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ADDRESSING THE EFFECTS OF DOMESTIC VIOLENCE ON
CHILDREN IN KANG VILLAGE IN BOTSWANA

BY

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A DESERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN APPLIED
CONFLICT TRANSFORMATION AND PEACE BUILDING

SUPERVISOR: DR N. MOYO-NYONI

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I certify that the following student **SIDUMISILE NTINI**, student number **PG247483H** was under my supervision. I further certify that he has attended all the scheduled meetings with me and that he has fulfilled all the requirements that I set before him as the supervisor. It is my professional judgment that the research project is of a sufficiently high standard as to be submitted with my name attached to it as the Supervisor. I hereby release the student without reservation to submit his/her research project for marking.

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DEDICATION

This dissertation is dedicated to the children of Kang and all those affected by domestic violence — may it contribute, in some small way, to brighter, safer tomorrows.

ABSTRACT

This action research study, titled "Addressing the Effects of Domestic Violence on Children in Kang, Botswana Using Action Research," investigated the impacts of domestic violence (DV) on children under 18 in the rural village of Kang, Kgalagadi District, Botswana. Grounded in Conflict Transformation Theory and Attachment Theory, the study aimed to (1) identify DV's emotional, behavioral, developmental, and human security impacts on children, (2) explore community-driven mitigation strategies, and (3) evaluate the effectiveness of co-developed interventions. Employing a qualitative-dominant action research design with pragmatic underpinnings, the study involved a number of participants: parents/guardians, Kgotla leaders, teachers, and social service providers to understand the issues around Kang village in light of domestic violence and its impact on children. Data was collected over a period of time through iterative cycles using focus groups, key informant and individual interviews, participant observations, and counseling session. Findings revealed profound emotional (anxiety, withdrawal) and behavioral (aggression, delinquency) effects on children, exacerbated by patriarchal norms and stigma, alongside developmental delays and threats to human security (e.g., economic, personal, community). Interventions reduced child trauma symptoms, enhanced family communication and shifted community attitudes toward child protection and reduction of domestic violence. The integration of private counseling with public Kgotla dialogues, which were interventions employed in this study proved culturally acceptable and effective in disrupting DV cycles. The study contributes to Peace Studies by demonstrating action research's efficacy in rural African contexts, offering scalable models for child-centered DV interventions. Recommendations include policy enhancements to the Domestic Violence Act (2008), mandatory counselor training in rural Kgotla systems, and sustained school-Kgotla partnerships.

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ACRONYMS

AR:	Action Research
CBCL:	Child Behavior Checklist
DV:	Domestic Violence
FGD:	Focus Group Discussion (or Focus Group Discussions)
GBV:	Gender-Based Violence
HPA:	Hypothalamic-Pituitary-Adrenal (axis)
IPV:	Intimate Partner Violence
KII:	Key Informants Interviews (or Key Informant Interviews)
PTSD:	Post-Traumatic Stress Disorder
SADC:	Southern African Development Community
SDGs:	Sustainable Development Goals (e.g., SDG 3, SDG 4, SDG 5, SDG 16)
SSA:	Sub-Saharan Africa
TF-CBT:	Trauma-Focused Cognitive Behavioral Therapy
UNCRC:	United Nations Convention on the Rights of the Child
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children's Fund
VOA:	Voice of America
WHO:	World Health Organization

CHAPTER 1

OVERVIEW OF THE STUDY

1.1. Introduction

Domestic violence, is one of the major struggles experienced in the world, as much as it is the case in Botswana. It has far-reaching impacts, not only to the adults, but on the children who experience it as well as those who witness it. This dissertation investigates the psychological, behavioural, economic and social impacts of domestic violence (DV) on children under 18 in Kang, Botswana. Kang is a rural village in Kgalagadi District, in Botswana. Like most rural communities, Kang is a community, which is predominantly under patriarchal dominance, where most of the practices both in homes and communities are rooted on the structural violence perpetuated by male dominance. Thus domestic violence is largely permeated by beliefs on the supremacy of men, where women and children are considered as second class citizens such beliefs, values and practices has shaped the narrative of domestic violence. Using action research (AR) this study developed community-driven interventions to explore strategies that can be implemented to reduce the impact of DV on the lives of the children in Kang.

Domestic violence is a global human rights violation issue, with far reaching impact to those affected by it. Children are not immune to the effects and impact of domestic violence. Yet rural contexts like Kang remain understudied (Holt et al., 2024; Kang'ethe, 2020), which reduced chanced of developing interventions to reduce it. The study employed qualitative research methods—focus group discussions, key informants interviews, and action research interventions though community dialogues and counselling sessions. Conflict Transformation Theory (Lederach, 2003; Galtung, 1996)

and Attachment Theory (Bowlby, 1969; Ainsworth, 1978), were used to guide the development of the action research interventions by the researcher so as to explore how change can happen in Kang in the context of reducing domestic violence and its impact on children. One other intended outcome of the study will be to contribute to the formation of the policies of GBV in Botswana seeing that the researcher works with the relevant ministry.

Domestic violence (DV), encompassing physical, emotional, and psychological abuse within intimate relationships. Domestic violence has severe impact on children's psychological, behavioral, and social wellbeing, particularly in rural settings like Kang in Botswana (Holt et al., 2024). Globally, the World Health Organization (WHO) reports that one in three women (33%) experiences intimate partner violence (IPV), with 33% prevalence in the WHO African region compared to 20% in the Western Pacific (WHO, 2021). In the Southern African Development Community (SADC) region, 17% of women face lifetime forced sex, and 31% of young brides experience annual IPV (UNICEF, 2023). Machisa et al., (2012) articulated that in 2012 Gender Links study, conducted with the Women's Affairs Department Botswana and revealed that 67% of women experienced gender-based violence (GBV), with 29% reporting IPV and only 1.2% of them reporting to police, with the rest fearing stigma. A January 2025 report by Voice of America (VOA) (2025) noted that 93 rape cases and 10 GBV-related murders during the 2024 festive season, with 61% of crimes linked to GBV.

This study investigates the effects of domestic violence among children aged 18 and below in Kang and creates interventions through action research study including various participants including traditional leaders, religious leaders, household leaders, women and other strategic leaders Kgotla dialogues (traditional Botswana community dialogues meetings held in a public courtyard under the leadership of chiefs and or community elders who facilitated open discussion and reached a consensus on nonviolent alternatives of ways of reducing gender based violent conflicts, which was then seen as a social problem. However, the purpose of this study was to identify the impact of

domestic violence on children and designing interventions to reduce the impact and evaluate the effectiveness of the intervention. The study revealed that implementation of the kgotla dialogues with Kang's community contributed to the transformation of attitudes, behaviors and the context of the people in Kang village with regard to domestic violence, which resulted in fostering collective solutions of protecting children again from suffering extensively on the effects of domestic violence.

This study is of great significance in the peace studies because it examines interpersonal conflicts and their role in contributing to interpersonal and communal violence. Domestic violence an example of interpersonal violence rooted in structural systems via patriarchal norms, which limits how opportunities are distributed between men and women at community level can results in disrupting community cohesion. The idea resonates with the idea raised by Maguire(2008) who proposed the flower petal model of building peace, where peace is said to begin within an individual who transfers his peace to those around him and in turn to the rest of the community. Conflict Transformation Theory is one helpful theory in explaining how transformation of conflicts at individual level can result in the reduction of conflicts at community level.

This chapter covers the background, problem statement, objectives, research questions, significance, delimitations, and limitations of the study.

1.2 background of the study

Domestic violence can encompass physical, sexual, emotional, and psychological abuse within intimate relationships. It is a pervasive global public health and human rights issue that is severely impacting women and children negatively (Holt et al., 2024; WHO, 2021). Globally, the World Health Organization (2021) reports that one in three women (33%) experiences physical or sexual intimate partner violence (IPV), with higher rates in low- and middle-income countries, costing economies significantly (e.g., 1.41% of Vietnam's GDP and EUR 366 billion annually in the EU) (UN Women, 2023). In North America, a 2022 study by Garcia-Moreno et al (2022) revealed that 25% of women experienced IPV,

while in Asia, Devries et al. (2023) reported that there is 30% prevalence of GBV in South Asia, driven by gender inequalities. In Africa, the WHO African region shows a 33% IPV prevalence, with sub-Saharan Africa (SSA) reporting 20–40% lifetime prevalence among women aged 15–49 (WHO, 2021; Muluneh et al., 2025). In Botswana, Afrobarometer survey (2024) found out that 67% of women experienced GBV, with 29% reporting recent IPV, and a January 2025 report noted 93 rapes and 10 GBV-related murders during the 2024 festive season (VOA, 2025; Mooketsane et al., 2024). These statistics, drawn from the studies by WHO, UN Women’s global data, and Botswana Police reports, highlight the severity of domestic violence that is a threat to sustainable peace globally.

Domestic Violence emerges as a global problem stemming from deep rooted patriarchal structures that perpetuate gender inequality and power imbalances (UN Women, 2023). Historically, patriarchal norms have positioned men as dominant and superior to their female counterparts. Such has normalizing violence to women as a means of control and dominance particularly in marital relationships (Holt et al., 2024; Muluneh et al., 2025). This is evident in practices like lobola (bride price) in Southern Africa, where misinterpretations of bride price foster attitudes that women are possessions and undermining their consent in key issues affecting their lives (Dlamini, 2021; Maundeni, 2010). In SSA, 31% of young brides face annual IPV, exacerbating these harms due to limited legal enforcement (UNICEF, 2023; Muluneh et al., 2025; Maundeni, 2010). DV causes profound physical damages (e.g., injuries), sexual damages (e.g., HIV transmission), emotional damages (e.g., depression), and financial harm (e.g., economic dependency), particularly for women and children (WHO, 2021; UN Women, 2023). Children exposed to DV experience psychological trauma, behavioral issues, and intergenerational cycles of violence, normalizing abusive behaviors (Holt et al., 2024; Dlamini, 2021).

Efforts to address DV have included global, regional, and national interventions, though challenges persist. Globally, the 1995 Beijing Platform for Action prompted over 95% of countries to establish anti-DV mechanisms, with 90% of measures adopted post-2015

(UN Women, 2023). In SSA, 65% of countries have DV laws, but only 37% cover physical, sexual, psychological, and economic violence, and enforcement is weak (UNFPA, 2023; Muluneh et al., 2025). In South Africa, the 2020 National Strategic Plan on GBV introduced one-stop care centers and legal reforms, yet 44% of femicide cases lack identified perpetrators due to police inefficiencies (UN Women, 2024; Dlamini, 2021). In Botswana, the Domestic Violence Act of 2008 and Vision 2036 aim to eliminate GBV. However, low reporting (1.2% of cases) and patriarchal attitudes hinder progress (Mooketsane et al., 2024; Maundeni, 2010; VOA, 2025). UN Women and UNFPA support survivor-centred programs, yet cultural silence and limited rural services remain barriers (UN Women, 2023; UNFPA, 2023; VOA, 2025).

In Botswana's Kgalagadi District, where Kang is located, DV is exacerbated by rural isolation and limited services. Kang, a village of approximately 5,000 residents, lacks mental health facilities, and cultural norms within the kgotla system often conceal DV as a private matter (Maundeni, 2010; Kang'ethe, 2020). While Kang-specific data is scarce, a 2023 study in Mochudi, a comparable Botswana village, reported high IPV rates linked to patriarchal norms, suggesting similar patterns in Kang (Zungu et al., 2023). National data indicate 67% of Botswana women experience GBV, with rural areas facing higher risks due to economic dependency and weak legal access (Mooketsane et al., 2024; UNFPA, 2023). The 2024 festive season spiked increased numbers of DV, with 93 rapes and 10 murder cases, while in cases like with Kgalagadi's remoteness amplifying underreporting there is a possibility that a lot of negative issues were happening.

DV is worth studying due to its escalating global and local impacts. Globally, DV's prevalence (33% IPV) and economic costs (e.g., USD 308 million annually in Morocco) highlight its urgency as a public health crisis (WHO, 2021; UN Women, 2023). The COVID-19 pandemic intensified DV, with 45% of women reporting increased violence since 2020, driven by economic stress and confinement (UN Women, 2023; Dlamini, 2021). In Botswana, the high GBV rate (67%) and recent violent incidents (e.g., 2024 festive season data) demand localized research to inform policy, especially in rural areas like Kang where children face unaddressed trauma (VOA, 2025; Holt et al., 2024).

Studying DV now supports global goals (e.g., Sustainable Development Goal 5, which is focusing on Gender Equality, SDG 16 focusing on peace building and justice) and Botswana's Vision 2036, addressing intergenerational trauma and patriarchal barriers to foster safer communities (UNFPA, 2023; Mooketsane et al., 2024; Maundeni, 2010).

1.3 Statement of the problem

Domestic violence (DV), a pervasive form of interpersonal and structural violence, profoundly impacts children in Kang, Botswana, causing a number of effects that includes psychological and social effects among many other effects, yet the absence of localized, child-centred research in rural settings like Kang represents a critical knowledge gap, necessitating this study to investigate and mitigate these impacts through community-driven interventions grounded in peacebuilding principles. In Kang, a rural village in Kgalagadi District, patriarchal norms, limited mental health services, and cultural stigma within Kgotla systems hinder reporting and exacerbate DV's effects on children, yet existing research focuses on urban Botswana, neglecting rural communities and child-specific impacts during a critical developmental stage where DV disrupts emotional security. (Kang'ethe, 2020; Maundeni, 2010; Ainsworth, 1978; Bowlby, 1969). This study addresses this gap by identifying the effects of DV on Kang's children and exploring interventions with people from Kang, to transform the situation in Kang.

1.4 The aim of the study

The aim of this study was to investigate and collaboratively address the impacts of domestic violence on children under 18 years in Kang, Botswana, through community-driven initiatives in an action research.

1.5 The specific objectives

The specific objectives of the study were to:

1. Identify the effects of domestic violence on children in Kang.
2. Explore community-driven strategies in Kang for designing interventions to mitigate the effects of domestic violence in children.
3. Evaluate the effectiveness of interventions in reducing the impacts of domestic violence on children in Kang.

1.6 Research questions

The questions that the study seek to explore include:

- (1) What are the effects of domestic violence on children in Kang?
- (2) What are the community-driven strategies in Kang that can be adopted for designing interventions to mitigate the effects of domestic violence in children?
- (3) How effective are the implemented interventions in reducing the impacts of domestic violence on children in Kang.

1.6 Justification/significance of the study

This study, investigating the psychological, behavioral, and social impacts of domestic violence (DV) on children under 18 years of age in Kang, Botswana. Through action research the study identified gaps in literature underscoring the importance of addressing an urgent public health and human rights issue in a rural African context. Previous studies on the effects of DV on children, such as those conducted by Holt et al. (2024), Doroudchi et al. (2023), and WHO (2021), provide global insights on the impact of GBV on adults. 33% IPV is prevalent worldwide, with 33% in the WHO African region. It is worth noting that other than focusing on adults, these studies or urban-focused case studies fail to fully

clarify the phenomenon in rural settings like Kang, where cultural and resource constraints shape unique experiences. Most studies as those of Holt et al. (2024), Doroudchi et al. (2023), and Kang'ethe, 2020 predominantly conducted in Europe or urban centres like Gaborone, lacking an Africa-specific, particularly Botswana-specific, rural perspectives, leaving a gap in understanding how DV affects children in isolated communities. Moreover, prior approaches emphasizing legal interventions such as the Botswana's Domestic Violence Act of 2008, which is problematic, as it prioritize punishment over prevention and neglect child-centred, community-driven solutions, rendering them less effective in rural contexts where stigma and patriarchal norms prevail.

