ASSESSING THE EFFECTS OF DOMESTIC VIOLENCE ON ACADEMIC PERFORMANCE OF THE LEARNERS. THE CASE OF KATETE DISTRICT OF ZAMBIA
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ABSTRACT

This research study aimed at assessing the effects of domestic violence on the academic performance of primary school learners in Zambia, a case study of Katete district. It is evident that domestic violence is increasingly becoming a threat to children and is reported to be affecting their growth and developmental patterns for millions of children. It is corrosive therefore, that this very supportive social unit is also the arena where violence is experienced with untold suffering to the partners involved and also on their children. Domestic violence is a health, legal, economic, educational, developmental and human rights problem. Strategies should be designed to operate across a broad range of areas depending upon the context in which they are delivered.

The general objective of the study was: to assess the effects of domestic violence on the academic performance of primary school learners in Zambia. Four specific objectives were focused on, namely: to investigate causes and factors of domestic violence in Katete district, to establish the forms of domestic violence and the perpetrators, to assess the effects of domestic violence on the learner's academic performance and to determine the role of educational, civic leaders, church and other stakeholders in mitigating domestic violence.

This research study was guided by descriptive design; they involved giving a comprehensive description of a certain phenomenon. Descriptive studies answered the 'how' question of research. This study used a mixed approach i.e. quantitative and qualitative method Creswell (2005). According to Trochim (2006) quantitative research often translates into the use of statistical analysis to make the connection between what was known and what can be learned through research, whereas qualitative was defined as a study which was conducted in a natural setting (Creswell, 2005:39). Qualitative research approach will provide an enquiry for understanding a social or human problem based on building a complex, holistic picture, formed with words, reporting detailed views of information and conducting it in a natural environment.

Research also indicated that Katete District has an Area: 3,987 Km² and the population of (CSO 2010): 240,818. The district comprised Males: 117,507 (49.0%), while Females: 123,311 (51.0%) where 36 households (men and women), 10 girls and boys and 4 Key informants were drawn from.

The research instruments and data collection techniques involved: structured closed-ended questionnaires which were survey (face-to-face) administered to men and women, boys and girls

whereas unstructured interviews were conducted with key informants from DEBS, VSU, YWCA and guidance and counseling teachers and focus group discussion in Katete. Data analysis used frequencies and percentages to present data collected using survey questionnaires whereas, data from the unstructured interviews were classified in narrative form. The study revealed that there is high rate of domestic violence attributed by many factors.

Recommendations where draw aimed at reducing or mitigating domestic violence in the area. Below are some of the recommendations:

There should be guidance and counselling rehabilitation sessions in both school and community level. This will educate, sensitize and rehabilitate each and every individual in the society. This would also help pupils to cope with the upset associated with the violence

Communities, churches, schools and the government should take the responsibility of minimizing domestic violence and provide security for the young ones in particular and the community as a whole.

There should be Training of health care providers to recognize and respond to gender-based violence as one of the most important ways of identifying and assisting victims. Not just obstetrician/gynecologists but all health care professionals must learn to recognize the signs: hospitals (especially emergency room staff); public and private health clinic staff; general/family practitioners; internists; pediatricians; psychiatrists; nurses and the staff of family planning clinics.

There should be intensive media advertising solutions, informing policy-makers and educating the public about legal rights and how to recognize and address domestic violence. Newspapers, magazines, newsletters, radio, television, the music industry, film, theatre, advertising, the internet, posters, leaflets, community notice boards, libraries and direct mail could be channels for providing information to victims and the general public about domestic violence prevention and available services

1) INTRODUCTION AND BACKGROUND

This chapter presented the background to the study and defined the problem that the study attempted to address. It stated the purpose, objectives and research questions that needed to be answered. The chapter further reflected on the significance, conceptual framework, operational definition of terms, and organisations of the dissertation and provides the summary of the chapter.

Katete is among the poorest district of Zambia and this was so because Katete has no economic activity that kept it awake other than farming which gave little to our farming community for they are subsistent farmers. Location: Katete was one of the eight districts in Eastern Province of the Republic of Zambia. It is situated between longitudes 31.450 and 32.300 East and latitudes 13.800 and 14.450 South. Katete district shared an international boundary with the Republic of Mozambique in the south, with Chadiza district in the southeast, Chipata district in the northeast, Mambwe district in the north, and Sinda district in southwest. Research also indicated that Katete District has an Area: 3,987 Km² and the population of (CSO 2010): 240,818. The district comprised Males: 117,507 (49.0%), while Females: 123,311 (51.0%). Total households were 48,137. Further, the district had 3 constituency and 28 wards. The temperatures in Katete range from 10 degrees Celsius to 35 degrees Celsius. The hottest month is usually October with minimum temperatures ranging from 30 degrees Celsius to 33 degrees Celsius and the highest temperature ever recorded is 35 degrees Celsius. The coolest period is from May to July with temperatures ranging from 10 degrees Celsius to 22 degrees Celsius with the mean temperature being 21 degrees Celsius. The mean annual rainfall ranges from 700 mm to 900 mm. The rains in the district usually start to fall towards the end of October with high rainfall amounts recorded around December to February. The rainfall ends in March or April. The southern part of the district receives low rainfall

amounts than the northern parts. The district has been experiencing drought conditions during the past four years (2000 - 2005) resulting in inadequate water supply and poor crop harvests. The problem has been more pronounced in the southern part of the district (https://www.eas.gov.zm 2018).

In -terms of vegetation, Katete district ranges from Savannah grasslands to woodlands. The southern part of the district is characterized by overgrazing and cutting down of trees which overtime has led to deforestation and environmental degradation. The most common trees are Mulura and Miombo.

As regards, Socio-economic Infrastructure, the district has the following major socio-economic infrastructure: -

Roads: The district has a total of 740 km roads, of which 700 km are rural feeder roads and 40.5 km are township roads. About 5 km of township road is paved.

Education: The district has a total of 122 schools, of which 94 are GRZ Basic Schools, 3 are GRZ Secondary Schools, 1 is a GRZ High School, 22 are Community Schools, 2 are Private Primary Schools.

Health: The district has a total of 43 health facilities, of which 19 are Health Posts, 22 are Rural Health Centres, 1 is Urban Health Centre, and 1 is a District Hospital (*Level 1*).

Water Supply and Sanitation: Township Water Supply and Sanitation Services in the district are provided by the Eastern Water Supply and Sewerage Company (ESWC) through piped water system. Rural Water Supply and sanitation services are provided by the council in form of boreholes, wells and latrines.

Energy: Katete District is connected the national grid. Power supply to the district is provided by ZESCO. The district has two filling stations that supplies petroleum products.

Radio and Television: The district has one local radio station. The district receives ZNBC radio 1 and 2 signals. In terms television, the district receives ZNBC TV signal, and fee-paying channels from Muvi TV, Top star Tv and DSTV Multichoice Zambia.

Communication: Mobile phone providers in the Katete are MTN. Airtel and CellZ. Land Line Phone services are provided by Zamtel. The district has 1 Post Office.

Airport: Katete District has an airstrip which serves only light aircrafts.

District Investment and Trade: Katete District has the following major investment in commerce, Industry and trading activities:

Agriculture: Major crops grown in the District include maize, groundnuts, Cotton and sunflower. Livestock reared include cattle, pigs, goats and chickens.

Financial Sector: Katete District has one commercial bank which is called Atlas Mara Bank and an instore bank called First National Bank (FNB).

Agro-Industry: Katete district has one cotton ginneries owned by Louis Dreyfus Company (LDC) and one cooking oil processing plant owned by Katete District Women's Association (KDWA).

Shopping Facilities: The district has no major supermarkets. The district has few shops mostly owned by local people.

Trade: The main exports commodities in Katete District include agricultural produce such as maize, groundnuts and cotton. Most agricultural products grown in the province have a high potential on the international market. The lint cotton (including cotton cake) is exported to Malawi, Mozambique, South Africa and China).

Five Primary Resources: Agriculture is the mainstay of Katete District's economy. The main primary resources of the district are: Forest Products, crops such as Maize, groundnuts and Cotton, and Livestock (Cattle, Pigs, Goats and Poultry).

There is no perennial but seasonal rivers in the district. These run between the months of December to August. They include the Katete, Mzime, Lupande, Mnyamanzi, Kapoche and Katiula rivers. Katiula River flows into Katete while both Katete and Mzime flow into Kapoche River, which flows

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into Mozambique. Mnyamanzi flows into the Lupande River which in turn flows into the Luangwa River in Mambwe district. Katete district has 44 man-made dams and weirs which were constructed during the 1940s and 1950s. Due to age, lack of rehabilitation and maintenance, the dams have problems of siltation, leakages, overgrown vegetation and damaged walls and spillways (Kasali, 2007).

This has resulted in the dams being unable to hold enough water for livestock and human consumption and for various other uses. Persistent droughts over the past years have also contributed to the difficulties associated with water availability in the district. The people in the district largely depend on wells and boreholes for their drinking water and in cases where these were not available, people especially women and girls had to travel long distances to streams to draw water (Kasali, 2007).

The district has a total of 740 km roads, of which 700 km were rural feeder roads and 40.5 km were township roads. About 5 km of township road were paved. As for education the district had a total of 122 schools, of which 94 were GRZ Basic Schools, 3 were GRZ Secondary Schools, 1 were GRZ High School, 22 were Community Schools, 2 were Private Primary Schools. Moreover, the district had a total of 43 health facilities, of which 19 were Health Posts, 22 were Rural Health Centres, 1 was Urban Health Centre, and 1 was a District Hospital (Level 1). The district had the Township Water Supply and Sanitation Services in district were provided by the Eastern Water Supply and Sewerage Company (ESWC) through piped water system.

Rural Water Supply and sanitation services were provided by the council in form of boreholes, wells and latrines. Katete District was also connected the national grid. Power supply to the district was provided by ZESCO. The district had two filling station that supplies petroleum products. The District Investment and Trade: Katete District had the following major investment in commerce, Industry and trading activities: Agro-Industry: Katete district

had one cotton ginneries owned by Louis Dreyfus Company (LDC) and one cooking oil processing plant owned by Katete District Women's Development Association (KDWDA).

As for trade, the main exports commodities in Katete District include agricultural produce such as maize, groundnuts and cotton. It was noted that most agricultural products grown in the province have a high potential on the international market. The lint cotton (including cotton cake) is exported to Malawi, Mozambique, South Africa and China). Finally, Katete has five primary resources namely: Agriculture as the mainstay of Katete District's economy. The main primary resources of the district are: Forest Products, crops such as Maize, groundnuts and Cotton, and Livestock (Cattle, Pigs, Goats and Poultry) https://www.eas.gov.zm 2018), basically, the above was the background of the research location of the study.

According to Holden (2003) one of the problems researchers face in the field of children exposed to domestic violence is a lack of a common terminology and definitions. Each scientific tradition and every perspective in the field relating to children exposed to domestic violence has its own concepts, definitions and terminology.

Consequently, the terminology and taxonomy in the field varies greatly. However, the problem is not unique to this field. There is an ongoing debate about definitional issues in the research filed of violence and sexual abuse in general (Kilpatrick, 2004).

Akpan and Usoroh (2005) state that domestic violence was violence in intimacy which can be physical, sexual, psychological, emotional or threats of physical or sexual violence that were inflicted on women. Violence directed against women was found in many societies. The scholars also state that, domestic violence was a very serious social, economic and psychological problem that had no cultural, social, economic and psychological group inhibition. Further

Tony (2002) also define 'domestic' as derived from the Latin word 'domus' meaning a 'home'. Domestic

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(Domesticus in Latin connotes what happens in and around a family dwelling place. Whereas, World Health Organization (WHO) (2002) defines violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or had a high likelihood of resulting in injury, death, psychological harm, mal- development or deprivation.

On the other hand, United Nations Children's Fund (UNICEF) (2014) contend that domestic violence was the victimisation of a person with whom the abuser had or had had an intimate, romantic, spousal relationship. It consists of a pattern of coercive behaviors used by a competent adult to establish and maintain power and control over another competent adult. These behaviors which can occur alone or in combination, periodically or repeatedly include physical abuse, psychological, emotional abuse, and economic abuse. The term 'domestic 'includes violence by an intimate partner and by other family members, wherever this violence takes place and in whatever form (Khan, 2000).

The researcher urges that academic performance is an important structure in measuring success in learners particularly at primary level. Conversely, the ultimate objective of providing education to learners is to provide opportunities for them to excel, both academically and in social life. However, it is worth noting that the learner's performances in school depend on their' mental and physical abilities which are influenced by other factors from an academic perspective. Other scholars such as add value to this debate by pointing out that academic performance of any child cannot be separated from the home environment in which the child grows up (Fantuzzo, Tighe, and Childs, 2000).

Additionally, Meltzer (2009) emphasizes the realization that the home has a great influence on the child's psychological, emotional, social and economic state because it is the first training ground and the foundation for the child, whatever happens at home therefore, go a long way in affecting the behavioral and psychological upbringing of the learner.

1.2 STATEMENT OF THE PROBLEM

Over 3 million children were at risk of exposure to parental violence each year. About two-thirds of abused children were being parented by battered women. In the same vein, of the abused children, they were three times more likely to have been abused by their fathers (Tony, 2002).

Various research undertaken on the effect of domestic violence on learners had been demonstrated mostly in the advanced countries (Rossman, 2001; Wathen, 2003; UNO, 2006; McDonald et al. 2006; Meltzer, 2009 and Stanley, 2011), while few studies had been undertaken in the developing countries which could be traced to inadequate data as a result of the fact that domestic violence is considered as a family affairs which should not be interfered with most especially in Africa (Aihie, 2009). Nassar (2017:65) asserted that children exposed to domestic violence perform considerably worse in math and reading and other topics than other students. In addition, they have more disciplinary problems at school.

They also have a negative effect on their classroom peers, resulting in decreased test scores and increased disciplinary problems according to some studies conducted by many researchers.

The researcher tried to investigate the effect of domestic violence on students' achievement because this was a valuable topic to be studied and evidence from reports written by Educational advisors shows that there was a considerable number of students' that face violence in their families.

Moreover, the Zambia police reported that barely a day passes in Zambia without the report of a case of violence against women, or men whether in a rural or an urban setting. The 2018 report stated that Eastern Province (which includes Katete district) recorded 344 cases representing 16.4% (www.zambiapolice.gov.zm 2019). It was in the light of the above that the researcher wished to assess the extent at which domestic violence had affected

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the academic performances of learners in Katete district in Zambia.

1.3 RESEARCH OBJECTIVE

1.3.1 To assess the effects of domestic violence on academic performance of learners.

1.3.2 SPECIFIC OBJECTIVES

a. To investigate causes and factors of domestic violence in Katete district.
b. To establish the forms of domestic violence and the perpetrators
c. To assess the effects of domestic violence on the learner's academic performance
d. To determine the role of educational, civic leaders, church and other stakeholders in mitigating domestic violence

1.4 RESEARCH QUESTIONS

a. What were the causes and factors of domestic violence in Katete district?
b. What forms of domestic violence were common and who were the perpetrators?
c. What were the effects of domestic violence on the academic performance?
d. What was the role of educational, civic leaders, church and other stakeholders in mitigating domestic violence?

1.5 SIGNIFICANCE OF THE STUDY

Undertaking this study entailed that the researcher would assess the extent to which learners coming from homes in Katete district that were characterized by domestic violence affected their school participation and their academic performance. Therefore, educational officials from Ministry of General Education (Policy Makers), Districts Education Board Secretary's office (DEBS), Primary Schools Administrators, teachers, Civic, and Church leaders and other stakeholders (for instance, Non-Governmental Organisations). Additionally, Policy Makers were also anticipated to benefit from study in terms of mitigating and strategizing ways of offering practical solutions for in terms of

formulating policies that will guide educational administrators to handle leaners who are affected by domestic violence.

