004; Nam, 2004; DSD, 2013). The family has been defined by various disciplines that complicate the process of finding or developing a universal definition inclusive of all the fields. Therefore, defining ‘family’ remains a complex task (Isaacs et al., 2018); however, the study will utilise von Backström’s (2015) all-encompassing definition which addresses the structure, relation, and function of the family (Isaacs et al., 2018), namely:

a family can be described as a group of individuals connected by kinship, marriage, adoption or affiliation. The members of the self-defined unit share an emotional bond with one another that stretches beyond their physical residence. This bond refers to the intimacy experienced among the members as well as their interdependence on one other... From a systems perspective the family would also engage in relationships with the community and broader society and these relationships seem to be interrelated with one another (von Backström, 2015, pp. 1–2).

3.3 THE DYNAMICS OF FV

Despite the unclear statistics, FV is an undoubtedly prevalent social problem that affects all peoples of different ages, gender, and ethnic groups, as well as social and economic groups all over the world (Bendall, 2010). The World Health Organisation [WHO] (2009) explained that the problem is exacerbated by cultural and social norms that normalise, accept, tolerate and, at times, support violence, particularly towards women and children. These norms significantly influence or guide individuals' behaviours (from a specific cultural and social group) in several settings, which includes violence as well as its prevention (National Academies of Sciences, Engineering, and Medicine [NASEM], 2018; WHO, 2009). NASEM (2018) and WHO (2009) highlighted that norms can create an environment that can either foster or mitigate violence and its deleterious effects because they provide social standards of appropriate and inappropriate behaviour, governing what is (and is not) acceptable and co-ordinating one's interactions with others.

These norms are perpetuated within society because individuals choose to conform, based on the premise that others will also conform (WHO, 2009). Furthermore, several external and internal factors such as male dominance and female submission, and feelings of superiority (perpetrator) or inferiority (victim), can perpetuate these beliefs and norms that tolerate FV (Bendall, 2010). Thus, individuals are discouraged from violating norms by the

threat of social disapproval or punishment and feelings of guilt and shame that result from the internalisation of norms (Bendall, 2010; Heise, 2011). Researchers have theorised that cultural and societal norms lead to the acceptance of violence learned in childhood, wherein a child experiences corporal punishment or is exposed to violence in the family, media, or other settings (Abrahams & Jewkes, 2005; Bendall, 2010; NASEM, 2018; WHO, 2009).

Therefore, these norms promote violence and create cycles within societies. Early exposure to FV, particularly IPV, imposes the greatest risk factor for entering violent intimate relationships in emerging adulthood and adulthood (Heise, 2011; Neppl et al., 2017; Widom et al., 2014). This is known as the *intergenerational transmission of violence* – a well-documented topic (Heise, 2011; Neppl et al., 2017; Widom et al., 2014). McVay (2012) highlighted that, in comparison to children who were not exposed to FV, exposed children are three times at risk of becoming either a victim or a perpetrator in their adult intimate relationships. Moreover, direct or indirect exposure to FV in childhood and/or adolescence inevitably leads to harsh parenting of one's own children in adulthood, and the cycle is repeated (Neppl et al., 2017). Hence, knowing how the family environment impacts current and long-term functioning is essential, and aids mental health practitioners, therapists, and policymakers to stop the cycle of violence across generations (Neppl et al., 2017).

3.4 THE NATURE OF FV

Very often, society regards the family as a relatively safe place – a place of sustenance and care – a safety net that supports the other (Barnett et al., 2010; Roman, 2019). Unfortunately, this view of families is idealised because, quite frequently, families are the origin of maltreatment and violence (Barnett et al., 2010).

Over the past years, there has not been a universally accepted definition of FV due to the little agreement on what constitutes FV exactly (Barnett et al., 2010; Chalk & King, 1998; Jamieson et al., 2018). However, the WHO defines FV as a form of interpersonal

violence (i.e., domestic and IPV, child abuse and elder abuse) that occurs within relationships of care, kinship, dependency, or trust (Chalk & King, 1998; Jamieson et al., 2018). Violence includes a range of abusive behaviours – such as physical, sexual, verbal, and emotional (psychological) abuse and neglect (Chalk & King, 1998; Jamieson et al., 2018). Chalk and King (1998) explained that each form of FV has developed its own set of definitions, research, and interventions. These multiple dimensions create significant implications for how interventions are structured, and outcomes are measured in evaluating them (Chalk & King, 1998).

This study adopted Wallace and Roberson's (2016) definition of FV, that is, any act or omission by persons who are cohabiting or living together as a family that result in serious injury to other members of the family. It is important to note that, a broadened definition was also applied in this study – that is, the abused partner can be either a male or female (Chalk & King, 1998). Additionally, FV is not only limited to currently married couples but all intimate relationships, such as cohabiting couples, same-sex couples, and ex-spouses, as well as dating couples and ex-boyfriends/girlfriends (Chalk & King, 1998).

Given the nature of FV and its definitional complications, any statistics on it ought to be interpreted with a degree of caution, since they are underestimated in most cases (Huecker & Smock, 2020). There are very few statistical estimates of the severity of FV in society because it mostly occurs behind closed doors and is often hidden, unnoticed, and ignored (Barnett et al., 2010; Chalk & King, 1998; Huecker & Smock, 2020). Barnett et al. (2010) further explained that the victims may not recall the abuse, may not perceive the behaviour as abusive, may not wish to disclose the abuse, or may not even be able to report the behaviour.

However, data sources such as Statistics South Africa (StatsSA) provide researchers with the scope of the problem by monitoring the number of criminal assaults and recording

the number of homicides, but the data provided is viewed as inaccurate (Barnett et al., 2010). As explained in the first chapter, FV is often hidden from view and is not discussed openly; it is difficult to quantify the full extent of the problem; and statistics tend to underestimate its full extent (Bendall, 2010). South Africa is distinguished as one of the most violent countries in the world; therefore, South African women are disproportionately likely to be victims of violent behaviour (Bendall, 2010).

Despite the disparities, from the 30% of all cases of violent crimes reported to the South African Police Service (SAPS) in 1995, the Department of Justice estimated that one in four women is subjected to IPV (i.e., one in every six hours on average) (Bendall, 2010; Cesvi Onlus, 2021). A South African-based Italian organisation, Cesvi Onlus, highlighted that most abused women have children, which increases the risk of their exposure to FV (Cesvi Onlus, 2021).

Research has shown that the nature of FV includes the risk of multiple exposures to violence, that is, when one form occurs in the home the members affected are usually affected by the other subsets (Hamby et al., 2011). Violence operates at a systemic level within the family unit and dominates the functioning.

3.5 THE CO-OCCURRENCE OF FV

Holden (2002) recognises the lack of common terminology and definitions in the literature, despite the increasing numbers of studies on children's exposure to violence at the time. This gap is still prevalent in literature today. Richards (2011) added that differentiating children who suffer abuse in the home from those who are 'only' exposed to FV poses a significant methodological and conceptual challenge, as these two phenomena are rarely distinct. Therefore, defining children's exposure to FV becomes problematic (Holden, 2002).

The complex set of experiences that have not been adequately assessed, such as having the child as an eyewitness, a child coerced to be involved in the violence, a child who overhears the violence, or a child who hears about it from someone else, creates complications (Holden, 2002). Exposure to violence is not deemed as a form of child maltreatment, yet children exposed to FV are being psychologically abused by living in violent home environments (Holden, 2002). Holden (2002) further explained that children exposed to FV are often physically or sexually abused themselves, indicating a pattern of co-occurring abuse. Exposure to a parent being verbally or physically assaulted is physiologically arousing, emotionally distressing, and often trauma-inducing (Holden, 2002). Children exposed to FV may also experience other types of psychological maltreatment such as rejection, isolation, lack of emotional responsiveness from the caregiver, and neglect (Holden, 2002). FV is linked to multiple exposures to violence. The presence of one form of FV creates risk for other forms to manifest in the home. If children are exposed to FV, there is a likelihood of child abuse or neglect being present.

3.6 THE PREVALENCE OF CHILDREN'S EXPOSURE TO FV

As previously stated, families have an enormous potential to protect their children and provide nurturing environments that foster physical and emotional safety (Jamieson et al., 2018; Matthews & Benvenuti, 2014). They are also regarded as the most influential socialising environment for children to learn values and norms and their expected societal role (Matthews & Benvenuti, 2014). To rear well-adjusted and emotionally healthy children, warm relationships and consistent parenting practices are required (Matthews & Benvenuti, 2014).

Instead, homes are plagued with adults, mainly parents who have withdrawn their love and are uninvolved in their children's lives (Jamieson et al., 2018; Matthews & Benvenuti, 2014; Roman, 2019). Based on 2019 population estimates, Kieselbach et al.'s

(2022) systematic review discovered that 117 million children in low-income and lower-middle-income countries alone were exposed to FV, particularly IPV between parents/guardians or between their mother and her partner. Hamby et al. (2011) quoted the results of the National Survey of Children's Exposure to Violence (NatSCEV) which revealed that over 1 in 9 (11%) children were exposed to some form of FV in 2010, including 1 in 15 (6.6%) exposed to IPV between parents (or between a parent and that parent's partner). However, as highlighted in Chapter One, the repercussions of FV extend to other members of the household, yet this reality is overlooked (Morei, 2014; Novitz, 1996). The silent witnesses – children – are disregarded, yet the implications manifest in their lives as well as future relationships (Morei, 2014; Novitz, 1996).

Research has shown that most incidences witnessed are predominantly perpetrated by males than females (Hamby et al., 2011). The father figures are the most common perpetrators of FV, although assaults by mothers and other caregivers are common (Hamby et al., 2011; Warnick et al., 2019). As a result, male children who are exposed to FV are highly likely to use physical violence against their sexual partners (Bendall, 2010; Novitz, 1996). They learn that violence is an acceptable means of resolving conflict or expressing anger. On the other hand, female children tend to model their mother's submissive behaviour, and, as adults, tolerate physical, sexual, and verbal abuse from their partners (Bendall, 2010; Novitz, 1996; Øverlien, 2010; Ryan et al., 2015; Vu, 2016).

Although the Domestic Violence Act (DVA), No. 116 of 1998 (South Africa, 1998), *inter alia*, affords victims of domestic violence (DV) maximum protection of the law, Sibisi (2016) criticised the application process for a protection order as long, tedious and leaves the victim in danger, including children exposed to FV. Furthermore, police officers are not well-trained and informed about the DVA's provisions, and their statistics are not representative of the extent of the problem (Morei, 2014; Sibisi, 2016). Consequently, they

fail to assume their responsibility and ability to balance the rights of the complainant (survivor) with the rights of the respondent (perpetrator) (Morei, 2014; Sibisi, 2016). In the end, public resources are exhausted because of the litigation which emanates from the unlawful conduct of the police, and the victim of FV is not offered maximum protection (Sibisi, 2016). Sibisi (2016) concluded by expressing his doubt about the DVA's success to ensure a DV-free society.

For over a decade, critics are providing similar challenges and issues with the DVA, despite the legislature's efforts to improve or make changes (Morei, 2014). Secondary victims of FV continue to be overlooked, and statistics are rising with the possibility of higher rates due to underreporting (Morei, 2014).

Despite the growing criticisms of the DVA, No. 116 of 1998, it was recently amended under the Domestic Violence Amendment Act, No. 14 of 2021 (South Africa, 2021). Therefore, the research and analysis on outdated laws and legislation on FV are being addressed under the amended Act. For example, child exposure to DV is now considered a form of DV, and protection orders can be submitted online (Curran, 2022). Once the amended Act has been enacted, this will potentially ease some of the criticisms that have been highlighted in the literature. However, its enactment is pending, suggesting that the criticisms highlighted remain while operationalisation of some of the enforcement mechanisms (e.g., online protection) has been delayed. Moreover, law enforcers such as police officers are yet to receive training on the new changes before effectively and successfully implementing them.

This study remains a significant contributor to the research and studies conducted by policymakers, legislatures, and their critics. The excluded groups such as children, particularly males, are being looked into. The study is a step towards combating FV – a pervasive and frequently lethal problem that has afflicted South African society.

3.7 THE EFFECTS OF FV ON THE PARENT-CHILD RELATIONSHIP

As a result, children lack a strong attachment to their parents, and it can potentially lead to behavioural problems such as aggression and to mental health issues such as depression and/or anxiety (Allen, 2013; Jamieson et al., 2018; Roman, 2019; Strydom-Singleton, 2015). Moreover, these behaviours are normalised by the affected children and can potentially spill into schools and personal relationships, and possibly their adult relationships as well if no effective intervention is provided (Roman, 2019).

Roman (2019) added that children might first witness violence, both verbal and physical, as well as suffer neglect and be exposed to ill-treatment of the elderly and animals within their families. Research, particularly in the United States, has shown that IPV, particularly against women, is closely linked to or co-occurs with child abuse and neglect (Chang et al., 2008; Herrenkohl et al., 2008; Huecker & Smock, 2020; Kelleher et al., 2006; Tajima, 2004; Wathen & MacMillan, 2013; Widom et al., 2014). The findings have revealed that FV perpetrators with children are rarely convicted of the crime against their partner only, but of child abuse, neglect, and maltreatment too (Kelleher et al., 2006; Wathen & MacMillan, 2013; Widom et al., 2014).

Wathen and MacMillan (2013) further explained that in the past, children were described as ‘witnessing’ FV, but in more recent studies, researchers prefer the term ‘exposure to’ (Wathen & MacMillan, 2013). Although studies have shown that ‘witnessing’, that is the direct observation of FV, has a profound impact on children, children can also experience the harms associated with FV even if they have never directly observed any acts of violence (Ryan et al., 2015; Wathen & MacMillan, 2013).

Pernebo and Almqvist (2016) explained that FV is associated with negative effects on parenting capacities, including diminished availability and reciprocity in the relationship, which in turn risks deficient development of mentalising and affect-regulation capacities in

the children. Therefore, children's exposure to FV can be divided into three foreseeable broad categories or consequences, i.e., harsh parental punishment, children witnessing marital violence, and maltreatment and neglect of children (Heise, 2011).

An Australian study attributed the likelihood of the co-occurrence, severity, and frequency of FV and child abuse to a range of factors (Richards, 2011). According to The Centers for Disease Control and Prevention (CDC) (cited by Edwards, 2019), when a home is plagued with IPV, there is a 45% to 60% chance of the co-occurrence of child abuse. It is a rate 15 times higher than the average (Edwards, 2019; Huecker & Smock, 2020). The statistics further revealed that even in instances when the children are not physically attacked, they witness 68% to 80% of the FV (Edwards, 2019). All these findings are consistent with those of Hamby et al. (2011) which illustrated that 1 in 4 children (26%) were exposed to at least one form of FV during their lifetimes. A wealth of evidence shows that maltreatment and neglect of children in a violent home are inevitable. In their quest to help, or by being in the vicinity, the child can experience the abuse first-hand (Tolan et al., 2006).

Furthermore, there is undeniable evidence of the co-occurrence of the harsh parenting and exposure to FV, particularly IPV (Capaldi et al., 2019; Herrenkohl et al., 2008). Pernebo and Almqvist (2017) explained that being subjected to FV influences the caregivers' parenting in various ways. Some caregivers abdicate their role or become impulsive and harshly punitive towards their children, while others compensate for the violence by becoming more engaged and competent parents (Pernebo & Almqvist, 2017).

In most cases, the offending caregiver exerts harsh discipline on the children when they abuse their partner, or as a form of control within the family (Capaldi et al., 2019; Chang et al., 2008; Heise, 2011; Rumm et al., 2000; Tajima, 2004). The offending caregiver is usually described as authoritative, controlling, angry, and neglectful, and is likely to abuse

his children physically, psychologically, and sexually (The HealthPath Foundation of Ohio, 2017). Lieberman et al. (2011) added that the offending caregivers are scary and unpredictable from the child's point of view, and likely to lose their temper suddenly and unexpectedly.

On the other hand, harsh parenting can be inflicted by the non-offending caregiver who is displacing their anger and frustration onto the weaker party in the home, i.e., the child (Chang et al., 2008; Rumm et al., 2000; Tajima, 2004). Abused partners have expressed that they harshly punished their children because they could not retaliate against the abusive partner (Chang et al., 2008). Lieberman et al. (2011) and The HealthPath Foundation of Ohio (2017) detailed that the non-offending caregiver can be characterised by parenting stress that weakens the positive regard, warmth, and attunement (i.e., responsiveness to emotional needs) of their children. This means their availability to the child and predictable behaviour is compromised, creating a scenario that threatens to leave the child without sufficient support in the areas of physical and emotional regulation (Lieberman et al., 2011; The HealthPath Foundation of Ohio, 2017). Consequently, physical safety, i.e., "I am not going to be physically harmed" and psychological safety, i.e., "my world is predictable, my needs are going to be met, people I care about are ok" is jeopardised (Lieberman et al., 2011). Yet, the emotional climate and the child feeling fundamentally cared about and protected from uncertainty needs to be considered and valued equally with physical safety (Lieberman et al., 2011).

Huecker and Smock (2020) further explained that 80% to 90% of IPV victim's caregivers can maltreat their children or neglect them because they are consumed by their problems (Huecker & Smock, 2020). Furthermore, being cared for by a parent who is very frightened and traumatised creates its own set of problems (Lieberman et al., 2011).

In the end, either caregiver, that is the perpetrator or the victim, can leave the child feeling anxious and insecure because they are not accessible to the child and fail to meet their need (Lieberman et al., 2011). Professor Lieberman explained that when a child is exposed to FV, the protective shield that the parent represents for the child is certainly damaged severely, perhaps even shattered, causing the child to lose trust in the parent's capacity to protect (Lieberman et al., 2011; Pernebo & Almqvist, 2017). Paradoxically, children do not only lose trust in the perpetrator but also in the parent who is the victim (Heise, 2011; Lieberman et al., 2011).

One cannot lessen the impact of the violence experienced on the child. This proves that any form of violence that occurs in the home affects all members. The child gets caught up in being afraid of their parents or being afraid about their parents, and they develop the need to protect them and keep them safe, as though it is their job/responsibility (Lieberman et al., 2011). Pernebo and Almqvist (2017) added that the child loses both the sense of being cared for and nurtured and the trust in the caregivers' capacity to provide support and protection. Lieberman et al. (2011) further explained that the child is carrying and has internalised feelings of anger, fear, and resentment, thus reducing the possibility of being securely attached resulting in future perpetration or victimisation of violence (Heise, 2011; Lieberman et al., 2011).

Edwards (2019) explicates that the impact of exposure varies from case to case because there are other influential factors to consider, such as the nature of the violence, the age of the child, elapsed time since exposure, the child's gender, and the presence of physical or sexual abuse. For example, children exposed to fewer incidents of violence and who witness positive interactions between caregivers may be, for instance, less severely impacted than those exposed to regular and extreme aggression (Edwards, 2019). Boys are well-known for showing externalised behaviour, e.g., aggression and acting out, while girls

tend to internalise behaviour problems e.g., social withdrawal and depression (Edwards, 2019).

3.7.1 The direct and indirect impacts of exposure to FV in childhood

In an interview by McIntosh, Professor Zeenah emphasised that exposure to FV can potentially set up long-term problematic trajectories for children (Lieberman et al., 2011). Even though violence is in the foreground, children respond to their fright differently. Some become very withdrawn and anxious or sad, or some other various combinations of that, while others manage by becoming aggressive (Lieberman et al., 2011). The aggression is resultant of identification with the aggressor, which usually manifests in the absence of the perpetrating caregiver, and it does not discriminate against the child's sex (Lieberman et al., 2011; Pernebo & Almqvist, 2017). The aggression is either towards self or the victim-caregiver (Lieberman et al., 2011). This echoes Edwards (2019) findings that some of the children exposed to FV cannot empathise. This becomes a model of how the child will view him/herself in intimate relationships.

Allen (2013), Aliprantis and Chen (2016), and Strydom-Singleton (2015) added that childhood exposure to FV does not only have immediate and short-term effects on the lives of children, but also has long-term effects carried over into adulthood. Some of the effects are low self-esteem, anger, antisocial behaviour, fear, anxiety, and depression (Allen, 2013; Aliprantis & Chen, 2016; Strydom-Singleton, 2015). In males, the effects mostly manifest as violent behaviour and the abuse of substances to cope with the trauma, which traps them in a cycle of conflict, violence, and isolation (Alho, 2015; Lírio et al., 2018). Children who witness FV are at an increased risk for complex PTSD, aggressive behaviour, anxiety, impaired development, difficulty interacting with peers, and academic problems, and they have a higher incidence of substance abuse (Huecker & Smock, 2020). The Childhood Domestic Violence (CDV) Association (2016b) reported that children who have been

exposed to FV are six times more likely to commit suicide, 50% are more likely to abuse drugs or alcohol, and 74% are more likely to commit violent crimes.

3.8 THE EFFECTS OF FV ON DEVELOPMENT

The section essentially focuses on the effects that FV has on individuals' development. FV impact varies from one developmental stage to the next. In each developmental stage, new learning tasks are presented to children; therefore, exposure to FV threatens a child's sense of security and interferes with normal healthy development (The National Child Traumatic Stress Network [NCTSN], 2019; Tired, 2012). They are likely to display emotional or behavioural problems, such as sleep disturbances, intensified startle reactions, and constant worry about possible danger (The NCTSN, 2019; Tired, 2012). Children become desensitised to aggressive behaviour and begin to view aggression and violence as the norm (The NCTSN, 2019; Tired, 2012). As mentioned earlier, children can imitate and learn the negative, unhealthy, abusive attitudes and behaviours of the perpetrator of violence (The NCTSN, 2019; Tired, 2012).

3.8.1 Prenatal through toddlerhood (0 – 2 years)

Howell et al. (2016) cited that 64% of children exposed to IPV initially witnessed this violence in their first year of life. In infancy and toddlerhood, children are learning ways to form secure attachments (Tired, 2012). They learn to do so through play and exploration, but when exposed to FV, this healthy development route is disrupted and the infants and toddlers learn that parents are incapable of consistently responding to their needs, which interferes with the development of a strong infant-parent bond (Howell et al., 2016; Tired, 2012). Consequently, they become fearful of exploring their world, which may interfere with play and subsequent learning (Howell et al., 2016; Tired, 2012). Howell et al. (2016) and The NCTSN (2019) identified the following effects within this developmental stage: sleep and/or eating disruptions, withdrawal/lack of responsiveness, intense separation anxiety,

inconsolable crying, developmental regression, loss of acquired skills, and intense anxiety. Howell et al. (2016) added that even though findings on internalising behaviours were insignificant, they may be more subtle and easily missed during this developmental stage.

3.8.2 Pre-schoolers (3 – 5 years)

Exposure to FV is most prevalent in this age range than in any other group causing a variety of detrimental effects on children (Howell et al., 2016). This is the stage children heavily rely on parents and primary caregivers for both basic needs (such as safety) and modelling for more advanced processes (such as emotion regulation) (Howell et al., 2016). In this age range, most children begin to inhabit at least two environmental contexts (home and preschool or day-care) (Howell et al., 2016). As pre-schoolers venture outside of the home, those from healthy and secure households exhibit social strengths necessary to engage effectively with peers (Howell et al., 2016). But for children exposed to FV, social competence is reduced, weakening the likelihood of developing healthy relationships with peers and others outside of the home. Emotion regulation difficulties are common, and aggressive behaviours toward siblings, peers, or parents and authority figures are exhibited (Howell et al., 2016; NCTSN, 2019; Tired, 2012).

Tired (2012) added that for pre-schoolers, the task is expressing their emotions, including those of aggression and anger. Therefore, exposure to FV teaches children unhealthy ways to express anger and aggression (Tired, 2012). The mixed messages of what they see versus what they are told confuse them, for example getting spanked for hitting a sibling, and yet they see their parents hit each other (Tired, 2012). It is also important to note that in this age range, children begin to learn about gender roles based on social messages. They may get the message that men are violent perpetrators and women are victims in the occurrence of IPV (Tired, 2012). For children exposed to FV, the developmental stage is

characterised by worries, and/or new fears, increased aggression, and/or impulsive behaviour (Howell et al., 2016; NCTSN, 2019).

3.8.3 School-age children (6 – 12 years)

As the children move into the formal school system that brings a host of influences beyond the family, they develop an increased and more sophisticated understanding of their own emotions and the emotions of others as well as more complex thought patterns and unique worldviews (Howell et al., 2016; Tired, 2012). Hence, school-age children are more aware of their reactions to violence and in the case of FV they may worry about their victimised parent/caregiver being harmed or the violent parent being incarcerated.

On the other hand, peer and social groups play an integral role in children's developing self-concept that revolves around academic and social success (Howell et al., 2016; Tired, 2012). Yet, their ability to learn may be compromised by exposure to FV. Moreover, school-age children exposed to FV are more likely to be distracted; miss hearing positive statements made by teachers and friends; and may pay more attention to negative responses (Howell et al., 2016; Tired, 2012). They are more inclined to accept erroneous, unhealthy explanations that excuse violence, such as alcohol causes violence or that the victim deserves the abuse (Tired, 2012).

This developmental stage is characterised by the following responses to FV: nightmares and sleep disruptions; overtired; pain/aches; maladaptive peer relations, e.g., aggression; difficulty with peer relationships in school; difficulty with concentration and task completion in school; withdrawal and/or emotional numbing; school avoidance and/or truancy (Howell et al., 2016; NCTSN, 2019).

3.8.4 Adolescence (13 – 18 years)

Howell et al. (2016) explained that the adolescence period is known for identity formation and the solidification of a working self-concept. It is also known for an increase in

the adolescent's sense of autonomy and expansion of social relationships (Howell et al., 2016). Consequently, the effects of FV exposure visibly extend beyond the boundary of the family (Howell et al., 2016). For example, dating violence emerges during this developmental period. This social implication is related to the attitudes surrounding perpetration in dating whereby adolescents raised in violent homes are more likely to deem violence as an acceptable means of conflict resolution (Howell et al., 2016; Lichter & McCloskey, 2004; NCTSN, 2019). Girls tend to internalise their emotions while boys externalise them. Therefore, NCTSN (2019) added that antisocial behaviour, school failure, impulsive and/or reckless behaviour, e.g., school truancy, substance abuse, running away, involvement in violent or abusive dating relationships, somatisation complaints, depression, anxiety, and withdrawal are common responses to adolescents responding to FV.

Exposure to FV has prominent deleterious consequences on children from conception and has substantial costs, with exponential effects that last far into adulthood when unaddressed (Howell et al., 2016). Therefore, clinicians, researchers and policymakers must consider the needs of pregnant women, the needs of children living in the violent home, and the needs of adolescents and young adults as they transition into new formative relationships (Howell et al., 2016). Early detection and intervention will possibly break the cycle of violence and prevent future generations of children from being exposed to the epidemic of FV (Howell et al., 2016).

3.9 PERCEIVED EXPERIENCES OF CHILDHOOD EXPOSURE TO FV AND ITS EFFECTS

Since FV statistics are showing increasing rates worldwide, this has heightened the need to understand what children think about their experiences as victims or witnesses of violence (Carroll-Lind et al., 2011). This section seeks to review literature that has been written from the children's perspective. Almost two decades ago, Holden (2003) identified the gap in research that fails to assess the way a child exposed to violence perceives it. He

explained that the definitions of violence were mostly focused on adult perceptions (Holden, 2003). Carroll-Lind et al. (2011) expanded that the meanings that children attach to their experiences do not always match with those shared by adults because their conceptions are informed by the impact these events have on them rather than by legislation or research. Conducting research that seeks to understand young people's views of the experiences as victims and witnesses tackle the problem in a way that is meaningful and acceptable to them (Carroll-Lind et al., 2011).

Carroll-Lind et al.'s (2011) study reported that the impact of children's exposure to any type of violence involving adults was rated higher than violence involving children. The violence also affected their coping strategies and conclusions about disclosure. The study further revealed that in most measures of impact, indirectly experiencing violence had a greater effect on children than direct exposure to violence (Carroll-Lind et al., 2011).