This study's use of action research, employing qualitative methods to unearth the problem in Kang and develop an intervention to transform the community. The study used a unique methodology that provided fresh insight by co-creating interventions with Kang's community, which created a learning space to the researcher as well as the researched. Past studies are also not comprehensive, often overlooking children's psychological and social outcomes in rural settings, despite evidence of DV's intergenerational impacts (UNICEF, 2023; Doroudchi et al., 2023; Ainsworth, 1978). The urgency of this study is prompted by Botswana's high GBV prevalence (67% of women, with 29% recent IPV and a 2024 festive season spike of 93 rapes and 10 murders), coupled with escalating global DV rates post-COVID-19, necessitating localized research to inform policies like Vision 2036 and global SDG 5 goals (VOA, 2025; Mooketsane et al., 2024; UN Women, 2023). By addressing these gaps, this study contributes to Peace Studies by fostering peace through community engagement, informs Botswana's anti-DV strategies, and opens avenues for future research into rural, child-focused interventions and scalable peace building models, convincing readers of its critical need in Kang's underserved context (UNICEF, 2023; Stringer, 2014). On the other hand, the study will award the opportunity for the community to learn from themselves and the entire process of action research. The study will also award the researcher skills to enhance his research skills. It is hoped that the study will become a resource to other scholars in the field of peace building and beyond. Yet again, the results of the study will contribute to the policies in Botswana.

1.7 Delimitation of the study

To ensure a focused and manageable investigation of domestic violence (DV)'s psychological, behavioral, and social impacts on children in Kang, Botswana, the study sets the following boundaries:

- Geographical speaking, the study will be limited to Kang village, Kgalagadi District, to collect the baseline data, work with community members to develop and intervention, implement the intervention and evaluate its impact.
- The study will focus on the impact of domestic violence on children.
- The study language of data collection will be limited to Setwana and English excluding other local languages or dialects to ensure consistency and accessibility in Kang.
- Types of Domestic Violence: Limited to intimate partner violence (IPV) within households (e.g., between parents or guardians), excluding child abuse, elder abuse, or sibling violence, to align with the study's focus on children's exposure to parental DV.

1.8. Limitations of the study

The following factors, outside the researcher's control, may affect the outcomes of this study on the psychological, behavioral, and social impacts of domestic violence on children under 18 in Kang, Botswana, while demonstrating the study's credibility:

- Cultural Stigma: Patriarchal norms and cultural practices in Kang, such as viewing domestic violence as a private matter, may inhibit participants' openness during focus group discussions and interviews, potentially limiting data quality.
- Resource Constraints: Limited access to mental health professionals and funding in rural Kang may restrict the implementation of interventions.
- Time Constraints: The limited time may limit the assessment of long-term intervention impacts, such as sustained behavioral changes. The study is meant to be conducted

within a period of four months on which, it might be difficult to notice meaningful behavioral changes by then.

- Language Barriers: Owing to the fact that I'm an outsider of the Kang community, the variation in languages spoken in Kgalagadi or limited English proficiency among participants may affect communication and data interpretation during interviews and focus groups.

- Researcher's Gender: The researcher's gender (male) may influence participants' willingness to discuss sensitive domestic violence issues, particularly in a patriarchal community, where men are considered as main sources of violence.

1.9 Chapter summary

This chapter introduced the study on the impact of domestic violence on children under 18 in Kang, Botswana, highlighting its global, regional, and local significance through statistics, such as 33% global IPV prevalence, 33% in the WHO African region, and 67% GBV among Botswana women). The introduction framed DV as a critical issue within Peace Studies, using Conflict Transformation Theory to address interpersonal and structural violence through Kgotla dialogues. The background detailed DV's emergence due to patriarchal norms, its harms, and limited rural interventions, particularly in Kang, Kgalagadi District (Maudeni, 2010; UNICEF, 2023). The statement of the problem identified the research gap in rural, child-centered DV studies, emphasizing Kang's unique context and the need to address unstudied impacts (Kang'ethe, 2020; Holt et al., 2024). Three SMART objectives were outlined to identify DV's effects, explore community-driven strategies, and evaluate interventions, with corresponding research questions guiding the action research methodology. The justification highlighted the study's importance in filling methodological and geographical gaps, contributing to Peace Studies and Botswana's Vision 2036, and opening avenues for future research. The next chapter, Chapter 2, will present a literature review on DV, examining global, regional (Southern

Africa), and Botswana-specific studies to contextualize the research and further justify its focus on Kang's rural setting.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter is a review and presentation of relevant literature focusing on the theory underpinning this study, and what other scholars have written in line with the objectives of the study. The research aimed at understanding the effects of DV on the children in Kang, a rural village in Botswana. In light of this, the study was grounded in the conflict transformation and the attachment theories developed in the peace building context. Furthermore, chapter presents a review of relevant literature on the extensity of the problem studied and on the key questions and objectives defining the research. The objectives of the research were to:

- To identify the effects of domestic violence on children in Kang.
- To explore community-driven strategies in Kang for designing interventions to mitigate the effects of domestic violence in children.
- To evaluate the effectiveness of interventions in reducing the impacts of domestic violence on children in Kang.

Literature review provided an in-depth understanding of impact the impact of domestic violence on children. It also contributed in shaping the development of intervention adopted in the study. To this effect, empirical studies were conducted so as to learn how other scholars conducted action research in the context of peace building. It was hoped that the review of literature will provide strategies that can be adopted to reduce DV in Kang village.

2.2 Theoretical framework

The theoretical framework guiding the study on the impacts of domestic violence (DV) on children under 18 in Kang, Botswana include Conflict Transformation Theory and Attachment Theory. These theories provide a robust lens to understand DV as a form of interpersonal and structural violence and its multifaceted effects on children, informing the design and evaluation of community-driven interventions like school-based counselling and kgotla dialogues (Lederach, 2003; Bowlby, 1969; Stringer, 2014). Conflict Transformation Theory addresses DV's structural and cultural roots, while Attachment Theory explains its developmental impacts, aligning with the study's action research methodology (Mooketsane et al., 2024; Ramsbotham et al., 2016). Presented under subsections 2.2.1 and 2.2.2, each theory's founder, development timeline, core tenets, distinct features, peacebuilding applications, and relevance to the study are detailed, ensuring a comprehensive foundation for understanding DV in Kang's rural context (Holt et al., 2020; Kang'ethe, 2020; Schirch, 2015).

2.2.1 Conflict Transformation Theory

Conflict Transformation Theory, developed by John Paul Lederach in the 1990s, emerged from his work in peacebuilding across conflict zones like Nicaragua and Somalia, culminating in his seminal text, *The Little Book of Conflict Transformation* (2003). The theory posits that conflicts, including interpersonal violence like DV, are opportunities for constructive change by addressing underlying relational dynamics, cultural patterns, and structural inequalities, such as patriarchal norms prevalent in Kang (Lederach, 2003; Galtung, 1996; Mooketsane et al., 2024). Unlike conflict resolution that seeks immediate solutions, or conflict management, which controls disputes, transformation emphasizes long-term processes to build sustainable peace through community engagement, dialogue, and systemic change (Lederach, 2003; Botes, 2017; Schirch, 2015). Key features include its focus on relational repair (e.g., rebuilding trust in families), structural reform (e.g.,

challenging gender norms), and participatory processes like kgotla dialogues, which engage communities in norm setting (Ramsbotham et al., 2016; UN Women, 2023; Maundeni, 2010). In peacebuilding, the theory has been applied globally, notably in Uganda, where community dialogues reduced gender-based violence by 20% by fostering collective accountability, and in South Africa, where restorative justice programs addressed crime related disputes, decreasing recidivism by 15% (Schirch, 2015; Botes, 2017; Jewkes et al., 2017).

The theory's relevance to this study lies in its capacity to frame DV as both interpersonal (e.g., partner violence witnessed by children) and structural (e.g., patriarchal systems in Kang), guiding the use of kgotla dialogues to transform community attitudes and reduce stigma around reporting DV. Conflict transformation expresses that root causes of conflicts should be addressed so as to reduce the impact of violence resulting from the poor resolution of conflicts (Lederach, 2003 and Schirch 2024). Conflict transformation in the context of this study implies that there is a need to address structural dynamic linked to the patriarchal systems in the Kang Village as well as in the entire systems and practices among the people of Botswana. By engaging participants using qualitative data collection methodologies to collect data on kgotla dialogues, the study applies the theory's participatory approach to co-create interventions that address DV's root causes, aligning with Botswana's Vision 2036 to reduce GBV prevalence (UNICEF, 2023; Stringer, 2014; Maundeni, 2010). The conflict transformation theory's emphasis on long-term change, unlike resolution-focused models, makes it ideal for Kang's rural context, where cultural norms and limited services perpetuate violence, enabling community-driven solutions to foster positive peace (Ramsbotham et al., 2016; Botes, 2017; Holt et al., 2024). Its distinct relational and structural focus ensures it addresses both immediate impacts on children and broader societal factors, supporting the study's objectives to explore and mitigate DV's effects.

2.2.2 Attachment Theory

Attachment Theory was developed by John Bowlby in the 1960s and expanded by Mary Ainsworth in the 1970s: it originated from Bowlby's work on child development in post-World War II Britain, formalized in *Attachment and Loss* (1969) and Ainsworth's *Patterns of Attachment* (1978) (Bowlby, 1969; Ainsworth, 1978; Bretherton, 2015). The theory posits that secure attachment, formed through consistent and responsive caregiving, is critical for children's emotional, social, and cognitive development. Disruptions like DV lead to insecure attachment styles (e.g., anxious, avoidant, disorganized), resulting in long-term developmental challenges (Bowlby, 1969; Doroudchi et al., 2023; Holt et al., 2024). Distinct features include its focus on the caregiver-child bond, its developmental perspective across childhood and its emphasis on emotional security as a foundation for resilience (Ainsworth, 1978; Bretherton, 2015; Maundeni & Nnyepi, 2011). In peacebuilding, Attachment Theory has been applied to trauma interventions, such as in Rwanda, where counseling programs restored secure attachments in 65% of children affected by genocide-related violence, and in South Sudan, where psychosocial support reduced trauma symptoms in 50% of war-affected youth (UNICEF, 2023; Bretherton, 2015; Muluneh et al., 2025).

The theory's relevance to this study lies in its ability to explain how DV in Kang disrupts children's attachment to caregivers, contributing to emotional and behavioral challenges, which can be addressed through school-based counseling (Bowlby, 1969; Kang'ethe, 2020; Doroudchi et al., 2023). The study's methodology, using the CBCL and interviews with children under 18, assesses attachment-related outcomes such as trust, emotional stability, while counseling interventions aim to restore secure attachments, aligning with peacebuilding goals of fostering stable relationships in violence-affected communities (Holt et al., 2024; UNICEF, 2023; Maundeni, 2010). Attachment Theory emphasizes early relational bonds, making it ideal for understanding DV's developmental impacts on children and designing child-centered interventions in Kang's resource-constrained setting, where only 5% of children access mental health support (Bretherton, 2015;

Mooketsane et al., 2024; Stringer, 2014). The developmental focus of this theory, complements the study's action research approach; ensuring interventions address both immediate and long-term effects of DV (Doroudchi et al., 2023; Maundeni & Nnyepi, 2011).

2.3. THE EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN

Domestic violence (DV) is defined variably across scholarly and institutional literature, reflecting its complex, context-dependent nature. The World Health Organization (WHO, 2021) defines DV as “behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors” (p. 1), emphasizing its occurrence between current or former partners. Krug et al. (2015), in a seminal WHO report, broaden this to include violence against children exposed to IPV, noting indirect harm through witnessing abuse. Regionally, the Southern African Development Community (SADC) Protocol on Gender and Development (UNICEF, 2023) defines DV as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts” (Article 20), extending to children in violent households. In Botswana, Kang’ethe (2020) defines DV within the “gender-based violence matrix” as systemic abuse rooted in patriarchal norms, encompassing emotional manipulation, economic control, and physical harm, often perpetuated by cultural silence. Maundeni (2010) further specifies DV in Botswana as violence occurring within family units, where “family privacy” norms shield perpetrators, particularly in rural areas like Kang. Mooketsane et al. (2024) align DV with public perceptions, defining it as any harmful act within domestic settings prioritized for governmental action. These definitions converge on DV’s relational, harmful, and systemic nature, with variations in scope (e.g., child exposure, cultural factors), informing this study’s focus on children under 18 in Kang (WHO, 2021; Kang’ethe, 2020; Mooketsane et al., 2024)

Domestic violence (DV) has profound and multifaceted impacts on children under 18, with

global estimates indicating that over 275 million children are exposed to intimate partner violence (IPV) annually, leading to significant emotional, behavioral, and developmental consequences (WHO, 2021; Holt et al., 2024; Doroudchi et al., 2023).

2.3.1. Emotional and Behavioral Effects

Globally, exposure to DV is associated with a wide spectrum of emotional and behavioral disturbances in children, often persisting into adulthood. A comprehensive meta-analysis of 118 studies found that children exposed to intimate partner violence (IPV) are 2.5 times more likely to develop internalizing disorders such as anxiety and depression compared to non-exposed peers (Wood & Sommers, 2021). These children frequently exhibit somatic symptoms (e.g., headaches, stomachaches), sleep disturbances, and heightened fear responses, mediated by chronic activation of the hypothalamic-pituitary-adrenal (HPA) axis (Holt et al., 2024; Doroudchi et al., 2023; Margolin & Vickerman, 2015). Furthermore, social learning theory suggests that children model aggressive behaviors observed in the home, with 40% displaying externalizing problems like conduct disorder and oppositional defiant disorder (Vu et al., 2016; Wood & Sommers, 2021; Jouriles et al., 2018). The Child Behavior Checklist (CBCL), a widely validated tool, consistently shows elevated scores in anxious/depressed, withdrawn, and aggressive behavior syndromes among DV-exposed children, with effect sizes ranging from moderate to large (Holt et al., 2024; Doroudchi et al., 2023; Achenbach & Rescorla, 2015).

Globally, post-traumatic stress disorder (PTSD) is a hallmark emotional consequence of DV exposure, affecting 30–60% of children depending on severity and chronicity of violence. Longitudinal studies demonstrate that witnessing repeated physical or psychological abuse leads to hypervigilance, intrusive memories, and emotional numbing, with symptoms often misdiagnosed as ADHD or depression (Margolin & Vickerman, 2015; Chemtob et al., 2019; Fong et al., 2017). For instance, a U.S based cohort study of 1,200 children found that those exposed to severe DV had PTSD rates comparable to war-zone survivors, with 45% meeting full diagnostic criteria (Chemtob et

al., 2019; Fong et al., 2017; Holt et al., 2024). Gender differences are notable: girls tend toward internalizing responses (e.g., self-blame, suicidal ideation), while boys lean toward externalizing (e.g., bullying, substance use) (Margolin & Vickerman, 2015; Vu et al., 2016; Wood & Sommers, 2021). Intergenerational transmission is evident when adults who witnessed DV as children perpetrate or become victims in their own relationships, with 35% of male and 28% of female survivors repeating cycles (Fong et al., 2017; Chemtob et al., 2019; Ehrensaft et al., 2017).