2) LITERATURE REVIEW

Overview

This chapter consisted of the relevant themes which have been derived from the research objectives. The Literature Review was seeking to assess the effect of Domestic Violence on learners Academic Performance in Zambia.

2.1 Causes and Factors of Domestic Violence

Put simply, domestic violence means "an act carried out with the intention or perceived intention of physically hurting another person. This violence refers to the classic forms of violence towards wives, children, sibling violence and violence towards parents. Thus, violence can occur between those who share a domestic relationship by virtue of sharing the same household" Rhodes and Levison2003 observe that domestic violence is a form of gender violence, which relates more to issues of power than sexuality. It has been known for some time that rape or sexual assault is not related to sexuality; it is related to dominance and an apparent need to humiliate the person being attacked. Similarly, battering as part of domestic violence is also at its heart; an effort to assert dominance or to re-assert a self-image based on dominance.

According to (Taylor, 1992). a child's exposure to their father's abuse of their mother was the strongest risk factor for transmitting domestic violence from one generation to the next. This cycle of domestic violence was difficult to break because parents have presented violence as a norm.

However, many other batterers come from homes where the father did not beat the mother, and violence wasn't the way problems were solved. Also, many boys who watch their mothers being beaten do not batter their own wives when they grow up. Nor can we say that all men who beat their wives must have learned this behaviour from their fathers.

There were several causes and factors that influence domestic violence. However, Collins (1988) points out that a person becomes angry when the spouse does or says something unpleasant towards him/her. He/she feels aggressive towards the source of attack and responds with retaliation. This usually produces an escalation of aggression – and violence breeds more violence. Some of the factors that lead to escalation was due to uncontrolled anger by one spouse which eventually degenerates into aggression which eventually turns ugly. From the researcher's standpoint anger was not bad at all especially when a person was hurt. What was bad however, was when anger turns into violence.

Another cause of anger was frustration. Psychologists urge that frustration often produces aggression in that the frustrated person responds by lashing physically or verbally at another person or object. Whatever the source of frustration, whether family, finance or social matters, there was bound to be aggression, and mostly directed towards the spouse. Failure to manage anger and frustration by either one of the spouses often lead to regrets because there was lack of logical reasoning by either party.

Stress was another common cause of spousal violence. Stress was caused by many factors such as financial and economic problems. In many instances, couples were unable to meet all their financial needs, especially with the rising cost of living and at times they were not able to sit and plan together for the available resources. Fights and quarrels arise from real or imagined misappropriation of the finances by one party. The co-occurrence of stressful problems in early life was often referred to as adverse childhood experiences (ACEs). ACEs was a construct emerging from a long line of studies into traumatic events occurring in childhood such as domestic violence, sexual, physical and emotional abuse, household dysfunction, and neglect (Felitti et al., 1998; Dube et al., 2001) cited by Lloyd 2018.

In addition, Pickup, (2001) states that it is important to remember that psychological explanations for gender violence (i. e. witnessing marital violence as a child, having an absent or rejecting father, or being abused as a child) often fail to appreciate the role of wider inequalities in the relations between women and men, and the need to transform these. It is not simply the case that if one sees or experiences violence as a child, one will in turn abuse others. Studies emphasize that girls are three to six times more likely to experience sexual abuse than boys, yet the vast majority of sexual abuse is perpetrated by male, not female, adults.

At the other extreme, (Pickup 2001) asserts that the explanation of violence against women solely as the result of men's experience of external factors (i. e. poverty, conflict, rapid economic or political change), fails to take into account that gender-based violence cuts across socio-economic boundaries. While evidence from women themselves in many different contexts indicates that poverty and crisis exacerbate violence against women, in particular domestic violence, poverty is not in itself the cause of violence against women. Rather, it is one of main factors that may aggravate or increase the violence that already exists. The fact that not all men in poor households are violent indicates that poverty is an insufficient explanation of violence. Exaggerating the role of poverty, in fact, negates people's agency in making choices about the way they react to factors outside of their control (Ibid).

The researcher's observation has been a correction between poverty and domestic violence. Numerous reports complied by Zambia Police Service indicate that spouses fight over food and other socio-economic issues. Carrell et al., (2010), observes that given the strong correlation between poverty and domestic violence, this makes a stronger case for increasing domestic violence reporting, which reduces its impact on the long-term achievement of children's peers to nearly zero.

The debate on causes of domestic continues as the scholar contends that conflict and rapid social or economic change affect the extent of gender-based violence in a society, but they do not cause it. Existing rates of violence against women do often increase during times of social instability, and new patterns of abuse can be triggered. Situations like

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men's unemployment and women's entry into the workforce during times of economic restructuring, or the lack of opportunities for demobilized soldiers after a war, may pose a challenge to men's sense of themselves as powerful. However, the scholar observes that in contexts where individual men feel their sense of masculinity and power is threatened, and gender-based violence is condoned in law or in custom, such violence may increase in intensity and frequency, as men struggle to maintain a sense of power and control. The gender perspective on violence against women shows us that the root cause of violence lies in the unequal power relations between women and men, which ensure male dominance over women, and are a characteristic of human societies throughout the world (Minnesota Advocates for Human Rights, 2003)

The views of the Minnesota Advocates for Human Rights (2003), were supported by (Kanchiputu and Mwale, 2016:1) who asserts that domestic violence appears to be common in male dominated cultures such as patrilineal and patriarchy cultures, as it was justified in customs and traditions, and condoned by law. Some of the domestic violence cases go unreported, since children may suffer in silence. There are various reasons for lack of reporting, for example, young children lack capacity to report, many children are afraid of reprisals by perpetrators or interventions by the authorities that worsen their overall situation and parents, the primary protectors of children, are in many cases also the perpetrators of violence and may remain silent if the violence was perpetrated by other family members or powerful members of the community or society.

Several complex and interconnected institutionalized social and cultural factors have kept women particularly vulnerable to the violence directed at them, all of them manifestations of historically unequal power relations between men and women. Factors contributing to these unequal power relations include: socioeconomic forces, the family institution where power relations are enforced, fear of and control over female sexuality, belief in the inherent superiority of males, and legislation and cultural

sanctions that have traditionally denied women and children an independent legal and social status. Lack of economic resources underpinned women's vulnerability to violence and their difficulty in extricating themselves.

Khan (2017:7) also concours with the previous scholars that cultural ideologies both in industrialized and developing countries provide 'legitimacy' for violence against women in certain circumstances. Religious and historical traditions in the past had sanctioned the chastising and beating of wives. Global studies undertaken identified a consistent list of events that lead to violence. These include; not obeying her husband, talking back, not having food ready on time, failing to care adequately for the children or home, questioning him about money or girlfriends, going places without permission, refusing him sex, or expressing suspicions of infidelity.

Kornblum (1991) asserts that the age of marriage was another cause of domestic violence. People who marry early may not have developed adequate sex-role performance and so their marriages have a high chance of instability punctuated by physical violence.

According to the International Labor Organization, (ILO) in general, the orientation of a culture, or the shared beliefs within a sub-culture, helps define the limits of tolerable behavior. To the extent that society values violence, attaches prestige to violent conduct, or defines violence as normal or legitimate or functional behavior, the values of individuals within that society will develop accordingly. Explaining further the ILO observes that justifications for violence frequently are on based gender norms – that is, social norms about the proper roles and responsibilities of men and women. These cultural and social norms socialize males to be aggressive, powerful, unemotional, and controlling, and contribute to a social acceptance of men as dominant. Similarly, expectations of females as passive, nurturing, submissive, and emotional also reinforce women's roles as weak, powerless, and dependent upon men. The socialization of both men

and women has resulted in an unequal power relationship between men and women. Attitudes of gender inequality were deeply embedded in many cultures and rape, domestic assault and sexual harassment can all be viewed as a violent expression of the cultural norm." Source: Chapell D. and Di Martino V., 1998. Violence at Work, Geneva, ILO. in (Minnesota Advocates for Human Rights 2003)

Moreover, Afolabi 2014: Domestic violence was globally described by various scholars, academicians and professionals in human development and public health as a stern social problem, and to say the least, a human rights violation. The recent debate over the years on the issue explains the significant influence it has on mental health of young children. Besides, broad research evidence also indicates how intensely was risky family environment for children's wellbeing (Cummings and Davies, 1994; Margolin and Gordis, 2000, Mathias et al., 1995; Zeanah et al., 1999).

Khan (2017:7) asserts that studies had also linked a rise in violence to the destabilization of economic patterns in society. Macro-economic policies such as structural adjustment Programmes, globalization, and the growing inequalities they had created, have been linked to increasing levels of violence in several regions, including Latin America, Africa and Asia.

The transition period in the countries of Central and Eastern Europe and the former Soviet Union – with increases in poverty, unemployment, hardship, income inequality, stress, and alcohol abuse – had led to increased violence in society in general, including violence against women. Another Domestic Violence identified was the physical punishment of wives had been particularly sanctioned under the notion of entitlement and ownership of women. Male control of family wealth inevitably places decision-making authority in male hands, leading to male dominance and proprietary rights over women and girls (Ibid).

Further, excessive consumption of alcohol and other drugs had also been noted as a factor in provoking aggressive and violent male behaviour towards women and children. A survey of domestic violence in Moscow revealed that half the cases of physical abuse are associated with the husband's excessive alcohol consumption (Ibid).

Lack of legal protection, particularly within the sanctity of the home, was a strong factor in perpetuating violence against women. Until recently, the public/private distinction that had ruled most legal systems had been a major obstacle to women's rights. Increasingly, however, States are seen as responsible for protecting the rights of women even in connection with offences committed within the home. In many countries violence against women is exacerbated by legislation, law enforcement and judicial systems that do not recognize domestic violence as a crime. The challenge was to end impunity for the perpetrators as one means of preventing future abuse (Ibid).

2.2 FORMS OF DOMESTIC VIOLENCE THAT ARE COMMON AND PERPETRATORS

The family was often equated with sanctuary – a place where individuals seek love, safety, security, and shelter. However, the evidence shows that it was also a place that imperils lives, and breeds some of the most drastic forms of violence perpetrated against women and girls. Violence in the domestic sphere is usually perpetrated by males who are, or who have been, in positions of trust and intimacy and power – husbands, boyfriends, fathers, fathers-in-law, stepfathers, brothers, uncles, sons, or other relatives. Domestic violence was in most cases violence perpetrated by men against women. Women can also be violent, but their actions account for a small percentage of domestic violence (Kanchiputu and Mwale, 2016:1).

There are several forms of domestic violence in families; among these forms are physical, emotional, abusive languages to mention a few. However, insights drawn from scholarly literature are supplemented with those from Njeru *et al* (2017) cites Osthoff (2002) as stated that domestic violence is abuse. Was where physical force against the victim in a way to injure or endanger them or cause feeling of pain. Physical abuse included hitting with a fist or with an object, slapping, punching, shaking,

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strangling, choking, pushing, burning, kicking or threats with a knife and other types of contact that result in physical injury to the victim.

Physical abuse can also include behaviors such as denying the victim of medical care when needed, depriving the victim of sleep or other functions necessary to live a comfortable live. Another form of domestic violence was emotional abuse. It was any behavior that threatens, intimidates, undermines the victim's self-worth or self-esteem, or controls the victim's freedom. Emotional abuse can involve isolating an individual from others, excessive jealousy, control of another person's activities, verbal aggression, intimidation through destruction of property, harassment or stalking, threats of violence, Constant criticism. Additionally, threatening the victim with injury or harm, name-calling, and making statements that damage the victim's self-esteem, telling the victim that they will be killed if they ever leave the relationship or even threatening with suicide are also common forms of emotional abuse. Often perpetrators will use children to engage in emotional abuse by teaching them to harshly criticize the victim as well.

These behaviors also lead the victims to question themselves, causing them to believe that they are making up the abuse or that the abuse was their fault. Emotional abuse includes forceful efforts to isolate the victim, keeping them from other people. This vice was intended to eliminate those who might try to help the victim's sense of internal strength, leaving them feeling helpless and unable to escape from the situation ((Njeru *et al*, 2017).

Further, Nilkinson, (2007) in Njeru *et al*, 2017) described sexual abuse as any situation in which force was used to obtain participation in unwanted sexual activity putting the victim on a strict allowance, withholding money at will and forcing the victim to beg for the money until the abuser gives them some money. It was common for the victim to receive less money as the abuse continues.

Domestic violence was the abuse where physical force against the victim in a way to injure or endanger them or cause feeling of pain. Physical

abuse included Physical abuse includes hitting with a fist or with an object, slapping, punching, shaking, strangling, choking, pushing, burning, kicking or threats with a knife and other types of contact that result in physical injury to the victim. Physical abuse can also include behaviors such as denying the victim of medical care when needed, depriving the victim of sleep or other functions necessary to live a comfortable live (Osthoff, 2002).

According to respondents in the quantitative community survey, about 80% of perpetrators are male with a mean age of 39.79, and the majorities were married to their victim (67%). This was confirmed by respondents in the FGDs, i.e. most perpetrators were men and who were married to the victim. In at least three FGDs it was pointed out that both men and women commit GBV, but that men are reluctant to report it because of feelings of shame and humiliation and more generally an undermining of their masculinity. While there was a general sentiment that men of any age could commit GBV, it was also pointed out by FGD respondents that most perpetrators were older than the survivor, i.e. that there was an intergenerational dynamic.

According to the FGD discussions, GBV survivors tend to be women and are often younger than the perpetrator. They were often thought to be less educated and also poorer, although schoolgirls are also reported to experience GBV. Children were mentioned by respondents in all FGDs as being especially vulnerable to GBV, with orphans in particular being abused by stepmothers, among others.

In the context of Zambia, Samuels et al., (2015:45-47), Baseline Study undertaken revealed about 80% of GBV respondents reported that perpetrators were male, there was no differences between the sex of respondents. The youngest reported age was 13 while the oldest was 80 years. Thus, most key informants reported that the main perpetrators of GBV are men and are most often the intimate partner of the victim. Similarly, all respondents in Focused Group Discussion (FGD) said it was predominantly men who were the perpetrators of GBV, whether

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younger and older men and women and among more rural and more urban groups. The most commonly discussed relationship of the perpetrator to the victim was that of spouse or husband.

Qualifying further, it was also widely accepted that it was men who were consuming alcohol who caused a lot of the GBV: The ones that commit too much GBV are the drunkards and the smokers (FGD with men in Mpika). However, men and women in the FGDs underlined that a man did not necessarily have to drink to commit GBV: these men they don't even drink, but every time you say something or suggest something in a home then its violence and results in you being beaten, they dont drink because if its drinking you can say, no its drinking or maybe he has smoked dagga (marijuana) but he doesn't, it's that spirit he has of not wanting to be corrected.. (FGD, women in Mpika). Another respondent in the same FGD agreed: When you say something, you are beaten, in fact it's happening even to those men that don't drink, it's almost all men. A similar sentiment was expressed by young men in Chingola: Mostly it is men [who are perpetrators]. Because when you marry you have accepted that you will be responsible for everything, the children and the woman. So, men are the ones who mistreat others. Mostly the girls that are not yet married but about to get married [are victims] and are between the ages of 15 to 17 years. Others stressed that they are beaten when they are girls and they continue to be beaten after they are married: We are beaten as girls. When you get married you are beaten even without a reason (FGD, young women in Chingola

Similarly, economic reasons were cited as reasons why parents force girls to marry: Yes, sometimes because they want money, they force the girls to get married (FGD, young men, Mpika). Mirroring the above discussions around characteristics of perpetrators, survivors were most often young women: Mostly it is the women [who are victims].

But mostly it is the young women who are between the ages of 16 to 24 (FGD, young women in Chingola). These young women were further qualified by their marital status, thus according to young men in Mpika.

