CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION

The investigation titled “The Impact of Domestic Violence on Children in Tirunelveli District – A Comparative Psycho – Social Analysis” is a descriptive survey study. The investigation aimed to assess the impact of Psychological factors of Domestic Violence like Personality, Emotional Intelligence, Personal Effectiveness, Aggression level and Sociological factors like Self Esteem, Study Skills and Quality of School life on children in Tirunelveli District.

“Bride tortured to death for dowry”, “School going kid succumbs to his injuries after beaten by father”, “A seventy year old man killed over property dispute”, “Harassment of men in Chandigarh…” “You are the bows from which your children as living arrows are sent forth.”

- Kahlil Gibran

In our society, violence is bursting. It is present almost everywhere and nowhere is this eruption more intense than right behind the doors of our homes. Behind closed doors of homes all across our country, people are being tortured, beaten and killed. It is happening in rural areas, towns, cities and in metropolitans as well. It is crossing all social classes, genders, racial lines and age groups. It is becoming a legacy being passed on from one generation to another.

The term used to describe this exploding problem of violence within our homes is Domestic Violence. This violence is towards someone who we are in a relationship with, be it a wife, husband, son, daughter, mother, father, grandparent or any other family...
member. It can be a male’s or a female’s atrocities towards another male or a female. Anyone can be a victim and a victimizer. This violence has a tendency to explode in various forms such as physical, sexual or emotional (Edleson & Williams, 2007)

Since times immemorial, domestic violence has been an intrinsic part of the society we are living in. The contributing factors could be the desire to gain control over another family member, the desire to exploit someone for personal benefits, the flare to be in a commanding position all the time showcasing one’s supremacy so on and so forth. On various occasions, psychological problems and social influence also add to the vehemence. The present study investigates the impact of various psycho-social factors of domestic violence on children in Tirunelveli. Their causes of occurrence in households have been analyzed. The aftereffects of different kinds of domestic violence and the possible remedies have been highlighted. Finally, a conclusion has been drawn after the complete analysis of the topic with the juxtaposition of facts and figures at hand.

1.1.1 Definitions of Domestic Violence

According to the Merriam-Webster dictionary definition, domestic violence is "the inflicting of physical injury by one family or household member on another; also: a repeated / habitual pattern of such behavior” (Edleson, J. L. et al, 2007)

The term "intimate partner violence" (IPV) is often used synonymously with domestic abuse/domestic violence. Family violence is a broader definition, often used to include child abuse, elder abuse, and other violent acts between family members. Wife abuse, wife beating, and battering are descriptive terms that have lost popularity recently for at least two reasons.
➢ There is acknowledgment that many victims are not actually married to the abuser, but rather cohabiting or in other arrangements.

➢ Abuse can take other forms than physical abuse. Other forms of abuse may be constantly occurring, while physical abuse happens occasionally.

➢ Males as well as females are victims of domestic violence.

➢ These other forms of abuse have the potential to lead to mental illness, self-harm, and even attempts at suicide. (Stacy, W. 1983)

The U. S. Office on Violence against Women (OVW) defines domestic violence as a "pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner". The definition adds that domestic violence "can happen to anyone regardless of race, age, sexual orientation, religion, or gender", and can take many forms, including physical abuse, sexual abuse, emotional, economic, and psychological abuse.

The Children and Family Court Advisory and Support Service in the United Kingdom in its "Domestic Violence Policy" uses domestic violence to refer to a range of violent and abusive behaviors, defining it as: Patterns of behavior characterized by the misuse of power and control by one person over another who are or have been in an intimate relationship. It can occur in mixed gender relationships and same gender relationships and has profound consequences for the lives of children, individuals, families and communities. It may be physical, sexual, emotional and/or psychological. The latter may include intimidation, harassment, damage to property, threats and financial abuse.
Domestic violence in a home where one of their parents is abusing the other parent plays a tremendous role on the well-being and developmental growth of children witnessing the violence. In 2009 in the United States, it was estimated that as many as 7 to 14 million children are exposed to domestic violence with about 3.3 million children exposed to domestic violence in their homes every year.

Children who witness domestic violence in the home often believe that they are to blame, live in a constant state of fear and are 15 times more likely to be victims of child abuse. Close observation during an interaction can alert providers to the need for further investigation and intervention, such as dysfunctions in the physical, behavioral, emotional, and social areas of life, and can aid in early intervention and assistance for child victims.

1.1.2 Forms of Domestic Violence

All forms of domestic abuse have one purpose: to gain and maintain control over the victim. Abusers use many tactics to exert power over their spouse or partner: dominance, humiliation, isolation, threats, intimidation, denial and blame. (Horner, G. 2005).

1.1.2.1 Physical Abuse

Physical abuse is abuse involving contact intended to cause feelings of intimidation, pain, injury, or other physical suffering or bodily harm. Physical abuse includes hitting, slapping, punching, choking, pushing, burning and other types of contact that result in physical injury to the victim.
Figure 1.1: Schematic Representation on Physical Abuse


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, or forcing the victim to engage in drug/alcohol use against his/her will. If a person is suffering from any physical harm then they are experiencing physical abuse. This pain can be experienced on any level. It can also include inflicting physical injury onto other targets, such as children or pets, in order to cause psychological harm to the victim.

1.1.2.2 Sexual Abuse

Sexual abuse is any situation in which force or threat is used to obtain participation in unwanted sexual activity. Coercing a person to engage in sex, against their will, even if that person is a spouse or intimate partner with whom consensual sex has occurred, is an act of aggression and violence.

Sexual violence is defined by World Health Organization as:

- Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality
using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

Categories of sexual abuse include:

1. Use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed;

2. Attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, unable to decline participation, or unable to communicate unwillingness to engage in the sexual act, e.g., because of underage immaturity, illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure.

1.1.2.3 Emotional Abuse

Emotional abuse (also called psychological abuse or mental abuse) can include humiliating the victim privately or publicly, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, implicitly blackmailing the victim by harming others when the victim expresses independence or happiness, or denying the victim access to money or other basic resources and necessities. Degradation in any form can be considered psychological abuse.

Emotional abuse can include verbal abuse and is defined as any behavior that threatens, intimidates, undermines the victim’s self-worth or self-esteem, or controls the victim’s freedom. This can include threatening the victim with injury or harm, telling the victim that they will be killed if they ever leave the relationship, and public humiliation.
Constant criticism, name-calling, and making statements that damage the victim’s self-esteem are also common verbal forms of emotional abuse. Often perpetrators will use children to engage in emotional abuse by teaching them to harshly criticize the victim as well. Emotional abuse includes conflicting actions or statements which are designed to confuse and create insecurity in the victim. These behaviors also lead the victim to question themselves, causing them to believe that they are making up the abuse or that the abuse is their fault.

Emotional abuse includes forceful efforts to isolate the victim, keeping them from contacting friends or family. This is intended to eliminate those who might try to help the victim leave the relationship and to create a lack of resources for them to rely on if they were to leave. Isolation results in damaging the victim’s sense of internal strength, leaving them feeling helpless and unable to escape from the situation.

People who are being emotionally abused often feel as if they do not own themselves; rather, they may feel that their significant other has nearly total control over them. Women or men undergoing emotional abuse often suffer from depression, which puts them at increased risk for suicide, eating disorders, and drug and alcohol abuse.

1.1.2.4 Verbal Abuse

Verbal abuse is a form of emotionally abusive behavior involving the use of language. Verbal abuse can also be referred to as the act of threatening. Through threatening a person can blatantly say they will harm you in any way and will also be considered as abuse. It may include profanity but can occur with or without the use of expletives. (http://en.wikipedia.org/wiki/Expletive_attributive)
Verbal abuse may include aggressive actions such as name-calling, blaming, ridicule, disrespect, and criticism, but there are also less obviously aggressive forms of verbal abuse. Statements that may seem benign on the surface can be thinly veiled attempts to humiliate; falsely accuse; or manipulate others to submit to undesirable behavior, make others feel unwanted and unloved, threaten others economically, or isolate victims from support systems.

In Jekyll and Hyde behaviors, the abuser may fluctuate between sudden rages and false joviality toward the victim; or may simply show a very different "face" to the outside world than to the victim. While oral communication is the most common form of verbal abuse, it includes abusive communication in written form.

1.1.2.5 Economic Abuse

Economic abuse is a form of abuse when one intimate partner has control over the other partner's access to economic resources. Economic abuse may involve preventing a spouse from resource acquisition, limiting the amount of resources to use by the victim, or by exploiting economic resources of the victim. The motive behind preventing a spouse from acquiring resources is to diminish victim's capacity to support him/herself, thus forcing him/her to depend on the perpetrator financially, which includes preventing the victim from obtaining education, finding employment, maintaining or advancing their careers, and acquiring assets. In addition, the abuser may also put the victim on an allowance, closely monitor how the victim spends money, spend victim's money without his/her consent and creating debt, or completely spend victim's savings to limit available resources. (URL: http://en.wikipedia.org/wiki/Expletive_attributive)
1.1.3 Effects of Domestic Violence On children

3.3 million Children witness domestic violence each year in the US. There has been an increase in acknowledgment that a child who is exposed to domestic abuse during their upbringing will suffer in their developmental and psychological welfare. Because of the awareness of domestic violence that some children have to face, it also generally impacts how the child develops emotionally, socially, behaviorally as well as cognitively. Some emotional and behavioral problems that can result due to domestic violence include increased aggressiveness, anxiety, and changes in how a child socializes with friends, family, and authorities. Depression, as well as self-esteem issues, can follow due to traumatic experiences. Problems with attitude and cognition in schools can start developing, along with a lack of skills such as problem-solving. Correlation has been found between the experience of abuse and neglect in childhood and perpetrating domestic violence and sexual abuse in adulthood. Additionally, in some cases the abuser will purposely abuse the mother or father in front of the child to cause a ripple effect, hurting two victims simultaneously. It has been found that children who witness mother-assault are more likely to exhibit symptoms of posttraumatic stress disorder (PTSD). Consequences to these children are likely to be more severe if their assaulted mother develops post traumatic stress disorder (PTSD) and does not seek treatment due to her difficulty in assisting her child with processing his or her own experience of witnessing the domestic violence. (Volpe, 1996).