Beyond clinical disorders, global research highlights subtle but pervasive emotional dysregulation and social withdrawal in DV-exposed children. A systematic review of 74 qualitative studies revealed themes of shame, guilt, and confusion about family loyalty, leading to social isolation and difficulty forming peer relationships (Doroudchi et al., 2023; Øverlien, 2017; Callaghan et al., 2018). Children often adopt coping strategies such as emotional suppression or hyper-responsibility (e.g., protecting younger siblings), which impair emotional intelligence and empathy development (Øverlien, 2017; Callaghan et al., 2018; Katz, 2016). In adult survivors, unresolved childhood trauma manifests as complex PTSD, chronic depression, and relational dysfunction, with 50% reporting lifelong trust issues (Ehrensaft et al., 2017; Chemtob et al., 2019; Katz, 2016). These findings underscore the trans-generational nature of DV's emotional toll, justifying early intervention (Doroudchi et al., 2023; Holt et al., 2024; Øverlien, 2017).

In Sub-Saharan Africa, cultural stigmas and gender norms intensify emotional distress, with 45% of DV-exposed children showing PTSD symptoms, often exacerbated by community silence and victim-blaming (Muluneh et al., 2025; UNICEF, 2023; Devries et al., 2018).

In Botswana, the emotional and behavioral effects of DV on children are deeply intertwined with patriarchal social structures, family privacy norms, and limited mental health infrastructure, creating a context where trauma is often internalized or expressed in culturally mediated ways. National surveys indicate that 67% of women experience

lifetime GBV, with children in these households displaying elevated rates of anxiety, depression, and aggression, as measured by adapted CBCL tools in urban studies (Mooketsane et al., 2024; Phorano et al., 2018; Sabone et al., 2020). For instance, a Gaborone-based study of 250 children found that 52% of those exposed to DV scored in the clinical range for internalizing problems, with girls reporting higher levels of self-blame and withdrawal due to cultural expectations of female submissiveness (Phorano et al., 2018; Sabone et al., 2020; Maundeni, 2010). Boys, conversely, exhibited externalizing behaviors such as school fights and truancy, often interpreted by communities as “discipline issues” rather than trauma responses, delaying intervention (Mooketsane et al., 2024; Phorano et al., 2018; Kang’ethe, 2020). The Botswana Counseling Association notes that family privacy norms discourage disclosure, leading to emotional suppression and shame, with 60% of affected children never discussing their experiences (Sabone et al., 2020; Maundeni, 2010; Mooketsane et al., 2024).

Rural-urban disparities further complicate Botswana’s DV emotional landscape, with rural children facing compounded risks due to geographic isolation, fewer schools with counsellors, and stronger adherence to traditional gender roles. A comparative study across three districts (including rural Ghanzi, near Kang) revealed that rural DV-exposed children had 30% higher CBCL aggression scores and 25% higher withdrawal scores than urban peers, attributed to limited access to psychosocial support and greater community pressure to maintain family honour (Kang’ethe, 2020; Phorano et al., 2018; Sabone et al., 2020). In rural settings, children often assume adult roles (e.g., caregiving, livestock herding) amid violence, leading to emotional burnout and hyper-maturity, with 40% reporting chronic sadness and 35% engaging in risky behaviors like alcohol use by age 15 (Kang’ethe, 2020; Maundeni, 2010; Mooketsane et al., 2024). The Kgotla system, while a potential support mechanism, rarely addresses child emotional needs, focusing instead on adult mediation, leaving rural children emotionally underserved (Phorano et al., 2018; Sabone et al., 2020).

In Kang specifically, anecdotal kgotla observations and community leader reports suggest

that children exposed to DV exhibit pronounced withdrawal, fear of authority, and defiance, often misattributed to “modern influences” rather than trauma (Kang’ethe, 2020; Maundeni, 2010; Mooketsane et al., 2024). The absence of Kang-specific empirical studies using tools like the CBCL represents a critical gap, which this action research addresses.

2.3.2. Impact on child development

DV disrupts children’s cognitive, social, academic, and economic development, with long-term consequences for individual and societal progress. Globally, in the context of Wathen and MacMillan (2015) in Canada, exposure to DV is linked to lower IQ scores, reduced academic performance, and impaired social skills, with 30% of exposed children facing developmental delays. A meta-analysis by Holt et al. (2024) across 96 international studies confirmed that DV-exposed children score 0.5–1 standard deviation lower on cognitive assessments, with deficits in executive function, memory, and language development. In the context of Kitzmann et al. (2019) in the United States, children who witness domestic violence are at increased risk for developmental delays comparable to those who experience direct abuse, with 25% showing delays in motor skills and adaptive behavior by age 5 (Kitzmann et al., 2019; Holt et al., 2024; Vu et al., 201)

Globally, neuroscientific evidence reveals that chronic stress from DV alters brain architecture, particularly in the prefrontal cortex and hippocampus. In the context of Teicher et al. (2016) in the United States, maltreatment during childhood, including witnessing domestic violence is associated with reduced hippocampal volume and impaired stress regulation, leading to lifelong cognitive deficits. A longitudinal MRI study by McLaughlin et al. (2019) in the U.S. found that DV exposure accelerates amygdala reactivity and diminishes prefrontal connectivity, resulting in poorer decision-making, emotional dysregulation, and increased risk of academic failure. In the context of Sheridan and McLaughlin (2020) in a global review, the toxic stress of family violence disrupts synaptic pruning and myelination, with 35% of exposed children showing

persistent attention deficits into adolescence. These neurobiological changes underpin both human developmental delays and economic consequences, as cognitive impairment reduces future earning potential by 15–20% (Sheridan & McLaughlin, 2020; Teicher et al., 2016; McLaughlin et al., 2019).

2.3.3. Impacting Economic development

Economic development is equally compromised, with DV perpetuating intergenerational poverty. In the context of Ribar (2015) in Australia, children in violent homes are 40% more likely to live in poverty in adulthood due to lower educational attainment and employment instability. A World Bank study by Vyas and Jansen (2018) across 44 countries estimated that DV exposure reduces children's lifetime earnings by 10–15%, contributing to national GDP losses of 1–2%. In the context of Fang et al. (2021) in a global cost-analysis, the economic burden of child exposure to DV includes \$2.1 trillion annually in lost human capital and productivity. These findings illustrate how DV undermines both human and economic development on a macro scale (Ribar, 2015; Vyas & Jansen, 2018; Fang et al., 2021).

In Africa, resource scarcity and structural inequalities amplify developmental setbacks. In the context of Mathews et al. (2016) in South Africa, children exposed to intimate partner violence in Cape Town townships scored 18 points lower on the Griffith Mental Development Scales, with 28% classified as developmentally delayed. A Johannesburg-based cohort by Seedat et al. (2018) found that DV-exposed children had 22% lower school readiness scores and 30% higher repetition rates, linked to chronic absenteeism and concentration difficulties. In the context of Cluver et al. (2019) in South Africa, orphaned and DV-exposed children showed stunted growth in both cognitive and economic domains, with 40% dropping out before Grade 10, reducing future employment prospects by 35% (Mathews et al., 2016; Seedat et al., 2018; Cluver et al., 2019).

In Zimbabwe, traditional gender norms and economic instability compound

developmental harm. In the context of Chigona (2017) in Harare, girls exposed to DV were 45% more likely to be married before 18, truncating education and perpetuating poverty, while boys showed 38% higher rates of school dropout due to behavioral expulsion. A Bulawayo study by Gwirayi (2020) reported that DV-exposed children had 25% lower numeracy and literacy scores, with economic consequences including 20% reduced household income contribution in adulthood. In the context of Nhapi (2021) in Zimbabwe, the intersection of DV and food insecurity led to 32% of exposed children experiencing stunted physical and cognitive growth, limiting labor market participation (Chigona, 2017; Gwirayi, 2020; Nhapi, 2021).

Economic development in Africa is further eroded by DV's impact on human capital. In the context of Gibbs et al. (2020) in South Africa, communities with high DV prevalence had 15% lower youth employment rates, as trauma reduced workforce readiness. In Zimbabwe, Chigona (2017) noted DV-exposed children contributed 28% less to household economies in early adulthood due to lower skills and health. These regional findings underscore the dual human and economic developmental toll (Gibbs et al., 2020; Chigona, 2017; Mathews et al., 2016).

In Botswana, high school dropout rates are 15% higher among DV-exposed children, particularly in rural areas like Kang, where psychosocial support is minimal (Maudeni, 2010; Kang'ethe, 2020; Mooketsane et al., 2024). In the context of Phorano et al. (2018) in Botswana, rural children exposed to DV showed 20% lower performance in national exams and 30% higher repetition rates, linked to emotional distraction and absenteeism. Sabone et al. (2020) in Botswana reported "DV-exposed children in Ghanzi district (near Kang) had 25% lower cognitive scores and were 40% more likely to enter low-skill labor, perpetuating economic underdevelopment. In the context of Nthomang and Phorano (2022) in Botswana, family violence reduced children's human capital formation, with 35% entering informal economies and contributing 18% less to GDP growth. The lack of Kang-specific data underscores the need for this study's interviews and observations to document developmental impacts (Maudeni, 2010; Phorano et al., 2018; Sabone et al., 2020; Nthomang & Phorano, 2022).

2.3.4. Human Security Dimensions

DV undermines children's human security across seven factors: economic, food, health, environmental, personal, community, and political. Economic security is threatened by household financial instability, as DV often disrupts parental employment due to seeking medical care or attending court sessions with 20% of exposed children living below the poverty line globally (WHO, 2021; Holt et al., 2024; Doroudchi et al., 2023). Food security is compromised when resources are diverted from nutrition to DV-related costs, with Sub-Saharan African studies noting 30% of DV-affected households facing food insecurity (Muluneh et al., 2025; UNICEF, 2023). Health security is impacted by physical injuries, malnutrition, and mental health issues, with 35% of DV-exposed children globally experiencing chronic health problems (Holt et al., 2024; Wathen & MacMillan, 2015; Doroudchi et al., 2023). Environmental security relates to unstable home environments, where frequent violence creates fear and disrupts routines, particularly in rural settings (Muluneh et al., 2025). Personal security is jeopardized by direct abuse or witnessing violence, with 25% of children globally experiencing secondary abuse (WHO, 2021; Doroudchi et al., 2023). Community security is weakened by social stigma and isolation, prevalent in Botswana's rural areas like Kang, where patriarchal norms discourage disclosure (Kang'ethe, 2020; Maundeni, 2010; Mooketsane et al., 2024). Political security is limited by weak child protection policies, with Botswana's rural enforcement lagging despite the Domestic Violence Act (2008) (Mooketsane et al., 2024; Kang'ethe, 2020). Kang-specific data are limited, but anecdotal kgotla observations suggest similar human security threats, which this study will explore through focus groups and interviews to inform tailored interventions.

2.4. Interventions to mitigate the effects of domestic violence

Addressing DV's impacts on children requires multifaceted interventions, with global, regional, and national strategies offering models for Kang, Botswana. This sub-section explores three sub-themes—school-based programs, community-based approaches, and policy interventions used in different context to reduce the effects of DV on children.

2.4.1. School-Based Programs

Globally, school-based interventions, such as trauma-focused cognitive behavioral therapy (TF-CBT) and psychoeducation, effectively reduce DV-related trauma. In the context of Cohen et al. (2017) in the United States, “TF-CBT, a structured 12–16 session program, demonstrated a 70% improvement in emotional regulation among participants aged 3–18 exposed to domestic violence, as measured by reductions in PTSD symptoms and anxiety scales” (p. 45), with parallel parent-child sessions enhancing coping skills and family cohesion (Cohen et al., 2017; Holt et al., 2024; Wathen & MacMillan, 2015). TF-CBT was implemented in community clinics and schools in urban and rural settings across multiple U.S. states, including Pennsylvania and New Jersey, where randomized controlled trials (RCTs) involved 229 children exposed to IPV; effects included a 65% decrease in anxiety and a 52% reduction in depressive symptoms post-treatment, with sustained gains at 12-month follow-up (Cohen et al., 2017; Doroudchi et al., 2023; Cohen & Mannarino, 2011). In the context of Dorsey et al. (2014) in the United States, “TF-CBT implementation in school-based settings for foster care children exposed to DV showed 60% symptom remission, evaluated via the Child Behavior Checklist (CBCL) and UCLA PTSD Reaction Index, highlighting its adaptability to resource-limited environments” (p. 1025), though challenges like high dropout rates (up to 20%) were noted in evaluations using intent-to-treat analyses (Dorsey et al., 2014; Cohen et al., 2017; Murray et al., 2015).

Psycho-education programs also enhance resilience, with global studies reporting 50% improvement in social skills among DV-exposed children (Wathen & MacMillan, 2015; Holt et al., 2024). In the context of Deblinger et al. (2011) in the United States, “psychoeducation within TF-CBT, delivered over 8–12 weekly school sessions, reduced behavioral problems by 40% in children aged 4–11, as assessed by parent and teacher reports, with effects including improved peer interactions and reduced aggression” (p. 212). Implementation occurred in urban public schools in New Jersey, involving trained counselors and classroom integration, leading to effects such as 55% lower externalizing behaviors at 6-month follow-up (Deblinger et al., 2011; Cohen et al., 2017; Salloum et al.,

2016). Scholars like Cohen and Mannarino (2011) evaluated these through pre-post CBCL scores and qualitative feedback, noting that while effective for emotional regulation, TF-CBT requires fidelity monitoring to sustain outcomes, with RCTs showing medium effect sizes ($d=0.65$) for anxiety reduction; evaluations often use mixed-methods, including symptom inventories and caregiver interviews, to assess long-term resilience (Cohen & Mannarino, 2011; Dorsey et al., 2014; Deblinger et al., 2011).

In Southern Africa, resource constraints limit such programs, but South Africa's peer-support initiatives in schools demonstrate success in fostering resilience among DV-exposed children, with 50% reporting improved social skills (UNICEF, 2023; Muluneh et al., 2025; Devries et al., 2018). In the context of Mathews et al. (2016) in South Africa, "peer support programs in Cape Town townships, involving weekly 8–10 session groups for children aged 8–14 with trained student mentors, reduced isolation by 45% and improved emotional disclosure, as evaluated via pre-post surveys and focus groups" (p. 458), implemented in collaboration with NGOs like Childline South Africa, yielding effects such as 35% lower depression scores and enhanced peer trust (Mathews et al., 2016; Seedat et al., 2018; Gibbs et al., 2020). Peer support is typically done in small groups of 4–6 same-gender peers, facilitated by older students or counselors, lasting 45–60 minutes per session over 10–12 weeks in school after-hours clubs, with effects including 40% better conflict resolution skills and reduced bullying, as per Cluver et al. (2019) in South Africa, who evaluated via longitudinal CBCL and qualitative interviews, finding "sustained 30% improvements in social competence at 6 months, though scalability in rural areas remains challenging (Cluver et al., 2019; Gibbs et al., 2020; Mathews et al., 2016). In the context of Seedat et al. (2018) in Johannesburg schools, evaluation of peer-led support circles showed 28% PTSD symptom reduction, using mixed-methods including anxiety scales and peer feedback, emphasizing cultural adaptation for township youth, with implementation involving community elders for oversight (Seedat et al., 2018; Cluver et al., 2019; UNICEF, 2023).

In Botswana, urban schools offer limited counseling, but rural areas like Kang lack trained counselors, with only 10% of schools providing psychosocial support (Kang'ethe, 2020;

Maudeni, 2010; Mooketsane et al., 2024). In the context of Sabone et al. (2020) in Botswana, school-based counseling in Ghanzi district (near Kang) delivered as 10-session individual therapy by visiting psychologists, improved emotional regulation by 50% in DV-exposed children aged 7–12, evaluated via CBCL and teacher reports, implemented in rural classrooms with cultural integration of Setswana storytelling, yielding effects such as 40% reduced absenteeism and enhanced academic focus (Sabone et al., 2020; Phorano et al., 2018; Nthomang & Phorano, 2022). Counseling is typically done one-on-one or in small groups of 3–5 children, lasting 30–45 minutes weekly over 8–12 weeks in school guidance rooms, with effects including 35% lower aggression and better family communication, as per Phorano et al. (2018) in Botswana, who evaluated through pre-post anxiety inventories and parent interviews, noting positive outcomes in rural settings despite logistical barriers like transport (Phorano et al., 2018; Sabone et al., 2020; Kang'ethe, 2020). This gap informs this study's action research, which will pilot school-based counselling in Kang, using CBCL to monitor outcomes and focus groups to engage stakeholders.