2.3 EFFECTS OF DOMESTIC VIOLENCE ON ACADEMIC PERFORMANCE

The primary focus of early studies conducted mainly during the 1980s and early 1990s was to identify and describe the negative effects on the individual child. One of the effects of domestic violence that was identified was in the past 10 years was known as the DSM-IV diagnosis Posttraumatic Stress Disorder (PTSD) has been used to evaluate the negative outcomes for children who are exposed to domestic violence (Overlien, 2010:82).

Adams (2006) concludes that the consequences of exposure to domestic violence have only recently begun to be understood. During the last 10 years, the majority of research on this topic has been focused on the emotional and behavioral consequences for the individual child. A large number of studies have concluded that exposure to domestic violence has strong adverse outcomes for children, resulting, among other things, in raised levels of aggression, depression, anger, and anxiety (Graham-Bermann and Seng, 2005; Johnson et al., 2002; Kitzmann et al., 2003; Knapp, 1998). Some researchers even argue that domestic violence is the most toxic violence to which children can be exposed (McAlister Groves, 2001).

Overlien, (2010:82) also asserts that children exposed to domestic violence have been described as 'unintended victims. When the child intervenes in the violent act, there may be violence to the child of an unintended nature, that is, coincidental violence. Moreover, some children are used by their fathers as a means of harming or threatening the mother, sometimes referred to as the 'Medea Syndrome'. In a study by McCloskey (2001), 65 percent of men who had battered their wives had also threatened to harm the children.

Furthermore, Njeru et al (2017:1) cites (Carlson 1991, Kellog and Menard, 2003; McGee, 2000; Osofsky, 2003) states that DV is one of the most previse human rights challenges. Additionally, several studies reveal that children who witness DV

are more likely to be affected by violence as adults - either as victims or perpetrators and that children may be exposed to violence at home, in the community, and in the media. This exposure can have significant effects on children as they develop and as they form their own intimate relationships throughout childhood and adulthood. Risk factors are cumulative; the risks for negative outcomes multiply, placing some children in jeopardy. Domestic violence can be physical, sexual or psychological abuse within a family setting. Physical abuse the abuse is where physical force against the victim in a way to injure or endanger them or cause feeling of pain. Physical abuse includes Physical abuse includes hitting with a fist or with an object, slapping, punching, shaking, strangling, choking, pushing, burning, kicking or threats with a knife and other types of contact that result in physical injury to the victim. Physical abuse can also include behaviors such as denying the victim of medical care when needed, depriving the victim of sleep or other functions necessary to live a comfortable live (Osthoff, 2002).

Another scholar (Øverlien,2010:83) argued that since 1997 a number of studies have focused on this issue and found that this group of children was at increased risk of suffering from PTSD (Card, 2005; Griffing et al., 2006; Jarvis et al., 2005; Rossman, 1998). For example, Lehmann (1997) found that half the children in his study who had been exposed to domestic violence could be diagnosed as meeting the PTSD criteria.

Moreover, several schools of thought had emerged one such theory that children who grow up with violence in their homes do not become sensitized to the violence. On the contrary, Adamson and Thompson (1998) found that the children in their study who had a history of exposure to domestic violence reacted with greater emotional intensity to conflict than did children who had not grown up with domestic violence. Research has found that exposure to domestic violence also increases the risk of behavioral problems (Graham-Bermann and Levendosky, 1998; Kitzmann et al., 2003;

Litronwnik et al., 2003; Onyskiw, 2003; Yates, 1996) (Ibid).

A large amount of research has shown that there is a connection between domestic violence and various forms of maltreatment (Edleson, 1999; Lee et al., 2004; McGuigan and Pratt, 2001; Sox, 2004; Straus et al., 1980). Children who are exposed to domestic violence are at risk of other forms of violence such as physical child abuse, since physical child abuse is more likely to take place in families where the mother is abused (Herrenkohl, 2008; Rumm et al., 2000). Moore and Pepler (1998) found that 42 percent of the children in their study who had been exposed to domestic violence had also been physically abused.

Apple and Holden (1998) reviewed 30 studies that all show a clear link between domestic violence and child maltreatment. According to this review, between 30 percent and 60 percent of children exposed to domestic violence are also themselves physically abused. Children exposed to domestic violence are also a risk group for child sexual abuse (Ibid).

Domestic violence leads to serious consequences on the psychological, social, academic, behavioral and emotional development of children. Academically speaking, learners who witness domestic violence where at a risk of emotional, physical and academic harm. Research suggested that children who are exposed to adults or teenagers physically fighting in the home are less likely to have positive or effective interactions with their parents and have lower levels of social competence than other children (Hague, 2012) in Njeru *et al*, 2017). They are also more likely to be living in households with high parental depression, and to experience depression, anxiety, health problems and stress-related disorders themselves.

Another observation made by Afolabi (2014) is that despite most youngsters demonstrating signs of resilience and exhibit normal functioning following their exposure to household violence, nonetheless, the majority of children victims demonstrate important signs of instability in life.

These types of children represent those that are brought up in a high risky family environment where annoyance and violence is highly related with parental psychopathology (depression), drug abuse, and negative child-rearing (Cummings and Davies, 2010; Repetti et al., 2002). Such youngsters are prone to fixation and stress-related issues that cut across several areas.

This is the more reason why domestic violence should be avoided at all costs by families especially in Zambia. The consequences of DV far outweighs the under estimated outcomes by spouses and has terrible effects on learners as observed. Any health family, community and society at large have to guard against DV.

Other related effects on domestic violence highlighted by scholars. Domestic violence can also lead to Brain dysfunction that manifested as emotional and behavioral problems, ineffective executive functioning, deregulation of basic physiological functions, and uncontrolled impulsivity that where coupled with physical injuries, health concerns, eating disorders, truancy, inconsistent or poor academic performance or thoughts of suicide to name but a few (Appel and Holden, 1998). Domestic violence in many ways affects the child's social, academic, psychological and moral development. As a result, the child may fail to perform well academically.

At times, the behavior of the children who are victims of domestic violence becomes intolerable, as a result of low discipline levels. The children try to emulate the behaviors portrayed at home, and this may lead to discipline issues. These children are often psychologically disturbed, and at times, traumatized by these violence acts. As a result, concentration in class goes down and their academic performance declines drastically. In understanding domestic violence, from the United States perspective which is also coined as DV as Intimate-Partner Violence (IPV) it is imperative to examine its effects on academic performance of learners. Assaad *et al* (2017) asserted that although the study of effects of IPV on children was more extensive for developed nations and specifically for the United States, an area that was understudied in both developed and developing nations was the effect that IPV has on children's educational outcomes.

Globally speaking, and from prevalence perspective, one study from the United States shows that in a sample of 617 adult women, 20 percent reported having witnessed some form of physical violence between their parents during their childhood. Basing his estimate on Silvern et al. (1995), who found that 37 percent of college students reported that they had been exposed to violence between parents, Holden et al. (1998) assert that this corresponds to 17.8 million children in the United States having witnessed violence between their parents. In Great Britain there have been no national prevalence studies.

Researchers refer to the large number of women who are victims of violence inflicted by someone with whom they are in a close relationship and draw the conclusion that the number of children who are exposed is also large. The General Social Study (GSS) on Victimization in Canada estimates that children in half a million households in Canada are exposed to domestic violence (). (Henning et al., 1996; Holden et al. (1998; Mullender et al., 2002; Dauvergne and Johnson, 20010 cited by Øerlien, 2010: 82).

Conversely, studies conducted in the United States have found lower reading levels among adolescents who have been exposed to IPV. Lower academic achievement in mathematics and reading for children in elementary and middle school, and lower scores on standardized tests for children ages 6 to 17 – especially for girls and children younger than 12 years old (Thompson and Whimper 2010; (Kiesel et al. 2011 and Peek-Asa et al. 2007).

The above studies validated the methodological assumptions that children exposed Domestic Violence are not likely to perform well academically, given the environment in which they are exposed to during their infancy. Other studies conducted also indicated that in low-income countries was one for Sri Lanka, which found that children who were directly (by watching, hearing, intervening) or

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indirectly exposed to IPV at home (by observing maternal injuries, depression) had poor school attendance and lower academic achievement on average, as measured by exam scores (Jayasinghe et al. 2009).

While a study conducted in Brazil found that children 5 to 12 years old who lived with mothers exposed to psychological, physical and sexual IPV were more likely to be among those dropping out of school or failing a school year (Durand et al. 2011). As though this was not sufficient a small study, also in Brazil, compared the effects of IPV exposure to non-exposure among children 7 to 11 years old and found that exposed children had lower performance in regular academic tasks (i.e. reading, quality of work, math) but found no differences in grades or test performance (Bracalhone et al. 2004). From the researcher's perspective, lack of security and fear of losing one parent during violence preoccupies their minds too.

In another development, children who experience violence in their home in three different ways, i.e. child abuse at the ontogenetic level, DV at household/micro system level and societal violence at the exosystemic level. Nevertheless, research documents a significant correlation between those experiencing one of these types of violence and other forms of violence.

Accordingly, McCloskey et al. (1995) submit that a man who subjected or physically abuses his wife was more probable to physically harm his offspring. Research also argues that there was a relationship between children's experience of chronic societal violence and intra-family skirmish (Osofosky et al., 1993, Richters and Martinez, 1993). Also, developmental risk literatures demonstrate that children who experience maltreatment at home are also victims of community anguish and that multiple risk factors upsurge youngsters 'menace for maladjustment exponentially. Decades of domestic violence confirmed that the childhood risky family environment was major predictor of childhood disorder; yet, there were still significant individual differences. As mentioned earlier, children living in risky households were also victims of maltreatment and abuse (Hamby et al., 2010). The degree of exposure was reported as predicting adverse mental health signs (Ibid).

Nassar (2017: 65) observes that children (learners) exposed to domestic violence not only had more disciplinary problems at school, they perform considerably worse in mathematics and reading than other students. They also have a negative effect on their classroom peers, resulting in decreased test scores and increased disciplinary problems according to a new study by economists Scott Carrell of the University of California–Davis and Mark Hoekstra of the University of Pittsburgh.

Kanuri cites (2008) the United Nations Development Fund for Women (UNIFEM), which reveals that domestic violence in Kenya has high figures as indicated in a study carried out in eight provinces of Kenya (Prem & Essd 2003). Among the findings of that study was that 41% of women have been sexually abused, 61% of women have been physically abused one time or several times as adults and that the peak period for physical and sexual abuse is between 21 and 30 years of age.

Thus, the possible implication of this is that the children who witness violence between their parents are more able to express their fears and anxieties regarding their parents' behaviour.

Consequently, these children therefore can exhibit difficulties with schoolwork including poor academic performance, not wanting to go to school and difficulties in concentration (Wexler, 1990). Similarly, Raphaela (2005) affirm such children as constantly fighting with peers, rebelling against adult instructions and authority and being unwilling to do school work. Afolabi (2014:115) concludes the debate that the impact of domestic violence on children' mental health was enormous. Studies continued to show that children who experience domestic violence or risky family environment develop social, emotional, and academic problems (Cummings and Davies, 2010). Although reports

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show numerous factors that influence child's adjustment, a well-established and reported experience documented was living in a domestic violence household.

This prompts recent research on the likely effects of biological and psychological mechanisms that come as a result of children witnessing parental conflict. Though most studies illuminate the effect of children's exposure to risky family environment on cognitive development, surprisingly, it was established that children witnessing domestic violence before the age of three are more likely to develop memory impairment and poor cognitive functioning when they attain the age of five (Gustafsson et al., 2013).

Afolabi (2014) citing (Taylor et al., 2004 and Repetti et al., 2002) further contends that:
"Therefore, a "risky families" is a childhood household milieu that promotes constant violence, as well as crisis ridden in lieu of warmth and nurturing milieu. Children's early exposure to such complex environmental factor provokes different form of negative behaviour in their life. This experience hastens the acquisition of biological and psychological impairment that comes with trauma"

Another emergent research established thus far, indicated that there were possible lasting legacies and relationship between childhood riskier family milieus and bio-psychosocial impairments in adult's age; similarly, other scholars like Repetti et al. (2002) also established a number of childhood's biological and psychological problems that are linked with the occurrence of dangerous household environments such as nervousness, behaviour disorder, antisocial conduct, and poor cognitive abilities to mention a few. Apart from the childhood implications it has on child victims, negative family exposures promote psychopathology in early adulthood, and later relates to decreased trauma responses, less significant self-rated health, plus poor social relations (Taylor et al., 2004).

Besides, research also maintains that domestic violence (DV) experiences increase depressive symptoms in adults (Sen et al., 2010), nervousness intensities (Edge et al., 2009), as well as disturbed emotional processing (Taylor et al., 2006). In addition, children's household milieu also acts as a mediator for children's health and quality of life and dangerous family circumstances promote poorer sleep due to daily distress (Hanson and Chen, 2010). However, what is yet to be confirmed by most researchers on the topic is the interplay between biological and psychological processes that promote these negative outcomes (Ibid). The researcher's reaction is that if only spouses and the community at large knew the consequences of DV on the learns, surely, they would think twice before they could be behaviour in negative ways by committing violence in the presences of the children. Unfortunately, very few spouses are raw models in their families. Lloyd (2018) observes that exposure to domestic violence generated a multitude of responses and needs and it was important for children and young people not to be regarded as a homogeneous group or lacking the capacity for post-traumatic growth and recovery: 'it was wrong to stereotype all children as inevitably and permanently damaged by living with domestic violence' (Mullender et al., 2002:121).

Øerlien, 2010: 82). citing Martinez-Torteya et al., 2009 and (Osofsky, 2003), noted that not all children exposed to domestic violence display the difficulties described above. In one study, although domestic violence-exposed children showed an increased risk of developing internalizing and externalizing problems, 54 percent of the children were classified as resilient. The children's responses vary depending on risk and vulnerability, their developmental status and the structure of their environment. The rationale for this phenomenon is that need further investigation. Levendosky et al. (2003) found that the behavior of children exposed to domestic violence can be mediated by the way the caregiver interacts with the child. Similar findings can be seen in Clark et al. (2007), who showed that maternal

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distress mediates the association between the violence and the child's behavioral problems. Children of caregivers who try to compensate by being more responsive to and supportive of the child's needs, have fewer behavioral problems than children who do not have the same support.

Thus, as contended by Osofsky (2003), 'the most important protective resource to enable a child to cope with exposure to violence is a strong relationship with a competent, caring, positive adult, most often a parent'. However, an abused mother may be too traumatized to care sufficiently for the child and to be the positive, competent parent she might wish to be. Still, claiming that the mother may be compromised as a result of the violence and that her care, therefore, may not be adequate (referred to in the literature as 'blaming it on the mother'), is controversial, although there is a great deal of support for the claim that the care of children provided by battered mothers is compromised while they remain in a violent relationship (Holden et al., 1998; Kelleher et al., 2008; Levendosky and Graham-Bermann, 2000; Walker, 1984).

The other contention however, is that since children exposed to violence are often difficult to identify, we know little about why some children are intensely affected and, for example, show PTSD symptoms, while others remain seemingly relatively unscathed (Margolin, 1998).

Although some children experienced domestic violence will exhibit difficulties in their schoolwork, the education of others will not be adversely affected: 'some children living with domestic abuse achieve highly in school; throwing themselves into school life and work can provide an escape' (Sterne and Poole, 2010:23).

In agreement with scholars McGaha-Garnett (2013) asserted that exposure to violent home and community environments, as well as injury due to violence, contributed to both reduced academic progress and increased disruptive or unfocused classroom behavior for children, adolescents, and teenagers. It was estimated that between 10 and 20%

of children in the United States are exposed to domestic violence annually (Carlson, 2000) and are physically injured (Fusco and Fantuzzo, 2009). Violence was positively associated with family size. Households who have more children are more likely to experience increased family conflict and child maltreatment (Jungmeen, Talbot, and Cicchetti, 2009), which may lead to intrapersonal, interpersonal, and academic limitations.