On the other hand, Roberts et al.'s (2010) study documented that most young men who were exposed to childhood FV described the violent acts as frequent or serious, especially in instances where their mothers were victims. They often witnessed their mothers being physically abused by their partners which involved pushing, grabbing, slapping, kicking, biting, and punching, or the use of harmful objects such as knives or guns (Roberts et al., 2010). On the other hand, Njezula's (2006) study found that the young men seemed detached from their past experiences and denied or normalised the FV they witnessed in their childhood.

This concurs with the CDV Association's (2016a) statement that the brain can unlearn what was learned in childhood, and each lie has a corresponding transformative truth. Growing up with FV potentially teaches individuals to believe things about themselves and the world that are not true (CDV Association, 2016a). If these lies, e.g., guilt, remain unchallenged, they can last into adulthood and negatively impact key areas of one's life.

These negative beliefs have profound and lifelong effects on people if unaddressed (CDV Association, 2016a).

3.10 EXPOSURE TO FV IN CHILDHOOD AND DATING EXPERIENCES IN YOUNG ADULTHOOD

Early adulthood is engrossed by the pursuit of deep intimacy, satisfying companionship and love, therefore the dating experiences of young men exposed to FV in their childhood can be overwhelming (Armstrong, 2019; McLeod, 2013). Difficulties such as distrust of others and jealousy towards a partner create hostility, insecurity, fear of commitment or unsuccessful relationships that lead to isolation among young men exposed to FV in the early years of their lives (Armstrong, 2019; Lírío et al., 2018). As previously highlighted, failure to connect and create trusting relationships is closely linked to the attachment with their caregivers and their responsiveness to their needs. Consequently, these young adults are trapped in a web of poor connections/relations with people, similarly to their childhood (Armstrong, 2019; Dumont & Lessard, 2020; Lírío et al., 2018).

These recent studies echo VonSteen's (1997) findings that most adults who were exposed to violence in the home in their childhood often have difficulties dealing with conflicts in future relationships, causing aggressive or passive self-blame reactions. These adults may utilise anger to regulate the distance between themselves and their intimate partners or simply lower their overall responsiveness altogether (VonSteen, 1997). Others experience post-traumatic stress symptoms such as hyper-vigilance, exaggerated responses, dissociation, and flashbacks (Ouzounian, 2019; VonSteen, 1997). Almost a decade later, Abrahams and Jewkes (2005) concluded that up to 27% of male violence against their partners could have been prevented had they not been exposed to FV in their childhood.

Adults create mental representations of intimate relationships based on how they experienced their childhood relationship with their caregivers (Øverlien, 2010; Ryan et al., 2015; Vu, 2016). This could indicate why young men may develop expectations of a

dominant, controlling man and a submissive wife if this was perceived in their childhood experience, as reflected in Abrahams and Jewkes' (2005) study. From their childhood, there is an understanding that the most violent person in the household, is the most powerful, and the least vulnerable to attacks or humiliation (Alho, 2015; Øverlien, 2010; Ryan et al., 2015; Vu, 2016). Alho (2015) further described an inevitable increased possibility of resorting to violence when the threat of emotional pain or loss of control is perceived in their relationship (Alho, 2015).

However, over two decades ago, Kesner and McKenry (1998) refuted the misconception that males exposed to violence in their family of origin are more likely to be violent towards their intimate partners in adulthood, despite the link between males who are violent and being exposed to FV in their childhood (Kesner & McKenry, 1998). Congruent with Kesner and McKenry's (1998) findings, Kimber et al. (2018) and Roberts et al. (2010) found that childhood exposure to FV is not the only determining factor of men-on-women IPV. A very small percentage of men exhibited violent behaviour even though they were exposed to FV in their childhood (Roberts et al., 2010). Similar to Roberts et al.'s (2010) findings, Lessard et al. (2021) reported a close link between exposure to FV in childhood and dating violence; however, this was nonetheless experienced less by the majority of their 45 young adult participants exposed to FV in their childhood. Hence Haj-Yahia, Sousa and Lugassi (2021), disregard the total reliance on the idea that violence always begets violence.

However, those who experienced dating violence stayed in those relationships long before they realised that they were victims of violence like their non-offending caregiver (Lessard et al., 2021). As they reflected on their experiences, the participants recognised that they had normalised violence from childhood and had low self-esteem (Lessard et al., 2021).

On the other hand, literature has also shown some positive dating experiences among young men who have been exposed to FV in their childhood. Even though some young men

exposed to FV struggle to trust, there is evidence that some have managed to form healthy and stable relationships with their partners (Alho, 2015; Margolin & Vickerman, 2011). Dumont and Lessard (2020) indicated that young people may choose different life courses that lead to healthier choices, unlike their childhood experiences. However, the inability to openly communicate or interact with their partners and their families speaks to the irreversible damage that participants from the studies of Kubeka (2008) and Strydom-Singleton (2015) described, and thus emphasised the need for further intervention.

Although there are a few studies on FV, exposure to FV was only recognised as a specific form of abuse in the latter half of the 20th century (Dodaj, 2020). Therefore, this research study will provide more empirical research on the topic. Moreover, the deliberate focus on the experiences of young adult males is rare in literature. Majority of the studies gravitate towards women, girls and younger children's experiences because they are more likely to be exposed to FV (Dodaj, 2020). Consequently, this leaves a gap in the literature to gain in-depth understanding of the males' experiences of their childhood trauma. Therefore, in response to these gaps in literature, this study focused on the dating experiences of young adult males who were exposed to FV in their childhood.

3.11 CONCLUSION

FV is a global crime that does not discriminate against social or economic status, gender, race, or age. Its detrimental effects are evident in the lives of the victims, even the silent ones – the children. Childhood exposure to FV can potentially affect one's physical, psychological, and social well-being within the specific developmental stage and in the future. In some circumstances, a child's temperament, and parental responses can alleviate or exacerbate the consequences of children's exposure to FV.

FV as a private matter has immensely contributed to the continuity of this global crime. Little support is available to the victims, yet it is paramount that external forces such

as the police are well-informed and trained to work with the victims, particularly women and children. If not, the cycle of violence will continue to spill from one generation to the next.



UNIVERSITY *of the*
WESTERN CAPE

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

The previous chapter provided an extensive literature review of the study. This chapter summarises the methodology that was used to conduct the study to achieve the aims and objectives outlined in the first chapter. A detailed description of the research approach, the research design, the research population and sampling, as well as the research setting are provided herein. Furthermore, in addition to explaining the data collection and analysis techniques, the pilot study that was carried out before the main study was conducted is also given some attention. Lastly, the ethical considerations, data verification and trustworthiness, as well as self-reflexivity and the limitations of the study are also mentioned.

4.2 RESEARCH QUESTION

Put simply, a research question is a question a study seeks to answer (Mattick et al., 2018). Ratan et al. (2019) added that a research question forms the backbone of a good study that is essential in unravelling the area of study and giving insight into the problem. It aims to explore an existing uncertainty in an area of study and points to a need for deliberate investigation (Mattick et al., 2018; Ratan et al., 2019). This is successfully done by narrowing down and creating a focus on the main research objectives which gives structure to the study (Kross & Giust, 2019). Quality research questions are pertinent for ensuring accurate and appropriate approaches and results in qualitative research (Kross & Giust, 2019). For this study, the research question was:

What are the dating experiences of young adult males who have had childhood exposure to FV?

4.3 RESEARCH AIM

A research aim articulates the intention of the research study, which is the overarching purpose of the study (De Vos et al., 2011; Mouton, 2002; Thomas & Hodges, 2010). In a single sentence, it summarises what the researcher hopes to achieve at the end of a study. Therefore, the aim of this study was:

To explore the dating experiences of young adult males who have been exposed to childhood FV.

4.4 RESEARCH OBJECTIVES

Research objectives outline the specific steps that the researcher will take to achieve the research aim (De Vos et al., 2011; Mouton, 2002; Thomas & Hodges, 2010). They seek to answer the *what, why, who, when* and *how* questions, and they are derived from the aim. For this study, the objectives were to:

- Describe the current perceptions of young adult males regarding the FV they were exposed to in childhood.
- Explore the extent to which the young adult males' childhood experiences of FV have influenced their current perceptions of dating or being in an intimate relationship/partnership.
- Explore the dating experience of young adult males who have been exposed to FV in childhood.

4.5 RESEARCH APPROACH & DESIGN

The researcher utilised a qualitative research approach to answer the research question and meet the aim and objectives of this study. A qualitative inquiry seeks to understand phenomena from a participant's perspective and experience. This is usually done through open-ended or semi-structured questions which elicit varied responses, garnering

thick, rich data which allows us to gain insight into complex phenomena (De Vos et al., 2011; Fouché & Schurink, 2011; Hammarberg et al., 2016). Limited research has been done on this topic (Alho, 2015); therefore, using a qualitative approach in this study created new grounds for more research capturing the young men's experience relating to childhood exposure to FV and its effect on dating (Creswell, 2009; Hammarberg et al., 2016).

An exploratory and descriptive research design was adopted for this study.

Exploratory research seeks to gain preliminary insight into a situation, phenomenon, community or individual that is relatively unknown (Fouché & De Vos, 2011). This study arose out of the lack of basic information regarding the area of interest, i.e., the dating experiences of young adult males who have had childhood exposure to FV. Fouché and De Vos (2011) regard this dearth of information as one of the biggest motivations for applying exploratory research techniques.

Alongside the exploratory research design, the researcher also applied the *descriptive* research design. This design explores and explains specific details of an individual, group, or a situation's experiences and characteristics or functions (Fouché & De Vos, 2011). In qualitative studies, this design provides an intensive examination of the phenomena and their deeper meanings, thus leading to thicker descriptions (Rubin & Babbie, 2005, as cited in Fouché & De Vos, 2011).

4.6 RESEARCH METHODOLOGY

4.6.1 Research setting

Given (2008) describes the *research setting* as the physical, social, and cultural site where the researcher conducts the study (Given, 2008; Salmons, 2015). For qualitative research like this one, the researcher conducted the study in the participants' natural setting (Austin & Sutton, 2014; Given, 2008; Salmons, 2015). Austin and Sutton (2014) added that conducting research in a setting that is not adapted to the researcher's interests is

advantageous to acquiring unbiased findings. In addition to collecting data from two non-profit youth centres in the Cape Metropole region within the Western Cape, the researcher also relied on snowball sampling. This led to interviewing three young men outside of the institutions living in Mowbray, Rondebosch, and Hout Bay. The youth centres are residences for about 20 to 30 previously disadvantaged or homeless young men between the ages of 16 and 25 who have no available supportive and/or responsible adults or families willing to look after them (Beth Uriel, 2018; The Homestead, 2021). Most of the cases involved issues of poverty, lack of education and the effects of HIV and AIDS on youth, conduct or deviant behaviour and childhood trauma, among other social ills (Beth Uriel, 2018; The Homestead, 2021). Most of the problems were closely related to the issues of violence which speak to the study focus (Beth Uriel, 2018; The Homestead, 2021). The organisations aim to assist young men to reach independence. They do so by educating them; providing equipping life and social skill programmes; making social work/counselling interventions available; and running mentorship programmes for them (Beth Uriel, 2018; The Homestead, 2021).

4.6.2 Population and sampling

Population refers to the broader group of people to whom the researcher's findings will be applied or generalised (Babbie, 2013; Rubin & Babbie, 2005; Strydom & Delpont, 2011). The population for this study were young adult males who have been exposed to FV in their childhood living within Cape Town and the Greater Cape Town area.

As the literature highlighted, working with the entire population would have been a tedious and time-consuming process for the researcher (Babbie, 2013; Rubin & Babbie, 2005; Strydom & Delpont, 2011). Therefore, a *non-probability purposive* (judgemental) sampling method and *snowball sampling* were utilised to select the sample. Due to the challenges that the researcher encountered during the data collection phase, i.e., the sensitivity of the topic which made it difficult to find willing organisations and participants, she resorted to snowball sampling as a sampling method. Babbie (2013), Crossman (2020)

and Rubin and Babbie (2005) describe snowball sampling as a non-probability sampling method (which includes purposive sampling). The inclusion criteria were that participants had to be (1) male (young men); (2) between the ages of 18 and 25; (3) had been exposed to FV in their childhood and (4) had to reside within the Western Cape. The social workers and child and youth care workers were the key informants consulted to identify the young adult males (primarily at the centres) who had been exposed to FV during their childhood. Through snowball sampling, other participants took on the role of key informants who guided the researcher to reach out to their peers. Patton (2014) highlights that research participants are likely to identify potential participants with similar experiences.

This sampling technique is popular when working with a population that is difficult to locate or identify, or when dealing with a topic of a very sensitive nature (Crossman, 2020). In several instances, the topic of this study was regarded as sensitive; thus, some organisations were resistant to the idea of identifying participants despite them being adults. Each participant was selected based on the rich information they could provide on the phenomenon of interest, namely childhood exposure to FV (Babbie, 2013; Strydom & Delpont, 2011). In total, the sample consisted of six young adult males who had been exposed to FV in their childhood.

4.6.3 Pilot study

A pilot study is described as a “dress rehearsal” of the main study. It is an attempt to timeously assess the importance of the feasibility of the study and bring deficiencies to the fore (Fouché & Delpont, 2011). Once the study’s research proposal was approved, a pilot study was conducted with two participants who met the inclusion criteria to test the interview questions (Fouché & Delpont, 2011). The participants and data from the pilot study were excluded from the main research study. The researcher tested the interview schedule (Appendix C) on two young men who possessed similar characteristics to the participants

who took part in the main study (De Vos et al., 2011; Fouché & Delpont, 2011). The pilot study allowed the researcher to adjust, modify, and amend the questions and the data collection process (Fouché & Delpont, 2011).

For example, some questions like questions 5 in sections A and C were modified and simplified for participants to fully comprehend so that they can provide accurate and detailed responses. Question 6 from section A was moved to section C as this allowed the questions to flow better. The researcher also added a couple of questions to sections A and C i.e., “do you have siblings?” and “did you have a question you expected me to ask?”. Also, with three of the participants selected through snowball sampling, questions 1 & 2 in section A were no longer applicable. Therefore, the researcher resorted to demographic and biographical data instead, e.g., where do you live? Who do you live with? Moreover, through the pilot study, it was evident that the participants were not familiar with terms like “caregiver” and “family violence,” therefore, the researcher saw the importance of defining or simplifying these terms. Due to the sensitivity of the topic, the researcher also acknowledged the importance of interviewing in an engaging conversational manner. This included allowing for more probing opportunities and clarity-seeking questions and making use of examples and other wording. The pilot study effectively helped the researcher flag questions which were unclear and improve them for the participants in the main study.

4.6.4 Data collection

The researcher obtained permission from the organisations to use the premises as the research site. However, due to COVID-19 restrictions and organisational protocols, the researcher was not allowed to conduct interviews at the organisations. Therefore, locations were pre-arranged according to the participants’ preferences, but which still ensured their confidentiality and convenience. All the locations were secluded, quiet, and a non-threatening setting for the participants. The seating arrangement was open and encouraged interaction between the researcher and the participant.

The researcher telephonically communicated with the social workers and youth care workers to clarify the inclusion criteria and leave the information sheets for the potential participants. Based on the selected criteria, they helped the researcher to identify and recruit suitable participants for the study. The organisations managed to identify three participants for the study. Once the researcher had the details of the potential participants, she contacted them telephonically to explain the purpose and nature of the research study to them. She also allowed them to ask questions and decide whether they would like to participate or not.

A similar approach was used for the participants who were identified through snowball sampling. Fox (2009) describes telephonic contact as the opportunity for the researcher to introduce themselves, give a general description of the study, relay the confidentiality of the participants' responses, explain how the information and findings will be used, and give an estimate of the interview's length. Once the potential participant agreed to participate, an appointment date and time that was convenient for them was arranged.

The researcher used individual semi-structured face-to-face interviews with a set of predetermined, mostly open-ended questions, and a schedule (Appendix C) to guide the interview as the primary method of data collection (Babbie, 2013; De Vos et al., 2011; Greeff, 2011). The interview schedule was in the three official provincial languages of the Western Cape, namely: English, isiXhosa, and Afrikaans (Appendix C), to meet the participants' language preferences. All participants' language of choice was English. The interview schedule allowed the researcher to probe and clarify answers. In doing so, she was identifying new lines of enquiry that are directly related to the phenomenon being studied (De Vos et al., 2011). Furthermore, to collect in-depth data, the researcher took field notes, recorded the proceedings, and captured the non-verbal cues during the interviews (De Vos et al., 2011).

This data collection method was the most suitable method to use for the study due to

the sensitivity and privacy of the topic of FV (Greeff, 2011). Also, the researcher understood and managed the interviewing relationship with creativity and astuteness. Therefore, this erased the feelings of being judged and made the participants more open which gave richness to the data (Greeff, 2011; Grinnell & Unrau, 2005).

4.6.4.1 Preparation of the participants

As advised by De Vos et al. (2011), the participants were prepared for the interview process well ahead of time by arranging a convenient place and time for the interview. Also, consent was obtained from the participants. Although the researcher had initially made arrangements with the centres to conduct the interviews in a secluded, quiet and non-threatening environment to ensure that they run smoothly (De Vos et al., 2011), she ended up using three different locations as stated above.

Once the lockdown restrictions eased and ethical approval was granted, the researcher sought permission from the social workers at the two centres to conduct her research at their organisations (Appendix D). The researcher contacted them via telephone and followed up with a detailed email that explained the study which the organisations deemed sufficient for the young men to sign up and participate in the study.

From the list, the social workers assisted the researcher to identify the potential participants who were primarily at their organisation as a result of FV in their homes. The potential participants were contacted telephonically to confirm their interest to participate in the study as well as set up appointment dates convenient to them once they were informed about all the necessary details concerning the study. Therefore, during the call, the researcher explained the study's goals and objectives; the research and interview process; what the participant's involvement would entail; and also guaranteed that confidentiality would be maintained.

Each interview started with the researcher clarifying the purpose, aim, and objectives

of the study. They were given an information sheet (Appendix A) and they had an opportunity to ask questions or get clarity about the study. The researcher verbally explained the ethical principles that guided the study, and the participants were requested to sign a consent form (Appendix B). The participants were guaranteed their right to withdraw from the study at any point in the process without any penalties (De Vos et al., 2011). Their privacy was assured through the application of confidentiality in handling their information and keeping their identity anonymous through the use of pseudonyms during the interview and/or assigning code names when writing up the final report (De Vos et al., 2011). Before the session, the researcher asked for permission to audio-record and take field notes during the interview sessions (De Vos et al., 2011). This ensured that the researcher is actively listening, jotting field notes as well as observing the participants' behaviour and non-verbal cues (e.g., body language and gestures) during the interviews (DeJonckheere & Vaughn, 2019). Audio recording is a means to maintain accountability and trustworthiness of the researcher's collected data and research findings.

4.6.4.2 Individual interview sessions

Although the researcher had prepared the interview schedules in all the Western Cape languages – English, isiXhosa, and Afrikaans – the semi-structured interviews were conducted in each participant's language of choice, i.e., English (DeJonckheere & Vaughn, 2019; Mouton, 2002). The researcher prepared the venues before the session. Each session was between 45 minutes and 1 hour 30 minutes long; and with the permission of the participants, they were audio- recorded. At the end of each interview, the participants were given 5-working days from the day of the interview if they wanted to withdraw or add or have some information subtracted from the recording. Once the interview was done, the researcher copied the recorded interview onto a password-protected folder on a computer to guarantee confidentiality. The field notes were also kept in a lockable cabinet that only she has access to.

DeJonckheere and Vaughn (2019) and De Vos et al. (2011) suggested that it is important for the researcher to actively listen by probing and clarifying throughout the interview, to keep the participant engaged and ensure that she accurately understood the participant's responses. DeJonckheere and Vaughn (2019) added that to collect quality data, the researcher should maintain a relational interaction that eliminates a transactional question-answer approach which can be intimidating to participants.

4.6.4.3 Field notes

As stated earlier, the researcher took field notes during the interview as recommended for qualitative research. Phillippi and Lauderdale (2017) highlighted that in qualitative research, field notes make the data collected more extensive and the recording needed contextual information. The field notes assisted the researcher to remember and record the behaviours, activities, events, and other features of an observation (Phillippi & Lauderdale, 2017). They further explained that the notes can be viewed as evidence to produce meaning and an understanding of the culture, social situation, or phenomenon being studied (Phillippi & Lauderdale, 2017). Taking field notes allowed the researcher to access the subject and record what she observed in an unobtrusive manner (Phillippi & Lauderdale, 2017). Throughout the interviews, the researcher remained alert, paid attention to detail and made every effort not to overlook anything. She recorded all factual data, behaviours, as well as the researcher's own thoughts (Phillippi & Lauderdale, 2017). Whatever observations were made during the interview about a particular question or action, were recorded immediately to avoid forgetting important details (Phillippi & Lauderdale, 2017). During the data analysis phase, the field notes assisted the researcher with the interpretation of data as well as triggered the researcher's memory of the interview to remember information that slipped her mind.

4.6.5 Data analysis

Data analysis is the phase in which the researcher brings order, structure and

meaning to data collected during the interviews (Schurink et al., 2011). To effectively accomplish this, the researcher used thematic analysis to identify, analyse and interpret patterns of meaning within the collected dataset (Braun & Clarke, 2013). Thematic analysis is a useful and flexible technique commonly employed in qualitative research data analysis to recognise, examine, and report patterns within the collected data (Braun & Clarke, 2006). It reflects reality by reporting and examining the experiences of the participants and their construction of meaning (Braun & Clarke, 2006). Braun and Clarke (2006) added that the method often interprets different aspects of the research topic. Thus, the researcher followed Braun and Clarke's (2006) six proposed steps for thematic analysis in this study. These are outlined in more detail below.

Once the researcher had completed all the interviews, she commenced with her data analysis. Braun and Clarke (2006) explained that if data is collected through interactive means, the researcher will possibly start the analysis with some prior knowledge of the data or analytic thoughts or interests. However, as **step one**, the researcher familiarised herself with the data by listening to the recordings and transcribing the interviews. This process entailed reading and re-reading the data several times and jotting down initial analytic observations of the interactions (Braun & Clarke, 2006). Even though transcribing verbal data can be deemed time-consuming, frustrating and boring, it informs the early stages of analysis (Braun & Clarke, 2006). Moreover, it was another excellent way for the researcher to familiarise herself with the data (Braun & Clarke, 2006). The 'repeated reading' and in-depth understanding of the data are very important in the search for meanings and patterns as it forms the bedrock of the rest of the analysis (Braun & Clarke, 2006).

Once the researcher was familiar with the data and had completed the process of immersion, she proceeded to **step two**. In this step, she systematically worked through the entire data set by generating preliminary codes that appear relevant to the (broad) research

question, aim, and objectives. The data were then labelled, coded, and organised (Braun & Clarke, 2006, 2013). Braun and Clarke (2006) believe that this process forms part of the analysis.

In **step three**, the researcher searched for coherent themes from the coded data that were identified, constructed, and collated to the relevant themes (Braun & Clarke, 2006). She combined different codes to form main overarching themes and sub-themes (Braun & Clarke, 2006, 2013). A theme captures components of significant relevance to the study, particularly the research question, aim, and objectives (Braun & Clarke, 2006, 2013).

In **step four**, the researcher reviewed the initial themes developed in step three. At this stage, she questioned whether the themes were telling a convincing story about the data individually and with other themes (Braun & Clarke, 2006). Here she made the decision of whether to combine, refine, separate, or discard any of the initial themes (Braun & Clarke, 2006). By the end of this step, the researcher had a fairly good idea of what her different themes were, how they fit together, and the overall story they tell about the data (Braun & Clarke, 2006, 2013).

The researcher defined and named the themes in **step five**. She generated clear, short, ‘punchy’ and informative names for the themes (Braun & Clarke, 2006). It was also important for continuous analysis to be done to enhance the identified themes (Braun & Clarke, 2006). In this phase, the researcher also revised the themes to determine if there are sub-themes and how they interact and relate to the main theme (Braun & Clarke, 2006). In the end, the researcher was able to describe the scope and content of each theme (Braun & Clarke, 2006).

The final step, **step six**, required the researcher to knit together the narrative analysis and interview extracts, and contextualise the data to the existing literature to tell the reader a coherent and persuasive story (Braun & Clarke, 2006, 2013).

The results will be presented and discussed in Chapter Five. As recommended by Braun and Clarke (2006), the researcher included identifiable, relevant, and sufficient extracts to capture the essence of the point being put across. Simultaneously, she provided an analytic narrative that forms an argument about the research question (Braun & Clarke, 2006).

4.6.6 Self-reflexivity

Due to the sensitive nature of research on violence, reflexivity was applied in the research process. Reflexivity is the process whereby the researcher reflects on herself, to give an effective and impartial analysis of the data (Bondi, 2009; Haynes, 2012). This was exercised through constant reflection on the thought process and discussion with supervisors (Haynes, 2012). The researcher made use of the supervision meetings provided by the university to process her thoughts and also have some comments or remarks challenged. Before each interview, the researcher introduced herself to the participants. This minimised possible gender dynamics and forms of identity. Furthermore, the researcher was also her own research subject, meaning the personal impressions and feelings she journaled during and after each interview constituted data (De Vos et al., 2011; Haynes, 2012). Since the participants in question are young adult males, the researcher was mindful of possible gender dynamics which may potentially impact the researcher's ability to build relationships and elicit data that was valid, truthful, and useful (Bondi, 2009). At the time of the interviews, the researcher could not find a male assistant, but was cognisant of her disadvantage; however, her experience as a social worker was helpful in thoughtfully considering the researcher-participant interaction.

4.6.7 Data verification and trustworthiness

De Vos et al. (2011) explained that the concepts of 'rigour' and 'trustworthiness' correspond with the concepts of 'reliability' and 'validity' in quantitative research. To ensure rigour and trustworthiness, the researcher made the research question clear, she implemented

a pilot study, and the data collection process and analysis were rigorous and transparent.

To ensure trustworthiness, the researcher applied Guba's model adopted by Schurink et al. (2011).

Credibility/authenticity demonstrates the researcher's responsibility to scrutinise the information provided by the participants to ensure that it is accurately captured and a true reflection of their perceptions (Schurink et al., 2011). To do this effectively, the researcher re-checked through clarification (paraphrasing) or summarisation of the information that the participants provided. Furthermore, the results of the study were discussed with the participants to verify the findings. Also, the regular debriefing sessions with her research supervisors enhanced her credibility. It allowed her to test developing ideas and interpretations and assisted her to recognise her own biases and preferences. Lastly, the use of interviews, field notes, and the keeping of a reflective journal further enhanced the credibility of the study.

Transferability runs on the principle of ensuring the descriptions of data are precisely interpreted and explained. This confirms that the findings are applicable in other contexts of similar situations, populations, and phenomena (Schurink et al., 2011). Through purposive sampling, the researcher was able to collect sufficient thick descriptions of data as well as the background to the study (Rubin & Babbie, 2005; Schurink et al., 2011). She also transcribed the research thoroughly by reflecting on the information accurately and comprehensively. The researcher further enhanced transferability by clearly describing the research methodology, e.g., the data collection methods and the study's participants.

Reliability/dependability ensures that the findings are consistent and can be repeated in the same context, with the same methods as well as participants. Therefore, it is necessary to provide a thorough and comprehensive description of the planning and execution of the research process in the research report (Schurink et al., 2011). In the

research design, the researcher described how the implementation was executed and provided a detailed description of the data-gathering process. Furthermore, the researcher maintained ethical data collection procedures (Schurink et al., 2011). For instance, the researcher used the same interview schedule for all the participants as well as recorded the proceedings and took field notes that captured the non-verbal cues during the interview. In so doing, dependability was ensured through the correlation of the data. Supervision with research supervisors and the use of a frequently updated codebook ensured that the data analysis process was valid.