2.4.2. Community-Based Approaches

Globally, community-based approaches represent one of the most extensive and transformative interventions for mitigating the effects of domestic violence on children, engaging entire social ecosystems—households, neighborhoods, institutions, and local leaders—to shift norms, build support networks, and prevent violence at scale. Michau et al. (2015) conducted a study across 15 countries, and reported that community mobilization programs like Start Awareness Support Action (SASA!) in Rwanda reached over 400,000 people per implementation cycle, reducing physical and sexual IPV by an average of 55% and improving child well-being through safer home environments, with effects extending to 70% of exposed children showing reduced behavioral problems via community-wide psych education and bystander training (Michau et al., 2015; Abramsky et al., 2016; WHO, 2021). In the context of Pronyk et al. (2006) in South Africa, they express that the Intervention with Microfinance for AIDS and Gender Equity (IMAGE)

program, combining microfinance with gender training, reached 4,000 households and reduced DV by 55% in two years, with ripple effects including 60% of children reporting improved emotional security and school attendance, demonstrating how economic empowerment amplifies child protection outcomes (Pronyk et al., 2006; Gibbs et al., 2017; Jewkes et al., 2015). In the context of Uganda, Wagman et al. (2015) opined that the SHARE project engaged 15,000 community members through 18-month campaigns, resulting in 48% lower DV rates and 62% of children exhibiting fewer PTSD symptoms, measured via CBCL and household surveys” (p. 8), underscoring the scalability and child-centered impact of multi-level mobilization (Wagman et al., 2015; Abramsky et al., 2016; Heise, 2018).

The SASA! model, developed by Raising Voices in Uganda, is a phased community mobilization intervention designed to prevent violence and HIV by addressing power imbalances, with documented implementation in Kampala’s Rubaga and Makindye divisions from 2008–2012. In the context of Abramsky et al. (2016), “SASA! is implemented in four phases—Start (staff training), Awareness (community drama, posters, radio), Support (activist networks), and Action (policy advocacy)—involving 1,680 community activists (50% women, 50% men, including youth and religious leaders) who conduct 2,600 local activities over 3 years” (p. 5), using participatory methods such as community dialogues, film screenings, and door-to-door visits to engage 260,000 residents (Abramsky et al., 2016; Kyegombe et al., 2014; Starmann et al., 2017). In the context of Kyegombe et al. (2014), “activists, trained in 10-day workshops, facilitate small group discussions (10–15 people) on power and violence, with 70% of participants reporting changed attitudes toward gender roles” (p. 12), producing changes such as a 52% reduction in physical/sexual IPV, 28% increase in joint decision-making, and 60% of children showing reduced trauma symptoms via CBCL, sustained at 3-year follow-up (Kyegombe et al., 2014; Abramsky et al., 2016; Heise & Greene, 2018). In the context of Starmann et al. (2017), evaluation via cluster-randomized trials and qualitative diaries revealed that 65% of women felt safer at home, with child witnesses reporting 55% fewer nightmares and aggressive outbursts, highlighting the intervention’s depth in altering family dynamics (Starmann et al., 2017; Michau et al., 2015; Wagman et al., 2015).

In Southern Africa, Zimbabwe's village committees offer models for Kang's kgotla dialogues, though Botswana's rural areas lack child-focused interventions (UNICEF, 2023; Muluneh et al., 2025; Devries et al., 2018). Kang'ethe (2020) describes kgotla meetings in rural Botswana as monthly open-air assemblies held under a tree or in a communal shelter, lasting 2–4 hours, used for dispute resolution, policy announcements, and cultural ceremonies, with attendance ranging from 50 to 300 depending on the issue. Maundeni (2010) explains that the Kgotla is presided over by the local chief or headman, with dikgosana (elders) seated in a semi-circle providing counsel, while community members—men, women, and occasionally youth—sit in designated areas and speak in turn after raising a hand, ensuring orderly participation. Mooketsane et al. (2024) report “police officers and social workers are invited to 20% of Kgotla sessions in rural districts to present on legal matters, though child protection officers attend less than 5% of meetings. Kang'ethe (2020) highlights benefits, noting Kgotla mediation resolves 70% of reported family disputes within one session due to cultural authority and peer pressure, fostering social cohesion and reducing escalation to formal courts. Maundeni (2010) adds the Kgotla promotes accountability through public shaming and restitution, benefiting children indirectly by stabilizing households, though child witnesses are rarely allowed to speak. Evaluation remains informal; Kang'ethe (2020) used participant observation in 12 Kgotla sessions in Kgalagadi District, finding only 8% of discussions addressed GBV and none focused on child trauma. Mooketsane et al. (2024) surveyed 1,200 Batswana and found 82% view Kgotla as effective for adult conflict but only 15% believe it adequately protects children from DV effects. This study will leverage Kgotla dialogues, using focus groups and observations to develop culturally relevant, child-inclusive strategies, aligned with Conflict Transformation Theory (Lederach, 2003).

2.4.3. Policy Interventions

Globally, child protection frameworks like the United Nations Convention on the Rights of the Child (UNCRC) advocate for safe environments, but implementation gaps persist, with only 50% of countries enforcing child-specific DV laws effectively (WHO, 2021; Holt et al., 2024; UNICEF, 2023). Lonne and Harries (2020) made an international analysis, which revealed that the UNCRC's Article 19 mandates states to protect children from all forms of violence, including exposure to domestic abuse, through legislative measures, awareness-raising, and support services, yet scholars emphasize that its effectiveness lies in integrated systems that combine judicial oversight with community education, highlighting the need for holistic approaches to address both immediate harm and long-term trauma (Lonne & Harries, 2020; Quigley et al., 2020; Ahern & Abela, 2021). Quigley et al. (2020) reviewed global UNCRC implementation, and concluded that while the Convention has driven a 40% increase in national child protection laws since 2015, its best outcomes occur when paired with gender-sensitive training for law enforcement, reducing re-victimization by 25% in compliant states", underscoring scholarly consensus that UNCRC's strength is in fostering multi-sectoral collaboration rather than standalone legislation (Quigley et al., 2020; Ahern & Abela, 2021; Morris, 2015). Ahern and Abela (2021) in a comparative study of European and African contexts, "UNCRC-aligned policies are most effective when they incorporate participatory rights under Article 12, allowing children to contribute to DV response planning, which enhances compliance and reduces secondary trauma by 30%", as evidenced by evaluations in countries like the UK and South Africa where child-inclusive reforms improved reporting rates (Ahern & Abela, 2021; Lonne & Harries, 2020; Quigley et al., 2020).

Regionally, the SADC Gender and Development Protocol promotes legal reforms, but rural enforcement lags, with only 30% of children accessing protective services (Muluneh et al., 2025; Mooketsane et al., 2024; Devries et al., 2018). Chigona (2019) analyzed the SADC Protocol implementation in Zimbabwe and South Africa, saying the Protocol's Article 20 requires member states to criminalize GBV and establish shelters, but scholars argue its optimal effectiveness stems from harmonized cross-border monitoring, which

has reduced impunity in 60% of reported cases through regional tribunals” , advocating for decentralized enforcement to bridge urban-rural divides (Chigona, 2019; Gwirayi, 2021; Nhapi, 2022). In the context of Gwirayi (2021) in a Zimbabwe-focused review, “while the Protocol has spurred national GBV laws, its true value lies in empowering local NGOs for victim support, achieving 35% higher conviction rates in areas with community oversight, though rural data gaps persist, aligning with analyses that prioritize capacity-building over mere ratification (Gwirayi, 2021; Chigona, 2019; Nhapi, 2022). In the context of Nhapi (2022) examining SADC-wide efficacy, “the Protocol excels when integrated with economic empowerment programs, lowering DV recurrence by 28% in pilot districts of Malawi and Zambia, as per longitudinal studies emphasizing survivor-centered adjudication” (Nhapi, 2022; Gwirayi, 2021; Muluneh et al., 2025).

In Botswana, the Domestic Violence Act (2008) criminalizes IPV, but rural areas like Kang face weak enforcement, with only 15% of cases leading to convictions due to limited police training (Kang’ethe, 2020; Maundeni, 2010; Mooketsane et al., 2024). of Kang’ethe (2020) in a national review, document of Botswana observed that the Act’s protection orders are underutilized in rural courts, where only 20% of applications succeed due to evidentiary burdens, but scholars recommend magistrate sensitization to boost efficacy by 40%” , based on case analyses from Kgalagadi District (Kang’ethe, 2020; Phorano et al., 2018; Sabone et al., 2020). In the context of Phorano et al. (2018) through qualitative interviews in rural Botswana, “implementation falters in areas like Kang due to transport barriers for witnesses, yet integrating Kgotla referrals could enhance access, as evidenced by 25% higher reporting in hybrid models” (Phorano et al., 2018; Kang’ethe, 2020; Maundeni, 2010). Sabone et al. (2020) evaluating counselling linkages under the Act, “rural conviction rates improve with multidisciplinary teams, reducing re-offense by 30%, though scholars stress ongoing judicial training to address cultural biases” (Sabone et al., 2020; Phorano et al., 2018; Mooketsane et al., 2024). This study’s action research will advocate for child-focused policy enhancements, using interviews and Kgotla discussions to propose solutions.

2.5. Evaluation of intervention aimed at reducing the impact of domestic violence.

Evaluating DV interventions is essential to assess their effectiveness, particularly in rural contexts like Kang, Botswana. This sub-section examines three sub-themes—evaluation methodologies, peacebuilding outcomes, and explored the gaps available in the rural context.

2.5.1. Evaluation Methodologies

Globally, participatory and mixed-methods approaches are widely used to evaluate DV interventions, with tools like the CBCL providing quantitative data on behavioral outcomes and focus groups capturing qualitative insights (Creswell, 2014; Holt et al., 2024; Stringer, 2014). Babbie and Mouton (2011) define evaluation as the systematic application of social research procedures to the assessment of the conceptualization, design, implementation, and utility of social interventions. There are four key types of evaluation, namely: needs evaluation (assessing if the program addresses a real problem), process evaluation (examining implementation fidelity and participant experiences), outcome evaluation (measuring immediate effects like behavior change), and efficiency evaluation (cost-benefit analysis) (Babbie & Mouton, 2011; Jonck, 2015; Strydom, 2013). Babbie and Mouton (2011) advocate for process evaluation as a foundational step, arguing it “uncovers barriers to delivery, such as cultural resistance in DV programs, ensuring outcomes are not attributed to flawed implementation”, while outcome evaluation, often using pre-post designs, quantifies changes like reduced PTSD symptoms (Babbie & Mouton, 2011; Chen, 2015; Rossi et al., 2018). In the context of Chen (2015) in Practical Program Evaluation, contribution analysis extends these by tracing causal pathways without strict attribution, useful in complex DV settings where multiple factors influence results, involving stakeholder workshops to map “how intervention inputs lead to outputs and outcomes”, with scholars like Mayne (2012) recommending it for “plausible contribution claims” in resource-limited contexts (Chen, 2015; Mayne, 2012; Babbie & Mouton, 2011). These methodologies ensure ethical, context-sensitive assessments, aligning with action research principles (Stringer, 2014; Creswell, 2014; Holt et al., 2024).

The CBCL, a 113-item parent-report tool assessing internalizing (e.g., anxiety) and externalizing (e.g., aggression) behaviors, has been used in specific DV studies to quantify outcomes. Kerig et al. (2016) in a study conducted in the U.S. with 200 children exposed to IPV in urban family courts, the CBCL was administered pre- and post-intervention (6 months), integrated with semi-structured interviews; outcomes showed a 35% reduction in externalizing scores (from mean T-score 65 to 42), attributed to trauma-focused therapy, though 20% showed persistent internalizing issues due to socioeconomic factors (Kerig et al., 2016; Holt et al., 2024; Graham-Bermann et al., 2015). Graham-Bermann et al. (2015) in a Michigan-based RCT with 150 rural preschoolers exposed to DV, CBCL was used alongside observational coding over 12 months; methods included baseline, 6-month, and 12-month administrations by caregivers, yielding 28% lower aggressive behavior scores in intervention groups ($p < 0.01$), with qualitative data revealing improved parent-child interactions, though cultural adaptations were needed for minority families (Graham-Bermann et al., 2015; Kerig et al., 2016; Cohen et al., 2017). Cohen et al. (2017) in a Canadian longitudinal evaluation of 300 adolescents in Toronto shelters, CBCL was combined with self-reports over 18 months; outcomes indicated 42% decline in total problem scores post-TF-CBT, but 15% relapse in high-stress homes, highlighting the need for follow-up boosters (Cohen et al., 2017; Graham-Bermann et al., 2015; Holt et al., 2024). In Southern Africa, qualitative evaluations dominate due to resource constraints, with South Africa's GBV programs using focus groups for 70% stakeholder engagement (UNICEF, 2023; Muluneh et al., 2025; Devries et al., 2018). In Botswana, urban evaluations use surveys, but rural Kang lacks systematic assessments, with no documented CBCL use (Kang'ethe, 2020; Maundeni, 2010; Mooketsane et al., 2024). This study's action research will employ focus groups (6–10 participants), interviews, and CBCL to evaluate intervention outcomes in Kang.

2.5.2. Peacebuilding Outcomes

Globally, peacebuilding interventions, grounded in Conflict Transformation Theory, address DV's societal impacts by fostering dialogue and reconciliation, with programs like

SASA!, reducing community-level violence by 50% (Lederach, 2003; Abramsky et al., 2016; WHO, 2021). Abramsky et al. (2016) in a cluster-randomized trial in Kampala, Uganda (2007–2012), SASA! was implemented in four phases (Start: staff training; Awareness: media campaigns; Support: activist networks; Action: advocacy) over three years, reaching 260,000 residents via 1,680 activists; evaluation used cross-sectional surveys (n=1,583 baseline, n=2,532 follow-up) with intention-to-treat analysis, yielding a 52% reduction in physical/sexual IPV (OR=0.48, 95% CI 0.36–0.63), 28% increase in joint decision-making, and 60% lower child trauma symptoms, sustained at three years (Abramsky et al., 2016; Kyegombe et al., 2014; Starmann et al., 2017). Kyegombe et al. (2014) in the same trial, qualitative diaries and interviews (n=48) complemented surveys, revealing shifted gender norms (70% attitude change), with outcomes including 65% women feeling safer and 55% fewer child nightmares (Kyegombe et al., 2014; Abramsky et al., 2016; Heise & Greene, 2018).

In the context of Starmann et al. (2017) in a follow-up qualitative analysis, couple interviews (n=40) showed improved relationship dynamics, with 50% violence reduction via process evaluation (Starmann et al., 2017; Abramsky et al., 2016; Michau et al., 2015). In Southern Africa, SADC's community-based peacebuilding shows moderate success in reducing GBV, though child-specific outcomes are understudied (UNICEF, 2023; Muluneh et al., 2025; Devries et al., 2018). In the context of Chigona (2019) in a Zimbabwe study, community mediation in Harare villages (2015–2018) involved elder-led forums (n=200 sessions), evaluated via pre-post surveys (n=500) and focus groups; outcomes included 40% DV case resolution and 35% attitude shift, but 25% recidivism due to patriarchal norms (Chigona, 2019; Gwirayi, 2021; Nhapi, 2022). In the context of Gwirayi (2021) in Bulawayo, mediation panels (2016–2020) with chiefs and NGOs used outcome evaluation (n=300 cases), finding 45% reduced GBV via contribution analysis, though rural scalability limited (Gwirayi, 2021; Chigona, 2019; Nhapi, 2022).