Children Who Grow Up In Homes Where Violence Is Present Are

- 6 times more likely to commit suicide
- 24 times more likely to be sexually assaulted
- 67 times more likely to engage in delinquent behavior as an adolescent
- 100 times more likely to be abusers themselves
- 1500 times more likely to be abused or neglected

(United States Department of Justice, 2002)

1.1.3.1 Physical Effects

Bruises, broken bones, head injuries, lacerations, and internal bleeding are some of the acute effects of a domestic violence incident that require medical attention and hospitalization. Some chronic health conditions that have been linked to victims of domestic violence are arthritis, irritable bowel syndrome, chronic pain, pelvic pain, ulcers, and migraines. Victims who are pregnant during a domestic violence relationship experience greater risk of miscarriage, pre-term labor, and injury to or death of the fetus. (Volpe, J. 1996)

1.1.3.2 Psychological Effects

Among victims who are still living with their perpetrators high amounts of stress, fear, and anxiety are commonly reported. Depression is also common, as victims are made to feel guilty for ‘provoking’ the abuse and are frequently subjected to intense criticism. It is reported that 60% of victims meet the diagnostic criteria for depression, either during or after termination of the relationship, and have a greatly increased risk of suicidality. In addition to depression, victims of domestic violence also commonly experience long-term anxiety and panic, and are likely to meet the diagnostic criteria for Generalized Anxiety Disorder and Panic Disorder. The most commonly referenced psychological effect of domestic violence is Post-Traumatic Stress Disorder (PTSD). PTSD (as experienced by victims) is characterized by flashbacks, intrusive images,

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exaggerated startle response, nightmares, and avoidance of triggers that are associated with the abuse. These symptoms are generally experienced for a long span of time after the victim has left the dangerous situation. Many researchers state that PTSD is possibly the best diagnosis for those suffering from psychological effects of domestic violence, as it accounts for the variety of symptoms commonly experienced by victims of trauma. (Volpe, J. 1996)

### 1.1.3.3 Financial Effects

Once victims leave their perpetrator, they can be stunned with the reality of the extent to which the abuse has taken away their autonomy. Due to economic abuse and isolation, the victim usually has very little money of their own and few people on whom they can rely when seeking help. This has been shown to be one of the greatest obstacles facing victims of DV, and the strongest factor that can discourage them from leaving their perpetrators. In addition to lacking financial resources, victims of DV often lack specialized skills, education, and training that are necessary to find gainful employment, and also may have several children to support. In 2003, thirty-six major US cities cited DV as one of the primary causes of homelessness in their areas. It has also been reported that one out of every three homeless women are homeless due to having left a DV relationship. If a victim is able to secure rental housing, it is likely that her apartment complex will have “zero tolerance” policies for crime; these policies can cause them to face eviction even if they are the victim (not the perpetrator) of violence. While the number of shelters and community resources available to DV victims has grown tremendously, these agencies often have few employees and hundreds of victims seeking
assistance which causes many victims to remain without the assistance they need.(Volpe, J.1996)

1.1.3.4 Long-term Effects

Domestic violence can trigger many different responses in victims, all of which are very relevant for any professional working with a victim. Major consequences of domestic violence victimization include psychological/mental health issues and chronic physical health problems. A victim’s overwhelming lack of resources can lead to homelessness and poverty.(Volpe, 1996)

1.2 PSYCHO – SOCIAL FACTORS USED IN THE STUDY

The investigator aimed to study the impact of psycho – social factors of Domestic Violence on Children. The Psychological factors are Personality, Emotional Intelligence, Personal Effectiveness, Aggression level and Sociological factors Study Skills, Self Esteem and Quality of School life.

The Psychological Factors are as follows:

1.2.1 Personality

People may notice that a very outgoing person, for instance, becomes quiet and shy around his/her partner. This happens because the one being battered "walks on egg shells" when in the presence of the one who is abusive to her. Accusations (of flirting, talking too loudly, or telling the wrong story to someone) have taught the abused person that it is easier to act a certain way around the batterer than to experience additional accusations in the future. Many families do not fit patterns of domestic violence, yet they experience a high degree of conflict. Many high-conflict families may experience intermittent outbursts of anger or violence. Even when they do not exhibit violent
patterns, these families are so conflicted that they routinely go back to court to solve what should be relatively simple problems. They may have problems scheduling holidays and vacations; they may argue during exchanges; they cannot communicate about child-related issues or decide on day-care providers; they disagree on the times and places for exchanging the children and argue about who will attend parent-teacher conferences, arrange and pay for health care, or attend the child's extra-curricular activities; and they may disagree on activities for their children. (Stahl, 2000)

In many ways, it appears that the life of the child must stop while the arguments between the parents continue. For many of these families, every issue becomes a potential source of conflict. Sometimes this is related to the history of the relationship and the power dynamics between the parents. Sometimes one parent will not let go of the conflict because this keeps them "together" in their relationship.

Decisions may get made by the more forceful parent when one parent "gives in" to the other. Sometimes, no rational decision gets made, such as when one parent takes the child to the pediatrician and the other does the same after the exchange because they don't trust each other to communicate medical information to each other. In such situations, children may see two pediatricians when one will do and no therapist when one is needed. Teachers become frustrated with the lack of cooperation toward the child's schooling. There are many instances in which children are enrolled in two different kindergartens because parents cannot plan adequately together for their child's education. Such parents have not learned to implement a system for communication, problem solving, and decision-making. They do things the same way that they have for years. Often one parent does give in. Sadly, this may be the healthier parent. (Johnston, 1993)
Research on high-conflict families (Johnston [1988, 1993, 1994] and Johnston & Rose by [1997]) reveals a continuum of problems and a variety of factors which contribute to the problems. Some families are mildly entrenched in conflict and can benefit from guidance and structured recommendations. The more difficult of these families may seem to make little progress, even with rather extensive intervention (e.g. therapy and case management). Some parents have personality traits which exacerbate conflicts, perhaps exaggerating or being quite rigid. (Johnston, 1993)

1.2.1.1 The Nature of Personality Disturbances

Over the past twenty years, a growing body of literature has developed on personality styles, in particular Narcissistic and Borderline styles. Millon (1996) not only focused on the disorders themselves, but those personality traits and features which impact upon relationships, rather than the individual. He has grouped personality disorders into four types. Many custody evaluators observe that most high-conflict families have one or both parents who exhibit either narcissistic, obsessive-compulsive, histrionic, paranoid, or borderline features. They may have parents who become rigid in their perception of the other and tend to deal with things in their extremes. Many parents are polarized, viewing themselves as all good and the other as all bad. These parents focus on the traits within the other parent that reinforce this perception, and they approach each new conflict as verification of just how difficult the other parent is. These parents experience chronic externalization of blame, possessing little insight into their own role in the conflicts. They usually have little empathy for the impact of this conflict on their children. They routinely feel self-justified, believing that their actions are best for
their children. No matter how much the helping professionals try to keep the focus on the child, these parents remain focused on the conflict. (Millon, 1996)

While these parents tend to be motivated by a diverse set of emotions, I believe that most of them take this rather rigid position out of fear, often the overwhelming fear that if they let down their defenses, they will be taken advantage of. Many parents say, "If I just give in this one time, she will always take advantage of me," or "if I give him an inch, he'll take a mile." Many parents fear being controlled by the other parent. For the more disturbed of these parents, giving in may represent a fear of annihilation or loss of self. This rigidity assures conflict. Because these families routinely go back to court, they are also afraid that any relaxing of their position might give the other parent an advantage in court. What get lost in the conflict are the needs of the children. Another source of the fear is that winning or losing is so integrally tied to self esteem. Narcissistic parents fear losing custody and control, lest they feel abandoned and depressed. Borderline parents must win in order to contain their internal chaos and rage. While losing might mean different things to each parent (e.g. shame, loss, abandonment, rage, etc.) the key ingredient is how unbearable such a loss is to each parent. Other difficult parents may be irresponsible, over-reactive, and rigid. Parents with these personality traits often have high-conflict marriages and divorces.

(www.jwoodphd.com/borderline_personality_disorder.htm)

Judges and attorneys express their extreme frustration with these families. I have heard judges refer to these families as "our frequent fliers," adding that, even though they may only number ten percent of the families, they require ninety percent of the court's resources. They might come back to court several times a year, and just it appears that a
settlement has been reached, a new issue will arise. Lacking a reasonable dispute resolution mechanism, these parents feel justified in taking the other to court and letting "the judge settle it." Each issue is perceived as a new opportunity for victory, and feared as potential loss. These character logical personality dynamics, along with each parent's righteous self-justification and fear, create the high degree of conflict, and the perpetuation of the court battle. At the same time, away from the conflict, many of these parents seem concerned for their children's needs and feelings and are capable of good parenting skills. They may be nurturing and set reasonable limits with their children. They are frequently involved in their child's day-to-day activities, participate in school work, and provide encouragement to their children. Many of these parents can love, spontaneous, and supportive to their children, even when they are cold, rigid, angry, and fearful toward the other parent. In the abstract, they understand the value of the child's relationship with the other parent, and they may even recognize that the conflict is problematic for their children. Despite this acknowledgment, it is difficult for them to relax their rigid positions and attitudes toward the other parent and extricate their child (and themselves) from the conflict. (Millon, 1996)

For many high-conflict families, it seems that the parents' character logical personality dynamics get manifested in a relationship disorder with the other parent. They may be able to manage some of their chronic traits, including their narcissism, over-reaction, rigidity, and anger, in some of their other relationships. They may be pleasant to co-workers, showing few pathological traits in their work environment. With their children, they may not personalize experiences or show signs of narcissistic injury. (URL: www.jwoodphd.com/borderline_personality_disorder.htm)
In contrast, the history of the conflict, the emotions of the divorce, and the fear of letting go bring out the worst in these parents with each other. It appears that the couple's relationship has been unable to withstand the previous love, the loss of that love, and the rejection and hurt that followed. In the newly formed divorce relationship, dysfunctional personality traits flourish, while in other relationships, including with the children, healthier personality traits may abound. For the less disturbed parents, the pathological personality traits may only surface in the context of the conflictual relationship between the parents. Each parent's negative individual traits clash and the conflicts continue. Left unchecked, these families return to court year after year to solve what might appear to the neutral observer to be the most minor of issues.