Nolte (1975) views are supported by (Edleson et al., 2003; Levendosky et al., 2000; Sullivan et al., 2000; (Jenkins and Bell, 1997) who postulate that positive parenting such as dynamic parenting, emotional and stable parents alleviate harm and danger in young children and confirmed the significance of early intervention on children's well-being. Despite this assertion, children raised in a domestic violence environment display a high risk of maladjustment in life compared to those from a violence free environment as cited by Afolabi (2014)

In addition, the scholar further, demonstrates contemporary studies show that toddlers and pre-school children face increasing developmental challenges in life. Besides, Gewirtz and Edleson (2007) highlight the significant importance of child' learning to their behaviour. They conclude that emotional and cognitive states become important as a child learns to comprehend and manage his emotions through interaction with sensitive and responsive primary caregivers. Similarly, Cicchetti and Toth (2005) maintain that maltreatment is a risk for development of effective regulation in young children and limits their recognition, understanding and expression of emotion. As a consequence of their developmental limitations, young children seek alternative ways to express themselves. Thus, McGee (1997) maintains that children exposed to domestic violence (CEDV) manifest or show their distress in different forms.

Khan (2010) argues that while the impact of physical abuse may be more 'visible' than psychological scarring, repeated humiliation and insults, forced isolation, limitations on social mobility, constant

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threats of violence and injury, and denial of economic resources are more subtle and insidious forms of violence. The scholar maintains that the intangible nature of psychological abuse makes it harder to define and report, leaving the woman in a situation where she is often made to feel mentally destabilized and powerless. Jurists and human rights experts and activists have argued that the physical, sexual and psychological abuse, sometimes with fatal outcomes, inflicted on women is comparable to torture in both its nature and severity. It can be perpetrated intentionally, and committed for the specific purposes of punishment, intimidation, and control of the woman's identity and behaviour. It takes place in situations where a woman may seem free to leave, but is held prisoner by fear of further violence against herself and her children, or by lack of resources, family, legal or community support.

As regards psychological and emotional abuse (Khan 2010) states that psychological violence is harder to capture in quantitative studies, a full picture of the deeper and more insidious levels of violence defies quantification. Thus victim-survivors report that ongoing psychological violence – emotional torture and living under terror – is often more unbearable than the physical brutality, with mental stress leading to a high incidence of suicide and suicide attempts. A close correlation between domestic violence and suicide has been established based on studies in the United States, Fiji, Papua New Guinea, Peru, India, Bangladesh and Sri Lanka. Suicide is 12 times as likely to have been attempted by a woman who has been abused than by one who has not.9 In the United States, as many as 35 to 40 per cent of battered women attempt suicide.10 In Sri Lanka, the number of suicides by girls and women

On the other hand, McGaha-Garnett citing (Iarskaia-Smir nova, Romanov, and Antonova, 2008) state that children from dysfunctional families are less likely to function successfully at school. Youth exposure to violence may compromise healthy social relationships and academic potential. Bostock, Plumpton, and Pratt (2009) reported that traumatized

children often lack in their ability to maintain friendships.

Traumatized experiences may also increase functioning impairment (Elbert et al., 2009), influence mother-child aggression (McDonald, Jouriles, Tart, and Minze, 2009), and promote insecurely attached relationships (Schwartz & Davis, 2006). In relation to academic functioning, children who experienced higher levels of violence have lower abilities in reading, mathematics, and general knowledge (Silverstein, Augustyn, Cabral, and Zuckerman, 2006).

Another vital aspect that of effect on learner's academic performance was imitation plays a fundamental role for children in social and academic settings. Children exposed to violent home and community environments may be more likely to imitate, and transfer learned behaviors to the classroom setting. Children often imitate modeled behavior in social environments, specifically during peer interaction.

For example, teachers may observe the power of imitation in the classroom setting as a student demonstrates inappropriate behavior and other students, for a variety of reasons, may imitate the undesired behavior. The process of imitation and socialization become pertinent to the identification process as students socialize more with like-minded peers (Aloise-Young & Chavez, 2002; Ellenbogen and Chamberland, 1997 as cited in McGaha Garnett, 2008).

As argued by several scholars the effect of exposure to violence on children was prevalent in the classroom setting. Children utilize healthy coping and problem- solving skills training interventions to shield against threatening and harmful situations.

A positive association may exist between imitation and bullying for children who experienced violence. Youth who are victims or witnessed bullying within their household or neighborhood are more likely to associate bullying as a preferred or acceptable style of communication. Students who bully their peers have increased expectations of negative outcomes

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((Haeseler, 2006 and Champion, 2009) as cited in McGaha Garnett, 2008).

Furthermore, reactions to violence in academic and social environments may vary among age groups. Younger learners may internalize abuse-related distress as a harsh consequence to poor or inadequate performance. In their research, Fusco and Fantuzzo (2009) found that younger children lack the ability to understand the dynamics of interparental violence and thus may blame themselves. Thus, self-blame for most children can result in feelings of guilt, worry, and anxiety that may affect academic output and healthy social interactions. Younger children exposed to violence are at a greater risk of experiencing delayed physiological, emotional, language, and cognitive development (Carpenter and Stacks, 2009) (Ibid).

Adams (2006) cited by Øverlien (2010:82-83) concluded that the consequences of exposure to domestic violence had only recently begun to be understood. During the last 10 years, the majority of research on this topic had been focused on the emotional and behavioral consequences for the individual child. A large number of studies have concluded that exposure to domestic violence has strong adverse outcomes for children, resulting, among other things, in raised levels of aggression, depression, anger, and anxiety (Graham-Bermann and Seng, 2005; Johnson et al., 2002; Kitzmann et al., 2003; Knapp, 1998).

Mostly importantly, some researchers even argue that domestic violence is the most toxic violence to which children can be exposed (McAlister Groves, 2001). Researchers have found that children as young as one are negatively affected by their fathers' violence. Bogart et al. (2006) found trauma symptoms among one-year-old infants who had been exposed to severe domestic violence (i.e. heard or seen the violence). Dejonghe et al. (2005) found that one-year-old infants exposed to domestic violence were more likely to display distress in response to verbal conflict than children who had not been exposed.

Similarly, Afolabi (2014: 107) contends that while evidence shows that most child victims are resilient, the significant few still suffer long-term adverse psychological and biological consequences in life (Hetherington and Kelly, 2002). Another group of scholars Carrell et al., (2010) supports this theory by stating that their earlier study showed that primary school children exposed to domestic violence negatively affect the academic achievement of their peers. Given, the large positive correlation between poverty and domestic violence, these spillovers could partly explain the rich-poor achievement gap. Similarly, their new study analysed whether the effects on the affected children's peers persist once these children are mixed into new secondary schools. That is, they sought to know whether having primary school classmates who experienced domestic violence significantly affects academic achievement in secondary and postsecondary school.

Carrell et al., and (2010:1) further observed that over 24 percent of women and 13 percent of men 18 and older have been victims of severe physical violence by an intimate partner. Victims incur significant medical and emotional costs, and their children exhibit aggressive behavior, depression, decreased social competence and diminished academic performance and that the scholar's previous studies indicated that that primary school children exposed to domestic violence negatively affect the academic achievement of their peers. Given the large positive correlation between poverty and domestic violence, these spillovers could partly explain the rich-poor achievement gap.

Afolabi (2014) citing (Hamby et al., 2010) asserts that decades of domestic violence confirmed that the childhood risky family environment is major predictor of childhood disorder; yet, there are still significant individual differences. As mentioned earlier, children living in risky households are also victims of maltreatment and abuse. The scholar adds that the degree of exposure was reported as predicting adverse mental health signs (Finkelhor et al., 2007). However, the scholar observes that children's adjustment to risky family environment is

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influenced by individual differences in resiliency. Therefore, several protective factors such as easy personality; social skills; intelligence; positive parenting; and social network that relate to risk factors such as high temperament, low intelligence, poor social skills, parental depression and negative peer interactions are identified as defining vulnerability in youngsters (Hetherington and Kelly, 2002). Consequently, household milieu and child's physiognomies are vital in explaining the impacts of childhood risky family environment on children' mental health.

In the context of Kenya, Njeru et al., (2017: 61) observer that In Magumoni division, the cases of DV are rampant and especially among the families with alcoholic or drug -abusing members. The scholars also state that the magnitude of this violence differed from family to family, DV has become an ordeal to some children given that they think there is nothing they can do about it. Accordingly, they suffer in silence, hence DV ended-up affecting their growth and development. Teachers on the other, have to contend with of teaching psychologically disturbed children, who manifest their disturbances in different ways in schools. Domestic violence may be one of the causes of the falling standards of academic performance in Magumoni division but this had not been proved. This study therefore intended to establish the effect of domestic violence on academic performance of students in Magumoni Division of Tharaka Nithi County in Kenya.

Further, Njeru et al., (2017:64) research findings on the effects of domestic violence on academic performance revealed by the majority (59.7%) of the respondents. The inability to perform well in class may be due to poor concentration in class as reported by 57% of the respondents who agreed that the concentration in class of children victims of domestic violence is usually low. The decrease in concentration may most likely be due to psychological disturbances. This study established that children victims of domestic violence psychologically disturbed, as majority 58.7% of the respondents agreed that children victims of domestic violence are usually disturbed (Ibid).

The study further established that performance levels of children exposed to domestic violence was deteriorating, as indicated by 64.4 % of the respondents. The research also established that that domestic violence directly affected the academic performance, as indicated by 67.9 % of the respondents who disagreed with the statement that Domestic violence does not really affect the academic performance. Respondents agreed that that domestic violence negatively affected cognitive development of children with majority 76.4% of the agreeing that cognitive development of children victims of domestic violence is usually below other children.

The study also asked the teachers to give their opinion on effects of domestic violence on pupil's academic performance. The respondents indicated that pupils who were victims of domestic violence did perform poorly in their academics, as compared to those that were not victims. Teachers reported that most children victims of domestic violence are not attentive in classes and fail to attend school regularly as a result of domestic squabbles. Teachers also reported that children who are victims of domestic violence usually engage in frequent quarrels and fights in class all which affects their academic performance (ibid).

Minnesota Advocates for Human Rights (2003) outlines several effects of domestic/ Gender-based violence has been linked to many serious health problems, both immediate and long-term. These include physical and psychological health problems:
 Injury,

Disability,

Chronic health problems (irritable bowel syndrome, gastrointestinal disorders, various chronic pain syndromes, hypertension, etc.)

Sexual and reproductive health problems (contracting sexually transmitted diseases, spread of HIV/AIDS, high-risk pregnancies, etc.)
 Death

Psychological

Effects can be both direct/ indirect, Direct: anxiety, fear, mistrust of others, inability to concentrate, loneliness, post-traumatic stress disorder, depression, suicide, etc.

Indirect: psychosomatic illnesses, withdrawal, alcohol or drug use.

Economic and social effect-includes:

Rejection, ostracism and social stigma at community level;

Reduced ability to participate in social and economic activities;

Acute fear of future violence, which extends beyond the individual survivors to other members in community;

Damage to women's confidence resulting in fear of venturing into public spaces (this can often curtail women's education, which in turn can limit their income-generating opportunities);

Increased vulnerability to other types of gender-based violence;

Job loss due to absenteeism as a result of violence;

Negative impact on women's income generating power;

The effect on women's family and dependents:

Divorce, or broken families;

Jeopardized family's economic and emotional development babies born with health disorders as a result of violence experienced by the mother during pregnancy (i.e. premature birth or low birth weight);

Increased likelihood of violence against children growing up in households where there is domestic violence;

Collateral effects on children who witness violence at home (emotional and behavioral disturbances, e.g. withdrawal, low self-esteem, nightmares, self-blame, aggression against peers, family members, and property; increased risk of growing up to be either a perpetrator or a victim of violence)

Indirect effects:

Compromised ability of survivor to care for her children (e.g. child malnutrition and neglect due to constraining effect of violence on women's livelihood strategies and their bargaining position in

marriage) Ambivalent or negative attitudes of a rape survivor towards the resulting child.

The impact of violence on the perpetrators sanctioning by community, facing arrest and imprisonment; legal restrictions on seeing their families, divorce, or the break-up of their families; feeling of alienation from their families; minimizing the significance of violence for which they are responsible; deflecting the responsibility for violence onto their partner and failure to associate it with their relationship; increased tension in the home.

The impact of violence on society:

burden on health and judicial systems hindrance to economic stability and growth through women's lost productivity hindrance to women's participation in the development processes and lessening of their contribution to social and economic development.

Constrained ability of women to respond to rapid social, political, or economic change.

breakdown of trust in social relationships

Weakened support networks on which people's survival strategies depend.

Strained and fragmented networks that are of vital importance in strengthening the capabilities of communities in times of stress and upheaval

The researcher could not agree more with the scholars in this regard in that the above effects of domestic violence not affects the learner's academic performance but also society at large.

2.4 ROLE OF SOCIETY TO MITIGATE DOMESTIC VIOLENCE

From Lloyd's (2018) perspective, schools are often the service in closest and longest contact with a child living with domestic violence; teachers can play a vital role in helping families' access welfare services. In the wake of high profile cases of child abuse and neglect, concerns have been raised about the effectiveness of multi-agency responses to children living with abuse.

Children can also be affected indirectly by violence occurring in their home by seeing or hearing it taking place. The scholar also stated that despite their vital role in identifying signs of abuse and signposting referral pathways, research indicated teachers often

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lack confidence and knowledge for such work. The article examined how the professional learning and professional confidence of teachers can be developed, and how recent policy and practice developments in the United Kingdom have the potential to influence work in this area.

In this regard, teachers were well placed to play a pivotal role in identifying and responding to domestic violence since they had contacted with children more than any other service. As emphasized by Sterne and Poole (2010:17), 'although staff in schools may not be able to stop the violence at home, they are in a position to make a considerable difference to children's lives.' Statistics from the Department for Education [DFE] (2017a) demonstrated that of the 646,120 children referred to children's social care in England 2016–2017, the highest number of referrals, 27.5%, came from the police (Lloyd, 2018:4). The reaction of the researcher was that, teachers' parents, and peers and the community provide with suggestions and feedback about what they should think and how they should behave in social situations.

These models can be a source of motivation or a lack them. Modelling refers to individual changes in cognition, behaviour, or effects that result from the observation of others (Ryan, 2000 in Castrogiovanni, 2002).

Equally, Carrell et al (2010) contend that domestic violence was a significant problem in the U.S. It leads to serious medical and emotional costs for victims and their children, but also has important negative spillovers. Further the scholars study revealed that exposure to a higher proportion of peers experiencing domestic violence during primary school leads to lower academic achievement in the long-run, even after moving to schools with a mixed peer composition. Reporting of domestic violence has a significant mitigating impact on those long-term effects. Given the strong correlation between poverty and domestic violence, this makes a stronger case for increasing domestic violence reporting, which reduces its impact on the long-term

achievement of children's peers to nearly zero. Another dimension that is that because exposure to domestic violence is negatively correlated with income (i.e., lower income schools have a higher prevalence of domestic violence), our findings help explain the income-based achievement gap. The magnitude of this contribution, however, is relatively small. Our estimates imply that differences in exposure to domestic violence explains approximately two percent of the secondary school income.

From the global perspective calculating the costs of violence was a strategic intervention to make policy-makers more aware about the importance and effectiveness of prevention. Thus, Studies carried out in Canada, the United States, Switzerland, the United Kingdom, and Australia calculates costs using different parameters. Importantly, however, the Canadian study, which estimated the costs of violence against women in the larger context of violence both within and outside the home, concluded that the state spends over CDN$1 billion annually on services, including police, criminal justice system, counselling, and training (Buvinic et al, 1999 in Khan, 2017:12).

Studies undertaken in 1993, by World Bank estimated that in industrialized countries health costs for domestic violence and accounted for nearly one in five disability adjusted life years* lost to women aged 15 to 44. The health costs of domestic violence and rape were the same in industrialized and developing countries, but because the overall burden of disease was much higher in developing countries, a smaller percentage was attributed to gender-based victimization.