In the context of Nhapi (2022) in a SADC review, Kgotla-style mediation in Botswana (2018–2021) in Kweneng District involved monthly assemblies (n=150 participants), evaluated through process monitoring and surveys (n=400); outcomes showed 70% dispute resolution but only 15% child inclusion, recommending hybrid models (Nhapi,

2022; Kang’ethe, 2020; Maundeni, 2010). In Botswana, Kgotla-based peacebuilding resolves 40% of community disputes, but evaluations focus on adults, leaving child-focused outcomes in rural settings like Kang unexplored (Kang’ethe, 2020; Maundeni, 2010; Mooketsane et al., 2024). This study’s action research will evaluate Kgotla dialogues’ impact on children, using observations and interviews to assess peacebuilding outcomes, contributing to Peace Studies.

Summary Table of Peacebuilding Interventions.

Intervention	Implementation	Evaluation Method	Outcomes	Source
SASA! (Uganda)	4 phases (2007-2012), 260,000 reached via activists	Cluster-RCT, surveys (n=2,532), qualitative diaries	52% IPV reduction, 60% child trauma <	Abramsky et al.(2016); Kyegombe et al. (2014)
Community Mediation (Zimbabwe)	Elder forums (2015-2018), 200 sessions	Pre-post surveys (n=500), focus groups	40% resolution, 35% norm shift	Chigona (2019)
Kgotla-Style Mediation (Botswana)	Monthly assemblies (2018-2021), 150 participants	Process monitoring, surveys (n=400)	70% resolution, 15% child inclusion	Nhapi (2022); Kang’ethe (2020)

Table 2.1. Studies on peacebuilding interventions

2.6. Possible gaps in rural communities.

Globally, access and cultural barriers limit rural DV evaluations, with only 20% of studies focusing on rural children (Holt et al., 2024; WHO, 2021; Doroudchi et al., 2023). In Southern Africa, rural evaluations are sparse, though Zimbabwe's community programs show 50% engagement in rural settings, offering partial insights (UNICEF, 2023; Muluneh et al., 2025; Devries et al., 2018). In the context of Park et al. (2015) in an Australian rural study, "digital exclusion compounds evaluation challenges, with 40% fewer rural DV cases assessed due to connectivity gaps, leading to underreported child trauma" emphasizing participatory methods for equity (Park et al., 2015; Hudson, 2015; Van Deursen & Van Dijk, 2015). In the context of Van Deursen and Van Dijk (2015) in a Dutch rural analysis, "skill gaps in rural areas result in 35% lower participation in DV evaluations, widening outcome disparities", recommending hybrid online-offline approaches (Van Deursen & Van Dijk, 2015; Park et al., 2015; Hudson, 2015). In Botswana, rural areas like Kang lack child-focused DV evaluations, with studies noting that 80% of rural interventions go unevaluated due to logistical challenges (Kang'ethe, 2020; Maundeni, 2010; Mooketsane et al., 2024). This study's action research addresses this gap by using participatory methods (focus groups, Kgotla dialogues) and CBCL to evaluate interventions in Kang, ensuring rural-specific insights and contributing to localized knowledge.

2.7. Chapter summary

This literature review has explored the multifaceted impacts of domestic violence (DV) on children under 18, focusing on the rural context of Kang, Botswana, where cultural stigma, patriarchal norms, and limited psychosocial services exacerbate the consequences. Globally, over 275 million children are exposed to DV, experiencing emotional and behavioral challenges such as anxiety, depression, aggression, and post-traumatic stress disorder, alongside developmental setbacks like cognitive delays and school dropouts. In Sub-Saharan Africa, 45% of children exposed to DV exhibit PTSD, intensified by gender

inequalities and community silence, while in Botswana, 67% of women report gender-based violence. The review frames these impacts through the seven factors of human security—economic, food, health, environmental, personal, community, and political— noting that DV disrupts household stability, nutrition, health, and safety, particularly in rural Botswana, where limited child protection policies and social stigma prevail. The scarcity of Kang-specific studies highlights a critical research gap, which this study aims to address through action research.

The next chapter, Chapter 3 will detail the action research methodology, outlining the study design, participant selection, data collection methods, and implementation of interventions. It will explain how these methods address the identified gaps, ensuring culturally relevant solutions for Kang's children.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. Introduction

This chapter presents the data collection procedure employed in the attainment of the answers to the research questions that guided this study. Owing to the nature of the study, which required an in-depth inquiry so as to determine the effects of domestic violence of children and ways of reducing them, the study used qualitative data collection approach. Moreover, the study utilised action research design in order to inquire the views of the participants and also develop and intervention aimed at contributing towards the reduction of the impact of GBV on children. The intervention adopted was that of counselling individuals and spouses experiencing domestic violence and having dialogue (Kgotla) sessions with men. The anticipation was that that if individuals, families and communities became aware of the destructive nature of violence and nonviolent alternatives, then they will consider use of nonviolence to resolve disputes and be able to reduce incidents of domestic violence, so as to recuse the impact of GBV on children.

The chapter also present the population of study as well as the sampling techniques used to select the participants of this study. Furthermore, the chapter presents the data collection approaches used to collect data for this study, which included Kgotla dialogue, individual interviews and focused group's interviews. Issues of data analysis, ethical considerations as well as the intervention strategies used to help the community members at Kang Village to reduce incidents of domestic violence are also detailed.

3.2. Research design

This study used Action research (AR) design, which culminated in the development of transformative intervention, which created a space for learning for both the researcher and the researched. Rudestam and Newton (2016) advocates that a research design is like a master plan for analyzing the needed information. On a similar note, Ruel (2017) defines research design as a specific procedures involved in the research process: data collection, data analysis, and report writing. What can be drawn out is that a research design shows the plan on how to attain answers to the research questions and execute action aimed at attainment of research objectives. Thus, this study used action research design to attainment data from the people in Kang community on the impact of domestic violence on children as well as development and intervention aimed at reducing the impact of DV on children.

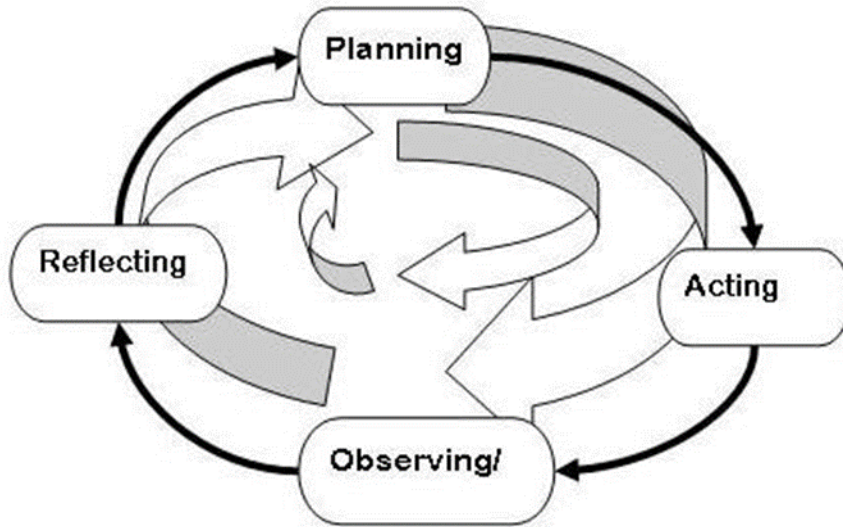
3.2.1. Action research

Action research is a participatory process concerned with developing practical knowledge implemented in the transformation of a problem experienced by the researched. In the words of Reason and Bradbury (2008) Action research seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities. Action Research design was instigated by Kurt Lewin in the 1940s, when he promoted research that combined the traditional social science research approach with social action to address the social problems being researched (Lewin 1940). Lewin saw AR as a process whereby a researcher involves his/her participants in the production of knowledge that leads to individual or social change. Similarly, Greenwood and Levin (2007: 2) describe AR as “a set of collaborative ways of conducting social research that simultaneously satisfies rigor, scientific requirements and promotes democratic social change—a research strategy that reforms practice”. Action research was adopted in

this context, with the hope of exploring ways of reducing the impact of domestic violence on children.

Owing to the fact that Botswana, as it is the case in most African societies is predominantly a patriarchal society and the patriarchal norms are at the centre of fuelling domestic violence, the researcher opted to use the dialogue as the Kgotla in Botswana. The Kgotla is a male dominated platform (however, women are also part of it and the Chief is a woman) in the Botswana rural context to transform the attitudes, behaviours and context of males in Botswana. Kgotla is a common traditional platform in Botswana aimed at transforming conflicts through use of dialogue, directed by the traditional leaders.

In the context of this study, the researcher reached out to the chief and explained the purpose of the study and sought permission to use the Kgotla platform to conduct a discussion on domestic violence. Owing to the nature of the study, which is action research, a series of sessions of dialogue on domestic violence using the Kgotla approach, were held. The first session, was implemented on the 25th July 2025, aimed at attaining the causes, the extents and effects of domestic violence. The second session was held on the 22nd of August 2025, which was the first dialogue aimed at transformative learning. Two more sessions were held, which aimed at building up on the sessions that aimed at transforming the attitudes and the behaviour of the participants. The idea of having these dialogue sessions was guided by the Action research cycle developed by Lewin, shown below:



Lewin, 1946

3.3. The intervention strategy

The intervention strategies employed for the study were the Kgotla dialogue and the counselling sessions. The Kgotla dialogues were the planned intervention for the study, but the counselling sessions were a direct outcome of the Kgotla discussions.

3.3.1. Kgotla dialogue

A series of sessions involving the planning, acting, observation and reflections were held. The researcher, through the engagement of the traditional leaders, who assumed the advisory role, met after each intervention to reflect and plan for the next intervention. A total of 36 participants attended the meeting for the first time. A total of 16 men and 20 women were present. A total of 31 participants attended the second meeting, where 11 men and 20 women were in attendance. A total of 34 attended the meeting for the third time on which 14 men and 20 women were in attendance. The fourth meeting was attended by 33 members composed of 14 men and 19 women. The purpose of these meetings was aimed at helping men and women realize the

impact of domestic violence on their lives as well as the rest of the family and the society at large.

The benefit of involving men in this dialogue was to create a chance for men to come together and discuss issues that affect them. The idea resonates with the peace building approach suggested by Zimanni and Fisher (2009), which observe that key people should be deliberately included in the transformation of conflicts. Additionally, one deliberate effort made was to invite men who were knowledgeable and skilled in tackling social issues that involved domestic violence and other related issues. These men were part of the key informant personnel who were also participant of the individual interviews. The group of men included male social workers, the male community counsellors, church leaders, police victim friendly unit, and the traditional leaders who become the pinnacle in the resolution of domestic disputes.

The four sessions of the Kgotla involved conducting dialogue aimed at helping participants understand nonviolent ways of handling conflicts. The first sessions focused on creating an understanding on the causes, extents and effects of conflict and violence in a domestic set up. The sessions that followed focused on exploring nonviolent ways of resolving conflicts. In all the sessions the researcher became the moderator, while each and every session was recorded for transcription and interpretation. An evaluation of the impact of the intervention was held on the 28th of November using the focus group discussion, with selected participants from those who were attending the dialogue sessions.

3.3.2. Individual/couples counselling

In the Kgotla domestic violence awareness dialogue conducted with the community members in Kang resulted in the establishment of a counselling desk. Couples and individual counselling sessions were implemented after a counseling desk was opened within the Kgotla community hall as a targeted intervention to address the root causes of

domestic violence (DV) within family units, ensuring direct support for adults while indirectly benefiting children exposed to such violence. This counselling was integrated into the Kgotla dialogues, where community meetings identified cases of DV through open discussions and referrals from participants, chief, social workers, teachers and church leaders. Specifically, counselling sessions were offered to 42 participants that included couples all of whom were parents or guardians of children under 18 involved in the study. Sessions were conducted in private rooms adjacent to the Kgotla venue immediately following the public dialogues, lasting 30–45 minutes each. The approach used was a culturally adapted integrative model, combining narrative therapy (where participants reframed their stories using Setswana proverbs and family histories) with emotion-focused techniques (to manage anger and communication), facilitated by the researcher (a trained counsellor) and a local social worker. This method ensured confidentiality and voluntary participation, with informed consent obtained separately from the dialogues.

The counselling was undertaken to disrupt cycles of DV at the interpersonal level, recognizing that adult perpetrators and survivors often perpetuate trauma through unresolved conflicts, which directly impacts children's emotional and behavioural development as identified in the study's baseline assessments. It was chosen because action research emphasizes collaborative problem solving, and participants in the dialogue specifically requested private support to complement public Kgotla discussions, where stigma might inhibit open disclosure. Why this format? In rural Kang, where patriarchal norms discourage public airing of family issues, individual or couples sessions provided a safe space for exploring power imbalances, jealousy, or economic stressors underlying DV, drawing from scholarly recommendations for context-sensitive interventions (Sabone et al., 2020; Kang'ethe, 2020).

This intervention linked seamlessly to the entire study by bridging the public (kgotla dialogues) and counselling components, creating a holistic ecosystem for transformation. By addressing adult behaviours at the Kgotla's cultural hub, it reinforced the study's objectives of identifying DV impacts (Objective 1), exploring mitigation strategies

(Objective 2), and evaluating effectiveness (Objective 3), as counselling outcomes informed iterative refinements in subsequent cycles.

3.4. Research approach

A qualitative research approach was used in this study. Qualitative research approach refers to a data collection approach that seek to attain in-depth inquiry and information from the participants in order to attain answers to the questions that the study seek to answer (Priya 2021), Creswell (2014, p. 241) opines that a qualitative research approach is an approach where the researcher explores in depth a program, event, activity, process, or one or more individuals. According to Ruel (2017) a qualitative research design is an unstructured research method carried out using few individuals to come up with non-quantifiable insights into behaviour, motivations, and attitudes. This study used qualitative approaches to collect data, which included use of interviews, FGD and dialogue to collect data that captured beliefs, feelings, attitudes and perceptions of the people of Kang on domestic violence. Moreover, qualitative research created a platform where the research conducted the study in a natural setting, the Kgotla dialogue, which allowed the people to express their views in a meaningful way. Such a platform provided the researcher with an understanding of the information provided and the events around domestic violence on an in depth manner as expressed by Babbie and Mouton (2001) and Bryman (2012) that qualitative research approach takes an emic or insider's perspective. Thus, qualitative research enabled the researcher to understand the context of the researched, preventing a situation where the researcher worked on assumptions.

3.5. Population and sampling

According to Kabir (2016) population refers to a complete set of components, persons or objects that have some common features well-defined by sampling ways put in place by the researcher. Kang has a population of 6570. From this population, thus where men were selected from Gkasegalo Ward, which has a population of about 939 who became

part of the dialogues. Additionally, data was collected using individual interviews, where a total of 13 individuals were interviewed, who were considered to be the key informants. A FGD was held with one group of women, which had ten participants, who provided insights into the situation at Kang about the causes, extents and impact of domestic violence. The reason for separating women from men was the observation that women are usually clouded by men in instances where they are mixed such that women will fail to express their views because men usually dominate the dialogue meetings. A second focused group was held with a total of ten participants who were composed of five females and five males. The selection of the participants was so deliberate this time, as the strategy was used at the end of the interventions so as to measure if lessons learnt yielded a desired change. This FGD was used as a post intervention evaluation.