Confirmability is the degree to which the findings of the study are influenced by the participants and not the researcher and their interests (Schurink et al., 2011). Therefore, the researcher maintained an audit trail for every step of the data analysis to ensure that she was by no means influencing the data to support a particular narrative (Schurink et al., 2011). Therefore, all the information that was collected is available for auditing. She also applied introspective reflexivity and acknowledged the participants as the experts on the topic. Furthermore, she presented the findings with no bias or with the researcher's ideas being reflected.

4.7 ETHICAL CONSIDERATIONS

De Vos et al. (2011) explained that researchers have moral principles (i.e., ethics) they have to follow regarding rules and behavioural expectations about the most correct conduct towards experimental subjects or respondents, other researchers, their assistants, student researchers, and employers/sponsors. Babbie (2013) and Pillay (2014) further explained that it is the researcher's moral obligation to strictly consider the rights of the participants and protect them from all harm and danger throughout the research process. Below, are the ethical principles that the researcher followed at various stages of the research process to protect the participants. To successfully maintain ethical obligations, the

following three core principles were upheld: respect for persons, beneficence, and justice (Pillay, 2014).

4.7.1 Permission to conduct the study

The researcher obtained ethical clearance and approval from the University of the Western Cape Humanities and Social Sciences Research Ethics Committee (HSSREC, ethics nr: **HS20/8/31**) as well as the two non-profit organisations (NPOs) where some of the participants were recruited.

4.7.2 Informed consent

Before signing the consent form, the researcher gave the participants an information sheet (Appendix A) that thoroughly explained the purpose, benefits, procedures, participation and risks involved in the study to the prospective participants. Thereafter, the participants signed the informed consent form (Appendix B) (Babbie, 2013; Strydom, 2011). The researcher ensured that the consent form included adequate information about the research and that the participants had a clear understanding of the information provided to them (De Vos et al., 2011).

4.7.3 Voluntary participation

In the information sheet (Appendix A), the researcher stipulated that participation is voluntary and that they have the right to withdraw from the interview or study at any stage without penalties (Babbie, 2013; Strydom, 2011). Nobody should ever be coerced into participating in a research project (Strydom, 2011). The researcher ensured voluntary participation by selecting participants who were willing and available to participate in the study.

4.7.4 Avoidance of harm

Babbie (2013) and Bos (2020) explained that it is the researcher's responsibility to ensure that participants are not exposed to unnecessary physical or psychological harm. Given the sensitive nature of the topic it was paramount for the researcher to highlight the potential

risks and harm the participants might experience (Bos, 2020). In the information sheet (Appendix A), the researcher indicated that psychological trauma may be triggered. She also highlighted the possibility of unforeseeable risks that may occur as a result of human interactions and talking about self or others. The researcher made an effort to reduce this harm as much as she could. For example, when one of the participants got emotional during the interview, she acted promptly to aid him through asking whether he wanted to discontinue the interview and accept a referral for counselling. However, the participant wanted to continue with the study. The researcher then reminded the participant of the affordable and accessible services from the list she made before data collection. The participant disclosed that it was not necessary, as he was already seeing a professional. During each interview, the researcher made the resource list known to the participants should they require further counselling. For those residing at the youth centres, she encouraged them to also make use of the resources provided at the centres should they need additional counselling (Pernebo & Almqvist, 2016).

4.7.5 Debriefing

Debriefing usually takes place at the end of a research study, and it provides the participant information about the nature of the study (Howitt & Cramer, 2011). The American Psychological Association (APA, 2011) explains that its major aim is in tackling ethical problems within a study such as deception, and detecting and dealing with harm, distress and confusion of participants. Furthermore, to the advantage of the researcher, debriefing gives insight into a participant's reflection of the study as well as be utilised as a snowball sampling tool and a means to reinforce a positive experience of their participation (APA, 2011; Howitt & Cramer, 2011). At the end of the interview, the researcher took some time to debrief the participants (off-record). It was also a time reiterate the available support for the participants if needed. Through debriefing, the researcher managed to get some participants for her study (snowball sampling).

4.7.6 Confidentiality and the right to anonymity

In the consent form (Appendix B), it was made clear that the participants' right to privacy implies the element of personal privacy (De Vos et al., 2011). On the other hand, confidentiality focuses on handling information in a confidential manner whereby the researcher keeps the nature and quality of the participant's performance strictly private (De Vos et al., 2011). Before commencing with data collection, the researcher obtained permission from the participants to audio-record the interviews and emphasised their right to terminate the research process at any stage.

After the interviews, the audio recordings were immediately copied onto the researcher's computer and deleted from the audio recorder. The data were then stored in a password-protected folder that only the researcher and her supervisor have access to. The transcriptions were identified with codes and stored in the researcher's personal locked filing cabinet. The findings of the study are being disseminated in the form of this research report; however, codes and pseudonyms are being used instead of the participants' real names. That way, the researcher confidentially handled their personal information and maintained anonymity.

4.8 CONCLUSION

This chapter discussed the research methodology that was employed in the study. Particular attention was given to the various stages of the research process, namely: the population and sampling; data collection; and data analysis. In addition to the above, the pilot study and the main study were also outlined in detail. Moreover, the researcher described her experiences of the research process as well as the ethical obligations that guided her, all of which contributed to the credibility of the study.

The results or findings of the research are presented next.

CHAPTER FIVE

FINDINGS & DISCUSSION OF RESULTS

5.1 INTRODUCTION

The purpose of this study was to explore the dating experiences of young adult men who have had childhood exposure to FV. To achieve this aim, a qualitative methodological approach was utilised to collect data through semi-structured face-to-face interviews that primarily focused on their feelings and perceptions as they reflected on and shared their childhood and current experiences. To provide meaning to the data collected during the interviews, the researcher used thematic analysis as an analysis tool.

The profiles of the participants according to their demographics are presented in Table 5.1.

5.2 DEMOGRAPHIC DATA OF THE PARTICIPANTS

Six young adult males who were exposed to FV in their childhood participated in this study. Their demographic details are presented in Table 5.1 below.

Table 5.1. Demographic data of the young adult males (research participants)

Participant	Race	Nationality	Age	Relationship Status	Education Status or Employment Status	Area of Residence
PT001	Black	Congolese	20	In a relationship	Matriculant	Woodstock, Zonnebloem
PT002	Black	Congolese	22	In a relationship	Employed	Table View
PT003	Black	Zimbabwean	21	Single (but has been in relationships)	Unemployed	Hout Bay

PT004	Black	South African	21	In a relationship	Undergraduate student	Mowbray
PT005	Black	South African	23	Single (but has been in relationships)	Postgraduate student	Rondebosch
PT006	Black	Zimbabwean	21	Never dated	Learner at a school of skills (plumbing)	Salt River

5.2 SUMMARY OF THE DEMOGRAPHICS

As indicated in Table 5.1 above, the six young adult males who participated in the study are Black from three sub-Saharan African countries (The Democratic Republic of Congo [DRC], South Africa, and Zimbabwe). Although participants from other race groups had been approached for recruitment in the study, they were either unavailable or unwilling to participate; additionally, by this time it was weeks past the recruitment phase. Also, the centres that were approached were comprised mostly of Black African individuals (with significant immigrant populations).

Participants 1 and 2 have been living in South Africa for over a decade. Participant 3 moved to South Africa at the age of 14, and Participant 6 relocated to South Africa in 2014. At the time the study was conducted, all of the participants were under 25, with their ages ranging between 20 and 23.

Of the six participants, four were in learning institutions (high school, university, and a school of skills) at the time of the interviews; one was employed; and one was unemployed but helped his sister with her business here and there.

All the participants grew up in the township or rural areas in South Africa or their home countries. At the time of the interviews, the majority of the participants resided in the greater Cape Town area, within the Western Cape, half of whom were placed within youth centres. Placements within the youth centres had largely been attributed to challenges in the

home, some of which included child physical, emotional and verbal abuse; lack of parental support; as well as an unstable home environment resulting from marital conflict and/or separation or divorce.

Five of the six participants had been in romantic relationships. At the time of the interviews, three were in romantic relationships. Two were in long-term relationships, i.e., more than three years, and one was in a three-month-old relationship. Of the two young adult males who were not in relationships at the time of the interviews, the longest relationship of the one was one year, while six months was the longest relationship of the other participant.

5.3 PRESENTATION & DISCUSSION OF THE FINDINGS

The data that were analysed included the verbatim transcribed semi-structured interviews of the six participants, along with the field notes that were kept by the researcher. Together these formed the results of the study. These findings are described and categorised into themes and sub-themes developed from the collected data codes. The description of the results is presented, discussed, and supported through direct quotes from the transcribed data collected from the various categories of participants. To verify the emerged themes, the study refers to relevant literature and theories to validate the findings.

The three major themes and sub-themes that emerged from the analysed, transcribed, and collected data are tabulated in Table 5.2, followed by a discussion of each thereafter.

Table 5.2. Summary of themes and sub-themes

Themes	Sub-themes
Theme 1: The young adult males' current perceptions regarding the FV they were exposed to in childhood	Sub-theme 1.1: Perceptions of FV
	Sub-theme 1.2: Mental illness
	Sub-theme 1.3: Substance abuse
	Sub-theme 1.4: Trauma
	Sub-theme 1.5: Childhood neglect
	Sub-theme 1.6: Family functioning

	Sub-theme 1.7: Post-childhood reflections on FV
Theme 2: The influence of the young adult males' childhood experiences of FV on their current perceptions of dating	Sub-theme 2.1: Perceptions of dating Sub-theme 2.2: Intellectualisation of dating perceptions
Theme 3: The young adult males' dating experiences	Sub-theme 3.1: Unhealthy dating experiences Sub-theme 3.2: Positive dating experiences Sub-theme 3.3: Communication and connection Sub-theme 3.4: Conflict resolution

5.3.1 Theme 1: Current perceptions regarding the FV they were exposed to in childhood

Children have been described as the 'silent', 'unintended', 'forgotten', 'invisible' and/or the 'secondary' victims of FV (Warnick et al., 2019). Exposure to parental FV in childhood places children at risk for long-term trauma and compromised mental well-being (Magwa, 2013; Warnick et al., 2019). Hence, they are regarded as secondary victims. Furthermore, because the violence is not always directed toward the child, the effects are mostly emotional injuries (Magwa, 2013). Therefore, their voices are lost in the noise and their experiences, in most instances, are overlooked or dismissed. This study sought to explore the dating experiences of young adult men who were exposed to FV in their childhood. Their thoughts on the FV they were exposed to as children are covered or unpacked under Theme 1. The theme is further described and supported by seven related sub-themes, namely: perceptions of FV; mental illness; substance abuse; trauma; childhood neglect; unhealthy relationships; the role of finances on FV; and post-childhood reflections of FV. These are discussed in more detail below under their respective sub-headings.

5.3.1.1 Sub-theme 1.1: Perceptions of FV

Bromley and Croydon Women's Aid (2022) highlighted that children's responses to

the trauma of exposure to FV vary according to a multitude of factors including, but not limited to, age, race, sex, stage of development, and relationship with the caregivers. Therefore, the responses and thoughts on the FV the young men were exposed to in their childhood differed from participant to participant, and context to context. Although all six young adult males at some point in the interview shared their disapproval of FV in their childhood, the process leading up to this view differed. In some instances, a good or positive relationship with the offending parent as well as the circumstances surrounding the abuse such as mental illness brought about a change of mindset or thoughts on the FV they were exposed to.

For example, in his childhood and early adolescence, Participant 1 saw the FV he was exposed to as a means to exert power and control over the submissive partner. He openly shared that there was a time when he saw his father's dominance as attractive because his mother would keep coming back to the same abusive partner.

“Yeah, I did believe in it [male dominance over women] especially when, in my father and my mother's time, because... My father would do something, and my mother goes then comes back... It's like, almost like, she didn't have a say... so I was like, almost like, mmh like, men are really on top of things...”

(Participant 1).

The picture of a dominant husband and a submissive wife created the narrative that violence is acceptable and attractive. Kaufman-Parks et al. (2018) and Meyer et al. (2021) highlight that exposure to FV in childhood can cause children to internalise their experiences as acceptable and normative. Consequently, they regard violence as an appropriate means of interacting with others in future relationships, particularly in conflict.

However, some participants reported that the violence inflicted was “silly” and “stupid”. Participant 6 shared an incident whereby he felt his stepfather’s aggression was random and unprovoked, yet aggressive.

“Well, there was a time. This was pretty silly ... Or maybe he must have gotten into arguments from outside. When he got home ... My half-sister was crying because she was afraid of the chickens ... And then [when] my father got inside, he asked, ‘why is my, why is my daughter crying?’ And then ... my mother says, ‘she’s crying because of, she’s afraid of the chickens ...’ ... my stepfather said, ‘you lie’. ...he began smacking her, hitting her, pushing her ... as I recall it, I count it as stupidity because no matter how reasonable my mother was, he didn’t understand. And I can say throughout the night, he continued on hitting my mother up to the next morning”. (Participant 6).

Elmquist et al. (2014) indicated that in most instances, men’s motivations to perpetrate FV are rooted in the need to control their partners. Elmquist et al. (2014) link Participant 6’s stepfather’s behaviour to pent-up anger towards his partner or past experiences. Hence, Participant 6 was convinced that the violent act was stirred by an argument outside and was brought home.

5.3.1.2 Sub-theme 1.2: Mental illness

Mental illness was a common sub-theme closely linked to spiritual forces and powers. Half of the participants were unsure whether the acts of violence were resulting from mental illness or external spiritual forces such as witchcraft, or demonic activity as influences of violence in the home.

Although Participant 1 expressed that violence was unacceptable, he was to a certain degree sympathetic towards his schizophrenic father. He blamed his father’s violent behaviour on his mental condition.

“So as I grew, as I grow up, I started to understand that it's not his fault really that the things happen, but I didn't also like the fact that he had to abuse my mom and all that”. (Participant 1)

Yu et al. (2019) indicate that mental disorders and mental illnesses such as schizophrenia and bipolar are associated with an elevated risk of FV perpetration in households.

Therefore, Participant 1's change of mind about the dominating man and submissive woman was mostly motivated by his father admitting his wrongs as well as sitting him down and explaining his condition (schizophrenia).

“But then over time I got to understand, and also, the other thing that helped me was that, um, my father would acknowledge his mistakes or something, so he would sit me down and explain to me his condition, you know?” (Participant 1)

On the other hand, Participant 4 described his father's violent acts as “psychotic breakdowns”. But both Participant 4 and Participant 1 later reverted to the possibility of spiritual forces at play in the lives of the violent caregiver.

“Um, is Uhm [sighs], I remember we were asleep one night, and then in the middle of the night ... he said, he saw uTokoloshe [also known as Tikoloshe/Tokolotshe is a dwarf-like water sprite commonly known among the Southern African mythology] or something. Um, and we didn't see this thing, and he just kept saying that he could see this thing. And he saw it run out of a window or something, um, and that was scary. Um, my mom suspects that someone did something to him ...” (Participant 4)

“... also, when I was younger, I also used to believe her that, she would be like my father has witchcraft and things and things...” (Participant 1)

Comparably, Mazibuko and Umejese (2015) reported that participants reverted to external forces of darkness such as “evil spirits”, or the “devil”, or “witchcraft” as sources behind the violent behaviour.

Unlike Mazibuko and Umejese (2015), the participants used these external forces as excuses to stay in the unhealthy relationship or as learned hopelessness. Mazibuko and Umejese described this as defensive and protective behaviour towards the caregivers. This was quite apparent in the interview with Participant 1 as he repeatedly emphasised that his father’s behaviour was a result of his mental illness. Consequently, behaviour is perceived as external to the parent, suggesting that the FV is driven by unseen “evil” forces (Mazibuko & Umejese, 2015). On the other hand, although Participant 4 had a few times described his father’s violent behaviour as a “psychotic breakdown”, he acknowledged that this could have been the lack of understanding or not knowing how to describe such violent anger in someone.

“... I don't ever want to call it a psychotic breakdown, but I think then I wasn't understanding the anger, so I think I just put it down as ... something mental happening”. (Participant 4)

5.3.1.3 Sub-theme 1.3: Substance abuse

During the interviews, some participants alluded to the idea that the FV they were exposed to was closely linked to their caregiver’s high alcohol consumption. Both alcohol abuse and FV are prevalent public health concerns in South Africa, sub-Saharan Africa, and Africa as a whole (Ferreira-Borges et al., 2017; Greene et al., 2017; Mazibuko & Umejese, 2015). Although alcohol cannot be attributed as the sole risk factor for FV perpetration, it is increasingly recognised as a key determinant of violent behaviour (Greene et al., 2017; Mazibuko & Umejese, 2015; Ramsoomar et al., 2021).

In their studies, Green et al. (2017) and McCloskey et al. (2016) cited African and

international studies that highlighted the strong long-standing relationship between partner alcohol abuse and FV, which has also been prominent in sub-Saharan Africa. The 2018 WHO Global status report on alcohol and health indicated that 40–60% of FV cases are related to harmful alcohol use and drug abuse, with alcohol causing approximately 90,000 FV deaths worldwide. Furthermore, the Williams (2019), quoted WHO statistics that indicate that approximately 55% of FV cases are alcohol-related. Describing his uncle and aunt’s relationship, Participant 3 remarked:

“So, there were arguments and like, ‘oh, why are you drinking and stuff?’ So when he’s, when he’s drunk, and then he would come home, and you would see them fighting physically, yeah”. (Participant 3)

Participant 4 shared, *“Um, and he was really physical with my mom. I know they both took up drinking... um, and I know that they drank a lot”*, before he shared a couple of incidences that took place. In another scenario, he also added, *“um and I think he was drunk, or he was high, I don’t know”*. Participants 5 and 6 echoed similar statements:

“...my dad, like used to be abusive when he was drunk: you know, alcohol is a problem” (Participant 5)

“But when my father comes back home drunk, he would hit me, and I would have questions...” (Participant 6)

Interestingly, Participant 6 mentioned that his stepfather *“never hit”* him when he was drunk. The stepfather would *“be overjoyed”* and loving towards Participant 6 in his drunken state. This point supports the notion that alcohol cannot be considered the sole contributor to FV. This notion is also supported in the interview with Participant 3 when he remarked,

“...but the other ones, whether with alcohol, without it ... without alcohol, it’s not working,

yeah”.

This implies that the marriages were dysfunctional in the presence or absence of alcohol. Often, victims of FV blame alcohol for their ordeal, rather than their alcohol-addicted partners for perpetrating FV; thus, the violence is at times indirectly reinforced by its very victims (Mazibuko & Umejesi, 2015; Pinchevsky & Wright, 2012). Pinchevsky and Wright (2012) and Walker (2009) highlight that this behaviour is in most instances influenced by the community around them which is related to causal attributions rather than seeing the abusive partner as the problem.

Alcohol consumption is also known as a means to repress or suppress problems such as mental illness, or unresolved past traumas and overcome spiritual causes. Corrigan and Matzopoulos (2012) acknowledged that violence, alcohol misuse, and mental disorders are inextricably linked. Those who struggle with mental illness can become dependent on alcohol as a solution; additionally, they have the potential to contribute to the development of depression (Corrigan & Matzopoulos, 2012). The evidence of alcohol abuse and mental illness was apparent in the study. For example, Participant 4 commented:

“I remember a specific time when there was alcohol involved. I remember that my dad had ... I call it a psychotic breakdown, um, in the house...”.

(Participant 4)

He went on to share a separate incident,

“... um, and I think he was drunk, or he was high, I don't know. Um, and then he, I think, yeah, I don't ever want to call it a psychotic breakdown ... okay, it was probably something mental happening. Um, but he was just swearing at my mom ... Um and then my dad, I think he just had, I don't know if I can call it a psychotic breakdown ... but he was just ... acting very weird ...”.

(Participant 4)

5.3.1.4 Sub-theme 1.4: Trauma

Whether FV is experienced directly or vicariously, trauma is likely present (Strydom- Singleton, 2015). Margolin and Vickerman (2011) explain that exposure to FV falls into the classification of complex PTSD, which essentially refers to long-standing/chronic, repeating or multiple, traumatic events, most often of an interpersonal nature and early life onset (Margolin & Vickerman, 2011; WHO, 2019). During the interviews, some participants described their exposure to FV in their childhood as traumatic while others displayed symptoms of trauma, such as blocking of or repressing the painful memories of the past, (avoidance) and fear (Horn et al., 2013; WHO, 2019).

“...I can put up a[n] ... argument but when it gets physical... I don't like fights even when people that I'm not related to fighting, I start shaking or something like that. So I've never been in a physical fight also. So, I don't like violence...”

(Participant 3)

Participant 3's hyperarousal symptom of 'shaking' is a common characteristic among individuals who have been exposed to FV in their childhood and are at increased risk for complex PTSD (Horn et al., 2013; Margolin & Vickerman, 2011). Similar to responses in Margolin and Vickerman's (2011) study, Participant 3 avoids trauma stimuli, which is common among those exposed to FV. Huecker and Smock (2020) affirm that children who, inter alia, witness FV, are at an increased risk for PTSD and anxiety.

On the other hand, Participant 4 admitted that his childhood experiences were traumatic, and as expected, he repressed his experiences. Quite a few times in the interview he used the phrase “*I don't remember*” or described his memory as “*hazy*”. “*... the reason why I don't trust my memory is [be]cause ... I know for sure that I have [sucks air through his teeth] repressed a lot of the stuff, yeah*”. The experiences were too traumatic that he envied his older sister who lived with their maternal grandparents as she did not get to

witness the disturbing events he did. A couple of times, Participant 4 was unsure of whether the specific incidents he experienced actually happened or if they were dreams. In this regard, he expressed the following:

“Um, I think I remember this, [but] I don't know if it was a dream or not, um ...” (Participant 4)

He added:

“Um, I don't, this the reason why I say I don't know if this actually happened or ... it was a dream is [be]cause I think he tried stabbing my mom on the head. Um, I don't know if he stabbed her on the head though”. (Participant 4)

Ocean (2014) and Secrist et al. (2019) highlighted that nightmares are symptoms frequently experienced by children who have been exposed to trauma. A participant in Ocean's (2014) study articulated that at times the nightmares were so vivid that it was hard to believe that they were just dreams. Therefore, the severity of the violence they are exposed to, and the vividness of the dream, can sometimes be intertwined (Horn et al., 2013; Ocean 2014; Secrist et al., 2019). At times, events in the nightmare have happened and are replaying or occurring while sleeping (Ocean, 2014; Secrist et al., 2019).

For Participant 6, his experiences were traumatic to the extent that they bred fear and doubt in him. He was in constant questioning like,

“Well, my childhood was more of fear. I grow up in fear ... because I never know when to expect next like ... I'll think whether I am doing something right? Or am I doing something wrong?” (Participant 6)

These responses are congruent with responses from participants in Ouzounian's (2019) research study who revealed that their traumatic context of incidences brewed fear and self-doubt. This fear has the likelihood of becoming prolonged and internalised which

may cause severe psychological distress (Ouzounian, 2019). She added that children exposed to FV are likely to experience these effects throughout life which manifest as complex PTSD (Ouzounian, 2019).

5.3.1.5 Sub-theme 1.5: Childhood neglect

A couple of participants expressed sentiments about missing out on parts, if not most, of their childhood as a result of the FV they were exposed to. Similar to participants in a British study, participants in this study also described adopting adult roles and responsibilities to survive early on in life (Stanley et al., 2012). For example, looking after their siblings and taking responsibility for their safety; and being isolated from their peers because of the roles they are playing in their family (Stanley et al., 2012).

Participant 1 mentioned the responsibilities he had to take on at home while his mother worked as a domestic worker in a foreign country. He expressed:

“I had to look after my sister, bring her to creche ... and I also had to make sure that I have to go to school. But the other thing is, I didn't have a childhood too because I had to like grow up, uhm, how can I say? To be a [rephrases], if I can put it like, to be a man of the house quick. 'Cause since like my mother and father divorced at the age of nine ... I had to mature ... yeah, quickly, especially since there was no elder sister around, you know”.

(Participant 1)

Participant 1 added that he could not play with his friends as he had responsibilities to fulfil,

“... But I'll be like, 'no, I have to go fetch my sister from creche, I have to cook. I have to clean, and stuff like that'. So I'm gonna say it cut some things short for me, man ... I had to quick out of a small boy”. (Participant 1)

Like Participant 1, Participant 2 shared similar sentiments regarding his exposure to FV in his childhood and his experiences:

“There's no, there's no men in the house. You know, there's no men in the house, so let me take that responsibility, yeah, and start helping out whatever I can do and stuff” He also added that: *“Mmh, so it's been my responsibility to take care of him [referring to his younger brother] ... It's almost like, I grow up too quick, or they push me to grow up. My situation kind of push[ed] me to grow too quick”.* (Participant 2)

Miranda et al. (2022) highlighted that it is particularly common among male older siblings to embody the paternal role in most family dynamics and become the figures in charge of the care of their younger siblings.

Furthermore, Miranda et al. (2022) added that older siblings tend to play an active and protective role in a home plagued with FV. They usually defend and protect the victim-parent and their younger sibling (Arai et al., 2021; Callaghan et al., 2016; Miranda et al., 2022). To shield his younger sister from the realities of FV, Participant 1 would lie to his younger sister about the violence taking place in the home.

“And as she grew older, maybe some of the violence still happened when she sticks around, and she started asking me things, and I just had to like lie to her and things”. (Participant 1)

This behaviour matched that of participants in Callaghan et al. (2016) and Arai et al.'s (2021) studies which described participants shielding their siblings from the violence by distracting them during violent episodes through singing, or reading, or hiding from the danger.

Unlike participants in this study who expressed the desire to have enjoyed their

childhood, participants from Caldwell's (2014) study emphasised that older children struggle to separate from their protective role even when no longer staying in a violent home. A clinician from Caldwell's (2014) research explained that they resist getting on with being children and doing childhood things. Consequently, feelings of displacement arise (Caldwell, 2014).

Now, Participant 4 confronts his mother and addresses her violent behaviour towards his sister:

“So, the fights now or the arguments between my mom and I that happen now is because the same things that she did to me as a child she does to my sister. Um, and I keep telling her, I’m not shouting at you, because I think I’m a better parent than you, you have done a lot of things to me, um, as a kid that I don’t want you to do to my little sister. Um, and, yeah, a lot of the arguments that she and I have are on that basis, and I, and I also shout at her...”. (Participant 4)

5.3.1.6 Sub-theme 1.6: Family functioning

FV is known to disturb, disrupt, and destroy the family functioning, thus negatively impacting the members or individuals who make up the unit (Heise, 2011; Neppl et al., 2017; Widom et al., 2014). This sub-theme addresses the participants' thoughts on ways in which FV disrupts family functioning. The following were identified as factors that hamper family functioning: unhealthy marital relationships, poor family connections leading to harsh/corporal punishment, poor communication, and finances.

Some participants blatantly made it known that the FV they were exposed to in their childhood was toxic and unhealthy. Participant 5 does not think his mother gained anything from her relationship with his father, yet the father got the best.

“Because I don't think my mom ever gained anything from that, you know,

relationship... I don't think she ever got anything positive out of it, you know, except maybe us, you know... ”. (Participant 5)

On the other hand, Participants 4 and 6 shared infidelity incidences within their caregivers' relationships. Stieglitz et al. (2012) reported that husbands are more likely than wives to commit infidelity, and that marital arguments and violence against wives are inevitable thereafter. Infidelity can lead to tension and FV within a marriage. Stieglitz et al. (2012) highlighted that male partners can sometimes use their strength, and size can be used as a “bargaining” tool to strategically maintain extramarital relationships despite the potential cost to the victim and children. Participant 6's father was unfaithful to his wife and pursued extramarital sexual relationships. This led to conflict within the marriage and eventually spilt over as child abuse directed towards the stepchild, Participant 6.