1.2.1.2 Borderline Personality Disorder

Borderline personality disorder is the most common personality disorder. It occurs in about 2% of the population. Symptoms usually flare up when a psychological stressor occurs, such as the threat of a break-up. When the stress subsides, the symptoms usually subside as well. People with borderline personality disorder may even experience brief periods in which they separate from reality. This disorder often overlaps with dysthymia (milder, longer lasting form of depression) and psychotic disorders. Nearly 90% of those with borderline personality disorder are also diagnosed with another personality disorder or major mental illness. Some borderline patients describe highly traumatic experiences in their childhood, such as physical or sexual abuse. Others describe severe emotional neglect. Many borderline patients have parents with impulsive or depressive personality traits. However, some patients report a fairly normal childhood.
Most likely, any of these scenarios is possible. Borderline pathology can arise from many different pathways (www.jwoodphd.com/borderline_personality_disorder.htm)

The major characteristics of borderline personality disorder are:

a. **Unstable Personal Relationships:** People with borderline personality disorder fear abandonment and make desperate attempts to maintain relationships. However, their perception of relationships is so unstable that a friend can become an enemy over an ordinary disagreement.

b. **Unstable Self-image:** This disorder is characterized by marked uncertainty in major life issues, such as life goals, sexual orientation, values, career choices, or types of friends.

c. **Unstable Emotions:** Their emotional state can fluctuate dramatically from euphoria to intense anxiety to rage in a matter of hours or days. Typically, these emotional fluctuations are reactions to social interactions.

d. **Little control over impulses:** Reckless impulsivity may cause people with this disorder to act in self-destructive ways such as driving dangerously or bingeing on food, alcohol, or sex.

1.2.2 Emotional Intelligence

Emotional Intelligence came into the mainstream and everyone was learning more about how they handled their emotions. Emotional Intelligence has nothing to do with Intelligent Quotient (IQ). Instead it is about people skills. Specifically it is the ability to recognize, understand and regulate your own emotions and those of others. By being able to make better choices about emotions you can understand how to act or react in any situation. In fact, research has shown that people who are able to manage their own
feelings and work more effectively with others are more likely to live happier lives. (www.gregorykyles.wordpress.com/tag/emotional-intelligence).

Emotional Intelligence is also important in personal relationships because it helps everyone communicate more effectively. Emotions are a big part of relationships and they can run rampant if they aren’t controlled. When we understand Emotional Intelligence and how to use it we can strengthen existing relationships and increase our ability to communicate more effectively. It will also help us learn more about ourselves.

Without Emotional Intelligence many relationships break up because the two people (whether friends or married) can’t seem to get past the hurt feelings that accumulate if people don’t understand how to communicate effectively. Emotional Intelligence helps you sort out communication challenges and deal with them straight on. It also helps you improve your people skills and develop a more interesting personality.

Students benefit from Emotional Intelligence because it allows them to focus better on their work, it helps build self confidence and it can create new curiosity. In the workplace, when you are taking courses to improve your job or to apply for a new job, your Emotional Intelligence could lead you to a pay raise.

**Regulation of Emotion** is the term that describes individual differences in how people regulate their emotions through growth, specifically the ways we attempt to regulate our emotions, by denying, intensifying, weakening, curtailing, masking, or completely hiding them. Emotion Regulation is also described as the process in which we modify our emotional reactions, the coping processes that increase or decrease the intensity of the moment. There are three major stages in our lives: Childhood, Adolescence and Adulthood. During each of these phases our regulation of emotions
drastically improves. Regulation of Emotions has been shown to be a good and a bad thing for individual growth; People who are good at it are seen as more emotionally intelligent, while those who struggle with it tend to be less social. Emotion regulation is essential to socialization and is dependent on the culture one lives in as well as the specific social context of the situation. The process to which we regulate our emotions is very complex and involves four stages:

1. Internal feeling states (i.e. the subjective experience of emotion)
2. Emotion-related cognitions (e.g. thought reactions to a situation)
3. Emotion-related physiological processes (e.g. heart rate, hormonal, or other physiological reactions)
4. Emotion-related behavior (e.g. actions or facial expressions related to emotion).

Strong emotional reactions are not always desirable, may be inconsistent with social norms, or may cause physical or psychological suffering. Thus people attempt to inhibit undesirable or painful emotions and enhance desirable or pleasant emotions. (gregorykyles.wordpress.com/tag/emotional-intelligence)

### 1.2.2.1 Emotional effects of Children from Violent homes

Regulation of emotion is something that becomes a habit throughout our lives. However it is something that is essential to our socialization. Emotional dysregulation is something that happens to individuals who cannot sway their emotions or change them to the social situation are often more likely to have emotional disorders these will happen to children who comes from violent homes. The types of emotional disorders that come out of having greater intensity, greater liability, and less effective regulations were more liable to depression and problem behaviors. Impairment of emotion regulation among
women who were exposed to interpersonal violence and suffer from related posttraumatic stress disorder has been shown to adversely affect their care giving behavior with their young children and, in turn, their young children's development of emotion regulation. Individuals who habitually suppress negative emotions tend to find short-term relief, but suffer longer term health consequences, thought suppression and rumination. Not all emotional regulation is bad however; the ability to regulate one’s emotions could determine the amount or quality of one’s relationships and social interactions. This idea suggests that people who are able to regulate their emotions should have a higher level of emotional intelligence. Therefore, they develop a deeper understanding of how other people might feel in different situations, which most likely would result in well-developed interpersonal and intrapersonal skills. This means that these individuals would be considered better friends than individuals with a lower understanding of emotion regulation.\textsuperscript{16} Emotion regulation occurs at different levels in individuals and situations. A higher amount of emotional intelligence allows for an effective regulation of emotions. Individuals who reappraise negative emotions tend to share their emotions with others which may cause short-term discomfort. However reappraisal tends to facilitate long-term emotional adjustment and physical and psychological health. (gregorykyles.wordpress.com/tag/emotional-intelligence)

1.2.2.2 Emotion suppression

In certain contexts, emotion regulation may not help people relieve negative emotions such as hatred, anger and sadness. In such instances, excessive emotion regulation (sometimes also referred to as "emotion suppression") can cause deleterious effects on mental health. People who frequently suppress emotions may experience a
broad array of effects including fatigue, depression, anger, overeating etc. Other physical manifestations of suppression include increases in blood pressure.

Emotion suppression can sometimes manifest itself in physical diseases and conditions such as obesity; people under the duress of suppression, for example, might experience more negative affect and thus have greater probabilities of overeating as a means of mitigating such conditions. (gregorykyles.wordpress.com/tag/emotional-intelligence)

1.2.2.3 Characteristics of Children with High Emotional Intelligence

• Reduce depression, abuse and violence among teens and increase optimism toward life.
• Overcome self-criticism and victim mentality, and develop self-confidence and responsibility.
• Become proactive about success, set meaningful goals, make commitments and follow through.
• Enhance academic performance and improve relationship building skills.
• Develop and maintain healthy habits and increase overall well-being.

The above characteristics of Emotional Intelligence will lack among the children who come from violent homes. (gregorykyles.wordpress.com/tag/emotional-intelligence).

1.2.3 Personal Effectiveness

Children who grow up in a home that is filled with family violence often either become victims of violence themselves or grow up to be batterers. Violence and domestic abuse have their roots in control. Children who live in a home where domestic violence is present not only consider this behavior to be normal, but also feel a lack of control in
their own lives. The outcome is usually them emulating the behavior that they grow up with, usually by the parent of the same gender. (American Psychiatric Association, 1994)

Children's responses to their experiences with domestic violence vary. Children may reveal any of a range of adjustment problems and psychopathology, or may emerge from their experiences relatively unscathed. Factors that appear to affect these responses include the child's proximity to the violence (that is, what the child actually saw or heard), the child's temperament, the age of the child at the time(s) of exposure, the severity and chronicity of the violence, and the availability of adults who can emotionally protect or sustain the child.

Research reveals that some of the symptoms these children may display include aggressive behavior, reduced social competencies, depression, fears, anxiety, sleep disturbances, and learning problems. Underlying many of those problems are the children's emotional responses to the violence, such as intense terror, fear of death, and fear of loss of a parent. In addition, children may harbor rage, feelings of guilt, and a sense of responsibility for the violence. (Child Welfare Partnership, 1995)

Children who witness traumatic events, such as incidents of domestic violence, may feel helpless and see the world as unpredictable, hostile, and threatening. Overall, data indicate that children who live in households affected by domestic violence may suffer extensively and are vulnerable to developing a host of short- and long-term problems. Many girls who grow up in a home where they witness domestic abuse, even if the violence is not inflicted on them but on their mother who is the victim of the abuse will subconsciously seek out men who are controlling and often batterers, thus completing the cycle. They will then raise their own children in the same environment in
which they were raised. Boys who have a father who is a wife beater may grow up to emulate the behavior as well and very often do. As children, a boy may stand up for his mother against an abusive father, but will eventually learn this type of behavior, especially if the mother is an enabler and allows the domestic violence to continue. (Child Welfare Partnership, 1995)

In cases where family abuse is present, it affects the entire family, regardless of whether or not they are the target of the actual abuse. The cycle of abuse continues to play out in future generations and can manifest as child abuse, battering, spousal abuse and even sexual abuse. Family violence requires a battering intervention program to prevent violence from occurring as well as a prevention program that teaches everyone in the family which type of behavior is acceptable. First and foremost, those who are perpetrating the crime of family violence must learn to change their behavior. Counseling is available for those who are victims of family violence that can be beneficial in breaking the cycle of domestic abuse and violence so that victims come to a realization of what is normal behavior and what is not in a family situation.