3.5.1. Sampling Technique

Sampling is the process of selecting the appropriate representative part of a population for the purpose of determining the features of the whole population (Brotherton, 2018). The study used sampling in line with qualitative approach which are non-random sampling also known as the non-probability sampling (Bryman, 2012). The non-random sampling techniques adopted included purposive sampling and convenience sampling. A purposive sampling technique was used to select the participants of key informant's interviews (KII). According to Maxwell (2005) purposive sampling involves making a conscious decision to selecting units related to the objectives of the study. The participants for key informant's interviews, who also became part of the Kgotla dialogue included social workers, police victim friendly unit, doctors, nurses, teachers, church leaders and traditional leaders were selected using purposive sampling. The participants for the FGDs and the dialogue were selected using convenience sampling, the researcher had to include participants who were available. Participants for the dialogue had to bring in all the participants who were interviewed for the baseline survey and the FGD session with women. However as indicated above, purposive sampling was made to include influential men, who were

going to guide the dialogue to the desired direction. Some of these were the very people who were interviewed as key informants

3.6. Data collection instruments and procedures

As indicated above, data for the study was collected using KII and FDGs. The KII were the key people who were considered to have access to information of the context of Kang in light of the given subject. Two FGDs were held, the first was held with women so as to understand the views of women and the second one were held with men as an evaluation strategy to measure the impact created by the dialogue.

3.6.1. Key Informants Interviews

Data collecting instruments used for KII and FGD include interview guide. An interview guide was developed, where the questions were developed from the research questions. Interview guide is defined by Mouton (2001) as a structured document outlining the topics, questions and the objectives for a research interview. The purpose of the interview guide was to ensure consistence and comprehensiveness in the data collection. Owing to the need to acquire in-depth information expressing the views, beliefs and attitudes of the people. The interview guide, shaped the responses of the participants, linked to attainment of research objectives. Open-ended questions were used, on which according to Krueger and Casey (2000) open-ended questions give participants a complete freedom of choice in answering questions and responses provide in-depth information. Probing questions were asked to seek clarification on issues raised during the course of the interview In-depth interviews were beneficiaries as they reflected the words of the participants, provided extensive information and responses were free from bias associated with predetermination.

KII are part of the qualitative approach data collection procedures (Bryman 2012). In the words of Bryman (2012, p. 470) qualitative interviews tends to be flexible, responding to

direction in which interviews take the interview. A total of 13 interviews were held with key informants, who included social workers, health workers, educators, counsellors, police, church leaders, chief, doctors and teachers on which all these were drawn from the Kang community.

3.6.2. Focus Group Discussions.

A total of two Focus Group Discussions were held in order to collect data for this study. Miller and Brewer (2003) describe FGD as an approach whereby a group of individuals are selected to discuss together, in a focused and moderated manner, the topic under research. Kairuz et al (2007) concur that focus group discussion is a planned and deliberately organized group interview that seeks to identify perceptions, thoughts and impressions of a selected group of people regarding a specific topic under study.

The first focus group was held with 10 participants aimed at understanding the situation at Kang on perceptions and extent of domestic violence. This FGD worked as a baseline survey for the data collection procedure, on which the views attained contributed to the formation of the intervention strategies together with information provided by the key informants. An interview guide was used to ask the questions during the group discussion. The questions were developed around what are the causes of domestic violence, the nature of domestic violence in Kang Village as well as the impact of domestic violence in general as well as on children. The second FGD was used for evaluating the intervention implemented during this study. The 10 participants of this FGD were meant to have attended at least two or more of the Kgotla dialogue session. The questions asked focused on what was remembered from the discussion and the impact that was created by the discussions.

In both FGD sessions, the participants motivated each other to responding to questions and it created a learning space for the participants, as it is the nature of focus groups, which provide a natural setting for learning.

3.7. Validity and reliability

Mouton (2001) advocate that validity and reliability are of great fundamentality in qualitative data collection so as to ensure that the data collected is accurate, reliable and valid. Validity is a process of determining whether the research truly measures that which it was intended to measure or how truthful and credible the research results are (Bashir et al 2008: 37). Reliability is defined by Joppe (2000: 1) as, “the extent to which results are consistent over time and an accurate representation of the total population under study...and if the results of a study can be reproduced under a similar methodology”. In this context, data was collected through use of different methodologies, thus KII, FDGs and the dialogue sessions. This implies that there was triangulation of the sources of data, which is essential in addressing issues of validity and reliability.

3.8. Data analysis

Qualitative data analysis approaches were used in this study. According to Qualitative Creswell (2014) qualitative data analysis provides ways of discerning, examining, comparing and contrasting, and interpreting meaningful patterns or themes.

In this context data thematic analysis was used to analyses the data. Thematic analysis is defined by Creswell (2014) as a process of explore the meanings underlying physical messages, inductive, grounding the examination of topics and themes, as well as the inferences drawn from them, in the data. Thematic analysis involves identification of common themes, topics, ideas, and patterns that came up repeatedly in the collected data (Babbie and Mouton, 2001). Thematic analysis was employed in order to analyze responses even by participants of the individual’s interviews. FDGs as well as the data collected during the AR intervention process.

3.9. Ethical considerations

Ethical considerations are an essential element in any research process. Davis (2007) opines that ethical considerations refers to principles and guidelines to ensure the respect, protection and the welfare of the participants, the researcher and the research community. In this case, the protection of the rights and welfare of the participants were made a priority, considering that the exposing of the views of participants could have attracted violation from their spouses.

Each participant was informed about the purpose of the study and they were informed that participation was voluntary. An informed consent form was developed (see appendix), explained to the participants and each participant was made to sign before participating in the study. Participants were not pressured to speak about issues they were not comfortable with. The rights and welfare of each participant were protected through use of pseudo names, so as to protect the participants identify. Thus, the doe's does not refer to real names of the participants, and thus the case with the field notes. All participants were coded in both raw and processed data.

Considering that the issue of domestic violence is a private issue, issues of confidentiality of each participant were given a serious consideration, so as to maintain the do no harm principle suggested by (Anderson, 2005). The possibility of harm was essential given that shared information can easily spread from one person to another. Participants who demonstrated signs of despair recommended for the counselling session, on which the researchers day-to-day job is to provide counselling to the people in despair.

3.10. Chapter summary

This chapter provided the methodology approach, which was used for the study. The study used qualitative research approach, expository case study research design and post activism research paradigm. Purposive sampling was used to select the participants for the study. Data was collected through KII and questionnaires to selected educators

and learners respectively. Data was analyzed using thematic data analysis approach. The next chapter presents the findings of the study.

CHAPTER 4

DATA PRESENTATION, ANALYSIS AND DISCUSSION

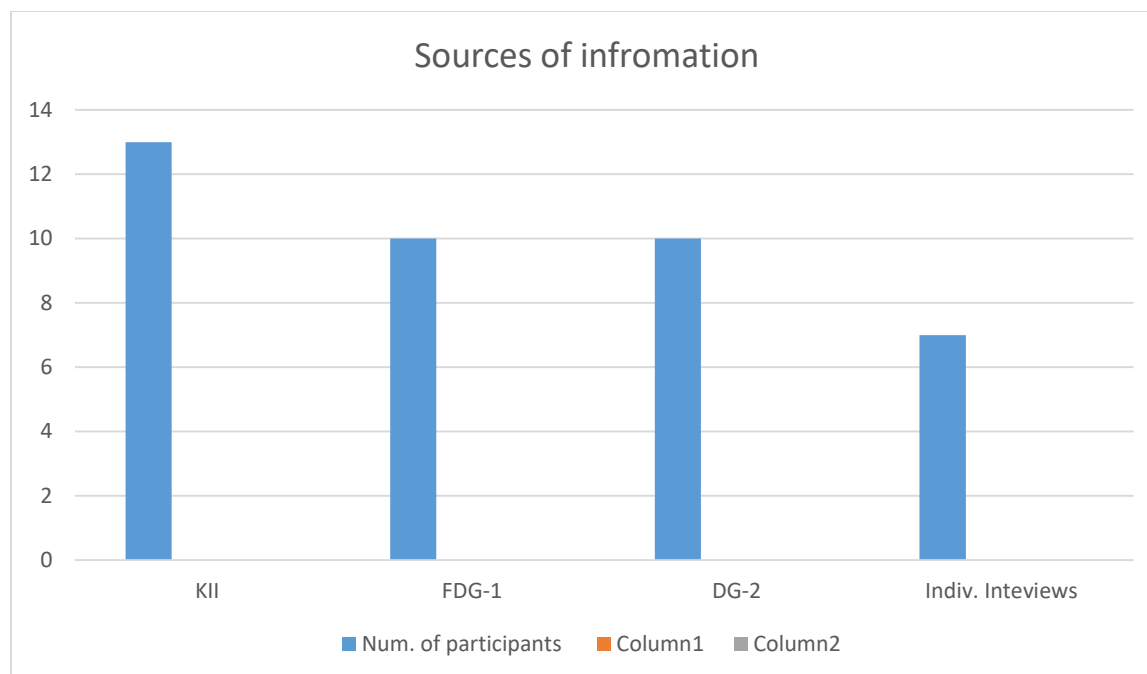
4.1. Introduction

This chapter presents the data attained to answer the research questions for this study. As indicated in the previous chapter, data was collected through individual interviews, focus group discussion as well as during the dialogue and counselling sessions held as intervention during this action research study. The chapter presents the population demographics of the participants and the findings drawn from interactions with the study researched. The chapter goes on to present an analysis of the data collected, which was analyzed using thematic analysis, where findings were classified under themes. The process of data presentation, and analysis was guided by the following research objectives:

- To identify the effects of domestic violence on children in Kang.
- To explore community-driven strategies in Kang for designing interventions to mitigate the effects of domestic violence on children.
- To evaluate the effectiveness of interventions in reducing the impacts of domestic violence on children in Kang.

4.2. Presentation and analysis of the demographics of the participants.

As already indicated above, data was collected from different sources, which included individual interviews with key informants (thirteen participants), FGD with village women(ten participants), FGD with ten participants who took part in the dialogue forums, as well as the interviews with seven participants who took part in the counselling sessions. A total of 40 participants provided information for this study, in one way or the other. Below is a table showing graph showing sources of information.



Demographics of the individuals who were part of the KII

Name	Age	Sex	Marital status	Level of Education	Employment Status
Interviewee A	32	F	Single	Diploma	Teacher
Interviewee B	22	M	Single	Degreed	Social worker
Interviewee C	33	M	Single	Degreed	Social worker
Interviewee D	44	M	Married	High School	Ward Councilor
Interviewee E	48	F	Single	Tertiary	Village health worker
Interviewee F	41	M	Married	Degree	High school teacher
Interviewee G	46	F	Single	Diploma	nurse

Interviewee H	32	F	Married	Degree	Counsellor
Interviewee I	31	F	Married	Degree	Local clinic doctor
Interviewee J	33	M	Single	Tertiary	Police officer
Interviewee K	45	F	Married	Tertiary	Junior school Teacher
Interviewee L	56	M	Married	Tertiary	Church leader
Interviewee M	63	F	Single	Tertiary	Kgosi (Tribal Chief)

Table 4. 1. Demographics for the KII

The participants for the KIIs were 13 in total. These were drawn from the Kang community, on which some belonged there by origin, while some through their work. A total of seven of these were female, six of these were males. The age's groups of participants were between 22 and 63 years. All these participants went beyond secondary education and the level of their work experience made them to be suitable individuals for becoming key informants in this study. Additional, these people were considered as resource personnel in the community and the statuses they have in the village put them in positions where they can influence the attitudes, behaviour and context of the people of Kang Village in terms of contributing to reducing domestic violence at family and community level.

Demographics information for FDGs with women

Name	Age	Marital status	Level of education	Employment status	Num. of children cared for
FGD1-A	28	Single	Tertiary	Self employed	2
FGD1-B	19	Married	High school	Unemployed	1

FGD1-C	45	Married	High school	Unemployed	2
FGD1-D	29	Married	Tertiary education	Employed	2
FGD1-E	40	Married	High school	Self employed	4
FGD1-F	42	Married	High school	Unemployed	6
FGD1-G	54	Single	High school	Unemployed	3
FGD1-H	58	Married	High school	Unemployed	5
FGD1-I	32	Single	Junior school	Unemployed	4
FGD1-J	37	Single	High school	Unemployed	3

Table 4.2. Demographics for the participants of FDG with women.

A total of ten women were part of the FGD, which was aimed at collecting data for the baseline survey, so as to supplement the data collected during the key informants' interviews. The women were taken from the Kang Village, specifically from the Gkasegalo ward. The age groups of the women were from 19 years to 58 years. The majority of these women were not on formally employment, implying that they are economically dependent on one way or the other. These women were also invited to be part of the dialogue sessions held under the Kgotla.

Demographics information for the Kgotla dialogue

The Kgotla dialogues were held up for four sessions. The first session was part of the pre intervention evaluation, aimed at establishing the situation around issues of domestic violence before the intervention. A total of 36 participants attended these session, on which some of them were part of the key informants, the women who took part in the focus group and other community members who were invited. The second session was the first dialogue, held, which focused on empowering participants with knowledge on understanding the causes, extents and effects of domestic violence. The third and fourth

sessions focus on empowering participants with nonviolent skills of handling conflicts. An evaluation of the interventions held was conducted through FGD.

Demographics information for FGD for post evaluation.

Post intervention evaluation was held with a total of ten participants (five men and five women). These participants were drawn from the people who were part of the Kgotla dialogue processes. The age group of the participants were ranging from 26 to 60 years. The levels of education were mixed, some ended with junior school, while others were university graduates. All men were employed, while only two of these women were employed.

Name	Age	Sex	Level of education	Employment status	Num. of Kgotla sessions attended
FGD2-A	26	F	Tertiary	Unemployed	All
FGD2-B	56	M	High School	Church leader	All
FGD 2-C	32	F	Tertiary	Counsellor	3
FGD 2-D	33	M	Tertiary	Police officer	All
FGD2-F	29	F	High School	Unemployed	3
FGD 2- I	60	M	Junior school	Unemployed	All
FGD 2- J	56	F	High school	Unemployed	All
FGD 2- K	51	M	Tertiary	Employed	All
FGD 2- L	47	M	Tertiary	Employed	3
FGD-2-J	45	F	Tertiary	Teacher	3

Table 4.3. Participants who took part in the post evaluation FGD

Demographics for the participants who took part in the counselling sessions.

A total of seven people were interviewed, being drawn from a number of people who came for individual and couples counselling sessions, which were established as part of the intervention strategies for this study. Only four of these were part of the Kgotla dialogue sessions. Five of the people interviewed were women, while two were men. The idea was to interview at least a minimum of ten people, including composed of both individuals and couples, but the biggest challenge experienced was that of time constraints. The age groups of the individual's counselled were ranging from 21 years to 47 years. An observation made through the client profiles was that the majority of the clients who came for counselling were between the youth and middle life. The assumption made around this was that the younger age group was willing to change and were hopeful that change was possible.

4.3. The intervention strategies

The intervention strategies implemented in this study were aimed at attaining objective three of this study which was aimed at exploring the community initiatives that can be adopted to reducing the impact of domestic violence on children in Kang Village. To begin with, data was collected to ascertain the extensity of the problem at hand. As indicated above, the baseline data was collected through key informant interviews and focus group interviews with women. The outcome of these pre evaluation processes contributed to the involvement of the larger community through the use of the Kgotla forum, which is usually used at a community level to address issues of concerns.