In developing countries, depending on the region, estimated range from 5 to 16 per cent of healthy years lost to women of reproductive age as a result of domestic violence. The Inter-American Development Bank (IDB) has recently carried out studies in six countries in Latin America – Brazil, Colombia, El Salvador, Mexico, Peru and Venezuela – taking a more holistic look at the socio-economic cost of domestic violence. For analytical purposes,

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the IDB has divided the costs of domestic and social violence into four categories using the following framework:

Direct costs took into account expenditures on psychological counseling and medical treatment (emergency room care, hospitalizations, care in clinics and doctors' offices, treatment for sexually transmitted diseases); police services including time spent on arrests and responding to calls; costs imposed on the criminal justice system (prison and detention, prosecution and court cases); housing and shelters for women and their children; and social services (prevention and advocacy programmes, job training, and training for police, doctors, the judiciary and the media).

Non-monetary costs that do not draw upon medical services, but in themselves took a heavy toll on the victim-survivors by way of increased morbidity and mortality through homicide and suicide, increased dependence on drugs and alcohol and other depressive disorders. These are the intangible costs that were comparable, according to World Bank estimates, to other risk factors and diseases such as HIV/AIDS, tuberculosis, cancer, cardiovascular disease, and sepsis during childbirth.

Economic multiplier effects included, for example, decreased female labour participation and reduced productivity at work, and lower earnings. In the United States, it has been reported that 30 per cent of abused women lost their jobs as a direct result of the abuse. In the same vein, the study also focused on the macro-economic impact as a result of loss of women's earnings. Another effect under this category was the potential impact of domestic violence on the future capacity of children to obtain adequate employment.

Apart from the loss of human capital, there are direct costs on the school system as children from violent homes may perform badly and have to repeat grades. Social multiplier effects included the inter-generational impact of violence on children, erosion of social capital, reduced quality of life and reduced participation in democratic processes. These effects are difficult to measure quantitatively, but their impact was substantial in terms of a country's social and economic development. It was therefore clear that all sectors of society are deeply affected by, and bear the consequences of, violence against women. More studies need to be carried out in both developing and industrialized countries to estimate the costs of domestic violence in order to advocate for national policies to eradicate this largely preventable crime. The scholar also stated that a major knowledge gap also exists on the cost-effectiveness of interventions for domestic violence. This was an important area of research that would provide guidance on effective, workable and replicable programmes, and thereby help channel resources and energy in the right direction (Buvinic et al, 1999 in Khan, 2017:12).

It should be noted too that domestic violence was a complex problem and that there was no one strategy that would work in all situations. From the outset, violence may take place within very different societal contexts, and the degree to which it was sanctioned by a community will naturally influence the kind of strategy needed. Given the above, it should be borne in mind that the interconnections between the factors responsible for domestic violence – gender dynamics of power, culture and economics –strategies and interventions should be designed within a comprehensive and integrated framework. Therefore, multi-layered strategy that addressed the structural causes of violence against women while providing immediate services to victim-survivors ensures sustainability and was the only strategy that had the potential to eliminate this scourge (Ibid).

When planning strategies and interventions, there were a variety of stakeholders that should be borne in mind. Partnerships with these stakeholders can operate on several levels at once.

From social work perspective, at the level of the family (Micro), the stakeholders should include women, men, adolescents and children. Within the local community (Mezzo), partnerships should be developed with traditional elders, religious leaders, community-based groups, neighborhood

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associations, men's groups (e.g., village farmers' associations), local councils and village level bodies. Another principle enunciated was that within civil society, the range of partners include professional groups, women's and men's groups, Non-Governmental Organisations, (NGOs) Faith Based Organisations (FBOs) the private sector, the media, coupled with academia. Whereas, At the state level, strategies must be designed in partnership with the criminal justice system (the police, judiciary and lawyers); the health care system; parliament and provincial legislative bodies; and the education sector.

Most importantly, domestic violence should be regarded as a health, legal, economic, educational, developmental and human rights problem. Strategies should be designed to operate across a broad range of areas depending upon the context in which they are delivered.

Key areas for intervention include:

advocacy and awareness raising; education for building a culture of nonviolence; training; resource development; direct service provision to victim survivors and perpetrators; networking and community mobilization; direct intervention to help victim survivors rebuild their lives; legal reform; monitoring interventions and measures; data collection and analysis; early identification of 'at risk' families, communities, groups, and individuals The above areas are not mutually exclusive; interventions may touch upon several areas at once (Ibid).

Directly above all, five underlying principles should guide all strategies and interventions attempting to address domestic violence:

Prevention; Protection; Early intervention; rebuilding the lives of victim-survivors; and Accountability. (Ibid)

The researchers' point of view was that in order for the strategies and interventions to be successful, there had to collaborative and collective efforts by all stakeholders to work together in a holist way. This entails making human and financial resources, training materials, participation by various

stakeholders in the community, including Ministry of Education, Legal and other related collaborations in mitigating domestic violence was of vitally significance from cultural, socio-economic and gender perspective. This view was also supported by Khan (2017) who contends that an effective strategy was one that was designed to be culture- and region-specific, providing victim-survivors easy access to wide-ranging services, and involving the community and individual stakeholders in the design of interventions. By focusing on the stakeholders and by highlighting responsibilities of the family, the local community, the civil society, the state, and international organizations, this framework points to relevant areas of action.

Other strategies include a systematic effort has to be made to listen to the voices of grassroots women and survivors of domestic violence, and to incorporate solutions they have to offer. Their perspectives will provide valuable lessons in making programmes and services effective and targeted to their needs. Women need to be empowered through education, employment opportunities, legal literacy, and right to inheritance. Human rights education and information regarding domestic violence should be provided to them because this was a matter of their absolute rights. Integrated supportive services, legal intervention and redress should be made available in situations of domestic violence. Assistance to help women rebuild and recover their lives after violence should be part of the intervention strategy, including counseling, relocation, credit support, and employment (Ibid).

Dupper (2003:138) articulates Linking the Interests of Families and Teachers (LIFT) as a multicomponent program that targets the individual child, school, classroom, peer group, and home to reduce the antecedents for conduct disorder (Greenberg et al., 2000 :108). LIFT was a 10-week intervention consisting of parent training, a classroom-based social skills program, a playground behavioral program, and routine school-parent communication. According to Greenberg et al., the school component consists of 20, one-hour sessions

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provided over a 10-week period. The school component includes:

Developmentally appropriate classroom instruction on social and problem-solving skills. Opportunities to practice social and problem-solving skills in large and small group settings.

revealed that their results that a higher proportion of primary school peers from families affected by domestic violence leads to lower academic achievement even in secondary school. The negative effects are strong and significant for unreported cases but are close to zero for cases that are reported. Additionally, the scholars, research examined potential reasons why reporting may mitigate these spillovers: firstly, their response was that reporting stops the violence, secondly, the parent reporting abuse takes other steps to improve the home environment,

Thirdly, the judicial system triggers other interventions, such as the school allocating counselors to support affected children. Importantly, the negative effect is larger in schools with above-average levels of domestic violence. A one-percentage-point increase in the proportion of peers with unreported domestic. Further, Carrell et al., (2010 contends that:

"Inducing abused parents to report domestic violence will not only lead to higher average achievement for all students, but will also lead to a decrease in inequality"

The Pan American Health Organization (2003) outlines practical social response to domestic violence:

Health Care - Training health care providers to recognize and respond to gender-based violence is one of the most important ways of identifying and assisting victims. Not just obstetrician/gynecologists but all health care professionals must learn to recognize the signs: hospitals (especially emergency room staff); public and private health clinic staff; general/family practitioners; internists; pediatricians; psychiatrists; nurses and the staff of family planning clinics.

Victim Assistance Services - These are services created or incorporated to respond to gender-based violence, such as: battered women shelters; homeless shelters; financial assistance programs; women's police stations or services; victim advocacy programs; rape crisis, domestic violence and suicide prevention hotlines; legal services; runaway programs; social welfare programs; psychological support services (including individual counseling and support groups) and teen sexuality programs/health services.

Support Groups - While support groups can fall under the heading of victim assistance services, they merit special mention because they are not always externally organized services. Support groups can be an important way for victims themselves to organize pro-actively and take charge of their own situation. Beyond emotional support, group members can also provide one another with a sense of security and even, if needed, a place to go.

Working with Perpetrators - Working with the perpetrators of violence (batterer-intervention programs) has been a controversial and occasionally successful response. While victim assistance services are a useful band aid to address an existing problem, this approach targets efforts at the source of the problem, attempting to change violent men's behavior

Addressing Masculinities - Programs which address masculinities attempt to explore what "makes a man". The central idea is to educate boys from the earliest age that violence (against anyone) is wrong, that the prevailing definition of masculinity in any society is not the only alternative, and that even though they are physically different, girls are entitled to the same rights and opportunities as men

Media Information and Awareness Campaigns - The media is a key conduit for making DV visible, advertising solutions, informing policy-makers and educating the public about legal rights and how to

recognize and address DV. Newspapers, magazines, newsletters, radio, television, the music industry, film, theatre, advertising, the internet, posters, leaflets, community notice boards, libraries and direct mail are all channels for providing information to victims and the general public about DV prevention and available services

Education - School systems are instrumental to stopping DV before it starts. Regular curricula, sexuality education, school counseling programs and school health services can all convey the message that violence is wrong and can be prevented, suggest alternative models of masculinity, teach conflict-resolution skills and provide assistance to children/adolescents who may be victims or perpetrators of violence. Integrating DV as a subject into psychology, sociology, medicine, nursing, law, women's studies, social work and other programs enables providers to identify and tend to this problem.

Faith-Based Programs and Services - Religious counseling, support groups, education programs, study groups and assistance programs can address DV with their participants/worshippers. Most religions emphasize the importance of peace and tolerance. Framing a discussion of DV in the context of religious tenets is one way to foster awareness and discussion of the problem. It may also be a way to identify and assist victims who do not feel comfortable talking to a health care provider or police officer

Legal Responses - The criminalization of all forms of DV - domestic violence, rape, sexual harassment, psychological violence etc. has been an important step in eliminating it. What remains is the consistent application of these laws, the implementation of penalties, and a greater focus on rehabilitating convicted perpetrators. Other legal responses to DV included: legal aid services; training of police and judicial personnel; women's police stations; legal advocacy and lobbying; training of family, criminal, immigration and juvenile court lawyers and bar

association advocacy. In terms of Zambia Police Services, a unity called Victim Support Unity is actively involved in mitigating the effects of domestic violence.

Community Networks and Interventions - A number of studies have shown that involving entire communities in recognizing, addressing and working to prevent DV is one of the surest ways of eliminating it. To be optimally effective, community networks must bring together all of the responses outlined above, integrating members from all sectors of the community: families; businesses; advocacy groups/civil society; public services such as police, fire fighters and medical examiners; social services such as welfare, unemployment, public housing and health; education; the media and officials from national, state/provincial and local/municipal governments. Community interventions must send a clear message about what gender-based violence is, the different forms it can take, why it is wrong and how to prevent it.

3) RESEARCH METHODOLOGY AND DESIGN

This chapter entails research design, study population, sampling procedure, data collection method and tool, quality of research tool, research procedure and data processing and analysis. This chapter generally contains the approach used to achieve the objectives of the study.

3.1 Research design

Kumar (2005) defines a research design as a plan, structure and strategy of investigation to obtain answers to research questions or problems, while Kothari (2004) defines it as the blueprint for collection, measurement and analysis of data. This research study was guided by descriptive design. Descriptive studies are descriptive in nature as the name suggested. They involved giving a comprehensive description of a certain phenomenon. Descriptive studies answered the 'how' question of research. A research design is a course of action that guides a researcher in collecting, analysing and interpreting data and observations to find answers to

research questions (Creswell 2014:26). This study used a mixed approach i.e. quantitative and qualitative method Creswell (2005). According to Trochim (2006) quantitative research often translates into the use of statistical analysis to make the connection between what was known and what can be learned through research, whereas qualitative was defined as a study which was conducted in a natural setting (Creswell, 2005:39). Qualitative research approach will provide an enquiry for understanding a social or human problem based on building a complex, holistic picture, formed with words, reporting detailed views of information and conducting it in a natural environment.

This section starts with primary data collection and then discusses its sampling process. That was followed by data collection tools under which are discussed semi-structured interviews, observations and documentary reviews. Lastly, the section looked at the secondary data collection process and the limitations of the study.

3.2 Primary data

Raw data was collected using the questionnaire and the interview guide. This data had an advantage over secondary data in that, it provided the actual or undistorted information from the respondents. This first-hand information was important because of its richness and meaningfulness and getting the insights of the context. Primary data was more reliable in that it presents the original thinking of the respondents without being filtered in any way.

3.3 Secondary data

The major source of secondary data for this study was internet which was accessed by using Internet. In addition, books, reports, and journals from various authors where used. This was done to have an in-depth understanding of the studies that had been conducted on domestic violence. This was important as it were to provide a background and framework to understand the topic better.

3.4 Target population

The target population for this research paper was 160, 985 people, this was segmented further down into 79,397 males and 81, 588 females as at 2010 CSO report. Katete district was built up of the two main constituencies and third smaller portion of the political constituencies namely Mkaika Constituency, Milanzi Constituency and Kasenengwa Constituency respectively.

3.5 Target groups and sampling methods

This research comprised of two target groups. The first one included women and men who were married or had been married before. This was because domestic violence was more likely to happen in marital unions. A total of 36 women and men who were either married or have been married before were selected using purposive sampling. This type of sampling was used because it was judgmental in nature and that it depended on who the researcher wanted to capture. For instance, in this study, the interest was women and men who are married or had been married before. Secondly, purposive sampling was used because there was no sampling frame available.

The sampling was done in such a way that it would skipping four households before getting to the other household logically (1-5-9-…-) until thirty-six households were captured. This was because the study wanted to capture information nearly in all corners of the three compounds.

The second target group comprised of four key informants from, DEBS, one stop centre, Young Women Christian Association (YWCA) and victim support unit plus 10 pupils in grade 6 and 7. These pupils were 5 boys and 5 girls. Purposive sampling was also used to come up with this group as the research wanted to collect information from people who were dealing with issues relating to domestic violence.

3.6 Sample size and procedure

Sampling

Trochim, (2006; Kothari 204; Creswell 2005) stated that sampling was the process of selecting units such as people, or organizations from a population of interest so that by studying the sample we may fairly generalize our results back to the population from which they were chosen.

Probability Sampling

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According to Kothari (2004), probability sampling strategy was used to assist to find 50 respondents drawn at random from the DEDS office, School guidance and counselling teachers, Victim support unity, One stop centre, women and men from three compounds, and boys and girls from the nearby primary schools in the radius of 5km. The researcher targeted 30 women and men 10 boys and girls, 2 Focus groups for pupils each with at least 10 respondents, 2 Community focus group discussions of 10 women and men each, 6 Teachers (3 male and 3 female), DEBS, 2 Victim support unit officers and YWCA staff as respondents for the target population. Further, probability sampling was also used because of the complexity of the respondents' availability, time constraints as well as availability of resources on the part of the researcher

Purposive Sampling

This was in line with what Patton & Cochram (2002) pointed out when they say qualitative research samples involved purposive sampling. The process involved deliberately choosing key informants for the study. Again, this was in agreement with Patton & Cochram (2002) who points out that the participants in purposive sampling are selected because they can help generate important data to the research project. The sample size was 50 respondents at the start of the research project until when there will be no new data being generated through the interviews. Patton and Cochram (2002) were also in tandem with this idea when they pointed out that one way to know how many people were to be interviewed was to keep interviewing until no new information is coming forth.