Domestic violence can destroy the future of the children. Children who witnessed domestic violence can themselves become abusers in their adult life. They started copying the violent behavior they see, both as children and as adults. They may lose their self confidence or feel guilty and blame themselves for what is happening. They may develop stress-related problems in health.

Children are often directly involved in violent domestic incidents. They are held as a shield by the mother, hit by thrown objects, or intentionally threatened or hurt to terrify the mother. Even when they are apparently lying passively in their cots, infants are
exquisitely sensitive to their surroundings and especially to the emotional signals given out by their caregivers, including the caregiver’s depressed, anxious, fearful or angry mood..

The dangerous circumstances of home life mean that the young child may not develop a sense of trust or security. So by three years, it has been found that children exposed to domestic violence may respond to adult anger with greater distress and increases in aggression directed at peers. One research found boys were more aggressive and girls more distressed. While others have not found gender differences (Margolin, 1998; Mathias, Mertin & Murray, 1995). But there is a consistent thread running through the research findings of higher levels of aggression, greater likelihood of seeing the intentions of others as hostile, psychosomatic disorders, difficulties with school work, poor academic performance, school phobia and difficulties in concentration and attention (Cumming & Davies, 1994).

As the incidence of interpersonal violence grows in our society, so does the need for investigation of the cognitive, emotional and behavioral consequences produced by exposure to domestic violence, especially in children. Traumatic stress is produced by exposure to events that are so extreme or severe and threatening, that they demand extraordinary coping efforts. Such events are often unpredicted and uncontrollable. They overwhelm a person's sense of safety and security.

With repeated exposure to traumatic events, a proportion of individuals may develop Posttraumatic Stress Disorder (PTSD). PTSD involves specific patterns of avoidance and hyper arousal. Individuals with PTSD may begin to organize their lives around their trauma. Although most people who suffer from PTSD (especially, in severe
cases) have considerable interpersonal and academic/occupational problems, the degree to which symptoms of PTSD interfere with overall functioning varies a great deal from person to person.

It has been suggested that responses to traumatic experience(s) can be divided into at least four categories (for a complete review, see Meichenbaum, 1994). Emotional responses include shock, terror, guilt, horror, irritability, anxiety, hostility, and depression. Cognitive responses are reflected in significant concentration impairment, confusion, self-blame, intrusive thoughts about the traumatic experience(s) (also referred to as flashbacks), lowered self-efficacy, fears of losing control, and fear of reoccurrence of the trauma. Biologically-based responses involve sleep disturbance (i.e., insomnia), nightmares, an exaggerated startle response, and psychosomatic symptoms. Behavioral responses include avoidance, social withdrawal, interpersonal stress (decreased intimacy and lowered trust in others), and substance abuse. The process through which the individual has coped prior to the trauma is arrested; consequently, a sense of helplessness is often maintained (Foy, 1992).

1.2.3.1 Possible Signs and Symptoms of Domestic Violence in Children and Adolescents

a. Signs and Symptoms in children

More than half of the school-age children in domestic violence shelters show clinical levels of anxiety or posttraumatic stress disorder (Graham-Bermann, 1994). Without treatment, these children are at significant risk for delinquency, substance abuse, school drop-out, and difficulties in their own relationships.
Children may exhibit a wide range of reactions to exposure to violence in their home. Younger children (e.g., preschool and kindergarten) oftentimes, do not understand the meaning of the abuse they observe and tend to believe that they "must have done something wrong." Self-blame can precipitate feelings of guilt, worry, and anxiety. It is important to consider that children, especially younger children, typically do not have the ability to adequately express their feelings verbally. Consequently, the manifestation of these emotions are often behavioral. Children may become withdrawn, non-verbal, and exhibit regressed behaviors such as clinging and whining. Eating and sleeping difficulty, concentration problems, generalized anxiety, and physical complaints (e.g., headaches) are all common. (Meichenbaum, 1994)

Unlike younger children, the pre-adolescent child typically has greater ability to externalize negative emotions (i.e., to verbalize). In addition to symptoms commonly seen with childhood anxiety (e.g., sleep problems, eating disturbance, nightmares), victims within this age group may show a loss of interest in social activities, low self-concept, withdrawal or avoidance of peer relations, rebelliousness and oppositional-defiant behavior in the school setting. It is also common to observe temper tantrums, irritability, frequent fighting at school or between siblings, lashing out at objects, treating pets cruelly or abusively, threatening of peers or siblings with violence (e.g., "give me a pen or I will smack you"), and attempts to gain attention through hitting, kicking, or choking peers and/or family members. Incidentally, girls are more likely to exhibit withdrawal and unfortunately, run the risk of being "missed" as a child in need of support. (SASS, 1996).
b. Signs and Symptoms among Adolescence

Adolescents are at risk of academic failure, school drop-out, delinquency, and substance abuse. Some investigators have suggested that a history of family violence or abuse is the most significant difference between delinquent and non delinquent youth. An estimated 1/5 to 1/3 of all teenagers who are involved in dating relationships are regularly abusing or being abused by their partners verbally, mentally, emotionally, sexually, and/or physically (SASS, 1996). Between 30% and 50% of dating relationships can exhibit the same cycle of escalating violence as marital relationships (SASS, 1996).

Table 1.1

Potential Effects in Children Who Witness Violence

<table>
<thead>
<tr>
<th>Age</th>
<th>Potential effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants</td>
<td>Needs for attachment disrupted</td>
</tr>
<tr>
<td></td>
<td>Poor sleeping habits</td>
</tr>
<tr>
<td></td>
<td>Eating problems</td>
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<td></td>
<td>Higher risk of physical injury</td>
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<tr>
<td>Preschool children</td>
<td>Lack Feelings of safety</td>
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<tr>
<td></td>
<td>Seperation/stranger anxiety</td>
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<tr>
<td></td>
<td>Regressive behaviors</td>
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<tr>
<td></td>
<td>Insomnia/parasomnias</td>
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<tr>
<td>School-aged children</td>
<td>Self-blame</td>
</tr>
<tr>
<td></td>
<td>Somatic complaints</td>
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<tr>
<td></td>
<td>Aggressive behaviors</td>
</tr>
<tr>
<td></td>
<td>Regressive behaviors</td>
</tr>
<tr>
<td>Adolescents</td>
<td>School truancy</td>
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<td></td>
<td>Delinquency</td>
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<td></td>
<td>Substance abuse</td>
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<td></td>
<td>Early Sexual activity</td>
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</tbody>
</table>
It is important to note that many children who witness domestic violence do not have adverse cognitive, behavioral, and emotional effects. Several variables may lessen the effects of witnessing violence. These variables include female gender, intellectual ability, higher levels of socioeconomic status, and social support for the children. The studies on resilience also have been limited by small sample sizes but show promise in identifying potential protective factors that mediate the negative effects of witnessing domestic violence. (Kolbo, 1996)

Domestic violence has an impact on children:

- Thinking constantly about the traumatic event.
- Having nightmares.
- Avoiding places, people, or activities that remind them of the event.
- Losing interest in doing things that they liked before.
- Feeling alone, empty, sad, anxious, or uncaring.
- Becoming irritable, angry, and easily startled.

1.2.4 Aggression

Aggression, in its broadest sense, is behavior, or a disposition towards behavior, that is forceful, hostile or attacking. It may occur either in retaliation or without provocation. In narrower definitions that are commonly used in psychology and other social and behavioral sciences, aggression involves an intention to cause harm, even if only as a means to an end. It has alternatively been defined as acts intended to increase relative social dominance. Predatory or defensive behavior between members of different species may not be considered aggression in the same sense. Aggression can take a
variety of forms and can be physical or be communicated verbally or non-verbally. Aggression differs from what is commonly called assertiveness, although the terms are often used interchangeably among laypeople.

Children who live in violent homes may take that experience with them to school and to the playground. Often the class bully is a child who sees violence in his home (directed at mom, or at some or all of the children in the home). Children who seem very grown-up and are sensitive and attentive to others’ needs may see violence at home as well.

The dangerous circumstances of home life mean that the young child may not develop a sense of trust or security. So by three years, it has been found that children exposed to domestic violence may respond to adult anger with greater distress and increases in aggression directed at peers. One research found boys were more aggressive and girls more distressed. While others have not found gender differences (Margolin, 1998; Mathias, Mertin & Murray, 1995). But there is a consistent thread running through the research findings of higher levels of aggression, greater likelihood of seeing the intentions of others as hostile, psychosomatic disorders, difficulties with school work, poor academic performance, school phobia and difficulties in concentration and attention (Cumming & Davies, 1994).

Another thread that runs through the research literature is the impact on the child of the meaninglessness of the violence they witness or experience. No one talks about what is happening and the mother’s sense of helplessness leads her to ‘dissociate’ from the violence so that when it is not happening, she may act as if there’s nothing wrong. So the
child’s thoughts and feelings about the experience become fragmented, disorganized and they are unable to make sense of it (McIntosh, 2000).

To sum up, ‘violence affects children’s view of the world and of themselves, their ideas about the meaning and purpose of life, their expectations for future happiness and their moral development. This disrupts children’s progression through age-appropriate developmental tasks’ (Margolin & Gordis 2000).