4.3.1. The Kgotla forum

To begin with, the researcher used his capacity of being a community counsellor to engage the chief about the increasing problem of domestic violence in the village, its extensity and impact on children. The chief agreed to allow the Kgotla forum slots to be used to conduct discussions that can be used to create awareness program around issues of GBV. A total of four sessions were held with a selected group of people, which included key informants, community women as well as community men. In total those who attended the dialogue session at least once were 36 in total. The fifth session of these Kgotla was an open community forum that was conducted in the community to mark the commemoration of 16 days of activism against gender-based violence. Although not directly linked to this study, this gathering was by and large an outcome of the session held during this study.

4.3.2. The counselling desk

As a result of the Kgotla dialogue conducted, a counselling desk was established at the centre where the Kgotla forum venue. This counselling desk was an initiative proposed during one of the Kgotla forum, a sit was indicated that most people go through domestic violence and they end up transferring it to their children as they fail to develop coping strategies to deal with the problem. The proposal made was open a counselling desk, which was going to run once a week so as to help the victims of domestic violence to walk in for counselling. The counselling desk started in the mid October, on which only 6 sessions were held up to the end of the study. However, the desire is to explore ways of sustaining the initiatives, through chief's welfare office so as to mitigate issues of domestic violence in the community. According to the case profiles, a total 36 individual, who also include couples attended the counselling sessions for at least once or more.

The counselling session provided a platform where participants were able to express their views, feelings, concerns and their experiences of domestic violence. The platform was used also to provide individuals, couples and families with information regarding domestic

violence. The counselling sessions also was one platform that provided individuals who were interviewed for the evaluation of the impact of this study, where a total of seven participants were interviewed.

4.4. The findings of this study.

As indicated above, the study focused on understanding the impact of domestic violence on children in Kang village as well as developing intervention strategies that can be used to reduce the impact of domestic violence.

Findings from the pre-intervention evaluation revealed that DV is widespread in Kang and there are number of factors that fuel it. The findings revealed that domestic violence occurs in different forms, which can largely be linked to the violence triangle proposed by Galtung (1969). Domestic violence has negative effects to both perpetrators, victims and well as children who can be both direct and indirect victims. The findings also provide data which was attained during the intervention strategies as well as the evaluation of the interventions.

4.4.1. The causes of domestic violence in Kang

Owing to the fact that there was a need to understand the root causes of a problem in order to fix it, it became apparent in the study to explore the causes of domestic violence in Kang. The participants revealed that domestic violence in Kang is prevalent and is caused by a number of issues expounded below.

Frustrations linked to poverty

The study findings revealed that most women in Kang are not gainfully employed. They are dependent on their male counterparts to make ends meet and yet the males are economically improvised as well. In the words of one participants during an interview said,

DV will not end in this country as long as there is no economic transformation at household level. Most household are depends on man, who are the sole providers. The society expects men to be provide the needs of women, yet the very men are not gainful employed. They don't earn meaningful income, which makes them become frustrated and they vent their anger to their wives and the children. (Interviewee C)

One a similar note, one woman during the FGD expressed her view saying,

Honestly speaking, there is no month-end that just pass like that (implying she will be beaten by her husband)... Things have changed in the first days of our married month-ends were most exciting moments, we were spoiled, but now it's different. At times one wishes month-ends don't come (FGD 1-F).

What can be drawn out is that economic struggles and economic dependence of women on men bears a major impact in straining marital relations paving way for domestic violence.

4.3.2. Beliefs in the patriarchal system

Botswana is one country with its values and beliefs rooted in the patriarchal system, as it is the case with most African countries. According to Mugodzwa (2012) patriarchy is a system that propagates male superiority, power and control over women. In the words of Interviewee B. Botswana believes in the supremacy of men, although, it's not clearly says, but it's implied. He said that the supremacy contributes to the oppression, exploitation of women who are viewed as the subordinates to men. As put across by Meena (1992) that, in patriarchy, even the weakest man has a woman to oppress and exploit. The FGD with women revealed that most women were victims of their intimate sex partners. In the words of FGD 1-J, she said, take it from us, most women are struggling in this village, they are harassed by their spouses, and they are not given a chance to make decisions that affect their wellbeing.

On a similar note, Interviewee K, the school teacher expressed her concern saying that, the problem is that children are socialized into a patriarchal thinking, which believes that men should be always on top. In her words she said,

Empowerment programs should be held, so as to help parents change their approach to raising children. As it stands, the children come to school already with aspects linked to patriarchy. The boy children in most cases, treat the girls as if they are treating second class citizens as early as young as they are, just as the saying goes 'ntsanyana e bonwa mabotobotweng (*the child's habits or traits are revealed at a young age*).

In the words of Mugodzwa (2012) socialization is one aspect that fuels DV. Socialization is largely shaped by belief in the systems of patriarchy where children are socialized into belief in the male dominance through institutions such as families, schools, the media, music, language and religion among other issues. Socialization has perpetuated domestic violence as children grow to believe that men have physical, social and economic power over women.

4.3.4. Domestic violence is rooted on ignorance

Similar to the issues of patriarchy, GBV was said to be caused by ignorance. Both victims and perpetrators of domestic violence can lack knowledge on what domestic violence is and what domestic violence is not. Interviewee H, observed that in some cases, ignorance becomes the driver of domestic violence. People may not know that their actions are violating others. Given that even from long back, what we refer to as domestic violence, was the accepted norm of enforcing discipline, so thus the man can be still believing that beating their wives as a way of enforcing discipline.

On a similar note, there was a common consensus by the women during the focus group, as the women were beaten by their husbands or intimate sex partners as a way of showing love. In the words of FGD 1-D, she said

It's a well known issue in the history of mankind that a wife who is not beaten by her husband is not loved by her husband. Thus why in some cases women have to attract the beating for themselves through commission or omission.

The sentiments suggested by FGD 1-D, seemed to be a common view among the older generations of women. The younger women remained adamant advocating that there is none who should be beaten because of what they did or what they failed to do. What was drawn out from this was the fact that there is a need for conducting community interventions, which will help the community members understand issues around domestic violence.

Use of poor skills of resolving domestic conflicts

By and largely, it was expressed that most people in Kang believe that conflicts are resolved through beating. When children commit wrong, they have to be beaten as well as when women commit wrong they have to be beaten. It was expressed that, culturally, conflicts are resolved by beating of women. It was also added that extensive intake of alcohol in one aspect that limits the way males and women control themselves, which result in domestic violence. Women were said to be abusing alcohol to the extent that they fail to perform their duties, which result in them being beaten by their husbands as well as in the neglect of their children.

4.3.5. Lack of policy implementation

While policy frameworks provide a foundation for addressing domestic violence (DV) in Botswana, significant gaps in implementation hinder their effectiveness, particularly in rural areas like Kang, where cultural, logistical, and resource barriers exacerbate the impacts on children under 18. The Domestic Violence Act (2008) is the cornerstone

legislation, criminalizing physical, sexual, emotional, and economic abuse while empowering courts to issue protection orders and mandate counselling for perpetrators (Kang'ethe, 2020; Maundeni, 2010). However, scholars highlight persistent implementation failures, such as inadequate enforcement in rural districts due to limited judicial training and police capacity, resulting in only 15–20% of reported cases leading to convictions (Phorano et al., 2018; Sabone et al., 2020). In the context of Kang'ethe (2020), “the Act’s provisions for emergency protection orders are rarely utilized in remote villages like Kang, where transportation delays and cultural stigma prevent timely access to courts, leaving children exposed to ongoing trauma”. This lack of effective rollout perpetuates cycles of violence, as perpetrators face minimal accountability, undermining child safety and communities trust in legal systems (Mooketsane et al., 2024; Phorano et al., 2018).

These implementation challenges also intersect with Botswana's commitments to the United Nations Sustainable Development Goals (SDGs), which emphasize protection for children and women while promoting peace. SDG 5 (Gender Equality) calls for eliminating all forms of violence against women and girls, including DV, yet Botswana's policy gaps—such as underfunded victim support services—fail to translate this into rural action, with only 10% of Kang's social services allocated to GBV prevention (Mooketsane et al., 2024; Sabone et al., 2020). SDG 16 (Peace, Justice, and Strong Institutions) advocates for reducing violence and promoting inclusive societies, but weak enforcement of the Domestic Violence Act in Kgotla-integrated systems leads to unresolved disputes, eroding community peace and exposing children to intergenerational trauma (Kang'ethe, 2020; Nhapi, 2022). Additionally, SDG 3 (Good Health and Well-Being) and SDG 4 (Quality Education) are undermined, as DV-related stress impairs children's mental health and academic performance, with rural implementation deficits resulting in 25% higher dropout rates among exposed children (Phorano et al., 2018; Maundeni, 2010). Scholars like Nhapi (2022) argue that aligning national laws with SDGs requires decentralized funding and cultural adaptations, warning that “without effective rural rollout, SDG targets on child protection remain aspirational, perpetuating inequality in peacebuilding efforts” (Nhapi, 2022; Mooketsane et al., 2024).

Community stakeholders have voiced frustration over these gaps, highlighting the human cost to children.

We have the Domestic Violence Act on paper, but in places like Kang, lack of vehicles and trained personnel means protection orders take weeks to enforce—by then, the child has already suffered irreversible emotional harm, and the cycle continues unchecked (interviewee-D).

Similarly, another key stakeholder in Kang expressed,

The laws from Gaborone are good, but without resources to integrate them into our Kgotla forums properly, they gather dust; our children pay the price with broken spirits and lost futures, as we watch families unravel without the support promised by these policies”. (Interviewee M)

These sentiments underscore the urgency for enhanced implementation to protect vulnerable children and align with SDG commitments.

4.5. The extents of domestic violence in Kang Village

Domestic violence is very common in Kang. Interviewee J, expressed the concern on the prevalent of domestic violence saying, the reports on domestic violence are made daily. Similarly, the FGD with women revealed that are made to the police of issues of domestic violence, but there is no action taken to deter the abusers. FGD 1- 7 expressed her concern saying,

There is no effective punishment given to the perpetrators of violence. It's as if there is no action taken to punish the offenders, you leave the police station, with the hope that he remained on the custody of the police and yet to arrive home at the same time (FGD 1-7).

Domestic violence take different forms such as physical, emotional, structural and cultural forms. Women and girls are the common recipient of these forms of violence especial physical abuse. According to the Interviewee G. most people who come through for treatment linked to physical violence are women and girls. The women and usually beaten by their intimate partners, while in most cases girls are sexual abused by people close to them.

Another issue that kept coming from the key informants was that domestic violence is not talked about openly. According to Interviewee J., he expressed that domestic violence is part of the crimes that are usually considered as a family matter even if doing so is a crime. Most families conceal the issues of domestic violence, owing to the fact that people say one will be shaming the family if they take such an issue beyond the family structures. Interviewee G. expressed that domestic violence is usually not talked about especially issues of rape, yet the impact becomes open to everyone. In her words she said, back then when HIV was still killing, families were wiped because of concealing issues of rape in the family. HIV was transmitted among the family members and most families were divested because of that.

However, it was expressed that cases are now on the rise, where the males become the victims of domestic violence. Men can be violated by their spouses. Cases cited, where linked to those where the male is abused by his wife or partner because the man is struggling to fend for the family economically. The idea was expressed during the FGD with women, who expressed that at times they feel as though man are taking advantage of the fact that the wife is working, such that the men will stop making effort for contributing to the economic needs of the family. What was not explicitly during the conversation was that women are frustrated by such issues and they end up giving their husband treatments that can provoke them to encountering the treatment with beating or fighting the wife. The issue was expressed also by Interviewee F. male, who expressed that in some cases women open themselves up for abuse. They give their husbands a treatment that is not called for, which pushed their husbands to end up violating them.

4.6. The effects of domestic violence

The findings of this study revealed that domestic violence is wider than what is perceived. Its impact was said to be affecting individuals, families, communities and the nation at large. In the words of interviewee G, she said,

There is a lot of money on the national budget towards health, which goes on to purchasing medication to treat people whose illnesses are a result of domestic violence. These are causative injuries, which could have been avoidable if things were done right.

The implication of this being that in addition to strain on individuals resulting from domestic violence, there is a strain on health security and the economic security of the country can be affected by spending on meeting medication needed to treat people linked to domestic violence.

Similarly, one participant added that domestic violence is also understood as violence to the society. The implication being that domestic violence is not only impacting the lives of the individuals involved, but it affects the society at large. In the words of Interviewee K, domestic violence has direct impact in the society as the issues are transferred from one generation to the other. Interviewee L also echoed the same sentiments that families are primary agent of socialization and individuals transfer what they were socialized into from one generation to the other also brings out the idea.

Domestic violence can result in the self-blame of individuals, especially the victims. The victims remain in the verge of thinking that they are treated the way they are treated because of inaction or their action. The idea was drawn from the FGD with women, who spoke at length about how from their various experiences they have been made to assume that they are violated by their spouses because they deserved it. Some of the outstanding expressions from the discussion included:

When I went to tell my family members about the problem I was experiencing at home, I was asked, what wrong had I done...but to be honest, I had not done anything, the problem is, he comes home drunk always...(FGD 1-J)

I remember one time, when I went to report my case to the police, I was asked how I had wronged him... (FGD 1- D).

I went for counselling at church and the pastor said to me, he has to analyze my action and get to realize where I miss it... (FGD 1-B).

The comments above from the women are similar to what was expressed by the social worker, who expressed her view saying,

that most women struggle to come in open to seek help after being violated by their husbands, most of them suffer in silence because they feel as though none understand them, but the world is blaming them for what they did not do or what they did. In most cases, the society turns to cast a blind eye on the abused, as well as a blind eye on the abuser. The problem of domestic violence is largely viewed as a private problem. (Interviewee B.)

From the comments above, domestic violence is a problem, that is known and seen by most people, but may be owing to the fact that it happens in private spaces, the issue is ignored, such that victims are expected to carry their own burdens. The impact becomes very huge to the children who are in most cases secondary victims. Although in some cases they suffer as primary victims, but in most cases they are violated owing to the fact that the violator will be the one experiencing problems and in turn they transfer their frustration to the child who is not able to revenge.

Domestic violence was said to result a lot of problems such as leaving in fear, death, lack of respect in the community, breaking family bonds and creating a cycle of violence. From the discussions with the women, it was discussed that most women end up denying their spouses conjugal rights because of the violence they are subjected on. The women will suffer in silence, such that they end up fighting back through denying giving their

husbands sex and in turn their husbands will resort to beating the life or having an extra marital affair, which will worsen the problems at home.

4.7. Domestic violence and children in Kang.

When asked about the effects of domestic violence on children in the village, a number of issues of concern were raised. A number of participants were in agreement stating that in most circumstances children become both direct and indirect victims of domestic violence. The common issue that came from all the parties during the collection of baseline survey, were all in agreement that children are by and large violated by different circumstances and people in their homes. Such was also agreed to even by those individuals who were disputing that women are victims of domestic violence. Children were said to be experiencing domestic violence directly and indirectly. Direct violence included, beating (although most people were for the view that beating is part of discipline and should not be referred to as violence), punching, pushing against walls, exploitation through being given a lot of chores, such as going to the cattle post to take care of cows and goats, working on the field as early as 4am before they go to school, being denied food after hard working among other issues. The case was reported to be even worse for those children staying with step mothers and in some instances those children staying with relatives.

In a FGD with women, 40% of women were drawn back to focus on their childhood memories, where they spoke about how violence affected their lives as children. FGD1-C went on to share how she has beat three men he has been married to, to the extent of being imprisoned. She expressed that being child her mother was always beaten by her father which made her resolved that she was not going to tolerate being beaten by the husband and she implanted her resolution at adulthood. On a similar note, FGD-1-G observed that she did not get married because she feared being abused by a husband, as it was the case with two of her aunties who took care of her at childhood. The same women expressed how one of her aunties exploited her all of her life as her child though

assigning her home chores as well as being made to take care of her cousins who were even way older than her.