“... I discovered that when my stepmother got married to my father there was a time my father impregnated a houseworker ... this issue of my father cheating on my stepmother started way back ... Yeah, my father gets attached with many women. And he makes sure he falls in love with whatever woman he is interested in ... And those were major problems my mother, my stepmother, had been facing against my father”. (Participant 6)

Conversely, however, literature has shown that FV could lead to partners seeking or pursuing extramarital relationships. From Participant 4's perspective, the FV pushed his mother to cheat on his father. He shared,

“...the person that she's with now, um, that started while he [referring to his mother] was still with my biological dad. Um, I think she said that they met when I was in Grade 4. Um, so that's 2009, um, or 2010, when I was in Grade 5... Um, and then they were like secretly, secretively...”. (Participant 4)

Participant 6's stepmother ended up cheating on his father after years of putting up with her partner's infidelity which then led to their separation last year.

"... my stepmother, she decided to do the same in cheating against my father. And um when my father found out, a fight broke out, so right now they live in separate ways". (Participant 6)

Furthermore, the participants indicated that finances played a major role in the FV they were exposed to. Through their childhood experiences, finances seemed to be at the centre of most marital conflicts. Mohlatlole et al. (2017) explained that money means different things to different people, therefore financial issues provoke marital conflict and often lead to divorce among young couples.

Describing his parents' nature of conflict, Participant 3 shared,

"... they argue about financial what what, yeah. So, sometimes, my mom say[s], 'okay, I'm not gonna buy electricity'. And then my dad gets angry, and then that's how the fights start". (Participant 3)

During the interview, Participant 3 also provided details of his uncles' marriages, who were also his caregivers:

"... ah, my other uncles, same problem – drinking, arguing, 'who's paying the bills?'; 'who's doing what?' And [faintly] then some uncles even divorced, get a new wife, same problem, you see. So, for me, I would say, alcohol and finances were the biggest issues that I saw ...". (Participant 3)

Participants 3 and 6 were convinced that marital conflict related to finances is an outcome of marrying young, i.e., immediately after high school and having no financial stability or consistent income. The lack of financial readiness is the bed where financial stress and marital conflict are created (Mohlatlole et al., 2017).

“...most of my uncles were married at a young age so there was always arguments and fights, physical fights, yeah. Twenty-one, some even married at 20 years. 'Cause as soon as you leave school, you don't have anything to do ... And then your girlfriend gets pregnant ... You get married ... And then all the drama starts now ... I think it contributed a lot, because, um, they were still young, they were still kids”. (Participant 3)

From his experience, Participant 6 derived the conclusion that FV is likely if the age gap between the partners is too big. The chances of shared financial responsibility are diminished, which leads to expectations of him facing and meeting all financial demands. Mohlatlole et al. (2017) identified that uncommunicated financial expectations such as these can cause friction in marriage and lead to divorce among young couples. Therefore, they emphasised the importance of clear communication from either partner (Mohlatlole et al., 2017). Participant 6 explains,

“It's going nowhere, yeah. And there was also, one thing... I would rather get married to someone who is maybe one year older than me, or the s-same age, or maybe, maybe I'm older than that person with one year because they understand you. They understand you and you can also understand them ... Like, I can say maybe she just like sitting at home. She doesn't like working. And you'd like telling her, 'yo, you need to work, I cannot be the one to do this whole thing'. Then she will be, somehow she might mention, 'well, you're the man of the house. You're quite older than me. And I'm here at home, taking care of you. I mean, washing your clothes for you'”. (Participant 6)

Either way, both Participants 3 and 6 have made conscious decisions to stay out of romantic relationships and focus on building their future towards financial freedom and independence.

“But right now, I just wanna be like future first, see where I am going and how it is... ”. (Participant 3)

“Well, the reason why I haven't been into a relationship at the moment is that I'm not working. [Pauses for a couple of seconds] I don't have my own place to stay. I don't have anything which I say, ‘well, this is mine’. ...I don't have any source of income to support her... I would rather get married when I have a business ... I wanna get married once I know I am covered, my pockets are covered... ”. (Participant 6)

On the other hand, FV disrupts relations and interactions in the home, for example, parenting (Herrenkohl et al., 2008; Strydom-Singleton, 2015; Taylor et al., 2015). FV is among the risk factors that propagate harsh discipline and/or child abuse or maltreatment in the family context. It can be enacted by either the offending or non-offending parent, or both. Zvara et al. (2016) added that in FV indirect parenting behaviours such as anger, frustration, and distress are consistently eminent, reducing the parents' ability to be warm and attentive caregivers. In most instances, the violence depletes the parents' abilities to respond appropriately to the demands of child-rearing, leading to more harsh parenting behaviours (Herrenkohl et al., 2008; Strydom-Singleton, 2015; Zvara et al., 2016).

As a result, the caregiver-child relationship is diminished, and is mostly built on conflict and tension as well as responses such as distrust, hopelessness, anger, bitterness, vengeance, hatred, spite, and/or disappointment. In other instances, children learnt from the perpetrating parent that when difficult emotions arise, they should 'deal' with it through violent, physical means (Kaufman-Parks et al., 2018; Simons et al., 2008). Therefore, the caregiver-child relationship sometimes provides the script for managing emotions arising from interpersonal relationships (Kaufman-Parks et al., 2018; Simons et al., 2008). Simons et al. (2008) explain that through corporal punishment a child has the understanding that

violence is an effective strategy for changing behaviour. Accordingly, the following responses from the participants were inevitable:

“So those are still things that I'm [pauses] I kept it inside, you know like, [kisses his teeth] 'I am gonna catch you one day' yeah”. (Participant 3)

“Now, honestly, as I watched this scene, I felt this hatred toward him. I felt like picking up a brick or a huge stone and throw it right on his head. And I was only, uh, about seven years. I could do nothing about it because I was a kid”.
(Participant 6)

Furthermore, the participants described these experiences as unmotivated, unacceptable, and unjustified. Below are some excerpts from Participants 2 and 4, revealing their experiences of harsh corporal punishment and harsh parenting:

“She [referring to his mother] was very, very, very aggressive towards me. Yeah. Um. It's yeah, she used to hit me a lot, but okay. I would feel like ... sometimes I didn't deserve it. And sometimes the punishment was too much ... she hits me, hits me and after that, she puts me in the fridge ... I don't know how long that was ... and she is telling me to sleep, and then the next day I went to school without eating, that was also part of the punishment. So, I felt like the punishment was too long for something that happened by accident. It wasn't on purpose ...” (Participant 2)

The participant's biological parents enacted the violence.

“Um, the shouting is usually directed at me and my younger sister... I think I still don't understand, um [puzzled] why my mom would spank me ... So, I think a lot of corporal punishment happened, that I feel was unmotivated ... Um, I remember my dad slapping me. Um, and a lot of, a lot of the times when

something happened to my sister, I would get punished for it ... I think ... a lot of the violence towards me, I think and I've only just like connected it as violence 'cause, um yeah, a lot of it was expressed through corporal punishment as if I had done something wrong...". (Participant 4)

Comparable to the literature, the study managed to show that FV has deleterious effects on the parenting of both the offending and non-offending caregiver (Chiesa et al., 2018). Similar to Bott et al.'s (2021) study, the study showed that marital violence in the household is often associated with an increased risk of violent or harsh corporal punishment of children. Chiesa et al. (2018) added that the non-offending caregiver's harsh parenting may be an effort to avoid antagonising the offending caregiver. However, Bott et al. (2021) attributed the harsh corporal punishment of the non-offending caregiver to anxiety or stress, while the offending caregiver is violent as a means to exert control over the children too. Therefore, this study supports the notion that harsh and hostile punishment and/or child abuse can co-occur with FV.

5.3.1.7 Sub-theme 1.7: Post childhood reflections of FV

In some instances, FV was regarded as an event of the past by the participants as they reflected on their childhood experiences and shared their thoughts on it. There is a clear change in mindset about their experiences mostly influenced by the different support structures present in the young men's lives and has brought about a positive outlook on the past. Literature has been clear that the length of exposure, the severity of it, and the relationship between caregivers can alter the thoughts on the experiences of the FV.

Participant 1's parents have resolved their differences, and at the time of the interview, they were both working on rebuilding their lives separately in healthier ways. His mother has moved on and she is now in a new relationship, while his father is single. The participant has good parent-child relationships with both his parents, and his father is making

an effort to reconnect with him. Inadvertently, this has caused Participant 1 to have a shift of mindset regarding his childhood. His father, the violent partner, admits that this behaviour was wrong and has tried to explain his mental illness to Participant 1. Below are a couple of excerpts from Participant 1's interview:

“Yeah. Now we both in contact and everything is good, and I visit him from time to time ... since they both, all told me their sides of the story and things ... they have moved on, but they are not enemies see also. They do understand that there is children involved ... So, they have to kinda still be friends”.

(Participant 1)

The presence of support structures, in this case, Participant 1's father admitting that his behaviour towards his mother was wrong, helped in bringing the shift. Acknowledging and speaking to him facilitated the change of mindset and helped the participant to develop healthier means of functioning in a relationship.

On the other hand, Participant 4 shared that there was a sense of change and improvement in how things work between his mother and her partner. For example:

“... in the beginning, he would like, he would actually retaliate. Um now, I think he's ... developed a mechanism for himself, so he will just like ... be quiet. Um, and he would either like, leave the house. Or um, like, they'll have an argument in the room, and he would just go to the sitting area, and he'll just like sit there”. (Participant 4)

Participant 5 carries a positive outlook on his childhood experiences, and this could be attributed to the fact they left his father in 2006 and grew up in a slightly different and healthier environment where his childhood experiences are not tainted.

“Yeah, interestingly... when I think about my childhood, I don't think about

like, as a sad childhood, you know. I don't know, for some reason I don't ... maybe that's 'cause at eight years old, we left my dad. Like I said, we left in 2006, and in 2006 I was eight years old. Yeah, and maybe, or I don't know, may-maybe, mom, my mom protected us from it, you know, I really don't. I think my childhood was like a normal childhood. Of course, besides the fact that there was abuse happening at home. And I think, when I think about my childhood as well, I think I remember a lot of the things that happened, like after 2006, you know, maybe that shadows everything else ...". (Participant 5)

Also, the fact that the offending and non-offending parents are no longer living together, there is no ongoing conflict and tension in their relationship. Participant 5 expressed that,

"... if-if there's something like my, my mom needs to say to my dad. She, she can like, talk to him or if my dad wants something to say to my mom, he can like talk to her. But they are not people who are ... who have a relationship". (Participant 5)

Consistent with literature, the research study has highlighted that FV can be regarded an event of the past depending on the establishment of good and healthy parent-child relationships, the length of exposure and the severity of the FV.

5.4.1 Theme 2: The influence of the young adult males' childhood experiences of FV on their current perceptions of dating

The White Paper on Families (DSD, 2013) describes the family as the chief institution and cornerstone of human civilisation in society. Society's values, norms, morals and mores are imparted in the family of origin. For better and for worse, an individual's family of origin plays a pivotal role in shaping their well-being and choices across the life course (Thomas et al., 2017). The family also contributes to an individual's physical,

emotional, and psychological development, as well as determines the conditions of social reproduction (DSD, 2013).

Family interactions are people's first experience of trust-building, as they are the point of reference on how the world works (Thomas et al., 2017). Jamison and Lo (2021) highlight that the family of origin is known to provide a domestic script or strategy for one's future intimate relationships and family life. Consequently, the family of origin will inevitably impact the perceptions of young adult males on dating (DSD, 2013). Crucial decisions about intimate relationships are often made during adulthood, but the foundations for relationships begin in childhood (Cui et al., 2016; Jamison & Lo, 2021; Xia et al., 2018). Jamison and Lo (2021) added that people's basic beliefs about themselves, others, and their relationships are shaped by their interactions with their parents and other caregivers. These interactions shape romantic development in individuals and lay the groundwork for interactions with romantic partners (Jamison & Lo, 2021; Xia et al., 2018). Hence, FV also conditions individuals to have certain expectations on how to go about intimate relationships (Xia et al., 2018).

In this study, cultural beliefs and expectations communicated by the participants as well as the interactions with the caregivers contribute to how their perceptions are shaped or influenced by their families. Therefore, Theme 2 will reveal how much of their experiences in their childhood are influencing their views. In the study, all the participants demonstrated that they have been impacted by their families in one way or the other – positively or negatively.

Theme 2 is largely focused on how much the young adult males' childhood exposure to FV has on their current perceptions of dating or being involved in romantic relationships. Two sub-themes will be covered, i.e., the young men's perceptions of dating (negative and positive); and experiences which neither positively nor negatively impact their perceptions

of dating.

5.4.1.1 Sub-theme 2.1: Perceptions of dating

The participants shared both negative and positive perceptions that they currently hold about dating. The negative perceptions of dating match the popular belief that childhood exposure to FV distorts how young men perceive dating or being in intimate relationships. A considerable number of negative perceptions of being in intimate relationships were highlighted during the interviews. It is important to note, however, that some of the young men's negative perceptions on dating are closely linked to their childhood experiences as well as their own dating experiences which are expanded on and discussed in Theme 3.

Half of the participants viewed dating relationships as burdensome, demanding, overwhelming, and/or suffocating. For example, Participant 2 felt overwhelmed with his relationship because he felt that he had no space and his girlfriend's life was "crashing" into his life.

"... Right now, I feel like having a partner, it's a burden for me. Yeah, that's how I feel ... I feel like your life is crashing into my life, you know, and my life already has too much ... And then there's also the feeling of feeling like, I'm kind of stuck in this situation ...". (Participant 2)

On the other hand, Participant 5 found himself in relationships that he soon wishes to leave because he no longer feels like continuing with it. In those instances, he crafted "plausible" excuses to tell his partners.

"Like, sometimes I will feel like I want to be in a relationship, right? And then I am in that relationship. And then I realise, like, maybe three months down the line, it's just, I don't know, I just don't feel like, you know, doing this anymore. It, it's weird, but it happens sometimes". (Participant 5)

For Participants 3 and 6, the negative perceptions of relationships stemmed from the belief that a partnership involving young people will not last and are surrounded by issues of violence. In their childhoods, they were exposed to reoccurring FV between young, financially unstable and unprepared couples. Their responses alluded to the fact that relationships between young couples are doomed to fail especially when they are unprepared for marriage. Participant 3 explained,

“[Be]cause as soon as you leave school, you don't have anything to do ... And then your girlfriend gets pregnant ... You get married ... And then all the drama starts now”.

Their childhood experience has created a negative perception of what could be of these relationships. Participant 6 added that:

“... like, it comes then to a negative thought, when we just yeah tell each other, ‘I love you’ without an understanding of it. Like what is really the meaning of love ...”. (Participant 6)

Antle et al. (2020) highlighted that there is a growing body of literature that examines the lasting impact of children’s exposure to FV. Literature has shown that exposure to FV in childhood could potentially distort children’s attitudes toward romantic relationships and negatively impact their adolescent and adult romantic relationships (Antle et al., 2020). This is evident in the research study to a certain extent.

However, in most responses, the participants had a positive outlook on intimate relationships and a couple of the participants described romantic relationships as *“beautiful”* and *“important”*. Smith-Marek et al. (2015) explained that exposure to FV is not a determinant for negative dating attitudes and/or experiences. Most participants were able to separate their perceptions of intimate relationships from their childhood experiences. Some of the perceptions that came up were related to the support one can receive in an intimate

relationship, as well as the ability to bring out the best in each other. Intimate relationships were associated with reciprocity, connection, growth, and development.

Elements of trust (faith); vulnerability, openness, transparency, respect and honesty; as well as forgiveness, compromise, and patience were also aspects that were highlighted in the interviews.

“...think real love um... comes from compromise... Um I think it is reciprocation as well... wanting to be with someone. Um I think it's forgiveness... because the person you have in your mind versus the person your partner is, are two different people.” (Participant 4)

“...love seems to me, to be a combination of a lot of things, you know, and just that you should try to satisfy all of those things. You know, honesty, respect...”
(Participant 5)

There was a sense of hopefulness when some participants thought of intimate relationships or described them. Care, consideration, and sacrifices were emphasised too, and the shifts in mindsets and beliefs were apparent in some of the responses. From these findings, one can conclude that their childhood experiences – which were turbulent and violent – barely or hardly distorted their views on intimate relationships.

After sharing some of his views on intimate relationships, Participant 6, who has never been romantically involved with anyone, sounded very hopeful about finding a good match for him, a partner.

“Well, my thoughts about romantic relations is that, I had this thought, I had this in mind that [pauses for a second] I need to be an honest person. Uh I, I mean, I need to be one who's honest, who understands, who's gentle, who's kind, who's not quick to get angry, who first sees a matter before I explode into

anger. And mostly, I also need to get someone who understands me. Whom I understand too. Who is trustworthy, and whom I can, I mean who can trust me, and whom I can trust too? That there shouldn't be any hidden things in our relationship. Or, that's how I see, I can build a better relationship in life, yeah ... as time goes on, as it goes by, I believe that I will find a perfect match for me". (Participant 6)

The hopefulness was also echoed when Participant 1 expressed, “... *and making them believe in something again*”. He went on to express his desire for deep intimacy and connection in a romantic relationship.

“And I like being in a relationship where there is like um emotional connection, man. Where I can relate with somebody very emotional and deeply or somebody that can read my mind... ‘are you okay?’ Without me knowing, and I’ll be like, even as hard as I try to be like ‘Nah, I’m okay, I’m okay’. That person still ‘nah’”. (Participant 1)

After sharing the importance of intimate relationships, Participant 2 added, *“I feel like maybe okay I’m talking about what I need now. Yeah, in a relationship, for example, yeah. Support...”*. (Participant 2)

Participant 4 had the following to say:

“I think real love um [pauses for a couple of seconds] comes from compromise ... um I think it’s forgiveness um [pauses for a couple of seconds] because the person you have in your mind versus the person your partner is, are two different people. Um and [pauses briefly] I think, yeah, I think not idealising someone or having um unrealistic expectations of them. Um [pauses for a second] yeah. Um yeah, I think just like not building someone up in your mind

um versus who they actually are. I think it's acceptance and not tolerance”.

(Participant 4)

All these responses can be regarded as unusual for people who experienced a violent and traumatic childhood. As Warnick et al. (2019) highlighted, coming from a household with poor or unhealthy communication styles makes these young men susceptible to adopting the same. Therefore, support structures, such as the church couple mentoring Participant 6, can assist in altering some negative or inaccurate perceptions of intimate relationships (Warnick et al., 2019). In the case of Participant 1, his father's openness and change in behaviour as well as the social worker who supported him in his childhood can result in these positive outlooks on relationships. Moreover, positive dating experiences – which will be discussed in Theme 3 – can also contribute to positive perceptions of dating.

5.4.1.2 Sub-theme 2.2: Intellectualisation of dating perceptions

This section addresses the comments that the participants made that were neutral, but elucidated their reflection on their current perceptions of intimate relationships.

Relationships can be complex and a combination of different elements. When asked about their current perception, various responses came up. Below is an example of one of the participant's responses:

“... I don't know, love seems to me, to be a combination of a lot of things, you know, and just that you should try to satisfy all of those things. You know, honesty, respect, you know, so that, that sort of thing. So, all of those things, I would say, constitute love. So, there should be respect, there should be honest, you know? Um [pauses for 4 seconds] yeah, I think those, those are some of the important things, those are some of the things that would then constitute, true love to me, I guess”. (Participant 6)

There was a sense that the current views on intimate relationships are dependent on

the persons involved in the relationship. Based on their childhood exposure to FV, the participants have seen how FV plays out varies from couple to couple; therefore, there is an awareness that the current dating views should be viewed dynamically. The excerpts below provide evidence of this:

“... depending on what the person is doing and things like that. I feel like, yeah, no, they are for many reasons ... it differs from person-to-person ...”.

(Participant 2)

“Some people come with negative energy, bad energy; you treat them the same way. Some people are just nice and kind, so you treat them the same way, yeah”. (Participant 3)

This section managed to show the complexity of romantic relationships. It suggests that both their interactions with the caregivers and the people involved in the relationship, influenced their dating perceptions.

5.5.1 Theme 3: The young adult males' dating experiences

As highlighted in the previous chapters, early adulthood is engrossed by the pursuit of deep intimacy, satisfying companionship, and love (Armstrong, 2019; McLeod, 2013). Long-term relationships with their peers may eventually grow into the romantic kind and may become life-long, full attachment relationships (Lee, 2003). Although the attachment in these intimate partnerships differs from infant attachment in the reciprocity of caregiving and sexual intimacy, like infant attachment, intimate relationships are guided by the internal models of attachment or are based on one's attachment history (Gillath et al., 2016; Lee, 2003). In adolescence and adulthood, the following attachment styles characterise individual behaviour in intimate relationships: (a) secure, (b) avoidant, and (c) anxious/ambivalent (Bretherton, 1992; Hazan & Shaver, 1987 and Hazan & Shaver, 1998, as cited in Gillath et al., 2016; Simpson & Steven Rholes, 2017). Therefore, this section of the research report

will provide details on the participants' actual dating experiences as young people who were exposed to FV in their childhood.

5.5.1.1 Sub-theme 3.1: Negative/unhealthy dating experiences

Armstrong (2019) and McLeod (2013) reported that the dating experiences of young men exposed to FV in their childhood can be overwhelming. Haselschwerdt et al. (2021) added that exposure to FV in childhood and adolescence is associated with a variety of maladaptive outcomes over the lifespan. These could include distrust of others and jealousy towards a partner. Consequently, this creates hostility, insecurity, fear of commitment or unsuccessful relationships that lead to isolation among young men exposed to FV in the early years of their lives (Armstrong, 2019; Lírío et al., 2018). In the end, they are trapped in a web of poor connections/relations with people, similarly to their childhood (Armstrong, 2019; Lírío et al., 2018). In the study, all participants who are in relationships or had been in relationships shared some negative or unhealthy dating experiences either in their current or past relationships.

Insecurity, and/or trust issues, and/or fear were intertwined in most responses from the participants. A few times in the interviews, these experiences were discussed from their side as well as their partners, for example:

“Um, trust issues ... I don't think I'll be able to take someone who lives maybe three hours, two hours away from me, you know, what are you doing? Who are you doing it with and ...”. (Participant 3)

Participant 3 also admitted that his behaviour in high school also gave his partner every reason to doubt him, causing trust issues from her side too.

On the other hand, Participant 4 was quite explicit and reflective of his insecurities, fears, and trust issues. He showed awareness that his childhood exposure to FV has

contributed to the insecurities, trust issues, and excess fear in his relationship. The participant, to a large degree, normalised violent behaviour in a relationship, which is common among children and young adults exposed to FV (Tiret, 2012). Below are some excerpts from his interview that support this notion:

“... I think that's why sometimes my trust and my faith shakes a bit because I think I've learned that, oh, if someone loves you, there should be turbulence ... Um, and I have these, like moments, where I overthink, and I'm just like, why is everything so, yeah, so flat? ... Um I'm very insecure ... I'm afraid that he resents being with me ... I am insecure about like, whether I'm good enough for him, or if he can do better, or like find someone better. Um, I think also, something that scares me is the fact that my mom was able to be my step-dad without my dad knowing ... what if he is with someone um th- [rephrases] when we are not together ... but yeah, I think there's a lot”. (Participant 4)

Participant 4 largely resembles an insecure-anxiously attached (preoccupied) partner in intimate relations as revealed in the literature (Bartholomew & Horowitz, 1991; Velotti et al., 2018). The fear of abandonment, low self-esteem, negative self-view, guarded and high levels of separation anxiety characterise this type of partner (Bartholomew & Horowitz, 1991; Velotti et al., 2018). Thus, he became vigilant toward and preoccupied with his romantic partner. Additionally, he experienced low relationship satisfaction and a high breakup rate (Hazan & Shaver, 1987; Schachner et al., 2003; Simpson & Steven Rholes, 2017). He also commonly struggled to trust his partner's words, warmth, and affection (Firestone, 2019a).

Although a relationship with an insecure-anxiously attached partner could mean low relationship satisfaction and a high breakup rate, Mikulincer and Shaver (2005, as cited in Velotti et al., 2018) explained that these individuals have difficulties walking away from

abusive or unhealthy intimate relationships. They view losing a partner as an unbearable experience because they believe that they do not have sufficient resources to withstand separation from the partner (Velotti et al., 2018). Consequently, they are more likely to develop illusions about a future change (for the better) in their partner, causing them to be obsessive and highly dependent (Kesner & McKenry, 1998; Simpson & Steven Rholes, 2017; Velotti et al., 2018). Participant 4's responses were more consistent with the latter description by Mikulincer and Shaver (2005, as cited in Velotti et al., 2018). For example, he tells himself:

“Um, but I think I usually like tell myself, ‘ah just endure...’”. (Participant 4)

Closely linked to the aforementioned experience was poor emotional availability. A participant shared that in the romantic relationships he has been involved in, he has been described by his partners as emotionally unavailable and distant.

“Okay, I've been acc-, I've been accused of, you know, being emotionally unavailable ... I don't know. I have been accused of not making time”.

(Participant 5)

Participant 5 had a difficult time describing his dating experiences. After going back and forth with the participant, he finally came up with a response which was unsurprisingly negative, and possibly something he was avoiding as he described them as “accusations”, implying that he is not in agreement with them. Further on, he defined his understanding of ‘emotionally unavailable’:

“... you don't interact emotionally; that is, maybe you don't talk about emotional stuff. You don't like, express your emotions ... you don't acknowledge other people's emotions, I would assume”. (Participant 5)

The participant found it difficult to answer if he agreed with these “accusations”; however, he admitted that the dismissing of feelings could be regarded by the partner as emotional abuse.

“... When the person who said that as emotionally unavailable, they would say I abused them emotionally, I don't know”. (Participant 5)

The participant reflected characteristics of an insecurely dismissive-avoidant partner in an intimate relationship (Bartholomew & Horowitz, 1991; Kesner & McKenry, 1998; Robinson, Segal & Jaffe, 2023).

The dismissive-avoidant individuals are known as those less interested in romantic relationships, particularly long-term committed ones. They usually display more distancing behaviours and have a hard time adjusting to emotional intimacy (Robinson, Segal & Jaffe, 2023; Simpson & Steven Rholes, 2017).

This also speaks to the ‘lack of commitment or seriousness’ displayed by some of the participants who viewed their dating experiences as burdensome, overwhelming, and suffocating. Thus, the short-term relationships.

Participant 2, who was in a 3-month-old relationship at the time of the interview, expressed the following:

“... my time is being taken away from me. Yeah. I miss, like, when I was free, and just like [claps hands together], lay down, do nothing, you know, and I just think out of the blue ... it's too much ... But to be honest, I don't know how much longer I can keep it up ...”. (Participant 2)

Regarding the future of his relationship, he shared:

“Right now, I feel like having a partner, it's a burden for me. Yeah, that's how I feel. And I don't know how to change that feeling”. (Participant 2)

Yet, after all these feelings, like her life is “*crashing*” into his, and that his “*life [which] already has too much*”, he does not know how he is “*going to get out without anybody getting hurt*”. (Participant 2)

Unlike his counterpart (Participant 3), when Participant 5 felt like he does not want to be in a relationship three months down the line just because he does not “*feel like doing this anymore*”, he concocts something up because he feels and sees his sudden change of interest as weird and would not make sense to the other person.

Participant 3 who started dating in 2015/2016 at the age of 15/16 has been in more than ten relationships and expressed the following:

“*But it's hard to keep a relationship going, like focus. I don't know people do it, three years, argh, I don't know*”. (Participant 3)

When asked to describe his relationships, Participant 5’s response was, “*Uh [chuckles] short*”. The longest relationship he has been in was 6 months, and he further disclosed that he is the one mostly walking out of the relationships.

Although none of the young adult males admitted that a fear of and discomfort with intimacy and closeness caused them to maintain psychological and emotional distance from their romantic partner, it is quite obvious that this might be the case (Kesner & McKenry, 1998; Firestone, 2019b; Wardecker et al., 2020).

Furthermore, the literature highlights that they appear more focused on themselves and value their priorities over their partner’s, and as with the anxious individuals, they have low satisfaction in relationships and high breakup rates which correlates with the findings of this study (Firestone, 2019b Schachner et al., 2003). As a result, the participants who resembled individuals with this style of attachment appeared to be predominantly controlling

and/or domineering; stubborn, uncompromising, and insensitive; short-tempered and impatient; as well as selfish, inconsiderate, and unreliable.