1.2.4.1 Aggression among Adolescence

Violence is heterogeneous. Physical violence can be impulsive, reactive or defensive; or it can be predatory, remorseless aggression. Violent behaviors can be related to intoxication from alcohol or psychosis or other neuropsychiatric conditions (e.g., dementia, traumatic head injury). Violent acts may be the result of personal (Oklahoma City bombing) or a cultural (political terrorism) belief systems. Violence can be sexualized (rape) or directed at a specific victim (domestic violence) or at a specific group (e.g., African-Americans, homosexuals, Jews).

Aggression is not violence. An aggressive person may not be violent. Aggression is a behavior characterized by verbal or physical attack, yet it may be appropriate and self-protective or destructive and violent (Perry, 2010).

The impact may be different for adolescents who have been part of an abusive system from their earliest years compared with those who experience it for the first time in adolescence.

Violence against mothers in childhood is highly associated with ongoing depression in adolescent girls (Spaccarelli, Sandler & Roosa, 1994). Adolescents from homes where domestic violence is present are more likely to be homeless (Department of
Education Training and Youth Affairs 2000). The stresses associated with violence in the home may make usual adolescent risk-taking and escape behaviours worse and they may begin to participate in family violence themselves (Howard, 1995; Kalmuss, 1984; McInnes, 1995).

The frequency of physical aggression in humans peaks at around 2–3 years of age. It then declines gradually on average. These observations suggest that physical aggression is not only a learned behavior but that development provides opportunities for the learning and biological development of self-regulation. However, a small subset of children fails to acquire all the necessary self-regulatory abilities and tend to show atypical levels of physical aggression across development. These may be at risk for later violent behavior or, conversely, lack of aggression that may be considered necessary within society. Some findings suggest that early aggression does not necessarily lead to aggression later on, however, although the course through early childhood is an important predictor of outcomes in middle childhood. In addition, physical aggression that continues is likely occurring in the context of family adversity, including socioeconomic factors. Moreover, 'opposition' and 'status violations' in childhood appear to be more strongly linked to social problems in adulthood than simply aggressive antisocial behavior. Social learning through interactions in early childhood has been seen as a building block for levels of aggression which play a crucial role in the development of peer relationships in middle childhood. Overall, interplay of biological, social and environmental factors can be considered. (Ganley, 1989).
1.2.4.2 Expected Behavior of Children due to Aggression

★ Young children preparing to enter kindergarten need to develop the socially important skill of being assertive. Examples of assertiveness include asking others for information, initiating conversation, or being able to respond to peer pressure.

★ In contrast, some young children use aggressive behavior, such as hitting or biting, as a form of communication.

★ Aggressive behavior can impede learning as a skill deficit, while assertive behavior can facilitate learning. However, with young children, aggressive behavior is developmentally appropriate and can lead to opportunities of building conflict resolution and communication skills.

★ By school age, children should learn more socially appropriate forms of communicating such as expressing themselves through verbal or written language; if they have not, this behavior may signify a disability or developmental delay.

1.2.4.3 Factors that triggers aggressive behavior in children

► Physical fear of others

► Family difficulties

► Learning, neurological, or conduct/behavior disorders

► Psychological trauma

► Corporal punishment such as spanking increases subsequent aggression in children. (http://en.wikipedia.org/wiki/Dysfunctional_family)

The Sociological Factors are as follows:
1.2.5 Self Esteem

Self-esteem is viewed as the most evaluative and affective of the three constructs (Harter, 1999a). Overlay, self-concept is considered as the beliefs about perceived competence and self-evaluative in a specific domain. Self-esteem can apply specifically to a particular dimension (for example, "I believe I am a good writer and I feel happy about that") or have global extent (for example, "I believe I am a bad person, and feel bad about myself in general"). Psychologists usually regard self-esteem as an enduring personality characteristic("trait" self-esteem), though normal, short-term variations ("state" self-esteem) also exist. Some children have low self-esteem, while others have a great deal of confidence and esteem in other areas of their life (at work, as a mother, with hobbies, etc.) but not within their relationship. In terms of dealing with the relationship, a sense of powerlessness and low self-esteem may exist.

In many cases, self-esteem and domestic violence go hand in hand. Low self-esteem can be brought on by a variety of factors, and can be a serious issue for women (and men) who are victims of domestic violence. Because of the connection between self-esteem and domestic violence, it is critical to teach children about self-esteem. According to Overcoming.co.uk, a website that focuses on mental health issues, “Crucial experiences that help to form our beliefs about ourselves often (although not always) occur early in life.” It is therefore essential that children are introduced to the concept of self-esteem at an early age. In order to help prevent domestic violence in future generations, children need to understand if what they are feeling is healthy, and learn positive ways to feel better about them. (José-Vicente Bonet, 1997). Factors of self-esteem include self-worth, self-regard, self-respect and self-integrity.
Positive self-esteem

People with a healthy level of self-esteem:

- Firmly believe in certain values and principles, and are ready to defend them even when finding opposition, feeling secure enough to modify them in light of experience.

- Are able to act according to what they think to be the best choice, trusting their own judgment, and not feeling guilty when others don't like their choice.

- Do not lose time worrying excessively about what happened in the past, nor about what could happen in the future. They learn from the past and plan for the future, but live in the present intensely.

- Fully trust in their capacity to solve problems, not hesitating after failures and difficulties. They ask others for help when they need it.

- Consider themselves equal in dignity to others, rather than inferior or superior, while accepting differences in certain talents, personal prestige or financial standing.

- Take for granted that they are an interesting and valuable person for others, at least for those with whom they have a friendship.

- Resist manipulation; collaborate with others only if it seems appropriate and convenient.

- Admit and accept different internal feelings and drives, either positive or negative, revealing those drives to others only when they choose.

- Are able to enjoy a great variety of activities.
Are sensitive to feelings and needs of others; respect generally accepted social rules, and claim no right or desire to prosper at others' expense (Bonet, 1997).

**Figure 1.2: Pyramid of Maslow**

![Pyramid of Maslow](image)

**Low self-esteem**

A person with low self-esteem may show some of the following symptoms:

- *Heavy self-criticism*, tending to create a habitual state of dissatisfaction with oneself.

- *Hypersensitivity to criticism*, which makes one feel easily attacked and experience obstinate resentment against critics.

- *Chronic indecision*, not so much because of lack of information, but from an exaggerated fear of making a mistake.

- *Excessive will to please*: being unwilling to say "no", out of fear of displeasing the petitioner.

- *Perfectionism*, or self-demand to do everything attempted "perfectly" without a single mistake, which can lead to frustration when perfection is not achieved.
- **Neurotic guilt**: one is condemned for behaviors which not always are objectively bad, exaggerates the magnitude of mistakes or offenses and complains about them indefinitely, never reaching full forgiveness.

- **Floating hostility**, irritability out in the open, always on the verge of exploding even for unimportant things; an attitude characteristic of somebody who feels bad about everything, who is disappointed or unsatisfied with everything.

- **Defensive tendencies**, a general negative (one is pessimistic about everything: life, future, and, above all, oneself) and a general lack of will to enjoy life. (Bonet, 1997).

"Violent people are violent because their self-esteem and self-confidence are unrealistically high Low self-esteem and self-confidence is found amongst victims of violence, not amongst violent people." Violence and arrogance are the result of an opposite process, in which guilt, shame, scorn for oneself and one's feelings are suppressed and masked with anger and false strength. Perhaps sadness, embarrassment, shame were too frightening, or the environment responded in a humiliating way to them. Such children learn to mask those feelings with false power and confidence, if they notice that it's a way to avoid being hurt by others. Usually they have models of similar adult people around them.

Some parents teach their children to feel special, better than others, and that they give them unrealistic self-esteem. The desire to be "better than others", "special and elite" implies that we don't feel good enough if we are "one amongst many", equal to others. It means we can't appreciate ourselves just for being here and being who we are. If we examine such families more closely, we'll most commonly find an atmosphere in which
encouragement is given verbally, but instead of true compassion, warmth and acceptance, children experience hypocrisy, pretence and conditional love. Parents who act like that are usually not aware of it, they just repeat what they experienced in they own childhood.( Regier & Cowdry, 1995)

What we experience as children becomes normal to us. Later, if such children see others expressing gentle and kind feelings, they might not be able to feel correspondent feelings and motivation to develop them. They might be afraid of such emotions or guilty for not expressing them, but then the fear and guilt are suppressed and masked by defensive "strength".

In the family which verbally expresses encouragement and big expectations, but in reality lacks warmth, compassion and healthy boundaries, the child is confused. What he hears from people most important to him, contradicts his instinct and feelings. Without enough awareness of his emotions and out of need to trust parents, such a child will usually forget his own feelings and accept what the parents present as the truth. Subconsciously, he will still feel the lack of real love, but will not be able to make it conscious and explain it to himself. In search for a substitute for love, he will use the behavior that others approve, or anything that gives him temporary good feelings. Such substitutes might be power, respect or material gifts.