This again was in line with Hancock, Ockleford and Windridge (2009) who reveal that sampling can occur at various stages of the study like when collecting data, interpreting data and while reporting on it. It should also be highlighted that generally the sample sizes when dealing with qualitative researches were less than that when dealing with quantitative research studies (Meurer et al., 2007). Patton and Cochram (2002) agreed with this view when they pointed out that qualitative sample sizes were typically small. The draw backs of using purposive sampling and small sample sizes are discussed under the section dealing with limitations of the study. Using the above outlined sampling process, the research involved some domestic violence victims and survivors, members of staff from one stop centre and victim support unit staff. Given the gravity of this research it would be have been prudent to listen to children to give their own views regarding the effects of domestic on their academic performance, however, the research ethics would allow children less than 15 to participate in study.

On the other hand, listening to the children is not only important in order to collect more accurate statistics, but also to gain insight into their understanding their problems. Example of qualitative research that has deepened our understandings by listening to and analysing children's voices include Eriksson and Näsman (2008), Forsberg (2005), Källström Cater (2004), McGee (2000), Ornduff and Monahan (1999), Øverlien and Hydén (2009), Peled (1998) and Weinehall (2005).

One example of a holistic qualitative research study is McGee (2000), who interviewed 54 children who had experienced domestic violence about, among other things, different agencies' responses to domestic violence and the barriers the children experienced to seeking support. Eriksson and Näsman (2008) explored exposed children's experience of participating in family law proceedings. However, an opportunity was given to grade 6 and7 learners to participate in the study on assumption that they were in a position to response to experience their experiences of DV in their families.

3.7 Data collection methods and procedures

A mixed research approach of quantitative and qualitative was used in this study. Moreover, Creswell (2005:43) stated that mixed methods approach: was a pragmatic worldview, collection of both quantitative and qualitative data sequentially in

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the design. Thus, in quantitative research, data can be collected from many participants at many research sites by administering questionnaires to the respondents. Whereas semi- structured interviews were used during this qualitative study (Meurer et al., 2007). This was in line with what Patton & Cochram (2002) say when they point out that semi-structured interviews were one of the data collection methods in qualitative approach to research studies. Hancock, Ockleford & Windridge (2009) were also in agreement with this when they reveal that qualitative researchers usually employed semi-structured interviews.

Hancock, Ockleford & Windridge (2009) were in agreement with this view when they point out that in semi-structured interviews, the interviewer had the liberty to probe the interviewee to elaborate on an original response. It was also pointed out that a field note book was always carried in which responses and important notes were being written.

3.7.1 Participant Observations

Participant observations were also used to collect information. This was especially done in situations when the research study data collection process was not require directly interacting with the respondent at that particular time (Hanckock, Ockleford & Windridge, 2009). Observation was also useful in validating the data collected through the semi-structured interviews Meurer et al., 2007).

Patton and Cochram (2002) agree with this view when they reveal that observation was very useful in overcoming discrepancies between what people are saying and what happened. Hanckock, Ockleford & Windridge (2009) are also in agreement with this view when they point out that observation was a useful tool for verifying or nullifying collected data. Observation was very helpful during the studies especially when interviewing respondents from their homes or their work places. The observations were able to verify or nullify the improved wellbeing or increased production aspects to be reported on.

3.7.2 Data analysis

Moreover, the study used Convergent parallel mixed methods was a mixed methods strategy in which a researcher collects both quantitative and qualitative data, analyzes them separately, and then compares the results to see if the findings confirm or disconfirm each other (Creswell, 2014: 275)

Excel was used to analyze quantitative data from questionnaires which generated frequency tables and percentages that presented in findings in form of tables and graphs. For qualitative, data was to be based on the notes taken during the interviews and Focused Group Discussion (FGD) from the respondents which were to be typed and coded according to: the. Codes were then developed into themes by reading through transcripts and listing concepts, ideas, beliefs, perceptions, attitudes, and knowledge about the effects of domestic violence on the academic performance of learners in primary schools in Katete district.

A questionnaire was a formalised set of questions involving one or more measurement scales designed to collect specified primary data. Regardless of the form of administration, a questionnaire was characterized by two main objectives;

Firstly, it was meant to convert the information required in format of questions. Secondly, the questions asked must be created in a format in which the respondent will understand it and be willing to answer them (Shukla, 2010:30). For this study, the questionnaire containing closed-ended questions was used to collect primary data. The primary data was collected through self-administered questionnaires, which were used to assess the effects of domestic violence.

This data reduction method involved reading through the raw data collected from the field over and over to start getting meanings. The analysis of data was started at the time of data collection and will continue at various stages of the research study (Kawulich, 2004). As one reads through the data collected from the field, there will be grouping of responses into categories.

Therefore, various categories of response data were formed. The forming of data categories will give rise to themes of information. Therefore, themes were arising from the various categories of data and from

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there one was able to get summaries of the responses collected from the field (Patton & Cochram, 2002). The thematic data was also compared with information collected through literature review. In that way, it was easy to make even more meaning to the data collected from the field. In this way, a lot of collected raw data was reduced to meaningful information and that was what was to be used during the interpretation stage.
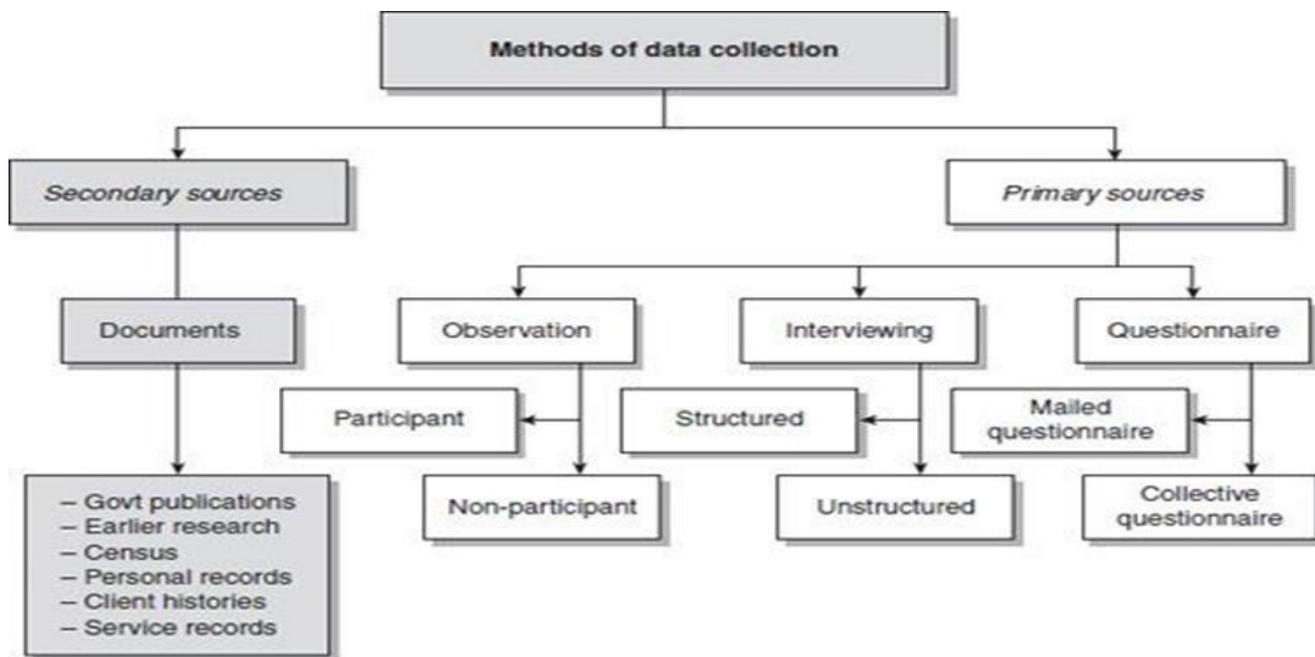

Figure 2.1, Source; adopted from Kumar (2011:169)

3.8 Data presentation

This was discussed in the findings from the study. It was presented in the results obtained after undertaking the research in a quest to answer the above outlined research question. It was to bring out the views of the respondents but to be supported by previous related studies. Here, the views of the respondents were only discussed and then their interpretations were done in a separate section. It was noted that data interpretation was impacted by numbers of responses received for each category of response. In other words, the strength of the responses was to be determined by the number of respondents who gave a particular response.

3.9 Data interpretation

This part was discussed in the interpretation of the collected data. It was to look at findings and using the meaning gotten from the study to correctly inform decisions. The interpretation was done in accordance with the research objectives of the study.

Therefore, there were categorizations and theme formations for each research question after which correct interpretations was also done.

3.10 Triangulation

The data for qualitative research was drawn from several sources, including observations and questionnaires. Triangulating the methods of data collection in this way allowed for the researcher to compare different perspectives and ensure validity of the findings.

Triangulation was achieved through the use of observations and analysis of official government and published documents

A. Reliability and Validity

1) Validity

Kumar (2011:216) citing (Smith 1991; and Kerlinger 1973) defines validity as the degree to which the researcher has measured what

he/she has set out to measure. The commonest definition of validity was epitomized by the question: Have we measured what we thought we were measuring?

Therefore, data validity determined the degree to which the research was measuring what it claimed to be measuring. The data that was obtained was analyzed and revised for the main study so that the internal validity and reliability was maximized; if there were to be any ambiguity it was uncovered (Kumar 2011:215).

Moreover, there were two perspectives on validity: Two questions were vitally important as to ask as follows:

> Was the research investigation providing answers to the research questions for which it was undertaken?

> If so, was it providing these answers using appropriate methods and procedures?

The results from the tools used in the study were to be cross checked to see whether the questions which motivated the study were being answered. Data validity of the results from the tools employed in the study was measure by content validity through the extent to which the test items represent research questions (research being measured).

2) *Reliability*

According to Veal (2006:41) data reliability was the extent when the research findings would be the same, if the research was repeated. However, it was very rare that the results would be exactly the same in social sciences because human beings change and differ in social situations.

3.11   Ethical consideration

Frankel and Wallen (2006) states that the researcher's responsibility was to ensure that the participants were physically and psychologically protected from any discomfort or danger that might rise due to the research procedure. Ethical standards were to be upheld during the research as the

principles of confidentiality and informed consent was applied. This part brings out the manner and spirit in which this research was to be carried out. This looks at Codes of ethics which provide guidance. Ethics are a moral and professional obligation of any individual researcher, even when the respondents were not aware of the same ethics. As long as a research endeavour involved dealing with human beings, ethical issues were inevitable. Ethics were simply moral principles that guide our behaviour and based on shared values and beliefs about what was good or bad. Ethical principles actually help ensure that research is directed towards achieving worthwhile goals. The respondent's views, opinions and answer were kept in confidence and that it was to be used for academic purposes only and that publication of such information shall not use names of individual who responded to the interviews.

4)   DATA ANALYSIS, PRESENTATION AND INTERPRATATION

Overview

This chapter presented the findings from the study as feedback from the respondents. As described in the previous chapter, tables and graphs has been used in this chapter to present the outcomes from the study. Questionnaires were used to a large extent as an instrument of data collection that consisted of four main variables namely *poor concentration, non-attendance, violence* and *school dropouts*. Data was presented in tables and pie charts where necessary. The researcher analysed the chapter based on information gathered quantitatively and qualitatively. The questionnaires were distributed to a sample of 50 respondents; 10 pupils, 36 Women and Men, and 4 key informants from (VSU, DEBS, YWCA and Guidance and Counselling Teachers)

Quantitative Analysis

Age of Respondents

This was obtained from the respondents of the sample target population regarding their general characteristics. The analysis was got from the structured questions and is presented in tables.

Figure 4.1: Age of Respondents

The chart below shows the age category of the respondents that responded to the research questions.
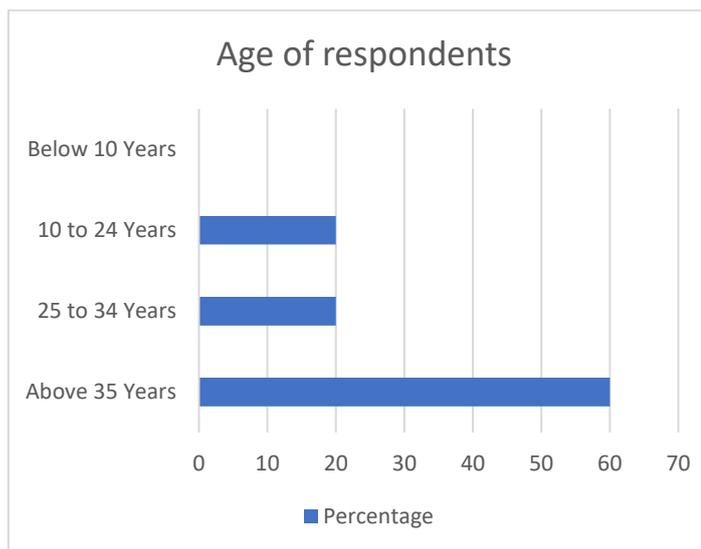

Source; Researcher's Field Data (2019)

The table above shows the ages of the respondents. The study found out that elderly people above 35 were the most respondents who formed a 60% and are the most affected by the variables of the research. This was followed by ages 25-34 who formed 10% and those below 24 but not less than 10 above formed 10% respectively. The purpose was to establish the age diversity of the respondents.

Absenteeism (Truancy) and domestic violence

Respondents were asked to indicate the rate at which domestic violence contributed to absenteeism (truancy) among pupils. The responses were analysed in the table below.

Figure 4.2: Absenteeism and domestic violence
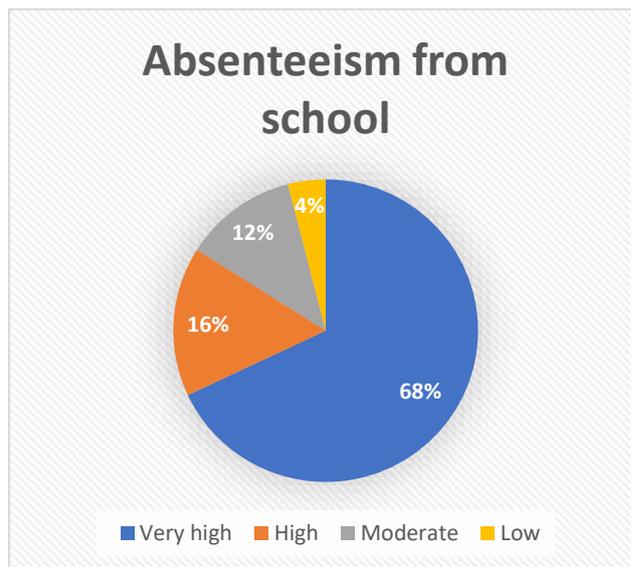
Source; Researcher's Field Data (2019)

From the table above, it clearly indicates that domestic violence is a major cause of absenteeism with 68% confirming this as very high, 16 % as high, and 12% as moderate and 4% as low. The purpose was to establish the relationship between domestic violence and poor school attendance which leads to poor results in the area.

This is backed up by this "*Other related effects on domestic violence highlighted by scholars. Domestic violence can also lead to Brain dysfunction that manifested as emotional and behavioral problems, ineffective executive functioning, deregulation of basic physiological functions, and uncontrolled impulsivity that where coupled with physical injuries, health concerns, eating disorders, truancy, inconsistent or poor academic performance or thoughts of suicide to name but a few (Appel and Holden, 1998)*" in chapter two on page 19 of this report.

School drop outs and Domestic violence

Respondents were asked to indicate whether domestic violence contributed towards school dropout. The responses are analysed in table 4.3 below.