Participant 2 describes himself as a “*very short-tempered person*”. While Participant 3 emphasises:

“... and I also don't take nonsense like, um, let's do this if we can't do this, just move on, like there is no big deal whatsoever ... And I don't, I don't have patience when it comes to females [stuttering] an-an-an-and dating and all that ...”. (Participant 3)

However, Firestone (2019b) highlights that their behaviour should not be misunderstood. In that, although they want to be in a relationship, they are driven by the emotional desert in which they grew up. Hence, they opt for or are more inclined to engage in casual sex and tend to have more one-night stands than the affectionate and intimate aspects of sexuality (Robinson, Segal & Jaffe, 2023; Schachner et al., 2003).

On the other extreme are those who run the risk of being overly dependent (co-dependent) on their intimate partner. Although subtle during Participant 1's interview, he did exhibit some co-dependent tendencies in his responses. Both the participant and his long-term girlfriend of three years have had traumatic childhood experiences. Paradis and Boucher (2019) and Reyome (2010) highlighted that childhood traumas can have a powerful and lasting impact on how individuals construct their lives and their relationships. Therefore, co-dependency can be traced back to a history of early family dysfunction.

“And the other fact is that we can relate in so many things, man. And also, in terms of okay, I had abuse that was not directed to me, but it was around me ... but she had abuse which was directed to her, you see? So I can, you know, comfort her, and she can ... my experiences can help also ... Like I can tell her I'm having a breakdown and she would comfort me. Or, sometimes there's a

moment where my past get[s] to me". (Participant 1)

Even though this sub-theme revealed negative or unhealthy dating experiences of the young adult male, it was still contrary to the literature that emphasised 'externalised behaviour' from males exposed to violence in their childhood. Edwards (2019) and The NCTSN (2019) concluded that boys exposed to violence tend to display externalised behaviour, e.g., aggression and acting out. Based on the interviews, the young men displayed more internalised responses.

5.5.1.2 Sub-theme 3.2: Positive dating experiences

The sub-theme emerged from some positive dating experiences that the participants shared with the researcher during the interviews. This section aligns with the literature that has revealed some positive dating experiences among young men who have been exposed to FV in their childhood. Alho (2015) and Margolin and Vickerman (2011) confirmed that some young men exposed to FV in their childhood were able to form healthy and stable relationships with their partners despite having some trust issues. Carlson et al. (2019) and Kaufman-Parks et al. (2018) attributed these positive experiences to the young adult's temperament, maturity, coping ability, prosocial skills, self-esteem, and attachment style in childhood (Carlson et al., 2019). The positive experiences may also be a result of a positive parent-child relationship as well as peer and/or social support (Carlson et al., 2019; Kaufman-Parks et al., 2018). At times, the romantic partner may be a positive influence on the young adult male (Carlson et al., 2019).

In the study, some participants described their relationships as good and supportive. The findings also show that the participants and their partners were empathetic toward each other as well as related well with each other.

Unlike his previous relationships which were plagued with insecurity and inferiority, Participant 1 realised that his long-term girlfriend is more relatable than his ex-girlfriends.

He feels more comfortable being himself around her and feels supported by her. Even though she seems to be from an affluent background, she does not look down on him or cause him to feel pressured or see his lack like his ex-girlfriends.

“... Like one girl will be, would not be happy because I don't have a good camera, but she will be happy 'cause we have at least communication”.

(Participant 1)

In Participant 1's interview, this positive experience was mostly based on what he received from his girlfriend which speaks to having a partner who is a positive influence and is supportive, thus making the participant's experience a positive one. Unlike his previous relationships whereby he was made to feel insecure and embarrassed to be himself. However, there were no specific examples that the participant shared where he showed similar support to his girlfriend. Instead, he spoke more generally like *“we can relate”* or *“bring out the best out of each other”*.

Participant 3, however, emphasised his role in his dating experiences. For instance,

“Um, I haven't been in a relationship for a while now, but I would say, um uh, fun. Fun, you know I like, I like going out, I like hiking and stuff, yeah. And um yeah, yeah, I'm very supportive, emotionally, yeah, I'm very supportive. So, I would say, I would say I'm a good boyfriend if, if I get someone, uh, who fits my profile, like I said yeah, if the energy is connecting ...”. (Participant 3)

As Participant 3 reminisced about his longest relationship that ended due to long-distance and trust issues, he shared: *“Uh, we had our fights. It was on and off, but that was the longest. But it was, it was perfect. It was, that was my number one ...”*.

It is important to highlight that contrary to the literature which equates good, or

positive, or healthy experiences in an intimate relationship to secure attachment, in this study, none of the participants displayed characteristics of secure attachment. Secure attachment is characterised by low anxiety and avoidance; being comfortable with and open to closeness; trust – feeling sufficiently able to depend on others; having a higher sense of self-worth; being more expressive; and often having a greater social self-confidence (Kesner & McKenry, 1998; Velotti et al., 2018; Schachner et al., 2003). Yet, some of the participants indicated some positive dating experiences, nonetheless. This could be related to their personality and things that they consider important and valuable in a relationship. For example, if Participant 3 values creating memories with his romantic partner, he would view his dating experience as positive if he recalls the special moments shared.

Furthermore, Haselschwerdt et al.'s (2021) study revealed that developmental timing matters when considering dating experiences. Their study results indicated that the participants (young women) who were involved in high school relationships described them as abusive and unhealthy (Haselschwerdt et al., 2021). Whereas their college relationships were healthier and more positive experiences were recorded. Similarly, in this study, some participants reflected on their dating experiences in their younger years in comparison to the latter, and this is what they had to say:

Implying that he had multiple partners: *“Um, yeah, I would think, I would say so ‘cause back in school, you know, I was very busy, you know, doing some other stuff yeah”*. (Participant 3)

“Yes, it's my first in-person proper relationship ... I think I don't even wanna refer to the other ones as relationships ... um, 'cause it was always just people saying, ‘oh I have an interest in you’. ‘Oh, I have an interest in you too ...’. ‘Okay, let's call each other baby’. And then after a while, you just don't talk”.

(Participant 4)

“I mean, it's been relationships of varying levels of seriousness. I mean there are some high school relationships when you don't even know what you are doing”. (Participant 5)

This highlights the notion that age, maturity, and seriousness of relationships can determine whether the experiences were positive or negative.

The study further highlights that when the young adult women compared their exposure and prior romantic relationship experiences with current and future partners, they were actively seeking to break any potential cycles of violence, regardless of whether they had significant relationships to date (Haselschwerdt et al., 2021). The same determination is evident among the participants, including Participant 6 who has never been involved in a romantic relationship. He and his fellow participants appear to have the desire to see different experiences from those they were exposed to in their childhood. They seem to want cycles of violence broken and build wholesome households (Kaufman-Parks et al., 2018). Therefore, they make better choices which are usually informed by positive support structures like peers, mentors, and parents (Carlson et al., 2019; Kaufman-Parks et al., 2018). Healthy parent-child relationships usually help young people to develop healthy relationships.

“I would advise them to rather be friends, close friends, they shouldn't go into body contact in well sleeping with each other. Because rather be friends walk together in, uh, raising enough money to look after – do something like maybe for your lives actually. Maybe you can decide and walk together, raise enough money ... So, I can say, maybe if they see that they wanna take their relationship far, they can decide to walk together and raise their relationship in a good way”. (Participant 6)

“Like it has, it has affected my, my outlook on relationships in the sense that, like, I know, I don't want a relationship like that, you know, so that's the first thing – obvious thing. Um, so, sort of, has made me sort of think very clearly about the kind of relationship that I want, you know, and the kind of relationship that I want to have with my children, if I do have children ...”.

(Participant 5)

Literature and the research study have managed to show that the positive dating experiences among the participants were not only a result of positive peer and/or social support systems, but other factors such as personality, maturity, coping ability, value systems and determination to break the cycles of violence can all contribute to their positive experiences.

5.5.1.3 Sub-theme 3.3: Communication and connection

Communication and connection are also a means of exploring how this aspect has impacted or affected the young adult males' dating experiences. In light of the different attachment styles and how they manifest in relationships, this sub-theme surfaced to highlight how communication and connection between the participants and their partners have played out in their dating experiences.

FV disrupts communication and connection between the caregivers and other family members too. This behaviour is usually modelled in young adults' romantic relationships, yet Participants 1 and 4 showed that they were open, communicative (expressive) and vulnerable with their partners. In his interview, Participant 1 shared that his previous relationships were closed off and superficial, yet in his current relationship, he has been open. Also, his partner is quite sensitive to his needs and picks up the changes in his moods and checks in on him. This has given him space to be open and vulnerable. He even shared that he cannot hide or pretend because she can read through his face.

“... you know, ever since before I never had that person that I could open up to, besides the social worker. So yeah, she don't know, someone, but she never gave me treats like the social worker. But somehow, I just managed to just open up myself to her, but it all started off weird too ... But, um yeah, it's just, that's somebody else that I feel so free to open up myself without feeling judged or yeah without getting belittled or making me seem like a small person or ... Or even if sometimes, I tried to act strong but there are times where I'd break down and things, you know?” (Participant 1)

On the other hand, Participant 4 does his best to be open and vulnerable with his partner; however, his partner does not reciprocate the same. Although he does it imperfectly, he at least sees and knows that he is trying. As he analysed his experience with his boyfriend, it became apparent that his boyfriend wants to be in control and does not want to let his guard down which makes him closed off. He knows that he has gone through tough experiences in his childhood but would rather keep it contained. Although this may be impacting their closeness and connection, Participant 4 is aware that his boyfriend is unbothered because he is so confident that he will stay, hence he describes him saying: *“he is comfortable and complacent”*.

“... I think it's because you live with yourself, and you live with your thoughts, but now when you are needing to be with this other person, you must be vulnerable ... I think between the two of us, I probably am the vulnerable one ... Um, I think that's also 'cause of like, things that he's gone through ... And I think he inhibits himself. Um, and he tends to want to play the [pauses for a couple of seconds], the uh caretaker, um the saviour. ... he feels like if he becomes vulnerable, then he can't be in control, because he's had to control so much”. (Participant 4)

Unlike Participants 1 and 4 who have shared their experiences from their perspective, Participant 5 has been described as emotionally unavailable and distant. From his understanding, he is emotionally disconnected from his partners and fails to respond to their emotional needs or acknowledge them. This makes his interactions closed off and superficial. His partners have wanted more but he has been unsuccessful in fulfilling this. In the extract below, Participant 5 described his understanding of being emotionally unavailable.

“... you don't interact emotionally, that is maybe you don't talk about emotional stuff. You don't like, express your emotions ... you don't acknowledge other people's emotions, I would assume”.

(Participant 5)

Similar to Participant 5, Participant 3 is closed off and would rather keep things bottled up. This is captured in the excerpt below:

“Yeah, but I think also like um you know, I'm not really open. I don't, I don't say my problems ... I'm not open at all uh- ... Nah, nah, I don't open up, no ... Sometimes, you know, you get angry when you talk about things that happened or [mumbling] something like that, [audibly] so you just rather like avoid or make fun of it or like, try to create a joke out of a serious thing. And then just move past it ... nah. I don't feel like going back there again, you see so-... I would just rather brush it off...”. (Participant 3)

According to the literature, Participants 3 and 5 exhibit behaviours that are more congruent to young men who have been exposed to FV. Kubeka (2008) and Strydom-Singleton (2015) emphasised that the inability to openly communicate or interact with their partners and their families speaks to the irreversible damage that participants who have been

exposed to FV suffer. Therefore, the need for further intervention was emphasised.

5.5.1.4 Sub-theme 3.4: Conflict resolution

In relationships, conflict is inevitable. Therefore, conflict cannot be overlooked when discussing the dating experiences of young adult males. Only one participant shared a somewhat healthy tactic in resolving conflict, namely:

“Whenever things happen between us, um, we will have the conversation. Um, and even then, I usually like ... I wait until like it gets to a certain point, then I say, ‘listen, actually, this been happening’ ... And then go have the conversation, and sometimes we’ll be like, ‘okay, let’s um not see each other for a couple of days so we can be by ourselves and think and then we’ll come back to each other’. Um so grateful for that in a relationship, and we’re able to do that. Um, yeah”. (Participant 4)

However, the rest of the participants shared unhealthy resolutions to conflict. This echoes Ouzounian’s (2019) and VonSteen’s (1997) findings that most adults who were exposed to violence in the home in their childhood often have difficulties dealing with conflicts in future relationships, causing aggressive or passive self-blame reactions. These adults may utilise anger to regulate the distance between themselves and their intimate partners or simply lower their overall responsiveness altogether (Ouzounian, 2019; VonSteen, 1997). Warnick et al. (2019) added that young adults who were exposed to FV will most likely respond in anger with an aggressive response.

However, unlike the responses flagged in the literature, the more aggressive responses were towards their non-romantic partners, e.g., friends. However, they displayed passive-aggressive responses and non-communicative responses. In some instances, they resorted to shouting, swearing, or verbal argument (outburst). Some presented avoiding or non-confrontational responses which include drifting apart or separating self (pride). Also, in

some instances, the participants expressed the need to seek revenge and hold on to bitterness against their partner.

“Yeah, I did. Yeah, just swear a bit ... My angry tone, and she started crying actually...”. (Participant 1)

In another instance, he mentioned, *“So may be just prevent myself from saying sorry so I just walk out. So, yeah, I just take a walk or something”*. (Participant 1)

“... okay, let's say maybe you made me jealous, for example, you know ... on purpose or something. And then I [emphatically] have to make you jealous on purpose or I'm gonna break up with you. [Vehemently] I just want to hurt you. Yeah, that's all. So yeah”. (Participant 2)

“... when I feel like she does wrong. Maybe I ignore her for a while, like [kisses his teeth], 'I'm gonna leave her for a while'. And then she's trying to ask me what's wrong? And I'm like, 'it's fine'. So, I can't really say like, 'listen I don't really like this, I don't like that'. ... I still wanna be in a relationship and move on but I can't say the words as it is...”. (Participant 3)

“... I will remember how I felt, but I will forget what you did. Um, and then that will manifest itself in me blowing out at you. And now I can't name the things that you've done. Um, and because I can't name the things that you've done. You feel like all of this anger is coming out of nowhere”. (Participant 4)

Over a couple of decades ago, Kesner and McKenry (1998) refuted the misconception that males exposed to violence in their family of origin are more likely to be violent towards their intimate partners in adulthood, despite the link between males who are violent and being exposed to FV in their childhood (Kesner & McKenry, 1998; Kimber et al., 2018). Congruent with Kesner and McKenry's (1998) findings, Kimber et al. (2018) and

Robert et al. (2010) found that childhood exposure to FV is not the only determining factor of men-on-women IPV. A very small percentage of men exhibited violent behaviour even though they were exposed to FV in their childhood (Roberts et al., 2010). The participants in the study proved this to be true as no indication of violent behaviour was directed towards their partners in their dating experiences.

5.6 CONCLUSION

The main findings of this study described the dating experiences of young adult males who have had exposure to FV in their childhood. The results suggest that the young adult males were opposed to the FV that they were exposed to in their childhood and described it as traumatic. Some felt their childhood was neglected as a result. They attributed mental illness, unhealthy marital relationships, substance abuse, and lack of finances as contributing factors to the FV that they experienced. Although a fair share of negative views on dating was brought forward, the findings reveal that the young men's perceptions of dating were predominantly impacted positively through good and healthy parent-child relationships, support from mentors and mental health professionals, a positive partner, their determination to stop the violence cycle, and maturity. The results further highlighted that the participants' dating experiences were mostly negative or unhealthy, but none involved obvious abusive traits or behaviours. Instead, there was a sense or desire to break the cycle of violence they experienced in their childhood.

In the next chapter, the researcher will present the conclusion and recommendations of the study.

CHAPTER SIX

SUMMARY, CONCLUSION & RECOMMENDATIONS

6.1 INTRODUCTION

Chapter six presents the summary of the study, the conclusions of the findings as well as recommendations to future researchers, practitioners, and government agencies. This study aimed to explore the dating experiences of young adult males who have had childhood exposure to FV. To achieve this aim, a qualitative methodological approach was utilised to understand and describe the social phenomenon. To derive meaning, the researcher needed to obtain the information from the participants' standpoints instead of developing general perspectives of lived experiences (Hammarberg et al., 2016). They described their experiences, meaning, and subjective perspectives of the FV they were exposed to in their childhood (Hammarberg et al., 2016).

The research questions were addressed in Chapter Five, where the research findings were presented and discussed. The study's conclusions are based on the aim, objectives, methodology and findings of the study to validate that the below-mentioned objectives were met.

The objectives of the study were to:

- Describe the current perceptions of young adult males regarding the FV they were exposed to in childhood.
- Explore the extent to which the young adult males' childhood experiences of FV have influenced their current perceptions of dating or being in an intimate relationship/partnership.
- Explore the dating experience of young adult males who have been exposed to FV in childhood.

The data collected from the research participants were analysed thematically, and the three main themes that emerged were presented and discussed in Chapter Five. To substantiate, compare, and contrast the research findings, the researcher utilised literature from previous studies and theories. Summaries of the previous chapters, conclusions, and recommendations from the research findings will be presented in this chapter.

6.2 SUMMARY OF THE RESEARCH STUDY

This section provides a brief summary of the previous chapters, with little detail as they have been thoroughly discussed earlier.

6.2.1 Chapter One: Introduction to the study

The first chapter presented an outline of the study which included an explanation of the research topic, its background, the research problem, the aim, the objectives as well as the methodology employed in the study. Put simply, Chapter One provided a ‘road map’ for the study.

6.2.2 Chapter Two: Theoretical framework

Chapter Two presented a detailed discussion of the theoretical framework that underpinned the research study. Bowlby’s attachment theory was selected as the most suitable theory to appropriately meet the aim of the study.

6.2.3 Chapter Three: Literature review

The third chapter explored relevant literature on childhood exposure to FV and young people’s dating experiences. Included was a detailed description of all the concepts relevant to the dating experiences of young adult males exposed to FV in their childhood. The researcher presented, discussed, compared, and contrasted relevant literature and studies on the perceptions and experiences of young people who were exposed to FV in their childhood. In doing so, in-depth insights on the topic at hand were provided in the chapter.

6.2.4 Chapter Four: Research methodology

In Chapter Four, the researcher indicated that an explorative and descriptive qualitative approach was the most suitable method to achieve the aim of the research study. Predominantly using snowball sampling, a purposive sampling technique, the researcher recruited six research participants to gather different perspectives and experiences of the phenomenon under study.

The research participants were recruited from two non-profit youth centres in the Cape Metropole region within the Western Cape. The recruited participants also identified other participants who went through similar experiences. This allowed the researcher to make contact with them and invite them also to participate in the study. To collect the data, the researcher used semi-structured, individual in-person one-on-one interviews with the research participants, guided by a semi-structured interview schedule.

6.2.5 Chapter Five: Presentation and discussion of the findings

In the fifth chapter, the researcher presented, analysed, and discussed the findings of the research, after collating the data that were collected. Each interview session with each research participant was audio-recorded, transcribed verbatim, and analysed. The themes that emerged from the data analysis were discussed in detail in this chapter. The findings concluded that exposure to FV in childhood does not only lead to negative perceptions about dating and negative dating experiences, but also that some perceptions as well as experiences are positive. The dating experiences can be altered by good, healthy and strong child-parent relationships, the dating partners, an individual's personality and resilience, and the adults present in their lives.

The findings of the research were based on the following three main themes:

- 1) Theme 1: The young adult males' current perceptions regarding the FV they were exposed to in childhood

- 2) Theme 2: The influence of the young adult males' childhood experiences of FV on their current perceptions of dating
- 3) Theme 3: The young adult males' dating experiences

6.2.5.1 Theme 1: The young adult males' current perceptions regarding the FV they were exposed to in childhood

In response to Objective 1 of the study, i.e., to describe the current perceptions of young adult males regarding the FV they were exposed to in childhood, Theme 1 unpacked their thoughts on the FV they were exposed to as children. The theme comprised of seven sub-themes, namely: *Perceptions of FV* addressed the young adult males' perception of the FV they were exposed to (sub-theme 1.1). The findings suggest that although the journey to the conclusion that FV is unacceptable differed among the participants, they all recognised the negative outcomes their childhood experiences had on the family and themselves. *Mental illness* was mostly linked as a factor that contributed to exposure to FV in their childhood (sub-theme 1.2). *Substance abuse*, particularly high alcohol consumption, was seen as a contributing factor to FV exposure in childhood (sub-theme 1.3). This was also closely tied to mental health challenges which some caregivers hoped to suppress or repress through alcohol consumption. Regarding *trauma*, some young adult males acknowledged that their childhood exposure to FV was traumatic, while others displayed symptoms of complex PTSD (sub-theme 1.4). In terms of *childhood neglect*, some participants expressed that exposure to FV in their childhood forced them to grow up too quickly because they were faced with responsibilities and adult supportive roles to play in their homes (sub-theme 1.5). The next sub-theme, *family functioning*, looked at the disrupted function of the family which included unhealthy marital relationships, poor communication, financial challenges, and harsh corporal punishment (sub-theme 1.6). The participants were certain that infidelity and financial issues provoked marital conflict which in most instances led to FV. *Post-childhood*

reflections on FV represent a clear change in mindset about their experiences (sub-theme 1.7). These are mostly influenced by the resolved differences, and the presence of support structures in the young men's lives that brought about a positive outlook on the past. For others, the length of exposure, the severity of the FV, and the relationship between caregivers altered their thoughts on the experiences of the FV.

6.2.5.2 Theme 2: The influence of the young adult males' childhood experiences of FV on their current perceptions of dating

Theme 2 managed to encompass and address Objective 2 which sought *to explore the influence of the young adult males' childhood experiences of FV on their current perceptions of dating*. Under two sub-themes, namely: perceptions of dating (sub-theme 2.1), and intellectualisation of dating perceptions (sub-theme 2.2), the researcher managed to address the second objective.

Sub-theme 2.1: Perceptions of dating. Similar to the literature, the study showed that childhood exposure to FV had a negative lasting impact on children. The FV has the potential to negatively impact the young adult males' attitude about or perception of romantic relationships. Half of the participants had a negative perception of dating and described it as burdensome, demanding, and suffocating, and others mentioned feelings of being stuck. However, on the other side, some participants held positive perceptions of dating. They saw it as "beautiful" and "important" despite their childhood experiences. They could identify the positive aspects of being in romantic relationships.

Sub-theme 2.2: Intellectualisation of dating perceptions. Some responses were neither positive nor negative. The findings spoke to young adult males responding and acting based on the individual in the relationship or the circumstances surrounding the romantic relationship.

6.2.5.3 Theme 3: The young adult males' dating experiences

In response to Objective 3 which sought *to explore the dating experience of young*

adult males who had been exposed to FV in childhood, the findings in Theme 3 were described under four sub-themes, namely: *unhealthy dating experiences* (sub-theme 3.1), whereby participants shared negative experiences in their dating relationships. The findings reflected literature which highlighted that a variety of maladaptive relationship experiences such as distrust, jealousy, insecurity, and fear of commitment were common among young adults exposed to FV in their childhood.

Sub-theme 3.2: Positive dating experiences. Despite the inevitable unhealthy experiences, the majority of the participants shared some positive experiences in their dating relationships. The study showed that other factors such as dating partner, personal values, maturity, support structures, and the individual's personality need to be taken into consideration when looking at the possible positive outcomes of the young adult males' dating experiences.

Sub-theme 3.3: Communication and connection. While some participants found it easy to open up, communicate, and connect with their partners, others had a difficult time doing so. It was apparent that a partner can foster, or they can hinder it. Depending on the relationship the young adult males found themselves in, they managed to communicate and connect with their partners or struggled in that aspect. Similar to the literature, the findings revealed that communication and connection were unsuccessful in some dating experiences as FV disrupts them within a home setting.

Sub-theme 3.4: Conflict resolution. Most of the participants presented unhealthy conflict resolution tactics as the majority tend to be dismissive, avoidant, non-confrontational, and self-blame. This includes participants who had expressed positive communication and connection with their partners. However, none of the participants showed violent reactions to their partners as some literature has indicated.

6.2.6 Chapter Six: Conclusion and recommendations

Chapter Six, the final chapter, provides the conclusions and recommendations of the research study by succinctly discussing, presenting, and summarising all the chapters covered in the study.

6.3 RECOMMENDATIONS

The recommendations provided are mostly directed to the practitioners and organisations in the field who work with young adult males, the government, and policymakers. Additionally, recommendations are also made to future researchers who are actively working in the child and family fields.

6.3.1 Recommendations to practitioners and organisations working with young adult males

- **Individual counselling:** affordable and accessible long-term individual counselling promoting healing from the effects of FV (i.e., the trauma they have experienced) and identifying protective factors and strengths in the young adult male's life. Counselling sessions tailored to the emotional and social needs of the young man are essential.
- **Group-based interventions:** this intervention method should specifically target young adult males who have been exposed to FV in their childhood. The intervention aims to create supportive services that seek to alleviate the negative effects of childhood exposure to FV.
- **Family-centred interventions:** this intervention is more likely when working with children and their families. The aim of the intervention is to address the pathology of FV by providing in-depth family therapy as well as implementing techniques that rebuild the broken family (i.e., the caregivers, children, and extended family).
- **Educational and awareness campaigns:** Because other households in the community were going through similar experiences, some young adult males

normalised violence in their childhood. Communities need to be educated and made aware of what constitutes violent behaviour and actions to take. Practitioners need to target direct and indirect victims of FV to provide them with the necessary knowledge and resources that can assist children exposed to FV in their households.

- **Interpersonal relationship programmes:** Most young adult males exposed to FV in their childhood struggle with poor self-image, identity, and self-worth. Through programmes of this nature, young adult males can build their self-esteem when they learn ways to develop healthy relationship skills and adopt healthy social-emotional skills they can apply in their romantic relationships and interaction with others.

6.3.2 Recommendations to the government and policymakers

- The government should fund research programmes that seek to understand the extent and severity of childhood exposure to FV.
- The government should adequately fund intervention programmes that seek to help, support, educate and raise awareness in communities of children being silent or unseen victims of FV in society.
- The DSD should employ specialised practitioners to implement workshops and other interventions targeting FV in communities. The Social Development sector should advocate for intervention programmes to be conducted in communities, particularly those of low-income, on the effects of FV. This sector can also bring awareness of the strong correlation between mental illness and alcohol consumption and FV.
- The SAPS should be adequately trained to respond to cases of FV and encourage community members to report cases of FV.
- Increase the presence of halfway houses and implement more safety homes or housing programmes for victims of FV and their children.

6.3.3 Suggestions for future research

- To include participants affected by FV from other ethnic groups, socio-economic backgrounds, and geographical areas. Unlike the current study, this increases the likelihood of yielding more inclusive and insightful results on exposure to childhood FV in South Africa.
- To provide findings representative of the South African context, future research should consider recruiting South African participants only.
- To conduct a similar study with a larger sample size as the current study may be more difficult to replicate due to its small sample size.
- To consider using a male research assistant to interview the male participants, especially due to the sensitive nature of the topic.
- To consider doing the study with female participants, or including females into a study to provide a broader range of views on the topic.

6.4 LIMITATIONS OF THE STUDY

This section acknowledges the limitations of the study. De Vos et al. (2011) described the limitations of the study as factors that the researcher has no control over such as weaknesses and situations, yet they place constraints on the research methodology and conclusions. As expected, this research was not without challenges. Below are the limitations that were encountered:

- Completing the research study during a global pandemic led to several setbacks. First, it took a while for the ethical clearance and approval from the HSSREC to be finalised and approved. Second, when the researcher was finally able to continue with the data collection, the two organisations that had initially shown an interest in providing participants the year before, were no longer as keen and could only identify three participants. Third, the researcher could not use the centres as research

sites as they were closed to visitors as part of their COVID-19 protocols. This required the researcher to make new arrangements and find convenient venues for the participants which were not entirely conducive in terms of quietness or noise levels. Although secluded, some venues were not soundproof, and it became quite distracting for the researcher and some participants. Last, during some interviews, COVID-19 protocols such as wearing a shield, and keeping a 1.5m distance were applied. This in a way impacted the ability to see some non-verbal clues or communication. Besides, it does to an extent make the environment tense and uninviting. With the protocols easing, these limitations should not be a concern for similar studies in the future.