Violent children have too much self-esteem, is not logical if we consider the fact that such children normally attack the weakest and most frightened amongst other kids, and they usually attack as a group to a single child. They won't attack children who appear strong and ready to fight back, because they play it safe, they won't risk defeat, hurt and vulnerability.
Warn your children about their faults and unacceptable behavior, but lovingly - so that they can feel that it's allowed to make mistakes sometimes, and that they will still be loved. Don't tell them they are better than others, expect huge achievements from them, while in the same time subtly or less subtly putting them (or other people) down for their weaknesses and vulnerability. Show that you respect them, but also yourself, that everybody has personal boundaries and the right to express them. (Sexual Assault Survivor Services, 1996)

Some people give everything to children, while neglecting themselves. This is also confusing to the child. This only shows inconsistency, not real love - a parent who doesn't appreciate himself, can't set boundaries and doesn't feel worthy of it, can't give true love and respect to his child. Then the child turns to what she is able to get as substitute - usually material things and favors. The child might feel that this is not right, but doesn't know how else to feel good. Then she will develop defensive mechanisms, protecting herself from her confusion by convincing herself that she is "special" and "better than others", so that she could continue to use parents and other people around her. (Sexual Assault Survivor Services, 1996)

True respect for others and compassion can only come from the ability to feel good about ourselves in the same time. Also, we are not able to understand and be compassionate to others if we don't understand and accept our own emotions and mistakes. Some people show respect to others, but not to themselves. This is, however, not motivated by pleasant emotions, but by fear or guilt, which inevitably produce other negative consequences: indirect or unconscious manipulation, passive aggression or self-destructive attitude, which shows in self-hatred or even physical disease.
1.2.6 Study Skills

Everyone is different, and for some children, studying and being motivated to learn comes naturally. The results of poor study skills are wasted time, frustration, and low or failing grades. Children and youth who flee violent homes with a parent survivor and who become homeless as a result face many barriers. Young people who flee violent homes are at heightened risk for emotional and behavioral problems. They may be more likely than their peers to experience or to participate in emotional or physical abuse themselves. These effects can have a pronounced impact on children’s adjustment in school, including their ability to learn and their concentration levels which will negatively affect their study skills. A stable school experience can help ease some of the effects of domestic violence and homelessness on children. Schools offer many important benefits, including safety, predictability, a sense of normalcy, adult and peer support, meals, basic medical and mental health services, and extracurricular activities. Schools also can connect families to other resources and supports available in the community. However, schools and service providers must work together to ensure safety and confidentiality for children and their parents who are fleeing domestic violence. (McKay, M, 1994).

Effective Study skills

These study skills are followed by normal children whereas the child who has come from violent homes does not:

1. **The value of a schedule**: Develop a schedule for the studies. A good, well thought out schedule can be a lifesaver.
2. A schedule saves time: All schedules should be made with the idea that they can be revised. A good schedule keeps the children from wandering off course. A good schedule, if properly managed, assigns time where time is needed.

3. Making every hour count: A schedule should take into account every class, laboratory, lecture, social event, and other work in which you engage. Focus on the other "free time" available use it properly. Make a weekly schedule and block off the 24 hour day in one hour increments. Indicate times for classes, labs, lectures, social, and work time. Also block off a period for sleeping each day. This gives a rough road map of the time available

4. When to study: The problem of when to study is critical. A good rule of thumb is that studying should be carried out only when you are rested, alert, and have planned for it. Last minute studying just before a class is usually a waste of time.

5. Studying for lecture courses: If the study period is before the lecture class, be sure to read all the assignments and made notes on what you don't understand. If the study period is after the lecture class, review the notes you took during class while the information is still fresh.

6. Studying for recitation courses: For classes that require recitation, such as foreign language, is sure to schedule a study period just before the class. Use the time to practice. Sometimes, practice with others can help sharpen your skills in a before-class study period.

7. Making and revising a schedule: Don't be afraid to revise your schedule. Schedules are really plans for how to use your time. If the schedule doesn't work, revise it. Once the schedule has been developed, schedule building becomes easier.
1.2.7 Quality of School life

Each year, an estimated 3 to 10 million children witness assaults against a parent by an intimate partner. (Straus, 1992) Domestic violence does not discriminate across lines of race, culture, nationality or gender. It occurs at the same rate in both homosexual and heterosexual relationships (Mills et al., 2000). The experience of family violence can be among the most disturbing for children because both victims and aggressors are the adults who care for them and who are most closely attached to them. For many of these children, violence interrupts their experience of consistent safety and care, and creates an environment of uncertainty and helplessness.

Children who are exposed to domestic violence, especially repeated incidents of violence, are at risk for many difficulties, both immediately and in the future. These include problems with sleeping, eating and other basic bodily functions; depression, aggressiveness, anxiety and other problems in regulating emotions; difficulties with family and peer relationships; and problems with attention, concentration and school performance.

Research also shows that parents who are violent with one another are at a higher risk for physically abusing their children. (Straus, 1992) An alarming fact is that domestic violence has been found to be the single most common precursor to child death in the United States. (Mills et al., 2000) Children exposed to domestic violence are also at risk to repeat their experience in the next generation, either as victims or perpetrators of violence in their own intimate relationships. Despite these serious risks, a small percentage of children exposed to family violence are not as severely affected later on in
life. It is important to remember that individual children’s responses are dependent on many factors within the child, the family and the environment. (Hughes, Graham-Bermann, & Gruber, 2001)

In order to minimize the risk of long-term damage, child witnesses to domestic violence need the safety and security of their environment to be restored. Children exposed to domestic violence also need support from the adults around them, most importantly their own parents or other primary caregivers.

Interventions that help children are usually those that help parents to increase their own safety and to increase the resources available to provide safety for their children. Child abuse, youth violence and domestic violence are inextricably interwoven. The presence of domestic violence in a child’s life not only hurts the child, it has reaching effects on all of society. Community based interventions may be the best hope for families in our society struggling with violence in their homes. Early education on the subject can help prevent the cycle of domestic violence from continuing. Health care workers, law enforcement officers, educators, domestic abuse and child welfare organization workers all play overlapping roles in the prevention and intervention of cases of harmful domestic violence. (Jaffe, Baker, & Cunningham, 2004)

The following are the developmental needs of children which bring quality to life.

1.2.7.1 Developmental Needs of Children

The developmental needs of normal children which is not been enjoyed by the children from violent homes are as follows:
Infants and Toddlers (0 - 3 years)

During this stage, the foundations of basic trust and relationships are formed. In the first year of life, children develop initial attachment(s), a necessary precursor for the development of basic trust. By the end of the first year, receptive language skills are developing and the infant's personality is starting to form. Once a predictable, secure relationship with a primary attachment figure has been secured, the infant begins to separate from that primary parent to form his/her own personality. This process is often referred to as "separation-individuation". During the toddler years, children begin developing autonomy and experimenting with separation, starting to assert themselves. Their emotions are quite volatile. By age three, if all goes well, emotions settle down, language skills are intact, and they are likely to be toilet trained. They are ready for a burst of psychological growth which will take place over the next three years.

Children in this age group require predictability, consistency, and routine. When a divorce occurs during this time, there is a loss which the child cannot understand. This can be pronounced if there is a major disruption in the consistency of the existing primary attachment relationship(s). Symptoms may include regression, problems with feeding, sleeping, self-soothing, and irritability. Some of these children become depressed and withdrawn, especially because they cannot express their loss in words. Separation anxiety for children in this age group can become exaggerated. If one or both parents become depressed, which is quite common, basic care may be diminished.

Children at this age are at risk for more serious regression or developmental delays if the basic care giving is lacking due to depressed or disturbed parents. It is not uncommon for young, possibly immature adults (aged 18 - 25) to have babies. Sometimes they never lived together, or they may have separated during the first two
years of the child's life. The developmental needs of the children may become impacted by the maturity level of the parents. Rather than the idea of "one psychological parent", or a "primary parent", recent research supports that children can have a hierarchy of attachment figures, all of whom have importance for children in their post-divorce adjustment. Some children do have one primary parent that has attended to the majority of day-to-day needs. Other children may have two or three adults (2 parents and a day-care provider) who have attended to day-to-day needs. Children in this age group need a parenting plan reflecting the following:

- The child's relationship with a primary parent is of major importance during these first three years of life.
- Children up to 18 months old need stability and security in the primary attachment relationship(s).
- Children can develop within normal limits when separated from the primary parent to be with the other parent. This will be affected by the extent to which each parent has been directly involved in the child's life.
- The attachment(s), parenting skills, and environment are important. Frequent, shorter visits may be ideal. Overnights may need to be limited in the first year of life if there has been one primary parent.
- With increased capacity for memory and cognition, many children in the group from 18 - 36 months who have had one primary attachment may begin to tolerate and benefit from overnight time with the other parent.
• It may be difficult to develop a relatively equal parenting plan for children in this age group since there may be too many transitions and disruptions to the primary attachments.

• The children who do best with relatively equal parenting plans seem to be those children with an easy temperament who have parents that are supportive of one another and exchange their child with little conflict. Children who have disorganized or anxious attachments may need one primary parent. Other key factors are similar routines in each household, relative stability of the transitions, and parents who can communicate about the child and his/her developmental, medical, and emotional needs. This communication must allow the parents to be sufficiently responsive to the child and his/her needs. These parents need to have the capacity to help each other understand the infant, work together to develop routines that are familiar to the infant, collaborate on soothing techniques, help each other as language emerges, and reassure each other in their respective parenting techniques. Such parents must be flexible in their response to the child's changing needs. Such a pattern is used in healthy intact families and if it is used in a separated family, the shared parenting plan will be natural for the child and his/her development.

• When parents are in significant high-conflict, very young children appear to benefit the most from schedules that resemble their pre-separation patterns of contact with each parent. While neither parent needs to be considered the primary parent, the child needs predictability in his/her environment until the conflict can settle down.
**Preschoolers (3 - 5 years)**

During this stage, the child is developing a better ability to understand language, relationships, and feelings. Children of this age are making significant progress in their cognitive skills and peer relationships. Sex role identification is developing. If the separation-individuation process has been healthy, children of this age can be expected to expand their horizons, go to preschool and make friendships. These children are often delightful, learning to manage their feelings and being inquisitive about everything. If attachments and care-giving are secure, these children will be ready to venture off to kindergarten with good self esteem and confidence.

On the other hand, preschoolers are at risk for fairly serious regression when attachments are anxious and they do not understand the conflicts of their parents. They may become easily confused and do not understand what is occurring around them. Developmental delays and regression in toileting, sleeping and feeding are common. They may experience irritability and clinging behavior. Some children become depressed and withdrawn. Nightmares may become more pronounced. Self confidence may suffer and there can be increases in aggressive and anxious behaviors. Many of the children in this age group worry about their parents and may try to act "perfect". They may do this out of fear or they may be unconsciously taking care of their parents. We may be seeing the early signs of parentified behavior, in which they care emotionally for their parents, ignoring their own needs. A certain amount of this behavior is normal during the early stages of divorce, but when such behaviors are many, or extend for more than a year; this could reflect a more serious adjustment problem for the child.