Figure 4.3: School drop outs and Domestic violence
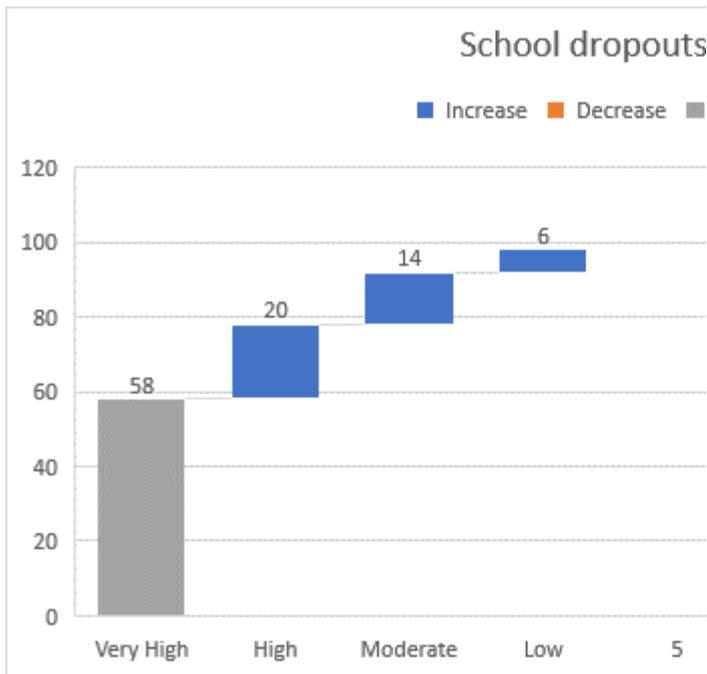
Source; Researcher's Field Data (2019)

The table above indicates high prevalence of school dropout rates as 58% of the respondents confirmed this as very high, 22% high, 14% moderate and finally 6% as low. Domestic violence hence plays a big role in school dropout rates in the area. This also confirms high numbers of semi illiterate population in the area due to the high number of school dropout rates.

This data is backed up by this close on page 20 of this report were it was reported that "*While a study conducted in Brazil found that children 5 to 12 years old who lived with mothers exposed to psychological, physical and sexual IPV were more likely to be among those dropping out of school or failing a school year (Durand et al. 2011). As though this was not sufficient a small study, also in Brazil, compared the effects of IPV exposure to non-exposure among children 7 to 11 years old and found that exposed children had lower performance in regular academic tasks (i.e. reading, quality of work, math) but found no differences in grades or test performance (Bracalhone et al. 2004)".*

Domestic violence and poor concentration

Responses of respondents towards poor concentration as an effect of domestic violence are analysed in the table below.

From the findings domestic violence is shown as at 52% of the respondents rated domestic violence as an effect to poor concentration as very high, 28% as high, 16% as moderate and finally 4% as low. This give a picture as to how this vice so called domestic violence affects children's concentration in school activities.

Domestic violence and violent behaviour

Responses of respondents towards violent behaviour as an effect of domestic violence are analysed in the table below.

Figure 4.5: **Domestic violence and violent behaviour**
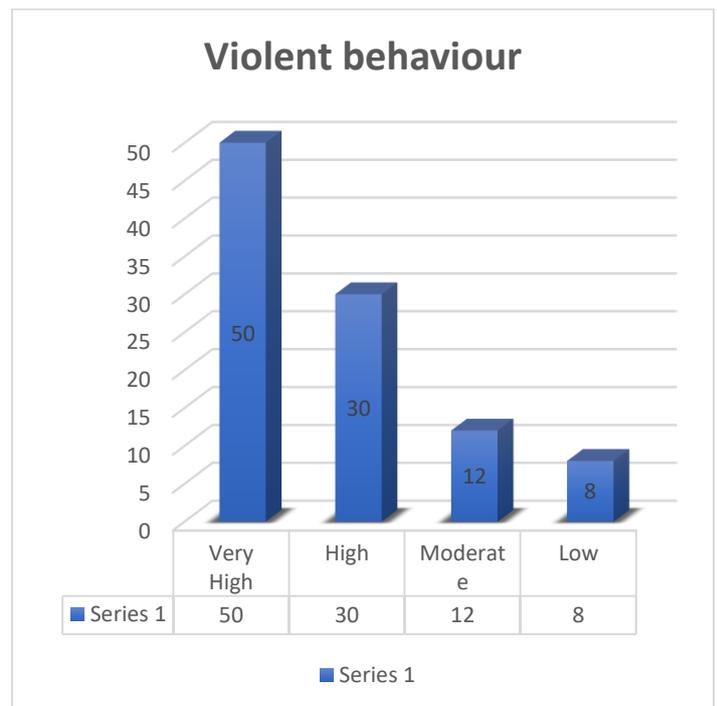
Source; Researcher's Field Data (2019)

The table above shows that 50% domestic violence as very high, 30% as high, 12% as moderate and 8% as low. The purpose was to establish the relation between

domestic violence and violent behaviour like theft, robberies, assaults, and to some extend drug abuse all as a result domestic violence.

Figure 4.1: A Chart Showing the Level of Effects of Domestic Violence in Katete District.
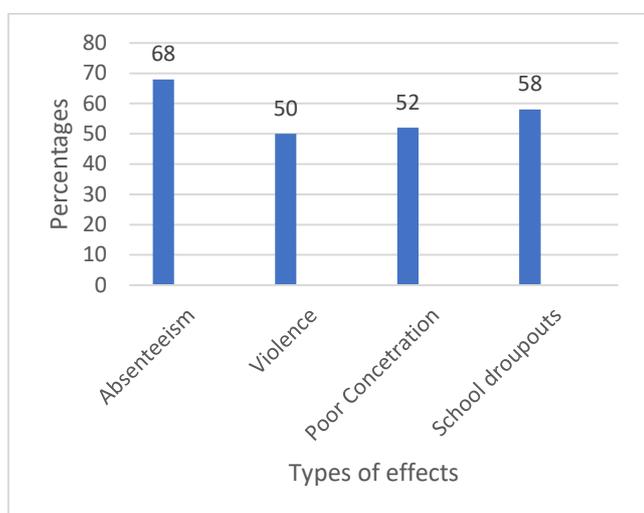

Source; Researcher's Field Data (2019)

The chart above analyses the general dependant variables as compared to domestic violence in public primary schools in Katete district as Absenteeism (Truancy) at 68%, school dropout at 58%, Poor concentration at 52% and violence behaviour at 50%. This is a serious sign of a society that need to be enforced with concerted efforts towards eliminating domestic violence.

Alcoholism and domestic violence

The table below analyses alcohol and substance abuse as a cause of domestic violence.

Figure 4.6: Alcoholism and domestic violence
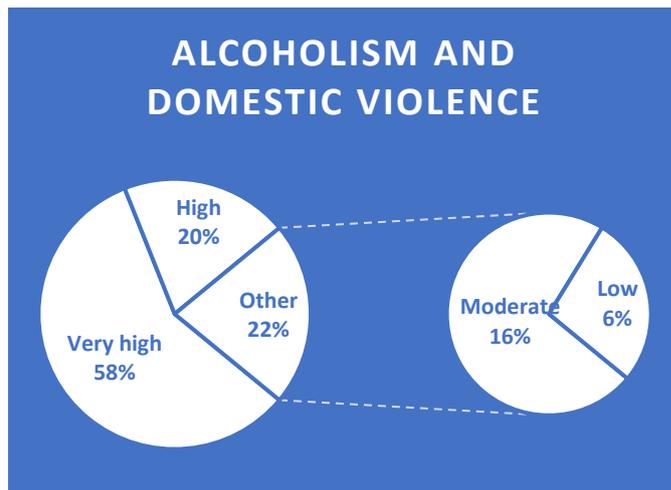
Source; Researcher's Field Data (2019)

From the findings in the table above the researcher found out that alcohol contributed greatly to domestic violence with 58% (29) of the respondents terming it as very high, 20% (10) as high, 16% (8) as moderate and finally 6% (3) rating it as low. This clearly indicates alcohol abuse as a major cause of domestic violence in the area.

Physical abuse and domestic violence

The table below illustrates the relationship between physical abuse and domestic violence.

**Figure 4.7: Physical abuse and domestic violence**
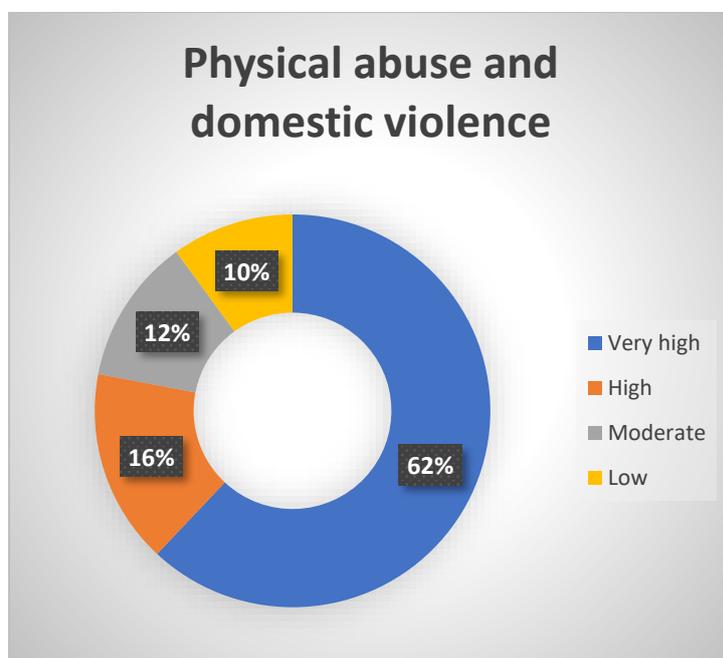
Source; Researcher's Field Data (2019)

From the above findings 62% rated physical abuse as very high, 16% as high, 12% as moderate, and 10% as low. Domestic violence hence plays a big role in physical abuse in the area.

Sexual/ Psychological Abuse and Domestic Violence

The table below illustrates the extent of sexual/psychological abuse as a result of domestic violence.

Figure 4.8: Sexual/ Psychological Abuse and Domestic Violence
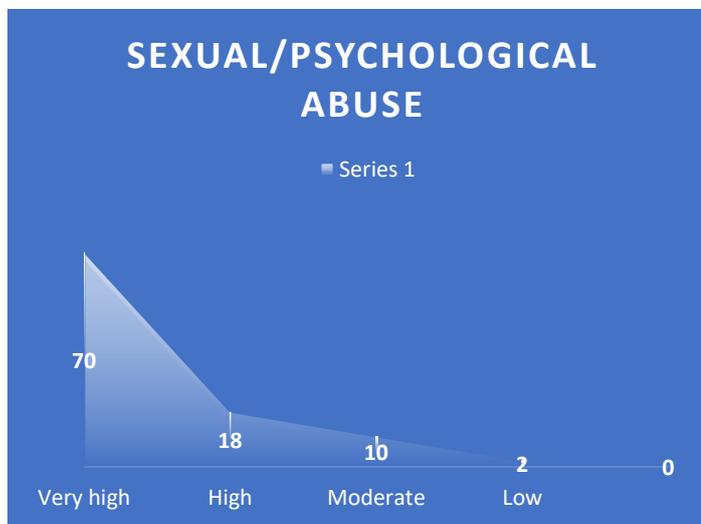
Source; Researcher's Field Data (2019)

From the findings in table 4.8 concerning sexual/psychological abuse and domestic violence illustrated, it is evident that 70% of the respondents rated it as very high, 18% as high, 10% as moderate and 2% as low, hence confirming that domestic violence plays a major role in psychological and sexual abuse.

This finding is supported by this literature "A child may be directly targeted by the perpetrator and suffer physical abuse, sexual abuse and/or serious neglect. It has been more than 2 decades since the overlap between domestic violence and child abuse was identified; men who abuse their partners are also likely to assault their children. The abuse of women who are mothers usually predates the infliction of child abuse (*Stark & Flitcraft 1988*). At least half of all abusive partners also batter their children (*Pagelow 1989*). The more severe the abuse of the mother, the worse the child abuse (*Bowker, Arbitell, and McFerron 1988*)"

"Daughters are more likely than sons to become victims (*Dobash and Dobash 1979*). Woman abuse is also the context for sexual abuse of female children. Where the mother is assaulted by the father, daughters are exposed to a risk of sexual abuse 6.51 times greater than girls in non-abusive families (*Bowker, Arbitell and McFerron 1988*). Where a male is the perpetrator of child abuse, one study demonstrated that there is a 70 per cent chance that any injury to the child will be severe and 80 per cent of child fatalities within the family are attributable to fathers or father surrogates (*Bergman, Larsen and Mueller 1986*)".

Figure 4.1: Frequency of domestic violence in Katete.

The chart below illustrates the frequency in percentage of domestic violence in the area.
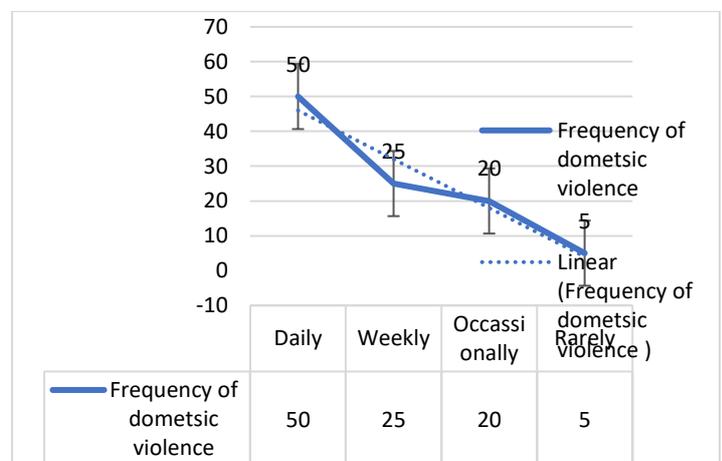
Source; Researcher's Field Data (2019)

From the graph above, it is evident that 50% reported that cases of domestic violence are frequently (daily) done, reported that at 25% on a weekly basis, and it was

reported that 20% of domestic violence are hardly done or reported and finally, 5% reported that domestic violence

5) The Main Types of Abuse

Domestic abuse can be emotional, physical, sexual, emotional, psychological and financial. It is harm inflicted by a current or former spouse or partner.

Emotional Abuse

Emotional abuse involves actions designed to destroy a person's sense of self-respect or self-worth. It includes constant, an unrelenting verbal onslaught of insults and criticisms designed to humiliate and belittle the victim. It is often combined with other forms of abuse and used as a method to gain control over the victim. Although there are no physical scars, the emotional scars can be debilitating to victims.

Sexual Abuse

Sexual abuse not only includes rape and sexual assault, but it also includes demeaning behavior like exposing a partner's body to friends, forcing a partner into posing for pornography, secretly videotaping a partner while engaging in sex, or forcing a partner to have sex without using protection. Reproductive coercion, which is forcing a partner into having an abortion is a form of domestic sexual abuse.

Another form of domestic sexual abuse is sexually assaulting someone who is unable to refuse due to disability, illness, intimidation or the influence of alcohol or other drugs.

There are three main categories of sexual abuse:

Using physical force to compel someone to have sex against their will, whether the act is completed or not.

Attempting or having sex with someone who is unable to understand the nature of the act or unable to decline

is rarely done. These findings confirmed that domestic violence is high on daily basis and rare in some cases. participation or is unable to communicate their unwillingness.

Abusive sexual contact of any kind.

Physical Abuse

Physical abuse involves injuring, disabling or killing the victim. Physical abuse can be performed with a weapon or restraint or merely using body, size or strength to harm another person. The injury from the abuse does not have to major. For example, an abuser could forcefully shake the victim in anger. While the victim may not require medical treatment, the shaking would still be a form of physical abuse.

Physical violence can include burning, biting, choking, grabbing, pinching, punching, pushing, throwing, scratching, shoving, shaking, or slapping.

Threats of Violence

Violent threats involve the use of words, gestures, motions, looks or weapons to communicate a threat to frighten, harm, injure, disable, rape or kill. The act does not have to be carried out for it to be abusive behavior.

Psychological Abuse

Psychological abuse is a broad term that includes acts, threats of acts or coercive tactics to cause someone fear and trauma. If there has been previous physical or sexual abuse in the relationship, any further threat of abuse is considered psychological violence.

Psychological abuse can include:

Humiliation

Controlling what the victim can and cannot do.

Withholding information.