- Gatekeeping was another limiting factor which the researcher encountered. In several instances, the researcher's topic was regarded as sensitive. For this reason, some organisations were unwilling to identify participants despite them being adults. In future research, researchers need to engage and involve the gatekeeper/s early in the research process, as well as share clear information about the research study.
- Only participants from the African race group, with the majority fitting in the low-income to middle-income economic bracket, participated in the study. A qualitative enquiry is by nature context-bound and not generalisable. Therefore, the researcher cannot claim the applicability of this study beyond the sample that was used. Future researchers should consider including participants from a broader range of racial groups and backgrounds and have more South African citizens to provide a South African perspective or context more accurately.
- Due to the sensitivity of the topic, a male assistant would have been a good asset to have; however, at the time of the interviews, no male assistant was available to assist during the interview process. Although the participants were open and comfortable during the interviews, it would be advisable to have a male assistant.

6.5 CONCLUSION

Despite limited African and South African literature on this topic and a small sample, the research study managed to adequately explore the research question through a qualitative approach, allowing the researcher to reach the aim and objectives of the study. The findings of this study gave insight into the dating experiences of young adult males exposed to FV in their childhood. The results of the research study indicated that the young adults predominantly perceived their dating experiences as positive despite living with some unresolved traumas.

The last chapter of the study, Chapter Six, provided the reader with a summary as well as conclusions of the preceding chapters: the introduction, theoretical framework, literature review, applied methodology, and the presentation and discussion of the research findings. Based on the findings of the study, some recommendations were made to practitioners working with young adult males and to the government and policymakers. Furthermore, some suggestions were made for future researchers particularly interested in this topic. To wrap up this study, I quote Brené Brown (cited by Alvsa, 2022):

*“I now see how owning our story and loving ourselves
through that process is the bravest thing that we will ever do”.*

REFERENCES

- Abrahams, N., & Jewkes, R. (2005). Effects of South African men's having witnessed abuse of their mothers during childhood on their levels of violence in adulthood. *American Journal of Public Health, 95*(10), 1811–1816.
<https://doi.org/10.2105/AJPH.2003.035006>
- Ainsworth, M. D. S. (1979). Attachment as related to mother-infant interaction, *Advances in the Study of Behavior, 9*, 1–51.
- Ainsworth, M. D. S., & Bell, S. M. (1970). Attachment, exploration, and separation: Illustrated by the behaviour of one-year-olds in a strange situation. *Child Development, 41*, 49–67.
- Ainsworth, M. D. S., Bell, S. M., & Stayton, D. J. (1971). Individual differences in strange-situation behavior of one-year-olds. In H. R. Schaffer (Ed.), *The origins of human social relations* (pp. 17–58). Academic Press.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Erlbaum.
- Alho, C. M. (2015). *The social effects of the exposure to domestic violence during childhood: a socio-educational perspective* [Unpublished master's thesis]. University of South Africa.
- Aliprantis, D., & Chen, A. (2016, May). The consequences of exposure to violence during early childhood. *Economic Commentary*. Federal Reserve Bank of Cleveland.
- Allen, M. (2013). *Social work and intimate partner violence*. Routledge.
- Allison, C. J., Bartholomew, K., Maysless O., & Dutton, D. G. (2008). Love as a battlefield: Attachment and relationship dynamics in couples identified for male partner violence *Journal of Family Issues, 29*(1), 125–150.
<https://doi.org/10.1177/0195213X07306980>

Alvsa, Z. (2022). *50 Inspirational Domestic Violence Quotes*.

<https://wealthygorilla.com/domestic-violence-quotes/>

American Psychological Association (APA). (2011). *Publication manual of the American Psychological Association (6th ed.)*. American Psychological Society.

Amoateng, A. Y., Richter, L. M., Makiwane, M., & Rama, S. (2004). *Describing the structure and needs of families in South Africa: Towards the development of a national policy framework for families*. A report commissioned by the Department of Social Development. Pretoria: Child Youth and Family Development, Human Sciences Research Council.

Antle, B., Karam, E. A., Barbee, A. P., Sullivan, D., Minogue, A., & Glover, A. (2020). Intergenerational transmission of intimate partner violence and its impact on adolescent relationship attitudes: A qualitative study. *Journal of Loss and Trauma*, 25(1), 1–21. <https://doi.org/10.1080/15325024.2019.1634894>

Arai, L., Shaw, A., Feder, G., Howarth, E., MacMillan, H., Moore, T. H. M., Stanley, N., & Gregory, A. (2021). Hope, agency, and the lived experience of violence: A qualitative systematic review of children's perspectives on domestic violence and abuse. *Trauma, Violence & Abuse*, 22(3), 427–438.

Armstrong, T. (2019). *The human odyssey: Navigating the twelve stages of life* author Thomas Armstrong. Ixia Press.

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480.

<https://doi.org/10.1037/0003-066X.55.5.469>

Austin, Z., & Sutton, J. (2014). Qualitative research: Getting started. *The Canadian Journal of Hospital Pharmacy*, 67(6), 436–440. <https://doi.org/10.4212/cjhp.v67i6.1406>

Babbie, E. (2013). *The practice of social research* (13th ed.). Wadsworth Cengage Learning.

- Barnett, O. W., Miller-Perrin, C. L., & Perrin, R. D. (2010). *Family violence across the lifespan: An introduction* (3rd ed.). Sage.
- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, *61*(2), 226–244. <https://doi.org/10.1037/0022-3514.61.2.226>
- Baum, N. (2016). The unheard gender: The neglect of men as social work clients. *British Journal of Social Work*, *46*, 1463–1471. <https://doi.org/10.1093/bjsw/bcv074>
- Belsky, J. (2005). The developmental and evolutionary psychology of intergenerational transmission of attachment. In C. S. Carter, L. Ahnert, K. E. Grossmann, S. B. Hrdy, M. E. Lamb, S. W. Porges, & N. Sachser (Eds.), *Attachment and bonding: A new synthesis* (pp. 169–198). MIT Press.
- Bendall, C. (2010). The domestic violence epidemic in South Africa: Legal and practical remedies. *Women's Studies*, *39*(2), 100–118.
- Beth Uriel. (2018). *Beth Uriel: House of Light*. <http://www.bethuriel.co.za>
- Bondi, L. (2009). Teaching reflexivity: Undoing or reinscribing habits of gender?. *Journal of Geography in Higher Education*, *33*(3), 327–337. <https://doi.org/10.1080/03098260902742417>.
- Bos, J. (2020). *Research ethics for students in the social sciences*. Springer.
- Bott, S., Ruiz- Celis, A. P., Mendoza, J. A., & Guedes, A. (2021). Co- occurring violent discipline of children and intimate partner violence against women in Latin America and the Caribbean: A systematic search and secondary analysis of national datasets. *British Medical Journal (BMJ) Global Health*, *6*(12), e007063. <https://doi.org/10.1136/bmjgh-2021-007063>
- Bowlby, J. (1969). *Attachment and loss, Volume 1: Attachment*. Basic Books.
- Bowlby, J. (1973). *Attachment and loss, Volume 2: Separation*. Basic Books.
- Bowlby, J. (1980). *Attachment and loss, Volume 3: Loss, sadness, and depression*. Basic

Books.

- Bowlby, J. (1982). *Attachment and loss, Volume 1: Attachment* (2nd ed.). Basic Books.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage.
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28(5), 759–775. <https://doi.org/10.1037/0012-1649.28.5.759>
- Bretherton, I. (2010). Fathers in attachment theory and research: A review. *Early Child Development and Care*, 180(1–2), 9–23. <https://doi.org/10.1080/03004430903414661>
- Bretherton, I. (2013). The origins of attachment theory: John Bowlby and Mary Ainsworth. In S. Goldberg., R. Muir., & J. Kerr (Eds.), *Attachment theory: Social, developmental, and clinical perspectives* (pp. 45–81). Routledge.
- Bromley & Croydon Women’s Aid. (2022, April 28). *Support for children*. <https://www.bcwa.org.uk/support-for-children/#:~:text=Children's%20responses%20to%20the%20trauma,other%20than%20witnessing%20domestic%20abuse.>
- Cabrera, N. J., Volling, B. L., & Barr, R. (2018). Fathers are parents, too! Widening the lens on parenting for children’s development. *Child Development Perspectives*, 12, 152–157.
- Caldwell, J. M. (2014). *Sibling influences on the psychosocial effects of children’s exposure to domestic violence* [Unpublished master’s thesis]. University of Canterbury.
- Callaghan, J. E. M., Alexander, J. H., Sixsmith, J., & Fellin, L. C. (2016). Children’s experiences of domestic violence and abuse: Siblings’ accounts of relational coping.

Clinical Child Psychology & Psychiatry, 21, 649–668.

<https://doi.org/10.1177/1359104515620250>

Campo, M. (2015). Children's exposure to domestic and family violence: Key issues and responses. *Child Family Community Australia (CFCA) Information Exchange (CFCA Paper No. 36)*. Melbourne: Australian Institute of Family Studies.

Capaldi, D. M., Low, S., Tiberio, S. S., & Shortt, J. W. (2019). Intimate partner violence across the lifespan: Dyadic theory and risk and protective factors. In R. Geffner, V. Vieth, V. Vaughan-Eden, A. Rosenbaum, L. Hamberger, & J. White (Eds.), *Handbook of interpersonal violence across the lifespan* (pp. 1–25). Springer.

Carlson, J., Voith, L., Brown, J. C., & Holmes, M. (2019). Viewing children's exposure to intimate partner violence through a developmental, social-ecological, and survivor lens: The current state of the field, challenges, and future directions. *Violence Against Women*, 25(1), 6–28. <https://doi.org/10.1177/10778012188161187>

Carroll-Lind, J., Chapman, J., & Raskauskas, J. (2011). Children's perceptions of violence: The nature, extent and impact of their experiences. *Social Policy Journal of New Zealand*, 37, 1–13. <http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj37/02-Carroll-lind-et-al.pdf>

Cassidy, J., Jones, J. D., & Shaver, P. R. (2013). Contributions of attachment theory and research: A framework for future research, translation, and policy. *Development and Psychopathology*, 25(402), 1415–1434. <https://doi.org/10.1017/S0954579413000692>

Centre for Social Justice. (2010). *Green Paper on the Family*. Artillery Row: Centre for Social Justice.

Cesvi Onlus [Cooperazione e Sviluppo]. (2021). South Africa, against violence on women and children. *Cesvi Onlus – Cooperazione E Sviluppo*. <https://www.cesvi.eu/what->

- we-do/protection-of-infancy/south-africa-against-violence-women-and-children/
- Chalk, R., & King, P. A. (Eds.). (1998). *Violence in families: Assessing prevention and treatment programs*. National Academy Press.
- Chang, J. J., Theodore, A., Martin, S., & Runyan, D. (2008). Psychological abuse between parents: Associations with child maltreatment from a population-based sample. *Child Abuse & Neglect*, 32, 819–829. <https://doi.org/10.1016/j.chiabu.2007.11.003>
- Chiesa, A. E., Kallechey, L., Harlaar, N., Ford, C. R., Garrido, E. F., Betts, W. R., & Maguire, S. (2018). Intimate partner violence victimization and parenting: A systematic review. *Child Abuse & Neglect*, 80, 285–300. <https://doi.org/10.1016/j.chiabu.2018.03.028>
- Childhood Domestic Violence (CDV) Association. (2016a, June 01). *The lies & the truths: CDV often encodes negative beliefs*. <https://cdv.org/what-is-cdv/lies-and-truths/>
- Childhood Domestic Violence (CDV) Association. (2016b, June 01). *What is the impact of CDV?* <https://cdv.org/what-is-cdv/the-impact/>
- Concept Systems Incorporated (CSI). (2014). *Final Report: Teen dating relationships: Understanding and comparing youth and adult conceptualizations* (Report No. 248464). <https://www.ncjrs.gov/pdffiles1/nij/grants/248464.pdf>
- Corrigall, J., & Matzopoulos, R. (2012). Violence, alcohol misuse and mental health: Gaps in the health system's response. *South African Health Review (SAHR)*, 2012/2013(1), 103–114. <https://hdl.handle.net/10520/EJC133695>
- Creswell, J. W. (2009). *Research designs: Qualitative, quantitative and mixed methods approaches*. Sage.
- Crossman, A. (2020, December 20). *What is a snowball sample in sociology? What it is and how and when to use it*. <https://www.thoughtco.com/snowball-sampling-3026730>
- Cui, M., Gordon, M., & Wickrama, K. A. S. (2016). Romantic relationship experiences of

- adolescents and young adults: the role of mothers' relationship history. *Journal of Family Issues*, 37(10), 1458–1480. <https://doi.org/10.1177/0192513X14540158>
- DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health*, 7(e000057), 1–8. <https://doi.org/10.1136/fmch-2018-000057>
- Delgado, E., Serna, C., Martínez, I., & Cruise, E. (2022). Parental attachment and peer relationships in adolescence: A systematic review. *International Journal of Environmental Research and Public Health*, 19(3), 1–22. <https://doi.org/10.3390/ijerph19031064>
- De Vos, A. S., Strydom, H., Fouché, C. B., & Delpont, C. S. L. (2011). *Research at grass roots: For social sciences and human service professionals* (4th ed.). Van Schaik Publishers.
- Dodaj, A. (2020). Children witnessing domestic violence. *Journal of Children's Services*, 15(3), 161–174.
- Dumont, A., & Lessard, G. (2020). Young adults exposed to intimate partner violence in childhood: The qualitative meanings of this experience. *Journal of Family Violence*, 35, 781–792. <https://doi.org/10.1007/s10896-019-00100-z>
- Edwards, B. G. (2019, February 26). Alarming effects of children's exposure to domestic violence: Children exposed to domestic violence may experience a range of difficulties. *Psychology Today*. <https://www.psychologytoday.com/us/blog/progress-notes/201902/alarming-effects-childrens-exposure-domestic-violence>
- Elmquist, J., Hamel, J., Shorey, R. C., Labrecque, L., Ninnemann, A., & Stuart, G. L. (2014). Motivations for intimate partner violence in men and women arrested for domestic violence and court referred to batterer intervention programs. *Partner Abuse*, 5(4), 359–374. <https://doi.org/10.1891/1946-6560.5.4.359>
- Ferreira-Borges, C., Parry, C. D., & Babor, T. F. (2017). Harmful use of alcohol: a shadow

over sub-Saharan Africa in need of workable solutions. *International Journal of Environmental Research and Public Health*, 14(4), 346.

<https://doi.org/10.3390/ijerph14040346>

Field, T. (1996). Attachment and separation in young children. *Annual Review of Psychology*, 47, 541–562. <https://doi.org/10.1146/annurev.psych.47.1541>

Finkel, E. J., & Slotter, E. B. (2007). An attachment theory perspective on the perpetuation of intimate partner violence. *DePaul Law Review*, 56(3), 895–907.

Firestone, L. (2019a, April 14). How anxious attachment style affects relationships: How anxious attachment forms and goes on to affect our relationships. *Psychology Today*. <https://www.psychologytoday.com/za/blog/compassion-matters/201904/how-anxious-attachment-style-affects-relationships>

Firestone, L. (2019b, April 12). Do you or your partner have an avoidant attachment pattern?: Attachment, relationship problems, relationships. *Psych Alive*. <https://www.psychalive.org/do-you-or-your-partner-have-an-avoidant-attachment-pattern/>

Fitzgerald, M. (2020, January 16). *Criticism of Attachment Theory, 2020*. Department of Psychiatry, Trinity College, Dublin Ireland. https://www.researchgate.net/publication/338696030_Criticism_of_Attachment_Theory_2020

Fletcher, R., St George, J., & Freeman, E. (2013). Rough and tumble play quality: Theoretical foundations for a new measure of father–child interaction. *Early Child Development and Care*, 183, 746–759. <https://doi.org/10.1080/03004430.2012.723439>

Fouché, C. B., & Delpont, C. S. L. (2011). Introduction to the research process. In A. S. De Vos., H. Strydom., C. B. Fouché & C. S. L Delpont (Eds.), *Research at grass roots:*

- For social sciences and human service professionals* (4th ed., pp. 61–76). Van Schaik Publishers.
- Fouché, C. B., & De Vos, A. S. (2011). Formal formulations. In A. S. De Vos., H. Strydom., C. B. Fouché & C. S. L Delpont (Eds.), *Research at grass roots: For social sciences and human service professionals* (4th ed.) (pp. 89-100). Van Schaik Publishers.
- Fouché, C. B., & Schurink, W. (2011). Qualitative research designs. In A. S. De Vos., H. Strydom., C. B. Fouché & C. S. L Delpont (Eds.), *Research at grass roots: For social sciences and human service professionals* (4th ed.) (pp. 307–327). Van Schaik Publishers.
- Fox, N. (2009). *Using interviews in a research project*. The National Institute for Health Research (NIHR) Research Design Service (RDS) for the East Midlands/Yorkshire & the Humber.
- Francavilla, D. (2021). The impact of domestic violence on mother-child relationships. *Central and Eastern Sydney PHN*. <https://www.cesphn.org.au/news/latest-updates/57-enews/1982-the-impact-of-domestic-violence-on-mother-child-relationships>
- Gibbs, B. G., Forste, R., & Lybbert, E. (2018). Breastfeeding, parenting, and infant attachment behaviors. *Maternal and Child Health Journal*, 22(4), 579–588. <https://doi.org/10.1007/s10995-018-2427-z>.
- Gillath, O., Karantzas, G., & Fraley, F. C. (2016). *Adult attachment: A concise introduction to theory and research*. Academic Press.
- Given, L. M. (2008). *The SAGE encyclopaedia of qualitative research methods*. Sage.
- Godbout, N., Daspe, M.-È., Lussier, Y., Sabourin, S., Dutton, D., & Hébert, M. (2016). Early exposure to violence, relationship violence, and relationship satisfaction in adolescents and emerging adults: the role of romantic attachment. *Psychological Trauma: Theory, Research, Practice, and Policy*. <http://dx.doi.org/10.1037/>

- Greeff, M. (2011). Information collection: Interviewing. In A. S. De Vos., H. Strydom., C. B. Fouché & C. S. L Delport (Eds.), *Research at grass roots: For social sciences and human service professionals* (4th ed.) (pp. 341–375). Van Schaik Publishers.
- Greene, M. C., Kane, J. C., & Tol, W. A. (2017). Alcohol use and intimate partner violence among women and their partners in sub-Saharan Africa. *Global Mental Health (Cambridge, England)*, 4, e13. <https://doi.org/10.1017/gmh.2017.9>
- Greeson, M. R., Kennedy, A. C., Bybee, D. I., Beeble, M., Adams, A. E., & Sullivan, C. (2014). Beyond deficits: Intimate partner violence, maternal parenting, and child behavior over time. *American Journal of Community Psychology*, 1–13. <https://doi.org/10.1007/s10464-014-9658-y>
- Gribble, K. D. (2006). Mental health, attachment and breastfeeding: implications for adopted children and their mothers. *International Breastfeeding Journal*, 1(5). <https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/1746-4358-1-5>
- Grinnell, R. M., & Unrau, Y. A. (2005). *Social work research and evaluation: Quantitative and qualitative approaches* (7th ed.). Oxford University Press, Inc.
- Grossmann, K., & Grossmann, K. E. (2019). The impact of attachment to mother and father and sensitive support of exploration at an early age on children’s psychosocial development through young adulthood. In R. E. Tremblay., M. Boivin., RDeV. Peters., & M. H. van IJzendoorn (Eds.). *Encyclopaedia on early childhood development*. <https://www.child-encyclopedia.com/attachment/according-experts/attachment-early-age-0-5-and-its-impact-childrens-development>
- Gustafsson, H. C., Brown, G. L., Mills-Koonce, W. R., Cox, M. J., & the Family Life Project Key Investigators. (2017). Intimate partner violence and children’s

- attachment representations during middle childhood. *Journal of Marriage and Family*, 79(3), 865–878. <https://doi.org/10.1111/jomf.12388>
- Haj-Yahia, M., Sousa, C. A., & Lugassi, R. (2021). The relationship between exposure to violence in the family of origin during childhood, psychological distress, and perpetrating violence in intimate relationships among male university students. *Journal of Interpersonal Violence*, 36(15-16), NP8347-NP8372. <https://doi-org.ezproxy.uwc.ac.za/10.1177/0886260519843280>
- Hamby, S. L., Finkelhor, D., Turner, H. A., & Ormrod, R. (2011). *Children's exposure to intimate partner violence and other family violence*. <https://ncjrs.gov/pdffiles1/ojdp/232272.pdf>
- Hammarberg, K., Kirkman, M., & de Lacey, S. (2016). Qualitative research methods: when to use them and how to judge them. *Human Reproduction*, 31(3), 498–501.
- Harris, J. R. (1998). *The nurture assumption: Why children turn out the way they do*. Free Press.
- Haselschwerdt, M. L., Carlson, C. E., & Hlavaty, K. (2021). The romantic relationship experiences of young adult women exposed to domestic violence. *Journal of Interpersonal Violence*, 36(7-8), 3065–3092. <https://doi.org/10.1177/0886260518771679>
- Haynes, K. (2012). Reflexivity in qualitative research. In G. Symon., & C. Cassell. (Eds.). *Qualitative organisational research: Core methods and current challenges* (pp. 72–89). Sage.
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52(3), 511–524. <https://doi.org/10.1037/0022-3514.52.3.511>
- Heise, L. L. (2011, December). *What works to prevent partner violence? An evidence overview* [Report]. UK Department for International Development.

- Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R. C., & Moylan, C. A. (2008). Intersection of child abuse and children's exposure to domestic violence. *Trauma Violence & Abuse, 9*(2), 84–99. <https://doi.org/10.1177/1524838008314797>
- Hine, B., Bates, E. A., & Wallace, S. (2022). "I have guys call me and say 'I can't be the victim of domestic abuse'": Exploring the experiences of telephone support providers for male victims of domestic violence and abuse. *Journal of Interpersonal Violence, 37*(7-8), NP5594–NP5625. <https://doi.org/10.1177/0886260520944551>
- Holden, G. W. (2002, July 24–26). Differentiating exposure to violence and child abuse. *NICHD Workshop on Children Exposed to Violence: Current Status, Gaps, and Research Priorities*. Washington, D.C: Analytical Sciences, Inc.
- Holden, G. W. (2003). Children exposed to domestic violence and child abuse: Terminology and taxonomy, *Clinical Child and Family Psychology Review, 6*(3), 151–160. <https://doi.org/10.1023/A:1024906315255>
- Hooker, L., Kaspiw, R., & Taft, A. (2016). *Domestic and family violence and parenting: Mixed methods insights into impact and support needs: State of knowledge paper*. New South Wales, Australia: Australia's National Research Organisation for Women's Safety Limited (ANROWS).
- Horn, S. R., Hunter, E. C., & Graham-Bermann, S. A. (2013). Differences and similarities in pairs of siblings exposed to intimate partner violence: A clinical case study. *Partner Abuse, 4*(2), 274–286. <https://doi.org/10.1891/1946-6560.4.2.274>
- Howell, K. H., Barnes, S. E., Miller, L. E., & Graham-Bermann, S. A. (2016). Developmental variations in the impact of intimate partner violence exposure during childhood. *Journal for Injury and Violence Research, 8*(1), 43–57. <https://doi.org/10.5249/jivr.v8i1.663>
- Howitt, D., & Cramer, D. (2011). *Introduction to research methods in psychology (3rd ed.)*.

Pearson Education Limited.

Huecker, M. R., & Smock, W. (2020, June 26). *Domestic violence* [Report]. National Centre for Biotechnology Information (NCBI), USA, National Library of Medicine.

<https://www.ncbi.nlm.nih.gov/books/NBK499891/>

Hyde-Nolan, M. E., & Juliao, T. (2012). Theoretical basis for family violence. In R. S. Fife., & S. Scharger (Eds.), *Family violence: What health care providers need to know* (pp 5–21). Jones & Bartlett Learning, LLC.

Isaacs, S. A., Roman, N. V., & Savahl, S. (2018). The development of a family resilience-strengthening programme for families in a South African rural community. *Journal of Community Psychology*, 46(5), 616–635. <https://doi.org/10.1002/jcop.21962>

Jamieson, L., Mathews, S., & Röhrs, S. (2018). Part 2: Children, families and the state: Stopping family violence – Integrated approaches to address violence against women and children. In K. Hall., L. Richter., Z. Mokomane., & L. Lake (Eds.), *South African Child Gauge 2018: Collaboration and contestation* (pp. 81–92). The Children’s Institute. University of Cape Town

Jamison, T. B., & Lo, H. Y. (2021). Exploring parents’ ongoing role in romantic development: Insights from young adults. *Journal of Social and Personal Relationships*, 38(1), 84–102. <https://doi.org/10.1177/0265407520958475>

Kaufman-Parks, A. M., Demaris, A., Giordano, P. C., Manning, W. D., & Longmore, M. A. (2018). Familial effects on intimate partner violence perpetration across adolescence and young adulthood. *Journal of Family Issues*, 39(7), 1933–1961.

<https://doi.org/10.1177/0192512X17734586>

Kelleher, K., Gardner, W., Coben, J., Barth, R., Edleson, J., & Hazen, A. (2006, March). *Co-occurring intimate partner violence and child maltreatment: Local policies/practices and relationships to child placement, family services and residence* (Report No.

213503). U.S. Department of Justice.

<https://www.ncjrs.gov/pdffiles1/nij/grants/213503.pdf>.

Kelly, A. R. (2018). *Child-mother attachment and parental relationship stability in families experiencing interparental violence* [Unpublished master's thesis]. Kent State University.