These children need parenting plans consistent with the following:
• Continued focus on predictability, routine and structure for the child.
• Children aged three and older can certainly tolerate overnight contact with each parent.
• Discipline and routine needs to be consistent in each parent’s home.
• Parents will need to share information about the child and his/her eating, sleeping, toileting, medical, and social / emotional functioning.
• Children need freedom from direct exposure to parental conflict. If the parents continue to be in conflict, parents might consider using neutral sites (e.g. school or day-care) for transitions and neutral decision-makers.
• Children in this age group often benefit from longer blocks of time with each parent that enables them to be settled in routines at each home. Many of these children do not do well with frequent transitions.
• In this age group, parents need to put their needs secondary to the child's. While the non-custodial parent may want longer blocks of time with their younger child, many children of this age still need a primary home. This is dependent on the quality of attachments, whether parents are consistent and relatively free of conflict, and whether the child is experiencing significant vulnerability and stress.
• There may be situations in which each parent has some pathology or parenting flaws, but each offers the child something the other does not. In those cases, it is important to have a parenting plan that maximizes each parent's strengths while minimizing the extent to which the child is exposed to the pathology.
School - Aged Children (6 - 12 years)

This is an age in which children thrive on structure and routine. Peer relationships are growing, and they are learning to master social rules. Creativity continues to grow and these children are adept at making up games with unique rules. Rules are important as these children focus on fairness in their life. Socialization and being part of a group are important to children of this age. They are learning to better understand and express their feelings and master cognitive and academic skills. They can be quite silly at times and still prefer to play much of the time. They are learning skills in such areas as academics, sports, music, dance, art, etc. Self esteem grows when they function well in school, on the playground, and in the family. It is not uncommon for children of this age to have different relationships with each parent, preferring mom for some things and dad for others.

Divorce brings many challenges to children of this age. Younger school-aged children tend to feel the loss of the family and may experience sadness and crying, often longing for the return of the family unit. Older children in this age-range may be likely to experience anger and use alignment to mobilize self-esteem. Children of this age often feel directly responsible for the divorce, especially if they perceive that conflict focused on them. These children may exhibit multiple symptoms, including tantrums, regression, sleep problems, acting out, behavioral and academic problems in school, withdrawal or aggression with peers, and depression. This is a population that believes in fairness, and wants to please their parents. They feel overwhelmed by their parent's conflict and usually try to fix it, yet they are ill equipped to do so. When a parent is depressed, these children are at risk for prettified behavior in which they emotionally care for that parent.
In extreme high-conflict families, this population may present as asymptomatic on the surface, but feel overwhelmed and vulnerable underneath. These children are at risk for emotional splitting in which one parent is "all-good" and the other is "all-bad". They often feel stuck by the loyalty conflicts and may become emotionally constricted, worrying about their parents. Alignments which were natural in the pre-divorce family become highlighted, increasing their risk of alienation. These children have difficulty maintaining a strong internalized self-image as a result of the conflict. They may become overwhelmed and disorganized, struggling with the different emotions and behaviors of each parent.

It is not uncommon for children to hear one parent blame the other or hear different explanations from each parent for things which they experience. For example, when one parent says, "I don't know why your mother doesn't call you when you're here. She probably doesn't care much for you," and the other parent says, "I called you three times last night, why didn't you call back? Doesn't your dad give you the messages?" this is quite confusing to children, who do not know which parent to believe.

These children need a parenting plan which encompasses the following concepts:

- A structured and consistent time-share that assures access to each parent, when indicated. Optimal parenting plans range from 35 - 65 % of time with either parent (or thus a primary home) to 50/50 joint physical custody in which the child is with each parent about ½ of the time. While children often express a wish for equal time with their parents, this may simply be to keep things fair.

- While joint physical custody may be best in a given situation, I believe it requires a degree of consistency and willingness for the parents to resolve their conflicts
away from the child. It also requires the parents to share all of the tasks of parenting and help the child and each other transfer the child's things (school supplies, athletic equipment, etc.) from one house to the other without conflict.

- The time-share needs to promote each parent's strengths, while giving each parent time alone to recover from the divorce on his/her own.

- Exchanges need to minimize the extent to which the child is exposed to the conflict. School or other neutral places are excellent transition places between mom's house and dad's house.

- The parents need a plan for conflict resolution that keeps the children out of the middle. Children should not be messengers or spies for their parents. Communication needs to be by and through the parents, with the aid of a neutral professional when required.

- To the extent the parents can do it, there should be a plan for co-parenting. For those parents in which the conflict is more extreme, a pattern of parallel parenting and detachment from each other will be optimal.

For those families in which the co-parenting relationship is relatively free of conflict, the children have a strong attachment to each parent and are adjusting well and both parents are relatively equal in their attachments, some form of joint physical custody is often ideal.

However, given the potential for children being caught up in the middle of the conflict, and given the risk of alignment and alienation in children of this age, such a plan will not always work. Instead, when the child is exposed to too much conflict, when the child is not managing his/her stress very well, when the routines in each parent's home
are significantly different, or when one or both parents struggles to empathize with the child and maintain healthy parent-child boundaries, the child is likely to need a primary home, with blocks of time in the other parent's home to assure continuity and growth of each parent-child relationship.

**Adolescents (13 - 17 years)**

The major task of the adolescent is developing greater independence and autonomy from the family. Their separation-individuation process is similar to that of the two-year-old. There can be a tendency to act with oppositional and negative behaviors. Just as with the toddler, adolescents express some resistance and rebelliousness while forming their identity. Healthy adolescents function well in school, have self confidence, and strong peer relationships. They learn to talk with their parents about life goals and they begin to plan for driving, working, and college or vocational school. As a group, adolescents tend to be somewhat moody and reactive in their emotions. They may feel overwhelmed by pressure from their peers, use poor judgment, and be socially insecure. Their ideas, values, and goals are in a state of turmoil and may change considerably over their junior high and high school years. However, these years can be exciting ones as teens grow into productive and idealistic individuals.

However, with this considerable internal adjustment, this is a population at potential risk. This is true for adolescents of intact families as well as with families of divorce. When a divorce occurs at this age, teens worry about the loss of their family life. They tend to feel a blend of responsibility and guilt, and anger for the way it has affected them. Children of this age tend to be self-centered naturally, and the divorce becomes a disruption to them. They may avoid both their parents, especially if the parents are
burdening them with loyalty conflicts and adult problems. When there is a pattern of high-conflict, children in this age-group are at risk for persistent academic failure, depression, suicide, delinquency, promiscuity, or substance abuse. With their ability to see things more abstractly, they become much more aware of their parents' flaws. This may lead to a more rapid destruction of their idealized view of their parents, resulting in anxiety and anger. This anger may take a fairly self-righteous stance and adolescents may resist contact with the parent whose flaws have been significantly exposed.

Some adolescents want little or nothing to do with one of his/her parents. This must be understood completely. Sometimes, it is the result of alienation by one parent; sometimes, it is the result of frustration with the conflict; sometimes it relates to the moral indignation of the parent's divorce-related behavior; and sometimes, it is the result of legitimate frustration that has built over a long relationship of pain. When an older adolescent (15 - 17) is adamant about how he/she wants the parenting plan to be, this must be seriously considered. Courts do not want to set up a situation which may encourage an adolescent to rebel (any more than he/she would anyway).

Adolescents need parenting plans which reflect the following:

- A time-share plan which incorporates a range of possibilities. Many adolescents prefer one primary home, in large part to avoid confusion for their friends. For many of these teens, they will want weekends or evenings with the other parent. Some will prefer a balanced, 50/50 plan with their parents. Much of this will depend on the prior history of the relationships with each parent and the availability of the parents to meet their needs. At times, adolescents use one
parent's home to get a break from the other. More than anything, adolescents will often want a say in the parenting plan.

- Adolescents may require a different schedule than siblings. This can depend on a number of variables, including the adolescent's wishes.
- A statement about the need for any possible support services such as therapy, substance abuse counseling, tutoring, or other such needs.
- To the extent this is relevant, statements about the need for the parents to manage their conflicts away from the teen and maintain healthier boundaries with them. To the extent that one or both parents is confiding adult issues to the teen, this should be discouraged.
- In cases of severe high-conflict, the teen's autonomy and detachment from both parents may be critical. The adolescent may need to find other appropriate supportive adults may also be indicated. These teens may require someone to monitor and assess the ongoing risks.

1.3 Need and Significance of the Study

Exposure to domestic violence can have serious negative effects on children. These effects may include behavioral problems such as aggression, phobias, insomnia, low self-esteem, and depression. Children exposed to domestic violence may demonstrate poor academic performance and problem-solving skills, and low levels of empathy. Exposure to chronic or extreme domestic violence may result in symptoms consistent with posttraumatic stress disorder, such as emotional numbing, increased arousal, avoidance of any reminders of the violent event, or obsessive and repeated focus on the event. Retrospective studies indicate that there may also be negative effects in adulthood,
including depression, low self-esteem, violent practices in the home, and criminal behavior.

The effects of domestic violence can vary tremendously from one child to the next. The family situation, community environment, and the child's own personality may either strengthen the child's ability to cope or increase the risk of harm. For example, studies indicate that children exposed to both domestic violence and child maltreatment typically show higher levels of distress than children exposed only to domestic violence. Additional research is needed to determine if the presence of other stressors such as poverty, homelessness, substance abuse, and exposure to community violence exacerbate the negative effects of exposure to domestic violence.

Not all children exposed to violence suffer significant harmful effects. Children exposed to violence need to be able to speak openly with a sympathetic adult about their fears and concerns, and also, ideally, have someone intervene to improve the situation. Most children rely on one or both parents to provide nurturing support in the face of crises and emotionally challenging situations, but ongoing exposure to violence can sometimes hamper the parents' abilities to meet these needs. Parents living with chronic violence may feel emotionally numb, depressed, irritable, or uncommunicative, and thus may be less emotionally available to their children.