Diminishing or embarrassing the victim.

Isolating the victim from friends and family.

Financial Abuse

Financial abuse is one of the most common forms of domestic abuse and also the difficult to recognize, even for the victims. It can involve a partner denying the victim access to money or other resources. Refusing to allow a spouse to work or get an education is also a form of financial abuse. It is often seen in homes where an abuser forces the victim into isolation by limiting when they can communicate with family and friends. Isolation makes it more difficult for a victim to have any form of financial freedom.

Figure: Causes of domestic violence

CAUSES OF DOMESTIC VIOLENCE

■ Series 1

TRADITIONAL BELIEFS	10
PEER INFLUENCE	4
EXTREME JEALOUS	6
ALCOHOLISM/DRUGS	30
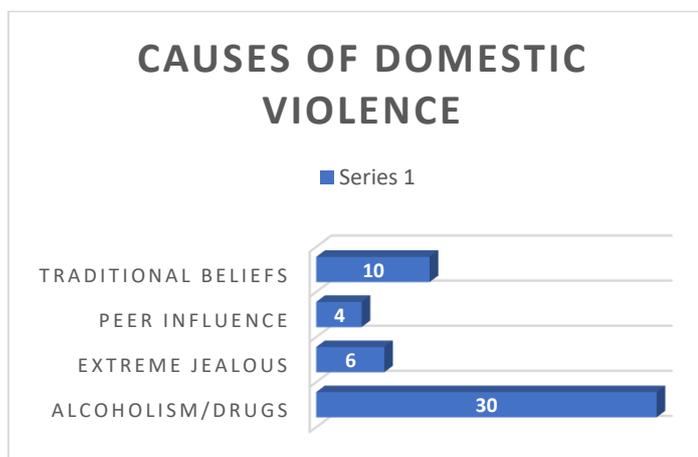
Source; Researcher's Field Data (2019)

Qualitative Analysis

The researcher also used interviews and focus group discussion to gather data intensively so as to compare with the data collected by use of a questionnaire.

Truancy (Absenteeism)

It was observed that there was a lot of absenteeism in most of the cases as most parents, guidance and counselling teachers and pupils interviewed confirmed. Many parents who are alcoholics have become violent turning their anger to their children. This has led to a fallback between parents and their children leading them to feel rejected and in some cases the pupils run away from their homes in search of solace.

According to Zhang, Katsiyannis, Barrett, and Wilson (2007), the causes for truancy can be positioned within four major categories. These categories include family factors, school factors, economic influences, and student variables. Family factors that may cause truant behaviour include, but are not limited to parents' education, parental supervision, and household income. In a recent study on eighth and tenth grade student absenteeism, Henry (2007) correlates family factors with truant behaviour. Henry's study illustrates that the lower the father's education, the more likely the child is to commit truancy. The chance the child would commit truancy was even higher if the mother was a high school dropout. Additionally, Henry's work proves that the longer a child is unsupervised after school, the more likely that child is to become a truant; 29.9% of truants were unsupervised for five hours or more after school whereas only 11.3% of truants were never unsupervised after school. In a recent study on truant offenders in the juvenile justice system, Zhang, et al. (2007) linked truancy to household income.

Henry (2007) indicates that truancy's consequences are extensive, resulting in negative implications for multiple levels of society. In the short-term, truancy can predict maladjustment, poor academic performance, school dropout, substance abuse, delinquency, and teen-age pregnancy. In the long-term, evidence reveals truancy as a predictor of poor adult outcomes, including violence, marital instability, job instability, adult criminality, and incarceration. Moreover, truancy exerts a negative effect on community because of its correlation with delinquency, crime, and other negative adult outcomes.

School Drop-outs

The researcher also gathered that due to truancy as a result of domestic violence, the school dropout rate was

prevalent. This has led to pupils not completing their education and hence lacking a chance to get tertiary education. This in turn has led to many young people in the area being jobless.

Dropout rates differ significantly between countries. Using data from Demographic Health Surveys on the population of 16- and 17-year olds, assuming that by this age children should have completed a cycle of primary school. It is clear that the number of children enrolled in school has increased over time. Nevertheless, a significant proportion of children who start primary school are not completing this cycle. There are many factors associated with drop out, some of which belong to the individual, such as poor health or malnutrition and motivation. Others emerge from children's household situations such as child labour and poverty. School level factors also play a role in increasing pressures to drop out such as teacher's absenteeism, school location and poor-quality educational provision. The system of educational provision at the community level generates conditions that can ultimately impact on the likelihood of children to drop out from school. Therefore, both demand and supply driven factors, are embedded in cultural and contextual realities, which make each circumstance different. Nevertheless, it is possible to make general points about the causes of drop out.

First, there is not one single cause of drop out. Drop out is often a process rather than the result of one single event, and therefore has more than one proximate cause (Hunt, 2008). Second, poverty6 appears to influence the demand for schooling, not only because it affects the inability of households to pay school fees and other costs associated with education, but also because it is associated with a high opportunity cost of schooling for children. As children grow older, the opportunity cost of education is even larger, hence increasing the pressure for children to work and earn income for the household as opposed to

spending time in education. Third, distance to schools, poor quality of education, inadequate facilities, overcrowded classrooms, inappropriate language of instruction, teacher absenteeism and, in the case of girls' school safety, are common causes for school dropout (Colclough, et al. 2000). These are seen as supply side causes of drop out, mainly driven at the school level.

Violence

Most respondents admitted that the insecurity in the area had being partly caused by the domestic violence effect in families. Students or rather teens get to have the violent character that they have experienced in their respective homes. This has led to criminal acts like assaults, divorces, violent robberies and even murders which are rampant in the area.

There are many causes of violence including "*frustration, exposure to violent media, violence in the home or neighbourhood and a tendency to see other people's actions as hostile even when they're not. Certain situations also increase the risk of aggression, such as drinking, insults and other provocations and environmental factors like heat and overcrowding*" (American Psychological Association's website). "The intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation." – World Health Organization, 1996.

From the 1999 WHO Consultation on Child Abuse Prevention: "Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."

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Poor Concentration

In the focus group discussions, pupils admitted that in cases of domestic violence, concentration is poor in class and still is when out of school. In one case, the researcher also learned of a girl who was being beaten by his father almost daily from Soweto compound who eventually was hit by an oncoming vehicle as she crossed the road. This has also led to poor exam results in the area.

Domestic violence and child protection are a complex, multifaceted area. It was common for domestic violence and, as specified in this case, intimate partner violence (IPV) to co-occur with other problems: 'children's experiences of and responses to IPV exposure cannot be viewed in isolation from other adversities and inequalities', p. 70). The co-occurrence (Etherington and Baker, 2018 of stressful problems in early life is often referred to as adverse childhood experiences (ACEs). ACEs was a construct emerging from a long line of studies into traumatic events occurring in childhood such as domestic violence, sexual, physical and emotional abuse, household dysfunction, and neglect. Research studies find that having (Felitti et al., 1998; Dube et al., 2001) these ACEs has long-lasting effects into adulthood. ACEs can be a source of long-term psychological distress as well as having longitudinal effects on physical health, substance misuse, interpersonal violence and self-harm (Hughes et al., 2017). The 'toxic trio' of domestic violence, substance misuse, and parental mental health problems can render children at risk of harm and complex trauma. Poverty all too frequently intersects with ACEs. Although poverty is viewed as a social marker regarding the distribution of domestic violence risk, the association is not causal (Ray, 2011). Domestic violence cuts across all socio-economic groups and all backgrounds. Victims of all backgrounds, predominantly women, face common difficulties when leaving an abusive partner. Research demonstrates that it is at the point of leaving, or after she

has left, that a woman is in most danger (Calder and Regan, 2008). It is not uncommon for victims of domestic violence to remain living with perpetrators, even risking their own safety, rather than risking themselves, and their children, becoming homeless.

Alcohol Abuse

In the interviews and focus group discussions the majority number of respondents at about 58% admitted that in most cases the perpetrator was under the influence of alcohol, and that it was the overall abused substance.

Although many studies relate alcohol consumption to violent behavior, it was not possible to establish a simple and unidirectional association because of the complexity of this relationship. A population-based study in Brazil found that the aggressor was under the influence of alcohol at the time of the event in over half of the identified cases of domestic violence. The literature includes several other studies that suggest an association between alcohol consumption and violent behavior among intimate partners.

Although some studies have suggested that alcohol consumption is more associated with the severity of violence acts than to increases in its occurrence, others have suggested that it should be related to both and that the association between alcohol and violence becomes more powerful with increased consumption. To better understand how alcohol consumption might be related to a greater severity of domestic violence, it was important to consider not only the pharmacological effects of alcohol but also the environmental and sociocultural factors that influence patterns of alcohol consumption and violent behaviors.

Alcohol was a risk factor for the occurrence of violent acts because it had direct effects on physical and cognitive

performances, contributing to violence by reducing self-control as well as reducing judgment and the ability to recognize signs of danger. Moreover, individual and cultural beliefs that alcohol causes aggression can lead to its intake in preparation or as an excuse/justification for violent acts. It was also possible that harmful alcohol consumption was a coping strategy adopted by victims to address the stress caused by violent situations.

Although strong associations seem existed between domestic violence and alcohol abuse among women, few studies have been conducted regarding the peculiarities of this association, especially in developing countries such as Brazil. Given this association, the WHO recommends measures to reduce the availability and the harmful consumption of alcohol as important strategies to prevent violence. There was some evidence on the success of brief interventions (BIs) in reducing various forms of violence, including domestic violence.

5.0 CONCLUSION, SUMMARY OF FINDINGS AND RECOMMENDATIONS

The chapter presents summary of findings of the study as conclusions were made from the findings.

5.1 Summary of Findings

The research findings led to the following conclusions. There was a major problem in the area of absenteeism (truancy), school dropout rate where high, violent behaviour, poor concentration, were just a drop in the ocean as the researcher gathered a lot of effects of domestic violence in Katete district. He found out that domestic violence is rampant. It has led to a trickledown effect in the society. Social vices in the area have been directly or indirectly caused by domestic violence at the grassroots (their homes) most teachers who are also parents confirmed the drug abuse, suicides, attacks and illegal trades are more of a result to high rates of school dropout rates and violence in the area. The

researcher also observed that drug abuse and alcoholism has led to domestic violence in the area where parents become violent and create chaos at homes. The abuse has led to family breakups (divorces) and disunity in the social setting. Some of the community leaders, teachers are heavily charged with the duty of caring for the affected victims who are socially, psychologically, physically and morally affected. Domestic violence is real and is an issue that needs to be addressed with urgency.

5.2 Conclusions of the Study

The study came up with the following conclusions;

a. Domestic violence was found to be a major cause of absenteeism (truancy) as many pupils did not go to school consistently and this affected their academic performance.

b. Due to absenteeism (truancy) as a result of domestic violence, dropout rate was high resulting to pupils not completing their education leading to lack of tertiary education and joblessness.

c. Domestic violence had contributed to high rate of insecurity in the region since teens tend to develop violence traits experienced during upbringing.

d. Domestic violence caused poor concentration among pupils.

e. In most cases, the perpetrators of the violence were under the influence of alcohol and drug abuse hence increasing the rate of violence.

5.3 Recommendations

From the research findings, domestic violence is rampant in contemporary society. There is therefore need for educating people about family responsibility, as way of eradicating domestic violence among families.

There should be guidance and counselling rehabilitation sessions in both school and community level. This will educate, sensitize and rehabilitate each and every individual in the society. This would also help pupils to cope with the upset associated with the violence

The helping professionals should take responsibility of reporting the suspected abuse to the child

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protection agency or police; this would reduce the rate of violence since law will be applied effectively to apprehend lawbreakers. Typically, counsellors and school management and staff should be required to report and be granted immunity from liability because they are presumed to be acting in good faith. The government has also enacted laws "the anti-gender-based violence act, 2011" but its efforts of implementing them bear no fruits, therefore legislation of strict laws should be formulated to protect the children

Communities, churches, schools and the government should take the responsibility of minimizing domestic violence and provide security for the young ones in particular and the community as a whole.

There should Training of health care providers to recognize and respond to gender-based violence as one of the most important ways of identifying and assisting victims. Not just obstetrician/gynecologists but all health care professionals must learn to recognize the signs: hospitals (especially emergency room staff); public and private health clinic staff; general/family practitioners; internists; pediatricians; psychiatrists; nurses and the staff of family planning clinics.

These should be services created or incorporated to respond to gender-based violence, such as: battered women shelters; homeless shelters; financial assistance programs; women's police stations or services; victim advocacy programs; rape crisis, domestic violence and suicide prevention hotlines; legal services; runaway programs; social welfare programs; psychological support services (including individual counseling and support groups) and teen sexuality programs/health services.

There should be support groups that can be an important way for victims themselves to organize pro-actively and take charge of their own situation. Beyond emotional support, group members can also provide one another with a sense of security and even, if needed, a place to go.

There should be Programs which address masculinities attempt to explore what "makes a man". The central idea is to educate boys from the earliest age that violence (against anyone) is wrong, that the prevailing definition of masculinity in any society is not the only alternative, and that even though they are physically different, girls are entitled to the same rights and opportunities as boys

There should be intensive media advertising solutions, informing policy-makers and educating the public about legal rights and how to recognize and address domestic violence. Newspapers, magazines, newsletters, radio, television, the music industry, film, theatre, advertising, the internet, posters, leaflets, community notice boards, libraries and direct mail could be channels for providing information to victims and the general public about domestic violence prevention and available services

There should School systems established that are instrumental to stopping DV before it starts. Regular curricula, sexuality education, school counseling programs and school health services could all convey the message that violence is wrong and can be prevented, suggest alternative models of masculinity, teach conflict-resolution skills and provide assistance to children/adolescents who may be victims or perpetrators of violence. Integrating DV as a subject into psychology, sociology, medicine, nursing, law, women's studies, social work and other programs to enable providers to identify and incline to this problem.

There should be intensified Religious counseling, support groups, education programs, study groups and assistance programs that could address DV with their participants/worshippers. Most religions emphasize the importance of peace and tolerance. Framing a discussion of DV in the context of religious doctrines is one way to foster awareness and discussion of the problem. It may also be a way to identify and assist victims who do not feel comfortable talking to a health care provider or police officer

There should be consistent application of laws, the implementation of penalties, and a greater focus on rehabilitating convicted perpetrators. Other legal responses to DV included: legal aid services; training of police and judicial personnel; women's police

stations; legal advocacy and lobbying; training of family, criminal, immigration and juvenile court lawyers and bar association advocacy. In terms of Zambia Police Services, a unity called Victim Support Unity is actively involved in mitigating the effects of domestic violence.

There should be community's engagement in recognizing, addressing and working to prevent domestic violence as one of the surest ways of eliminating it. To be optimally effective, there must be a community networks that shall bring together all of the responses outlined above, integrating members from all sectors of the community: families; businesses; advocacy groups/civil society; public services such as police, fire fighters and medical examiners; social services such as welfare, unemployment, public housing and health; education; the media and officials from national, state/provincial and local/municipal governments. Community interventions should send a clear message about what gender-based violence is, the different forms it could take, why it is wrong and how to prevent it.

Finally, offices should be erected in communities where one is able to report to in case of such incidences, they should be in strategic positions and easy to access in order to stem out the vice.

The nation should move through stages of public awareness and face the phenomenon head on. Practitioners should be aware of the widespread domestic violence cases reported and unreported. And take action when necessary. Counsellors should keep well-informed of the indicators of maltreatment in order to help victims of domestic violence.

In conclusion, the above suggestions are inadequate, and the researcher strongly recommends a consultative meeting involving all stake holders e.g. parent, educational officers, family-based organizations, sponsors, teachers, pupils and the community at large to deliberate on effective counselling in our institutions in order to reduce if not stop domestic violence in our society.

The recommendations suggested in this chapter are based on major findings and conclusion drawn from the study.

ACKNOWLEDGEMENTS

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