Kesner, J. E., & McKenry, P. C. (1998). The role of childhood attachment factors in predicting male violence toward female intimates. *Journal of Family Violence, 13*(4), 417–432. <https://doi.org/10.1023/A:1022879304255>

Kieselbach, B., Kimber, M., MacMillan, H. L., & Perneger, T. (2022). Prevalence of childhood exposure to intimate partner violence in low-income and lower-middle-income countries: a systematic review. *BMJ Open, 12*(e051140). <https://doi.org/10.1136/bmjopen-2021-051140>

Kimber, M., Adhama, S., Gill, S., McTavisha, J., & MacMillanac, H. L. (2018). The association between child exposure to intimate partner violence (IPV) and perpetration of IPV in adulthood—A systematic review. *Child Abuse & Neglect, 76*, 273–286. <https://doi.org/10.1016/j.chiabu.2017.11.007>

Kross, J., & Giust, A. (2019). Elements of research questions in relation to qualitative inquiry. *The Qualitative Report, 24*(1), 24–30. <https://doi.org/10.46743/2160-3715/2019.3426>

Kubeka, A. M. (2008). Exposure to violence at home: A qualitative exploration of experiences and perceptions of black adolescents in South Africa. *South African Review of Sociology, 39*(2), 282–300. <https://doi.org/10.1080/21528586.2008.10425092>

Lai, Y-H., & Carr, S. (2018). A critical exploration of child-parent attachment as a contextual construct. *Behavioral Sciences - MDPI, 8*(12), 112–126. <https://doi.org/10.3390/bs8120112>

- Lee, E. J. (2003). *The attachment system throughout the life course: Review and criticisms of Attachment Theory*. SAPA Project.
- Lessard, G., Dumont, A., Alvarez-Lizotte, P., Bisson, S. M., Bourassa, C., & Roy, V. (2021). Exposure to intimate partner violence: Perceived links with other victimizations and the severity of violence by young adults in Québec. *Open Journal of Social Sciences*, 9, 86–106. <https://doi.org/10.4236/jss.2021.96009>
- Lichter, E. L., & McCloskey, L. A. (2004). The effects of childhood exposure to marital violence on adolescent gender role beliefs and dating violence. *Psychology of Women Quarterly*, 28(4), 344–357. <https://doi.org/10.1111/j.1471-6402.2004.00151.x>
- Lieberman, A., Zeenah, C., & McIntosh, J. (2011). Attachment perspectives on domestic violence and family law. *Family Court Review*, 49(3), 529–553.
- Lírio, J. G. S., Gomes, N. P., Paixão, G. P. N., Pereira, A., Magalhães, J. R. F., da Cruz, M. A., & de Sousa, A. R. (2018). Intrafamilial abuse in the childhood of men criminally prosecuted for domestic violence. *Acta Paul Enferm*, 31(4), 423–429. <https://doi.org/10.1590/1982-0194201800059>
- Magwa, S. (2013). Experiencing and witnessing domestic violence on school aged children. *International Journal of Social Science and Education*, 3(3), 582–596.
- Manning, W. D., & Longmore, M. A., & Copp, J., & Giordano, P. C. (2014). The complexities of adolescent dating and sexual relationships: fluidity, meaning(s), and implications for young adults' well-being. *New Directions for Child Adolescent Development*, 2014(144), 53–69. <https://doi.org/10.1002/cad.20060>
- Margolin, G., & Vickerman, K. (2011). Posttraumatic stress in children and adolescents exposed to family violence. *Couple and Family Psychology: Research and Practice*, 1(S), 63–73. <https://doi.org/10.1037/2160-4096.1.S.63>
- Markiewicz, D., Doyle, A. B., & Brendgen, M. (2001). The quality of adolescents'

friendships: Associations with mothers' interpersonal relationships, attachments to parents and friends, and prosocial behaviours. *Journal of Adolescence*, 24(4), 429–445. <https://doi.org/10.1006/jado.2001.0374>

- Matthews, S., & Benvenuti, P. (2014). Violence against children in South Africa: Developing a prevention agenda. In S. Mathews., L. Jamieson., L. Lake., & C. Smith (Eds.), *South African Child Gauge 2014: Preventing violence against children* (pp. 26–34). Children's Institute. University of Cape Town.
- Mattick, K., Johnston, J., & de la Croix, A. (2018). How to...write a good research question. *The Clinical Teacher*, 15(2), 104–108. <https://doi.org/10.1111/tct.12776>
- Mazibuko, N. C., & Umejesi, I. (2015). Blame it on alcohol: 'passing the buck' on domestic violence and addiction. *Multidisciplinary Journal of Gender Studies*, 4(2), 718–738. <https://doi.org/10.4471/generos.2015.55>
- McCloskey, L. A., Booinzaier, F., Steinbrenner, S. Y., & Hunter, T. (2016). Determinants of intimate partner violence in sub-Saharan Africa: A review of prevention and intervention programs. *Partner Abuse*, 7(3), 277–315.
- McLeod, S. (2013). Erik Erikson psychosocial stages. *Simply Psychology*. <http://www.simplypsychology.org/Erik-Erikson.html>
- McVay, K. D. (2012). *Using attachment theory to understand intergenerational transmission of intimate partner violence and implications for use in treatment and policy reform* [Unpublished master's thesis]. University of Pittsburgh.
- Meyer, S., Reeves, E., & Fitz-Gibbon, K. (2021). The intergenerational transmission of family violence: Mothers' perceptions of children's experiences and use of violence in the home. *Child & Family Social Work*, 26, 476–484. <https://doi.org/10.1111/cfs.12830>
- Miranda, J. K., Olivares, N., & Crockett, M. A. (2022). Growing up with intimate partner violence at home: Adolescents' narratives on their coping strategies. *Journal of*

- Family Violence*. <https://doi.org/10.1007/s10896-021-00345-7>
- Mohaupt, H., Duckert, F., & Askeland, I. R. (2020). How do men in treatment for intimate partner violence experience parenting their young child? A descriptive phenomenological analysis. *Journal of Family Violence, 35*, 863–875.
- Mohlatlole, N. E., Sithole, S., & Shirindi, M. L. (2017). Factors contributing to divorce among young couples in Lebowakgomo. *Social Work/Maatskaplike Werk, 54*(2). <http://dx.doi.org/10.15270/52-2-637>
- Morei, N. (2014). Domestic violence in South Africa: Women and children under siege? *Mediterranean Journal of Social Sciences, 5*(20), 928–940. <https://doi.org/10.5901/mjss.2014.v5n20p928>
- Mouton, J. (2002). *Understanding social research*. Van Schaik Publishers.
- Mueller, I., & Tronick, E. (2019). Early life exposure to family violence: Developmental consequences on the brain and behaviour. *Frontiers in Behavioural Neuroscience, 13*(156), 1–7.
- Nam, C. B. (2004). The concept of family: demographic and genealogical perspectives, *Sociation Today, 2*(2). <http://www.ncsociology.org/sociationtoday/v22/family.htm>
- National Academies of Sciences, Engineering, and Medicine (NASEM). (2018). *Addressing the social and cultural norms that underlie the acceptance of violence: Proceedings of a workshop—in brief*. The National Academies Press. <https://doi.org/10.17226/25075>.
- Nelson, D. S. (2014). *Helping mothers and children bond: Sharing children's literature after domestic violence experiences* [Unpublished master's thesis]. St. Catherine University.
- Nemasisi, R. R. (2018). *Contributory factors leading to domestic violence: A case study of Mangaya Village in Thulamela Local Municipality, Vhembe District, Limpopo*

Province, South Africa [Master's Thesis], University of Venda, Thohoyandou, Limpopo South Africa.

Neppl, T. K., Lohman, B. J., Senia, J. M., Kavanaugh, S. A., & Cui, M. (2017).

Intergenerational continuity of psychological violence: Intimate partner relationships and harsh parenting, *Psychology of Violence*, 9(3), 298–307.

<http://dx.doi.org/10.1037/vio0000129>

Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). *Preventing intimate partner violence across the lifespan: A technical package of programs, policies, and practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Njezula, A. B. (2006). Investigating domestic violence against women in South Africa [Unpublished master's thesis]. University of the Western Cape.

Noonan, C. B., & Pilkington, P. D. (2020). Intimate partner violence and child attachment: A systematic review and meta-analysis. *Child Abuse & Neglect*, 109(104765), 1–15.

Novitz, T. (1996). *The Prevention of Family Violence Act 1993*. University of Cape Town.

Nyathi, N. (2012). *Factors that conduce towards domestic violence against rural women: A case study of Sisonke District Municipality in KwaZulu Natal, at 26*. [Unpublished master's thesis]. University of Fort Hare.

Ocean, S. E. (2014). *Childhood trauma-related nightmares: The relationship between exposure, relaxation, and rescripting therapy on cognitive functioning* [Unpublished master's thesis]. The University of Montana Missoula.

Ouzounian, Z. (2019). *Childhood witnessing of domestic violence and its impact on character development across time and adulthood relationships* [Unpublished doctoral thesis]. <https://aura.antioch.edu/etds/583>

Øverlien, C. (2010). Children exposed to domestic violence conclusions from the literature

- and challenges ahead. *Journal of Social Work*, 10(1), 80–97.
- Paradis, A., & Boucher, S. (2019). Research on interpersonal problems and codependency: Child maltreatment history and interpersonal problems in adult couple relationships. In N. D. Reyome (Ed.), *The Effect of Childhood Emotional Maltreatment on Later Intimate Relationships* (pp.138 – 158). Routledge.
- Patton, M. Q. (2014). *Qualitative research & evaluation methods: Integrating theory and practice*. Sage.
- Pernebo, K., & Almqvist, K. (2016). Young children exposed to intimate partner violence describe their abused parent: A qualitative study. *Journal of Family Violence*, 32(2), 1–10. <https://doi.org/10.1007/s10896-016-9856-5>.
- Phillippi, J., & Lauderdale, J. (2017). A guide to field notes for qualitative research: Context and conversation, *Qualitative Health Research*, 28(3). <https://doi.org/10.1177/1049732317697102>
- Pillay, J. (2014). Ethical considerations in educational research involving children: Implications for educational researchers in South Africa. *South African Journal of Childhood Education*, 4(2), 194–212.
- Pinchevsky, G. M., & Wright, E. M. (2012). The impact of neighbourhoods on intimate partner violence and victimization. *Trauma, Violence & Abuse*, 13(2), 112–132. <https://doi.org/10.1177/1524838012445641>
- Pingley, T. L. (2017). *The impact of witnessing domestic violence on children: A systematic review* [Unpublished master’s thesis]. St. Catherine University.
- Preller, B. (2012). *The domestic violence e-book: Say no to abuse*. <http://www.divorcelaws.co.za/domestic-violence-ebook.html>
- Ramsoomar, L., Gibbs, A, Chirwa, E. D., Dunkle, K., & Jewkes, R. (2021). Pooled analysis of the association between alcohol use and violence against women: Evidence from four violence prevention studies in Africa, *British Medical Journal (BMJ) Open*, 11,

e049282. <https://doi.org/10.1136/bmjopen-2021-049282>

- Ratan, S. K., Anand, T., & John Ratan, J. (2019). Formulation of research question – Stepwise approach. *Journal of Indian Association of Paediatrics Surgeons*, 24(1), 15–20. https://doi.org/10.4103/jiaps.JIAPS_76_18
- Reyome, N. D. (2010) Childhood emotional maltreatment and later intimate relationships: Themes from the empirical literature. *Journal of Aggression, Maltreatment & Trauma*, 19(2), 224–242. <https://doi.org/10.1080/10926770903539664>
- Richards, K. (2011). Children’s exposure to domestic violence in Australia. *Trends and Issues in Crime and Criminal Justice*, 419, 1–7.
- Roberts, A. L., Gilman, S. E., Fitzmaurice, G., Decker, E. R., & Koenena, K. C. (2010). Witness of intimate partner violence in childhood and perpetration of intimate partner violence in adulthood. *Epidemiology*, 21(6), 809–818. <https://doi.org/10.1097/EDE.0b013e3181f39f03>
- Robinson, O. C. (2015). Emerging adulthood, early adulthood and quarter-life crisis: Updating Erikson for the twenty-first century. In. R. Žukauskiene (Ed.), *Emerging adulthood in a European context* (pp. 17–30). Routledge.
- Robinson, L., Segal, J., & Jaffe, J. (2023, February 2023). How attachment styles affect adult relationships. *HelpGuide.org*. <https://www.helpguide.org/articles/relationships-communication/attachment-and-adult-relationships.htm>
- Roman, N. V. (2019, November 4). Violence in South Africa: the search for root causes. *The Conversation Africa*. <https://theconversation.com/violence-in-south-africa-the-search-for-root-causes-123940>
- Rubin, A., & Babbie, E. R. (2005). *Research methods for social work* (5th ed.). Thomson Brooks/Cole Publishers.
- Rumm, P., Cummings, P., Krauss, M., Bell, M., & Rivara, F. (2000). Identified spouse abuse

- as a risk factor for child abuse. *Child Abuse & Neglect*, 24(11), 1375–1381.
- Ryan, J. (2018). *The design of an intervention to reduce violence in the family: a family-centred approach* [Unpublished doctoral thesis]. University of Western Cape.
- Ryan, J., Rich, E., & Roman, N. V. (2015). Perceived childhood exposure to domestic violence: The risk for adult revictimisation. *African Safety Promotion Journal*, 13(2), 1–16.
- Salmons, J. E. (2015). *Doing qualitative research online*. Sage.
- Schachner, D. A., Shaver, P. R., & Mikulincer, M. (2003). Adult attachment theory, psychodynamics, and couple relationships: An overview. In S. M. Johnson & V. E. Whiffen (Eds.), *Attachment processes in couple and family therapy* (pp. 18–42). Guilford Press.
- Schurink, W., Fouché, C. B., & De Vos, A. S. (2011). Qualitative data analysis and interpretation. In A. S. De Vos., H. Strydom., C. B. Fouché & C. S. L Delpont (Eds.), *Research at grass roots: For social sciences and human service professionals* (4th ed.) (pp. 397–423). Van Schaik Publishers.
- Seabi, A. T. (2009). *Marriage, cohabitation and domestic violence in Mpumalanga* [Unpublished master's thesis]. University of Pretoria.
- Secrist, M. E., John, S. G., Harper, S. L., Connors Edge, N. A., Sigell, B. A., Sievers, C., & Kramer, T. (2019). Nightmares in treatment-seeking youth: the role of cumulative trauma exposure. *Journal of Child & Adolescent Trauma*, 13, 249–256.
- Shah, P. E., Fonagy, P., & Strathearn, L. (2010). Is attachment transmitted across generations? The plot thickens. *Clinical Child Psychology and Psychiatry*, 15(3), 329–345.
- Sibisi, S. (2016, May 01). Understanding certain provisions of the Domestic Violence Act: A practitioner's perspective. *De Rebus*, 22–23.
<https://www.derebus.org.za/understanding-certain-provisionsdomestic-violence-act->

practitioners.

Simons, L. G., Burt, C. H., & Simons, R. L. (2008). A test of explanations for the effect of harsh parenting on the perpetration of dating violence and sexual coercion among college males. *Violence and Victims*, 23(1), 66–82. <https://doi.org/10.1891/0886-6708.23.1.66>

Simpson, J. A., & Steven Rholes, W. (2017). Adult attachment, stress, and romantic relationships. *Current Opinion in Psychology*, 13, 19–24. <https://doi.org/10.1016/j.copsyc.2016.04.006>

Smith-Marek, E. N., Cafferky, B., Dharnidharka, P., Mallory, A. B., Dominguez, M., High, J., Stith, S. M., & Mendez, M. (2015). Effects of childhood experiences of family violence on adult partner violence: a meta-analytic review. *Journal of Family Theory & Review*, 498–519. DOI: 10.1111/jftr.12113

South Africa. (1998). *Domestic Violence Act No. 116 of 1998*. South African Government. <https://www.justice.gov.za/legislation/acts/1998-116.pdf>

South Africa. (2021). *Domestic Violence Amendment Act, No. 14 of 2021*. South African Government. <https://www.justice.gov.za/legislation/acts/2021-014.pdf>

South Africa. Department of Social Development (DSD). (2013). *White Paper on Families in South Africa*. https://www.westerncape.gov.za/assets/departments/social-development/white_paper_on_families_in_south_africa_2013.pdf

South Africa. Department of Social Development (DSD). (2021). *Revised White Paper on Families in South Africa (No. 586)*. Government Gazette, 2 July 2021 (No. 44799). South African Government. https://www.gov.za/sites/default/files/gcis_document/202107/44799gon586t.pdf

Stanley, N., Miller, P., & Foster, H. R. (2012). Engaging with children's and parents' perspectives on domestic violence. *Child and Family Social Work*, 17, 192–201.

Stieglitz, J., Gurven, M., Kaplan., H., & Winking, J. (2012). Infidelity, jealousy, and wife abuse among Tsimane forager-farmers: Testing evolutionary hypotheses of marital conflict. *Evolution and Human Behaviour*, 33(5), 438–448.

<https://doi.org/10.1016/j.evolhumbehav.2011.12.006>

Strydom, H. (2011). Ethical aspects of research in the social sciences and human service professions. In A. S. De Vos., H. Strydom., C. B. Fouché & C. S. L Delpont (Eds.), *Research at grass roots: For social sciences and human service professionals* (4th ed., pp. 113–130). Van Schaik Publishers.

Strydom, H., & Delpont, C. S. L. (2011). Sampling and pilot study in qualitative research. In A. S. De Vos., H. Strydom., C. B. Fouché & C. S. L Delpont (Eds.), *Research at grass roots: For social sciences and human service professionals* (4th ed., pp. 390–396). Van Schaik Publishers.

Strydom-Singleton, Y. (2015). Young adults' experiences of domestic violence during childhood [Unpublished master's thesis]. University of Pretoria.

Taylor, K., Stewart-Tufescu, A., & Piotrowski, C. (2015). Children exposed to intimate partner violence: influences of parenting, family distress, and siblings. *Journal of Family Psychology*, 29(1), 29–38.

Tajima, E. (2004). Correlates of the co-occurrence of wife abuse and child abuse among a representative sample. *Journal of Family Violence*, 19(6), 391–402.

Tan, J. S., Hessel, E. T., Loeb, E. L., Schad, M. M., Allen, J. P., & Chango, J. M. (2016). Long-term predictions from early adolescent attachment state of mind to romantic relationship behaviors. *Journal of Research on Adolescence: The Official Journal of The Society for Research on Adolescence*, 26(4), 1022–1035.

<https://doi.org/10.1111/jora.12256>

The HealthPath Foundation of Ohio. (2017, June). *Impact of domestic violence exposure:*

Recommendations to better serve Ohio's children [report]. The HealthPath Foundation of Ohio.

<https://case.edu/socialwork/traumacenter/sites/case.edu.traumacenter/files/2019-04/Impact%20of%20Domestic%20Violence%20Exposure--Recommendations%20to%20Better%20Serve%20Ohio%27s%20Children.pdf>

The Homestead. (2021). *The Homestead – Projects for Street Children* [Annual Report 2021]. <https://homestead.org.za/wp-content/uploads/2021/10/Homestead-Annual-Report-2021.pdf>

The National Child Traumatic Stress Network (NCTSN). (2019, April 25). *Effects*. <https://www.nctsn.org/what-is-child-trauma/trauma-types/intimate-partner-violence/effects>

Thomas, D. R., & Hodges, I. D. (2010). *Designing and managing your research project: Core skills for social and health research*. Sage.

Thomas, P. A., Liu, H., & Umberson, D. (2017). Family relationships and well-being. *Innovation in Aging*, 1(3), igx025. <https://doi.org/10.1093/geroni/igx025>

Tiret, H. B. (2012, August 20). Domestic violence impacts children differently at different ages. *Michigan State University (MSU) Extension*.

https://www.canr.msu.edu/news/domestic_violence_impacts_children_differently_at_different_ages

Tolan, P., Gorman-Smith, D., & Henry, D. (2006). Family violence. *Annual Review of Psychology*, 57, 557–583.

Umberson, D., Thomeer, M. B., Williams, K., Thomas, P. A., & Liu, H. (2016). Childhood adversity and men's relationships in adulthood: Life course processes and racial disadvantage. *The Journals of Gerontology: Series B*, 71(5), 902–913.

Velotti, P., Beomonte Zobel, S., Rogier, G., & Tambelli, R. (2018). Exploring relationships:

- A systematic review on intimate partner violence and attachment. *Frontiers in Psychology*, 9(1166), 1–42.
- von Backström, M. (2015). *Exploring family functioning from a family resilience perspective* [Unpublished master's thesis]. University of Pretoria.
- VonSteen, P. (1997). Adults with witnessing histories: The overlooked victims of domestic violence. *Psychotherapy*, 34, 478–484.
- Vu, T. H. (2016). *Understanding children's experiences of violence in Viet Nam: Evidence from young lives*. Innocenti Working Paper (Report no.: 2016-26). UNICEF.
<https://www.unicef-irc.org/publications/868-understanding-childrens-experiences-of-violence-in-viet-nam-evidence-from-young-lives.html>
- Walker, L. E. A. (2009). *The battered woman syndrome*. Springer.
- Wallace, H., & Roberson, C. (2016). *Family violence: legal, medical, and social perspectives* (8th ed.). Taylor & Francis Group.
- Wardecker, B. M., Chopik, W. J., Moors, A. C., & Edelstein R. S. (2020). Avoidant attachment style. In V. Zeigler-Hill., & T. Shackelford (Eds.), *Encyclopedia of personality and individual differences* (pp. 345 – 351). Springer.
- Warnick, D., van der Westhuizen, M., & Alpaslan, N. (2019). Falling through the cracks: young adults' recollections of exposure to domestic violence during childhood. *Social Work/Maatskaplike Werk*, 55(4), 404–423.
- Warnick, D. V. (2018). Experiencing domestic violence as a child: Young adults' recollections and suggestions for social work services [Unpublished master's thesis]. University of South Africa.
- Wathen, C. N., & MacMillan, H. L. (2013). Children's exposure to intimate partner violence: Impacts and interventions. *Paediatrics Child Health*, 18(8), 419–422.
- Wentland, J. J., & Reissing, E. (2014). Casual sexual relationships: Identifying definitions for one night stands, booty calls, fuck buddies, and friends with benefits. *Canadian*

Weiss, J., MacMullin, J., Waechter, R., Wekerle, C., & The MAP Research Team (2011).

Child maltreatment, adolescent attachment style, and dating violence: Considerations in youths with borderline-to-mild intellectual disability. *International Journal of Mental Health and Addiction*, 9(5), 555–576. <https://doi.org/10.1007/s11469-011-9321-x>

Widom, C. S., Czaja, S., & Dutton, M. A. (2014). Child abuse and neglect and intimate partner violence victimization and perpetration: A prospective investigation,

Child Abuse Neglect, 38(4), 650–663. <https://doi.org/10.1016/j.chiabu.2013.11.004>

William, P. (2019). *Intimate partner violence & alcohol*.

<https://rethinkthedrinks.com/intimate-partner-violence-alcohol/>

Woollett, N., & Thomson, K. (2016). Understanding the intergenerational transmission of violence. *South African Medical Journal [SAMJ]*, 106(11), 1068–1070.

World Health Organisation (WHO). (2009). Changing cultural and social norms that support violence (Report No.: HV 6625). *Series of briefings on violence prevention: The evidence*. Liverpool John Moores University.

World Health Organisation (WHO). (2018). *Global Status Report on Alcohol and Health 2018*. <https://www.who.int/publications/i/item/9789241565639>.

World Health Organisation (WHO). (2019). *ICD-11: International classification of diseases (11th revision)*. <https://icd.who.int/>

Xia, M., Fosco, G. M., Lippold, M. A., & Feinberg, M. E. (2018). A developmental perspective on young adult romantic relationships: Examining family and individual factors in adolescence. *Journal of Youth and Adolescence*, 47(7), 1499–1516. <https://doi.org/10.1007/s10964-018-0815-8>

Yu, R., Nevado-Holgado, A. J., Molero, Y., D'Onofrio, B. M., Larsson, H., Howard, L. M., & Fazel, S. (2019). Mental disorders and intimate partner violence perpetrated by

men towards women: A Swedish population-based longitudinal study. *PLoS Medicine*, 16(12), e1002995. <https://doi.org/10.1371/journal.pmed.1002995>

Ziehl, S. C. (2003). The family and social cohesion. In D. Chidester., P. Dexter & W. Jones (Eds.), *What holds us together: Social cohesion in South Africa*. HSRC Press.

Zvara, B. J., Mills-Koonce, R., & Cox, M. (2016). Intimate partner violence, maternal gatekeeping, and child conduct problems. *Family Relations*, 65, 647–660.

<https://doi.org/10.1111/fare.12221>



UNIVERSITY *of the*
WESTERN CAPE

APPENDICES



UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 9486 Fax: 27 21-
Email: rich.edna2@gmail.com; jryan@uwc.ac.za & 3912882@myuwc.ac.za

APPENDIX A: INFORMATION SHEET

Project Title: Exploring the dating experiences of young adult males who have had childhood exposure to family violence

What is this study about?

This is a research project being conducted by Abygail Wadzanayi Hlomayi at the University of the Western Cape. I am inviting you to participate in this research project because your experience can contribute to our understanding of the impact of family violence. The purpose of this research project is exploring the dating experiences of young adult males who have been exposed to family violence in their childhood.

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

You will be asked to fill in the agreement form for the individual semi-structured face-to-face interview which will be audio-taped throughout the session. You will be asked to respond to the interview questions in the way you understand them. The interview will take about 60 to 90 minutes. I will use the youth centres as the study sites. The questions for the interview are exploring the childhood experiences of being exposed to family violence and how they affect their current dating experience in young adulthood.

Would my participation in this study be kept confidential?

Any information that is obtained from this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law on mandatory reporting. In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others. In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.

Nonetheless, the researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, your name will not be included for any purpose in this research project. A code will be used to differentiate different transcriptions of participants. Only the researcher will be able to link your identity and will have access to the identification key especially for the information verification.

To ensure your confidentiality, the interviews will be copied to a computer immediately afterwards and deleted from the audiotape. The interviews will be kept in the password protected folder which will be known to the researcher only. The transcriptions will be identified with codes and stored in the lockable filing cabinet, personal to the researcher. If we write a report or article about this research project, your identity will be protected to the highest.

What are the risks of this research?

There may be some risks from participating in this research study. The interview may trigger psychological trauma. 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 nevertheless minimise 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 or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about the effects of childhood exposure to family violence on young adult males' dating experiences contributes to the development of effective early interventions in the social work field that address the traumatic past and build healthy intimate relationships in society. We hope that, in the future, other people might benefit from this study through improved understanding of the effects of family violence on young adult males.

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 to which you otherwise qualify.

Is any assistance available if I am negatively affected by participating in this study? All possible precautions will be taken to protect you from experiencing any harm from the research process. If, however, you are or feel that you are being negatively affected by this research, be advised that social work support from your organisation will be made available to you. Also, further arrangements will also be made with the Trauma Counselling Centre; and the local clinic in the area to access psychological support or services.

What if I have questions?

This research is being conducted by Abygail Wadzanayi Hlomayi in the Social Work Department at the University of the Western Cape. If you have any questions about the research study itself, please contact 3912882@myuwc.ac.za. 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:

Dr. M Londt
Dept. of Social Work
mlondt@uwc.ac.za
021 9592277

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 and Ethics Committee.

Humanities and Social Sciences Research Committee (HSSREC), UWC

Tel: 021 959 2988 - Email: research-ethics@uwc.ac.za



UNIVERSITEIT VAN DIE WES-KAAP

Privaat Sak X 17, Bellville 7535, Suid-Afrika

Tel: +27 21-959 9486 Faks: 27 21-

Epos: rich.edna2@gmail.com; jryan@uwc.ac.za & 3912882@myuwc.ac.za

BYLAAG A: INLIGTINGSVORM

Titel van Projek: Onderzoek die verhoudings van jong volwasse mans wie as kinders blootgestel was aan huishoudelike geweld.

Waaroor handel die studie?

Hierdie is 'n navorsingsprojek wat gedoen word deur Abygail Wadzanayi Hlomayi by die Universiteit van Wes-Kaap. Ons nooi u uit om deel te neem aan die navorsing studie omdat u ervaring het in die area van jong mans wat blootgestel is aan huishoudelike geweld toe hulle kinders was.

Wat sal van my verwag word as ek deelneem aan die studie?

Dit sal verwag word van u om deel te neem aan individuele onderhoude met die navorser en u sal dus vrae moet beantwoord wat die navorser aan u sal stel. Jy sal verwag word om 'n ooreenkoms te teken waarin jy 'n onderhoud met die navorser sal voer wat opgeneem sal word tydens die sessie. Jy word verwag om terugvoering tydens die onderhoud te gee tot die beste van jou vermoë te gee. Die onderhoud sal tussen 60 tot 90 minute neem. Ek sal die jeugsentrums as 'n studielokasie gebruik. Die vrae tydens die onderhoude sal gefokus wees op die kindsdae waarin die jongman blootgestel was aan huishoudelike geweld en hoe dit hulle nou in hul persoonlike verhoudings affekteer.

Word my deelname in die studie vertroulik gehou?

Die navorser onderneem om u identiteit en die aard van u bydrae te beskerm. U sal anoniem gehou word, 'n skuilnaam sal gebruik word en geen dokumentasie sal onder u naam aangeteken word nie. 'n Kode sal ook gebruik word op alle gekollekteerde data. 'n Identifikasie sleutel sal aan u identiteit gekoppel word en sal slegs aan die navorser bekend wees. Om u identiteit te verseker sal alle inligting in 'n geslote kas gehou word en identifikasie kodes sal op die data geplaas word. Indien 'n verslag of 'n artikel geskryf word, sal u identiteit ook beskerm word. Hierdie navorsingstudie sal gebruik maak van 'n band opname. Toestemming sal van u verkry word om u op te neem en die

onderhoude sal beskerm word deur 'n wagwoord te plaas op die rekenaars wat vir die doel gebruik gaan word.