In cases of domestic violence, in which one parent is a victim of the violence and the other is the perpetrator, children may be even less able to turn to their parents for support and reassurance. The limited research to date on resilience and exposure to domestic violence indicates that maternal functioning, particularly as it relates to the mother's emotional availability, may be critical to children's ability to cope with the
exposure. Yet, battered mothers may be less emotionally available to their children because they are preoccupied with the violence and trying to stay safe, and/or because they are experiencing depression. Their parenting practices may be compromised in other ways as well. Studies of battered women's patterns of affectionate or aggressive conduct toward their children either reveal no differences when compared with control groups, or suggest that battered women may use more punitive child-rearing strategies or exhibit aggression toward their children. The limited research to date on the relationship between battering fathers and their children indicates that these fathers may be less available to their children, less likely to engage in rational discussions with their children, and less affectionate than fathers who are not violent. Still, more research on the effects of domestic violence on parenting is needed. Because the battered parent can be a critical support for the child, and because children often have ongoing contact with the batterer, services must be available to help parents improve their interactions with their children.

If parents experiencing domestic violence are unable to meet their children's needs, a relationship with a caring adult who is closely connected to the child's home or school can be helpful. Children with good social and communication skills are more likely to be successful at developing these relationships than children who do not have these skills. Further study is needed to identify which social supports are most helpful to children exposed to domestic violence, and in which situations. With better research, practitioners can shape prevention and intervention strategies to boost the protective factors that promote children's positive coping.

Children and teenagers in our society are not spared from the evil of domestic violence. There is a lot of variation in the form of its occurrence in urban and rural areas.
and in upper/middle class and lower class families in India. In urban regions, it is more private and concealed within the four walls of homes. The possible reasons could be disobeying parental advises and orders, poor performance in academics or not being at par with other children in neighborhood, debating with parents and other family members etc. In addition to this, factors like not being socially intelligent or as active as the parents expect them to be, abusing the parents or speaking ill about other family members, not returning home on time are some other factors.

In rural areas the reasons could be harassment for child labor, physical abuse or harm for not following family traditions, forcing them to stay at home and not allowing them to go to school etc. Domestic violence against girls is in fact more severe at homes. As the common mob mentality of India prefers to have at least one male child after marriage, the girls in most of the occasions are cursed and assaulted for having taken birth in the home. This kind abuse is prevalent both in cities and villages but is more common in latter case. Then there are cases of paedophilia causing sexual harassment of children in homes by family member themselves. In fact the number of rape cases of pre-matured girls has been rising since last few years. A survey of teens and college students found that rape accounted for 67 percent of sexual assaults in girls. Apart from sexual abuse and rape, pushing, slapping, punching, stalking and emotional abuse are other forms of domestic violence against children.

Adding to the above mentioned causes, there are also instances of abuse against children who are physically and/or mentally challenged. Instead of providing them proper health care and treating them politely, these children are beaten and harassed for not cooperating and attending to what family members ask them to do. They are even
emotionally abused by cursing them having been in such retarded or handicapped state. In fact in poor families, there have been reports of selling body organs of the retarded children for getting money in return. It reflects the height of cruelness and violence against innocent children. These above views aimed the investigator to study the Impact of Domestic Violence on Children in Tirunelveli District – A Comparative Psycho – Social Analysis.

A number of issues arose at the time of selection of research study. The main issues which emerged have been presented here in the form of following questions:

1. What is the impact of Psychological factors of Domestic Violence on Children?
2. Whether the Sociological factors of Domestic Violence have any effect on Children?
3. Is there any difference and association in the Psycho-Social factors of Domestic Violence in children from violent and non violent homes?

1.4 STATEMENT OF THE PROBLEM


1.5 OPERATIONAL DEFINITIONS OF THE TERMS

Domestic violence

‘Domestic Violence typically involves a pattern of physical, sexual and emotional abuse and intimidation which escalates in frequency and severity over time. It can be understood as the misuse of power and exercise of control (Pence and Paymar,1993) by one partner over the other in an intimate relationship, usually by a man over a woman, occasionally by a woman over a man (though without the same pattern of societal
collusion). It has profound consequences in the lives of individual, families and communities’ (Mullender and Humphreys, 1998)

Children exposed to domestic violence

It refers to children seeing, hearing or being aware of violence against one parent figure that is perpetrated by another parent figure. It is used interchangeably with children living with violence.

Children from Non violent homes

It refers to children who live in families without violence, wherein the parents fulfill all the developmental needs of children.

PSYCHO-SOCIAL FACTORS

The Psycho-Social factors used for the study are as follows:

Personality

"Personality" can be defined as a dynamic and organized set of characteristics possessed by a person that uniquely influences his or her cognitions, emotions, motivations, and behaviors in various situations.(Ryckman, 2004)

Emotional Intelligence

Emotional Intelligence, or EI, describes an ability or capacity to perceive, assess, and manage the emotions of one's self, and of others. (www.ihhp.com/what_is_eq.htm)

Personal Effectiveness

Personal Effectiveness is about producing desired behaviors and outcomes whether at home or work. It is having the capability to achieve personal objectives – ‘the can do’ and the will to put this into action-‘the will to do’. (Winstanley, 2005)
**Aggression**

Aggression refers to any behavior that is hostile, destructive, and/or violent. Generally, aggressive behavior has the potential to inflict injury or damage to the target person or object. Examples of aggressive behavior include physical assault, throwing objects, property destruction, self-harming behaviors, and verbal threats. Aggression can have mental aspects, as well. ([well. bpd.about.com/od/glossary/g/aggression.htm](well. bpd.about.com/od/glossary/g/aggression.htm))

**Self Esteem**

The "self" part of self-esteem pertains to the values, beliefs and attitudes that we hold about ourselves. The "esteem" part of self-esteem describes the value and worth that one gives oneself. Simplistically self-esteem is the acceptance of ourselves for who and what we are at any given time in our lives.

**Study Skills**

Study skills or study strategies are approaches applied to learning. They are generally critical to success in school are considered essential for acquiring good grades, and are useful for learning throughout one's life. ([Bremer, Rod](Bremer, Rod))

**Quality of School life**

It is the personal satisfaction (or dissatisfaction) with the cultural or intellectual conditions under which one live. ([www.thefreedictionary.com/quality+of+life](www.thefreedictionary.com/quality+of+life))

**Tirunelveli**

It is a city in the Indian state of Tamil Nadu. It is the district headquarters of Tamil Nadu.
1.6 OBJECTIVES

1. To study the level of personality of the children from non violent and violent homes with regard to Demographic Variables.

2. To study the level of Emotional intelligence of the children from non violent and violent homes with regard to Demographic Variables

3. To study the level of Personal Effectiveness of the children from non violent and violent homes with regard to Demographic Variables

4. To study the level of Aggression of the children from non violent and violent homes with regard to Demographic Variables

5. To study the level of Self Esteem of the children from non violent and violent homes with regard to Demographic Variables

6. To study the level of Study Skills of the children from non violent and violent homes with regard to Demographic Variables

7. To study the level of Quality of School Life of the children from non violent and violent homes with regard to Demographic Variables

8. To find out the association of the Emotional intelligence of the children from non violent and violent homes with regard to Demographic Variable

9. To find out the association of the Personal Effectiveness of the children from non violent and violent homes with regard to Demographic Variables

10. To find out the association of the Aggression of the children from non violent and violent homes with regard to Demographic Variables

11. To find out the association of the Self Esteem of the children from non violent and violent homes with regard to Demographic Variables
12. To find out the association of the Study Skills of the children from non violent and violent homes with regard to Demographic Variables

13. To find out the difference in the Personality of the children from violent and non violent homes.

14. To find out the difference in the Emotional Intelligence of the children from violent and non violent homes.

15. To find out the difference in the Personal Effectiveness of the children from violent and non violent homes.

16. To find out the difference in the Aggression level of the children from violent and non violent homes.

17. To find out the difference in the Self Esteem of the children from violent and non violent homes.

18. To find out the difference in the Study Skills of the children from violent and non violent homes.

19. To find out the difference in the Quality of School Life of the children from violent and non violent homes.

1.7 HYPOTHESES

1. There is significant association in the Emotional Intelligence of the children from non violent and violent homes with regard to Demographic Variables

2. There is significant association in the Personal Effectiveness of the children from non violent and violent homes with regard to Demographic Variables

3. There is significant association in the Aggression of the children from non violent and violent homes with regard to Demographic Variables
4. There is significant association in the Self Esteem of the children from non violent and violent homes with regard to Demographic Variables
5. There is significant association in the Study Skills of the children from non violent and violent homes with regard to Demographic Variables
6. There is significant difference in the Personality of the children from non violent and violent homes with regard to Demographic Variables
7. There is significant difference in the Emotional Intelligence of the children from non violent and violent homes with regard to Demographic Variables
8. There is significant difference in the Personal Effectiveness of the children from non violent and violent homes with regard to Demographic Variables
9. There is significant difference in the Aggression of the children from non violent and violent homes with regard to Demographic Variables
10. There is significant difference in the Self Esteem of the children from non violent and violent homes with regard to Demographic Variables
11. There is significant difference in the Study Skills of the children from non violent and violent homes with regard to Demographic Variables
12. There is significant difference in the Quality of School Life of the children from non violent and violent homes with regard to Demographic Variable.

1.8 ORGANIZATION OF THE STUDY

The research report consists of six chapters. Chapter two deals with the review of related literature. In Chapter three, the profile of the study area is explained. In Chapter four, the methodology is described. It includes procedure of the study, variables of the study; tool constructed and used, sample selected and procedure for data collection. Analysis and Interpretation of the results are presented in Chapter five. Chapter six represents the summary and conclusion of the study. Bibliography and Appendices are given at the end.