Na aanleiding van die regs vereistes en professionele standaarde word dit verwag dat enige inligting met betrekking to kinderverwaarlosing, mishandeling of moontlike skade aan persone aangemeld word by die toepaslike professionele persone. U sal dan ingelig word dat indien die vertrouens verhouding verbreek sou word, en ook indien hierdie inligting aan die betrokke owerheid gerapporteer word.

Wat is die risikos in die navorsing?

Daar mag risikos wees in die navorsing. Alle menslike interaksie en gesprekke oor ander en jouself mag sekere risikos inhou. Ons sal egter probeer om die meesste risikos te minimaliseer en sal die nodige ondersteuning bied indien u enige ongemak, hetsy psigologies of andersins ervaar gedurende u deelname in die studie. Indien noodsaaklik, sal 'n verwysing gemaak word na 'n geskikte professionele persoon vir ondersteuning.

Wat is die voordele van die navorsing?

Die navorsing is nie ontwikkel om jou persoonlik te bevoordeel nie, maar die resultate sal egter die navorser help om die effek in jongmans wat aan huishoudelikegeweld blootgestel is te verstaan, en hoe dit vir hulle in hul verhoudings affekteer in die huidige samelewing. Ons hoop dat ander persone in die toekoms baat sal vind by hierdie studie.

Moet ek deel wees van die studie en mag ek my enige tyd van die studie onttrek?

Jou deelname in die navorsing is heeltemal vrywilliglik. Jy mag kies om nie deel te neem aan die studie nie. Indien jy besluit om nie deel te wees nie of om enige tyd jou te onttrek van die studie, mag jy nie gepenaliseer word nie en sal jy dus nie enige voordele verloor nie.

Wat indien ek enige vrae het?

Hierdie navorsing word uitgevoer deur Abygail Wadzanayi Hlomayi by die Universiteit van Wes-Kaap. Indien u enige vrae het oor die navorsing studie, kontak Abygail Wadzanayi Hlomayi: 3912882@myuwc.ac.za.

Indien u enige vrae het met betrekking tot die studie en jou regte as 'n deelnemer of indien u enige probleem ervaar met betrekking tot die studie, kan u die volgende persone kontak:

Hoof van die Departement:

Dr. M Londt
Maatskaplike Werk Departement
Universiteit van Wes-Kaap
Privaatsak X17
Bellville 7535
Epos: mlondt@uwc.ac.za
Tel: 021 09592011

Dekaan van die fakulteit Gemeenskap en Gesondheids Wetenskapp:

Prof Anthea Rhoda
Universiteit Wes-Kaap
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

Hierdie navorsing is goedgekeur deur die Universiteit van Wes-Kaap se Senaat Navorsing en Etiese Komitee.



UNIVERSITY *of the*
WESTERN CAPE



IYUNIVESITHI YENtSHONA KOLONI

Privaat Sak X 17, Bellville 7535, Suid-Afrika

Tel: +27 21-959 9486 Ifeksi: 27 21-

Imeyile: rich.edna2@gmail.com; jryan@uwc.ac.za & 3912882@myuwc.ac.za

ISIHLOMELO A: IPHEPHA LOLWAZI

Isihloko seProjekti yo: Uphononongo lwamava abafana abafikisayo abakhula kumakhaya anobundlobongela nokuxhatshazwa

Singantoni esi Sifundo?

Le yiprojekti yophando eyenziwa ngu Abygail Wadzanayi Hlomayi kwiyunivesithi yaseNtshona Koloni (UWC). Ndiyakumema ukuba uthathe inxaxheba kolu phando ngoba unamava ngalo mba. Injongo zolu phando kukuphonononga umba wamava abafana abafikisayo abakhula kumakhaya anobundlobongelangemiba yothando.

Kuza kufuneke ndenzeni xa ndivumile ukuthatha inxaxheba?

Uzakucelwa ukuba ugcwalise amaxwebu esivumelwaano sokuthatha inxaxheba kudliwano- ndlebe oluzakurekhodwa. Kuza kufuneke uphendule imibuzo ngendlela oyiqondangayo. Undliwano- ndlebe lakuthatha imizuzu engama-60 ukuya ku-90. Olu phando luzakuqhubeka eSchool of Hope eObsevatory, eKapa. Imibuzo eyakube ijongene nokuphonononga abafana abafikisayo abakhula emakhayeni anobundlobongela namava abo kwezothando.

Ingaba ukuthathakwam inxaxheba kolu phando kuzakuba yimfihlo?

Umphandi uyathembisa ukuba uzakukukhusela wena negalelo lakho. Ukuqinisekisa ukuba awuzukwaiwa igama lakho nealizukupapashwa koluphando. Kuzakusetyenziswa ikhowudi ukukhusela abantu abathatha inxaxheba. Ngumphandi yedwa oyakuba nolu lwazi lwekhowudi nemiba enxulumene nophando. Ukuqinisekisa ukhuseleko lwakho yonke into oyithethe kudliwano- ndlebe iyakukhutshelwa kwikhompyuta icinywe kweirekhoda. Undliwano-ndlebe luyakugcinwa kwifowulda enekhowudi eyakwaziwa ngumphandi kuphela. Olulwazi luyakugcinwa lutshixelwe kwindawo ekhuselekileyo eyaziwa ngumphandi kuphela. Ukuba kuyenzeke sibhale ingxelo ngalu phando igama lakho liyakufihlwa kangangoko.

Zintoni iingozi zolu phando?

Ikhona imimgcipheko yokuthatha inxaxheba kolu phando. Ezi ngozi zingaphazamisa ngqondo, isimo sentlalo, iimvakalelo nengozi zolwaphulo mthetho. Kungakhgho ingxaki ezingaphezu kwamandla ethu ezifana: nokuthetha ngawe nangabanye abantu. Siza kuzama ukuzinciphisa ezi ngozi ngokusebenzisana nawe xa uziva unengxaki. Apho kukho isidingo singakuthumela kwingcaphephe zikuxilongela xa Kuthe kwakho ingxaki.

Yintoni inzuzo zolu phando?

Oluphando alwenzelwanga ukukunceda kwingxaki zakho, iziphumo zalo zinganceda umphandi azi /afunde nzulu ngeziphumo ezinziwa kukukhulela kwikhaya elinobundlobongela, kolutsha oluikisayo oluphuma kulamakhaya. Olu phando luza kunceda umphandi ngomsebenzi wobuntlalo- ntle ku mava abafana abafikisayo kwezothando. Siyathemba ukuba oluphando luzakunceda banye abantu abatsha abasuka kula makhaya ngoku fundisa indlela eyiyo yokukhulisa abantwana.

Kunyanzelekile ukuba ndibeyinxenye yolu phando ndingarhoxa xa ndifuna?

Ukuthatha kwakho inxaxheba kwakho apha kolu phando alunyanzelisi. Ungazikhethela ukungabiyonxenye yophando. Ukuba ugqibe ekuthatheni inxaxheba ungayeka naninina ufuna. Awuyikohlwaywa xa uthe warhoxa koluphando.

Ingaba lukhona uncedo endiyakulifumana xa ndinokuphazamiseka lolu phando?

Ukhuseleko luyakwenziwa kangoko ukwenzela ukuba abathathi nxaxheba bangaphazamiseki.kolu phando. Ukuba ngaba uthe waphazamiseka siyakuthatha uxanduva lokukunceda siyile yunivesiti yase ntshonaKapa (UWC).

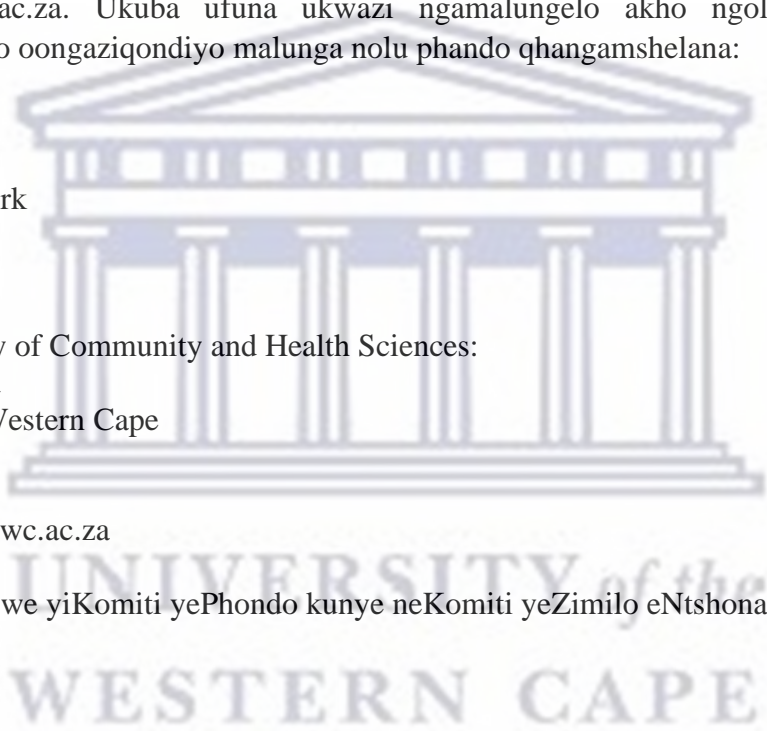
Xa ndinemibuzo ndithini?

Olu phando lwenziwa ngu Abigail Wadzanayi Hlomayi kwiCandelo lo Nontlalakahle kwi yunivesiti yaseNtshona Kapa (UWC). Ukuba unemibuzo ngolu phando tsalela ezinombolo: 3912882@myuwc.ac.za. Ukuba ufuna ukwazi ngamalungelo akho ngolu phando okanye unezikhalazo neinto oongaziqondiyo malunga nolu phando qhangamshelana:

INTloko yeSebe:
Dr. M Londt
Dept. of Social Work
mlondt@uwc.ac.za
021 9592277

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

Olu phando luvunywe yiKomiti yePhondo kunye neKomiti yeZimilo eNtshona Koloni.





UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 9486 Fax: 27 21-
Email: rich.edna2@gmail.com; jryan@uwc.ac.za & 3912882@myuwc.ac.za

APPENDIX B: INFORMED CONSENT FORM

Title of Research Project: Exploring the dating experiences of young adult males who have had childhood exposure to family violence

The study has been described to me in 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 unless required by law. 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 audio-taped during my participation in the study.

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

Participant's name.....

Participant's signature.....

Date.....



UNIVERSITEIT VAN DIE WES-KAAP

Privaat Sak X 17, Bellville 7535, Suid-Afrika

Tel: +27 21-959 9486 Faks: 27 21-

Epos: rich.edna2@gmail.com; jryan@uwc.ac.za & 3912882@myuwc.ac.za

BYLAAG B: TOESTEMMINGSVORM

Titel van die Navorsings Projek: Ondersoek die verhoudings van jong volwasse mans wie as kinders blootgestel was aan huishoudelikegeweld

Die studie is beskryf 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 deel neem aan die studie. Ek verstaan dat my identiteit nie bekend gemaak sal word nie. Ek verstaan dat ek enige tyd mag onttrek van die studie sonder om 'n rede te verskaf en sonder om enige vrees of negatiewe gevolge of skade te lei.

_____ Ek verleen hiermee toestemming dat die onderhoud op band opgeneem mag word tydens my deelname aan hierdie studie

_____ Ek verleen hiermee geen toestemming dat die onderhoud op band opgeneem mag word tydens my deelname aan hierdie studie nie

Deelnemer se naam.....

Deelnemer se handtekening.....

Datum.....



IYUNIVESITHI YENtshona Koloni

Privaat Sak X 17, Bellville 7535, Suid-Afrika

Tel: +27 21-959 9486 Ifeksi: 27 21-

Imeyile: rich.edna2@gmail.com; jryan@uwc.ac.za & 3912882@myuwc.ac.za

ISIHLOMELO B: IFOMU YEISIVUMELWANO ESI SESIKWENI

Isihloko Sophando: Uphononongo lwamava abafana abafikisayo abakhulele kumakhaya
anobundlobongela

Esi Sifundo sichazwe kum ngolwimi endiluqondayo. Imibuzo yam ngolu phando ziphendulwe.

Ndiyakuqonda ukuthatha kwam inxaxheba kolu phando kuthetha ntoni kum, ndiyavuma ukuthatha inxaxheba. Ndiyaqonda ukuba amagama am awazukubhengezwa. Ndiyazi ukuba ndinelungelo lokurhoxa xa ndifuna, ngaphandle kokoyika okanye ukoyikiswa nokungafumani ngeniso.

_____ Ndiyavuma ukurekhodishwa gexa ndithatha inxaxheba kuphando.

_____ Ndiyavuma ukungarekhodwa ngexa lokuthatha kwam inxaxheba koluphando.

Igama lomthathinxaxheba:

Utyikityo lomthathi nxaxheba:

Umhla:



UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 9486 Fax: 27 21-
Email: rich.edna2@gmail.com; jryan@uwc.ac.za & 3912882@myuwc.ac.za

APPENDIX C: INTERVIEW SCHEDULE

Title of Research Project: *Exploring the dating experiences of young adult males who have had childhood exposure to family violence*

Introduce self to the participant and contract with participant

Research introduction: This study is conducted in fulfillment 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 the dating experiences of young adult males who have had childhood exposure to family violence.

Interviewer:	
Respondent Code:	
Age:	
Gender:	
Place	
Time:	

Welcome and Overview

Starting the interview: Introduce and explain the purpose of the study

Anonymity

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

Permission to record the session

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

Complete consent form

- Interviewer to complete consent procedure prior to 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?

Section A: Biographical Information

1. How long have you been living here (the youth centre)?
2. Why did you come here (the youth centre)?
3. How old were you when you were exposed to family violence?
4. Did you experience family violence more than once?
5. What type of family violence did you experience?
6. Are you currently dating?

Section B: Childhood Experience

As I discussed with you earlier, this interview is about your dating experiences as a young man who was exposed to childhood family violence.

1. Describe how your childhood was like **[Prompt]**
2. Who were your caregivers at this time?
3. Can you describe the relationship between your caregivers? **[Prompt]**
4. How was your relationship with your caregivers/parents? **[Prompt]**

Section C: Dating Experience

1. What are your thoughts about relationships?
2. Are you currently in a relationship or have you ever been in a relationship? **[Prompt]**
3. What does real love look like to you?
4. How would you describe your relationship(s)? **[Prompt]**
5. In the case of conflict, what do you do or how would you describe yourself?

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

Adapted from: Client Screening to Identify Domestic Violence Victimization, Domestic Abuse Committee of the Family Law Section of the Minnesota State Bar Association, 2010; Holtzworth-Munroe, Beck & Applegate (2010), Mediator's Assessment of Safety Issues and Concerns; and Janet Johnston, et al., IN THE NAME OF THE CHILD (2d ed.), Springer Publishing Co., 2009.



UNIVERSITEIT VAN DIE WES-KAAP

Privaat Sak X 17, Bellville 7535, Suid-Afrika

Tel: +27 21-959 9486 Faks: 27 21-

Epos: rich.edna2@gmail.com; jryan@uwc.ac.za & 3912882@myuwc.ac.za

BYLAAG C: ONDERHOUDSKEDULE

Titel van Navorsingsprojek: *Ondersoek die verhoudings van jong volwasse mans wie as kinders blootgestel was aan huishoudelikegeweld.*

Navorsing bekendstelling: Hierdie studie is uitgerig in voltooiing na aanleiding van die verwagtinge ten einde die behaling van die Meesters graad in 'Child and Family Studies' (Kinder en Familie Studies) aan die Universiteit van Wes Kaapland. Die studie ondersoek persepsies, ervaringe en uitdagings van pleegouers en maatskaplike werkers.

Navorsers:	
Deelnemer Kode:	
Ourderdom:	
Geslag:	
Plek:	
Tyd:	

Verwelkoming en Oorsig

Begin van die onderhoud: Inleiding en verduideliking van die doelwit van die studie.

Anonimiteit

- Verduidelik aan die deelnemer dat die data sal bestaan uit die inligting wat gedeel word, en dat geen persoonlike name gebruik sal word nie.
- Hersien punte van opklaring en bevestig dat die deelnemer graag deel wil neem aan die projek.

Toestemming om die sessie op te neem

- Verduidelik aan die deelnemer dat die onderhoud opgeneem sal word op oudioband vir die doel om die inligting noukeurig op te neem.

Voltooi toestemmingsvorm

- Deelnemer moet die toestemmingsprosedure voltooi voor die begin van die onderhoud [lees inligtingsbladsy, gee deelnemer 'n kopie van die toestemmingsvorm, en verseker dat hulle die vorm teken.

Voltooi demografiese inligting

VRA – Het u enige vrae voor ons begin?

Afdeling A: Biografiese Inligting

1. Vir hoe lank bly jy nou al hier (by hierdie jeugsentrum)?
2. Hoekom het jy hier aangesluit (by hierdie jeugsentrum)?
3. Hoe oud was jy toe jy blootgestel was aan huishoudelikegeweld?
4. Het jy huishoudelikegeweld op meer as een geleentheid ervaar?
5. Watter tiopie huishoudelikegeweld het jy ervaar?
6. Is jy op die oomblik in 'n verhouding?

Afdeling B: Kindsdae Ervaring

Soos ek vroeër benoem het, hierdie onderhoud verwys na verhoudings van jongmans wat blootgestel was aan huishoudelikegeweld as kinders.

1. Beskryf jou kinderdae. [Motiveer]
2. Wie het vir jou grootgemaak?
3. Hoe was die verhouding teenoor die mense wat jou grootgemaak het? [Motiveer]
4. Hoe was jou verhouding teenoor die mense wat jou grootgemaak het? [Motiveer]

Afdeling C: Ervaring met Verhoudings

1. Hoe voel jy oor verhoudings tussen jongmense?
2. Is jou op die oomblik in 'n verhouding met iemand? [Motiveer]
3. Wat is ware liefde vir jou?
4. Hoe sal jy jou verhouding/s beskryf? [Motiveer]
5. In die geval van 'n stryery, hoe sal jy jouself beskryf?

Aangepas van: Client Screening to Identify Domestic Violence Victimization, Domestic Abuse Committee of the Family Law Section of the Minnesota State Bar Association, 2010; Holtzworth-Munroe, Beck & Applegate (2010), Mediator's Assessment of Safety Issues and Concerns; and Janet Johnston, et al., IN THE NAME OF THE CHILD (2d ed.), Springer Publishing Co., 2009.



IYUNIVESITHI YENtSHONA KOLONI

Privaat Sak X 17, Bellville 7535, Suid-Afrika

Tel: +27 21-959 9486 Ifeksi: 27 21-

Imeyile: rich.edna2@gmail.com; jryan@uwc.ac.za & 3912882@myuwc.ac.za

ISIHLOMELO C: ISHEDYULI YODLIWANO-NDLEBE

Isihloko seProjekti yo: *Uphononongo lwamava abafana abafikisayo abakhula kumakhaya anobundlobongela nokuxhatshazwa*

Ukuzazisa kubathathi nxaxheba koluphando.

Intshayelelo yoPhando: Olu phononongo lwenziwa ngokuzalisekisa iimfuno zokufumana isidanga se-Master kwiZifundo zaBantwana nakwiSapho kwiYunivesithi yeNtshona Koloni. Olu phando lufuna ukukhangela amava okuthandana kwabantu abadala abancinci abaye bafumana ingozi kubantwana kubundlobongela basekhaya.

Umntu owenza udliwanondlebe:	
ikhowudi yomthathi-nxaxheba:	
Ubudala:	
Isini:	
Indawo:	
Ixesha:	

Ushwankathelo

Ukuqala udliwanondlebe: Yazisa kwaye uchaze injongo yesifundo

Ukungaziwa

- Chaza kumthathi-nxaxheba ukuba idatha iya kuxelwa kulwazi ekwabelwana ngalo akuyi kusetyenziselwa amagama abantu.
- Phonononga amanqaku enkcazo kwaye uqinisekise ukuba abathathi-nxaxheba bafuna ukuthatha inxaxheba.

Imvume yokurekhoda iseshoni

- Cacisa kumthathi-nxaxheba ukuba udliwano-ndlebe luya kurekhodwa ukuze lugcinwe ulwazi ngokuchanekileyo.

Gcwalisa ifom yemvume

- Udliwanondlebe kufuneka agqibezele inkqubo yokuvuma ngaphambi kodliwanondlebe [funda iphepha lolwazi, unike umntu othatha inxaxheba ikopi yemvume yokuvuma, kwaye ubasayine kule fomu.]

Ulwazi olupheleleyo lwenombolo yabantu

BUZA- Ngaba unemibuzo ngaphambi kokuba siqale?

ICandelo A: Ulwazi ngembali

1. Unexesha elingakanani uhlala apha?
2. Yintoni isizathu esibangele ubelapha?
3. Wawungakanani ukuqala kwakho ukuphila ubomi bokuxhatshazwa nobundlobongela basekhaya?
4. Umlo ekhaya uwubone kangaphi?
5. Loluphi uhlobo lokuxhatshazwa onamava alo?
6. Unentombi othandana nayo?

ICandelo B: Amava Obuntwana

Njengoko bendithethile nawe, olu phando lungamava akho malunga nentombi nanje ngomfana okhulela kwikhaya olunoxhatshazo nobundlobongela.

1. Khawucacise gokukhula kwakho. **[Khangela]**
2. Ukhuliswe ngoobani?
3. Ungandichazela ngobudlelwane phakathi kwabazali bakho? **[Khangela]**
4. Babunjani ubudlelwana phakathi kwakho nabazali bakho? **[Khangela]**

ICandelo C: Amava Okujola

6. Zithini iingcinga zakho ngokuthandana?
7. Ukhona umuntu othanadana naye ngalo mzuzu?
8. Lunjani uthando ngokwazi kwakho?
9. Ungabucacisa kanjani ubudlelwana bakho nabantu othandana nabo?
10. Xa kukho ungqzulwanao/ ingxabano, wenza ntoni okanye ungazichaza kanjani?

Eguqulwe ukusuka: *Client Screening to Identify Domestic Violence Victimization, Domestic Abuse Committee of the Family Law Section of the Minnesota State Bar Association, 2010; Holtzworth-Munroe, Beck & Applegate (2010), Mediator's Assessment of Safety Issues and Concerns; and Janet Johnston, et al., IN THE NAME OF THE CHILD (2d ed.), Springer Publishing Co., 2009.*



UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 9486 Fax: 27 21-
Email: rich.edna2@gmail.com; jryan@uwc.ac.za & 3912882@myuwc.ac.za

APPENDIX D: ORGANISATIONAL PERMISSION LETTER

DATE

RE: Permission to Conduct Research Study

Dear Sir/Madam:

I am writing to request permission to conduct a research study at your organisation. I am enrolled as a Masters student in the Child and Family Studies Programme in the Department of Social Work at the University of Western Cape. The study focuses on exploring the dating experiences of young adult males who have had childhood exposure to family violence. I will require permission to interview six (6) to eight (8) young men at your youth centre. 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 individual face-to-face semi-structured interviews with all participants (see interview guide attached) that will last about 60 to 90 minutes. Neither your institution/center 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: 3912882@myuwc.ac.za

Sincerely

Abygail W. Hlomayi



UNIVERSITEIT VAN DIE WES-KAAP

Privaat Sak X 17, Bellville 7535, Suid-Afrika

Tel: +27 21-959 9486 Faks: 27 21-

Epos: rich.edna2@gmail.com; jryan@uwc.ac.za & 3912882@myuwc.ac.za

BYLAAG D: ORGANISASIE BRIEF

DATUM

Rakende: Toestemming om Navorsing Study 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 ingeskryf as 'n meesterstudent in die kinder- en gesinsleerprogram in die Departement Maatskaplike Werk aan die Universiteit van Wes-Kaapland. Die studie fokus op die ondersoek van die dateringservarings van jong volwasse mans wat hul kinders aan huishoudelike geweld blootgestel het. Ek sal toestemming nodig hê om ses tot agt jong mans in u jeugsentrum te onderhou. Geïntereseerde deelnemers wat gewilliglik deelneem, sal toestemmings briewe ontvang en teken (kopie aangeheg). Indien toestemming ontvang word, sal ek individuele semi-gestruktureerde onderhoude voer (sien aangehegte onderhoudsgids) wat tussen 60 en 90 minute sal duur. 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: 3912882@myuwc.ac.za

Die uwe,

Abygail W. Hlomayi



IYUNIVESITHI YENtshona Koloni

Privaat Sak X 17, Bellville 7535, Suid-Afrika

Tel: +27 21-959 9486 Ifeksi: 27 21-

Imeyile: rich.edna2@gmail.com; jryan@uwc.ac.za & 3912882@myuwc.ac.za

ISIHLOMELO D: ILETA YEMVUME

UMHLA

RE: Imvume yokuqhuba uphando

Mnu / Nkszk Ebekekileyo:

Ndibhala ndicela imvume yokuqhuba uphando kwisebe lakho. Ndibhalise njengomfundi we-Masters kwiNkqubo yaBantwana kunye neZifundo zoSapho kwiSebe lezeNtlalontle kwiDyunivesithi yaseNtshona Koloni. Olu phononongo lugxile ekuvavanyeni amava okuthandana kwabantu abadala abancinci abaye Ukuvezwa kobuntwana kubundlobongela basekhaya. Ndiza kufuna imvume yodliwanondlebe namadoda amathandathu ukuya kwisibhozo kwakwindawo yakho yolutsha. Abathathi-nxaxheba abanomdla, abazinikelayo ukuba bathathe inxaxheba, banokunikwa ifom yokuvuma ukuba bayisayine (ikopi ifakwe apha). Ukuba imvume ivunyiwe, ndiya kuqhuba udliwanondlebe ngobuso ngobuso kunye nabo bonke abathathi-nxaxheba (jonga isikhombisi sodliwanondlebe esiqhotyoshelweyo) esiya kuhlala malunga nemizuzu engama-60 ukuya kwengama-90. Iziko lakho / iziko lakho okanye abathathi-nxaxheba abathile abayi kungenisa iindleko.

Iya kuthakazelelwa kakhulu imvume yakho yokuqhutywa kwesi sifundo. Unganditsalela kule dilesi ye-imeyile: 3912882@myuwc.ac.za

Owakho ngenene,

Abygail W. Hlomayi

APPENDIX E: ETHICS APPROVAL LETTER FROM THE UNIVERSITY



UNIVERSITY of the
WESTERN CAPE



18 November 2020

Ms AW Hlomayi
Social Work
Faculty of Community and Health Sciences

Ethics Reference Number: HS20/8/31

Project Title: Exploring the dating experiences of young adult males who have had childhood exposure to family violence.

Approval Period: 12 November 2020 – 12 November 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.


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

Director: Research Development
University of the Western Cape
Private Bag 8, 17
Bellville 7520
Republic of South Africa
Tel: +27 21 859 4111
Email: research-ethics@uwc.ac.za

HDSREC Registration Number: HSSREC-130618-049

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

APPENDIX F: EDITOR'S LETTER



PROOF-READING

PROFESSIONAL EDITING SERVICES

PHD PRACTICAL THEOLOGY (SU) • MTH PRACTICAL THEOLOGY (SU) • BA (HONS) PSYCHOLOGY (UNISA)
BTH (HONS) PRACTICAL THEOLOGY (UNISA) • BTH PASTORAL COUNSELLING (UNISA)

DR LEE-ANNE ROUX
EDITOR | PROOFREADER

+27 82 825 7325
leeanne@proof-reading.co.za
www.proof-reading.co.za

8 December 2022

TO WHOM IT MAY CONCERN

RE: LANGUAGE EDITING

This letter serves to confirm that I have edited the thesis titled:

Exploring the dating experiences of young adult males who have had childhood exposure to family violence (FV)

By

Abygail Wadzanayi Hlomayi

Please feel free to contact me if you need any further information.

Yours sincerely,

Dr Lee-Anne Roux