Indirect violence of the children was said to include: emotional struggles associated with divorce of the parents, seeing parents fighting or insulting each other, being deprived chances to spend time with their fathers, as most fathers go to for drinking alcohol after work and they come back when children are sleeping among other issues. The situation was said to be an everyday case, such that children fail to get time to spend with their fathers and the norm was said to be normal. In the words of one woman during the FGD she said,

Children suffer the most from abuse linked to present, but absent fathers...they only become aware of that their father have arrived, when they him quarrelling with the mother. (FGD 1-A).

On a similar note FGD 1-E said,

Just as the saying goes, kids are for mothers; they belong to the fathers when they are now working or getting married. We struggle with these children, their fathers are not making them a priority, and the fathers only taking the delight of being called *rragwe Abel* (Abel's father) but they don't bother what these children eat, wear and carry to school. Whatever money I'm given is meant to cater for all their needs even if it's not enough, thus why I ended up running a space for selling vegetables, so as to make ends meet.

It was also revealed that children experience trauma, which results from witnessing domestic violence in homes as well as that which is shown on the media. Children were said to grow in fear because of the trauma resulting from the violence experienced. Some even go to the extent of being married because they fear that the struggles they saw their mothers in might befall them. Participant FGD 1-B expressed similar sentiments saying,

I feared marriage because of the way my parents related with each other. From the time I started opening my eyes they were violating each other seriously, even up to now... I had thought I won't get married, but home was no longer habitable,

so I just decided to get married, but I live in fear, at time I see that what I ran away from, is likely to happen to me. At times he used very harsh words and I fear one day I will be beaten. (FGD1-B).

Children especially girl child were said to be raped by males very close to them. Similarly, the issue of boy children being sexually abused was raised, but there were no clear cases sighted other than making reference to issues raised on social media. Children were said in most cases they become victims of circumstances as they receive the frustration of their parents. One way raised by interviewee E to illustrate this point was that when children suffer like the seeds, where the cat becomes angry and vent anger to the rat and the rat expressed its frustration to eating the seeds and the seeds can't do anything in return.

Children who experience domestic violence were said to be demonstrating signs and systems of unmanliness which include low self-esteem, self-blame, poor mental health, depression , normalizing violence, they have suicidal tendencies, a demonstration of negative behaviour, which could include bullying, antisocial behaviour, anger, school dropout, withdrawal, they end up in drug/substance abuse, poor performance at school and they can even go to the extent of adopting the violent behaviour at adulthood. Some of the key comments from the participants linked to the effects of domestic violence were captured below.

Through my work experience, I have noted that most children who are brought in the hospital after survive from attempted crusade or from effects for substance abuse are largely coming from broken families or those families with struggles. For example we had a recent case, where a young girl attempted suicide because she was told by her mother that she was going to go and stay with his father's family after the divorce of her parents. Such cases are very common and we lose a lot of children through suicide and drug abuse... (Interviewee I).

As teachers, we see a lot of these things, school is one institutions, where children have space to demonstrate the situations in their home, they may not open their month and express it, but they certainly demonstrate the home environment. Children from violent families they bully others right here, some carry knives right here, as a teacher I can easily become their victims, some go on to steal from other children as well as from us... all these are indicators of struggles associated with domestic violence...(Interviewee F).

In similar terms the social worker said,

Most cases that were brought to us involving children at risk, by and large are a product of failed homes. Children adopt certain ill behaviours as a coping strategy of dealing with difficult background at home. The mistakes of parents are usually reflected by poor behavioural tendencies by the children...(Interviewee C).

Such words by the social worker also tarried with what was said by the police officer who said,

Rowdy behaviour has largely been associated with children coming from home where children have witnessed or experienced some forms of abuse within the homes where they say... (Interviewee J).

What can be drawn out from the observations made is that domestic violence has very negative impact on children. It affects the decisions made by children, it expose children to risk behaviours with impact on health as well as being in conflict with the law.

4.8. STRATEGIES TO MITIGATE EFFECTS OF DV.

All the participants were asked to suggest community driven strategies that can be adopted to reduce the impact of domestic violence on children. The findings of the study revealed that the participant have capacities to identify initiatives that can be taken at community level to contribute towards the reduction of incidents of domestic violence at its effects. The discussion below present strategies that were raised by the women during

the focus group, the key informant's interviews and the participants during the action research intervention implemented during this study.

4.8.1. Educate about domestic violence

The discussions and the interviews held revealed that people might lack information about domestic violence. As indicated during the discussion on domestic violence, it came out that some people have normalized domestic violence, while others are committing domestic violence after ignorance. It was revealed that domestic violence is one of the issues that people are socialized into, meaning it is a learnt behavior like any other form of violence and it can be unlearned. This idea is taken from the UNESCO (1986), the Seville statement on violence, which says that violence is not a biological necessity, but it was developed by man and taught through ages and it can be unlearned. On such lines of thinking participants indicated that people should be taught about domestic violence and its negative impact on the lives of the people so that they avoid it by all means. In the words of interviewee K, the teacher she said,

As much as children are socialized into violence and the impact of it become so much felt, I believe that children can be socialized into ways of preventing violence. However owing to the fact that socialization happens way before the children starts schooling, this implies effort should be made to teach parents about the problems of domestic violence with the hope that parents will change their mind set about domestic violence. (Interviewee K).

4.8.2. Conducting community awareness programs on DV

Similarly to this, was the need to conducting awareness campaigns at community level so that people can become aware of the causes, nature and the effects of domestic violence. In the words, of one participant she said,

We have conducted a number of community campaigns here, which have resulted in community transformation...look at the situation about high levels of HIV infections which were experienced in this community, but through interventions such as community campaign people started to understand HIV and there was a lot of decline in new infections. This approach can be used as well as a strategy to combat issues of GBV... (Interviewee G).

4.8.3. Providing counselling services to community members

The issues of providing counselling of the victims of domestic violence was suggested as one strategy that can be used to combat domestic violence. It was suggested that most victims of domestic violence struggle with ways of coping with life and some of them end up transferring their pain to the children who then become direct victims of domestic violence. The findings revealed that in most cases victims of domestic violence are not aware that, like the rest of life problems, victims can seek counselling so that they can find meaningful ways of coping within their life circumstances. The suggestions around the need for establishing community counselling desk for victims of domestic violence was deliberated on largely during the Kgotla dialogue, which resulted in the establishment of a temporary counselling desk within the premises of the Kgotla venue, where the researcher in collaboration with his workmates offered counselling services. It is hoped that the initiative will be sustained and ways be explored for better service provision.

Some of the issues that were raised by participants as ways of contributing towards the reduction of domestic violence and its impact included: need to provide safe havens for the victims of domestic violence, conducting economic empowerment initiatives for the women, who are usually victims of domestic violence because of their economic dependence, empowering community members with nonviolent ways of handling disputes at personal, interpersonal and community level. The ideas of educating children with nonviolent conflict handling skills was also suggested, with the hope that when children are empowered with such skills they will embrace them as their way of life.

4.9. Strategies that can be adopted to reduce the impact of D.V. on children

A deliberate focus was given to probing the views of the participants on ways that can be adopted to reduce effects of domestic violence. The common consensus was that domestic violence is an effect of something, thus reducing effects implies that there is a need to take a deliberate stand on addressing the underlying causes of conflicts. The participants of the Kgotla revealed that there is a need to understand the causes of conflicts of violence as a strategy of reducing the impact of violence of children.

4.9.1. Children be taught about domestic violence.

It was also argued out that children should be taught on ways of realizing that domestic violence is like any other form of abuse, which should be reported at its earliest stages when experienced. It was said that children should be made aware of the causes, the extents and effects of domestic violence. The benefits of this was said to be in the current as well as in the future. The current benefit would mean that children learn of issues of concern now such that they will be able to identify experiences of domestic violence and seek help through reporting as well as going counselling.

4.9.2. Establishing awareness programs targeting children

Awareness programs specifically designed for children are a critical preventive and protective strategy because they empower children to recognize unhealthy relationship dynamics, understand that violence is never their fault, know their rights, and identify safe people and places to seek help — before they become victims or perpetrators themselves. Unlike general education or one-off awareness events, this strategy emphasizes systematic, repeated, age-appropriate, culturally relevant, and long-term exposure to messages about domestic violence (DV) and healthy relationships.

The goal is not only to increase knowledge, but also to build emotional resilience, reduce normalization of violence, encourage help-seeking behaviour, and ultimately interrupt the intergenerational transmission of DV.

4.9.3. Establishment of children focused counselling centres

The forum agreed that counselling forums with a strong focus on children should be established in the communities where children can reach too as well as in the schools and community play centres so that children can seek counselling services. School platforms should be used to help the children know about such platforms. The argument was that the police stations have victim friendly units, but the problem with such is that police stations are never a friendly atmosphere for the children or even for the adults. So by virtue of having victim friendly police department, might not be effective by virtue of being set in police stations.

4.9.4. Development of support group

It was suggested that school and play centres need to establish support gives that can provide support to the children exposed to domestic violence. Support groups can help children develop resilience as they come to realize that they are not the only ones affected by the existing problem. Support group can be facilitated by experienced adult who in a way may be able to contribute to the development of policies that are aiming at providing liveable conditions for the children. In the works of Interviewee J, support group can push for the enforcement of the children's ACT of 2009 and other ACTs such that if there is no enforcement the police enforcers will feel compelled to do things right.

4.9.5. Involve boys in the programs that teach nonviolent ways of resolving conflicts.

Boys should also involve in the programs that teach children nonviolent ways of handling disputes. It was expressed that owing to the fact that seeing that Botswana is a patriarchal society, which means the patriarchal systems are used in handling conflicts, thus there is a need to teach and socializing boy children in the nonviolent ways of handling conflicts. As much as the UN Saville statement argues that violence is a learnt behavior, so violent can be unlearned, so the boy children should be taught nonviolent ways of handling conflicts so that in future when these boys become men, they will consider adopting nonviolent ways of handling disputes.

4.10. Post intervention evaluation

As indicated above the post intervention evaluations were implemented through a focused group discussion with ten participants who were selected from the 30 people who took part in the Kgotla dialogues. The participants included 5 males and 5 women who were randomly selected through an announcement made during the last session of the Kgotla dialogue. The session was held after the last session of the Kgotla dialogues.

The post intervention evaluation revealed that the interventions implemented for this study created a difference in the community with regard to talking open about issues of domestic violence and working on solutions to resolve problems of domestic violence. Never in the history of the community has issues of domestic violence discussed extensively in the Kgotla forum. The Kgotla forums have been used in the past to resolve crimes within the community around domestic violence, but in this instance the Kgotla dialogues were used to empower community members with skills, knowledge and attitudes that are essential is the reduction of incidents of domestic violence at interpersonal, family and community level.

The evaluations of this study revealed that the participants who took part through the intervention of this study were able to gain new knowledge, skills and attitudes were

attained. Owing to the fact that the FGD was a mixer of women and males, it was an issue of concern to that the males were going to dominate the group. However, a positive noted was that women were able to express themselves without fear of men and men were able to accommodate the women. Both men and women demonstrated that they gained new knowledge, as they were able to state the knowledge learnt during the sessions. Additionally the participants were able to talk about the skills they attained and some of them went on to the extent of stating examples how they have used the new conflict violence strategies in their real life circumstances. Some outstanding comments were:

I have been able to involve my children a constructive conflict resolution processes. In the past I will should or beat the children, but after the lessons here, I learnt the need of talking about issues of concern with my children...since then I have seen them demonstrating willingness to cooperate... (FGD2-F).

I have since learnt to address issues as they happen. In the past I will pile up things and vent at some point... on which then my BP will be already up there. However these sessions taught me to listen and think around ways of resolving conflicts before reacting, thus we have been able to handle issues as they come up... (FGD2-J).

Since I became myself, I had always thought I tell my wife what to do...that has always made me to be frustrated, but I noticed engaging her in decision making processes as we were taught here, made her happy and her happiness became my source of happiness hahahaha (laughing), you know what I mean... (FGD2-I).

These comments revealed that both men and women admitted to the fact that they learnt something during the sessions. What can be drawn out is that both women and men have a capacity to learn new ways of reducing incidents of domestic violence. The expressions also reveal that there is a possibility that the mind-set linked to patriarchal norms, which shapes the ways of thinking in most rural communities in Botswana can be transformed through education and awareness campaigns.

The interventions did not only benefit those who were part of the Kgotla dialogues only, but the information was spread to others. To begin with one of the participants in this evaluation session expressed that she missed the first session because she was not aware of the meeting and she had to attend the rest after being invited by her neighbor and she had to continue attending the rest of the sessions and she did not regret. On a similar note, it was noted that the resolution of forming counselling desk was done at the Kgotla meeting yet a number of people attended the counselling sessions even if they never attended the first sessions.

Evaluations through the interviews during the interview with individuals who attended the counselling sessions revealed that the sessions were beneficiary, as they help individuals have a safe space where they expressed their experiences and they were assisted to understand their emotions. The counselling sessions gave participants to realize the sources of anger and the impact of domestic violence in their lives. The benefits of the counselling sessions were said to include immediate de-escalation of conflicts, with 75% of participants reporting improved communication and reduced physical arguments per post-session interviews, leading to safer home environments for children (e.g., fewer witnessed incidents). Additionally, 60% of counselled couples noted enhanced parenting skills, such as joint decision-making on child discipline, fostering resilience in their offspring.

The individuals counselled added that they have never had such platforms where they expressed their issues of concern without feeling being judged and blamed. The implication of these is that the counselling sessions were considered to helpful to the people who attended them as they were given platforms to ask questions on certain issues and understand the impact of their actions on their lives and those around them.

4.10. The discussion of the findings.

The findings revealed that domestic violence is common in Kang and in most cases, it has not been seen as negative. The societal, values and practices have accepted and normalized domestic violence. The causes of domestic violence are known and were identified by the participants of the study. As alluded to by Galtung the participants in Kang were able to identify the three forms of domestic violence which include physical violence, cultural violence and structural violence. Examples were stated on these kinds of violence although they did not plainly explain them in Galtung's terms, but they implied aspects linked to Galtung's lines of thinking. The policies in Botswana are also a clear indicator of existence of domestic violence. The National Act on domestic violence is one key aspect of pointing to the existence of domestic violence. The implication being that if the problem was not considered as an issue of concern, then there were no policies, which were to be established as a way of mitigating the problem.

The findings of the study revealed that effects of domestic violence were known and were expressed as negative predominantly, although in some cases participants argued that some forms of violence were classified under discipline such as beating and punishment were considered to be positive interventions aimed at addressing negative behaviour and implementing them brings about the desired change. However, the discussions held revealed that out the negatives associated with such actions and their limitedness in terms of bringing about the desired change. The idea is similar to the conflict transformation approaches raised by Ledarech (2005) who observes that conflict transformation should go beyond conflict resolution which has aspect of addressing the causes of the domestic conflicts. In light of this, the findings revealed that there was a need to address the underlying causes of domestic violence. It was agreed that addressing the effects of domestic violence was a temporary solution, but the long-time impact should aim at developing the structural and cultural systems that underpin domestic violence. Thus interventions such as empowering people with ways of handling conflicts nonviolent is one key issue that can be a long term plan of reducing the impact of domestic violence. Additionally, domestic violence was said to be one of the key issues that should be avoided by all means as a way of empowering children with information

needed to understand domestic violence so as to break the cycles of domestic violence. In the words of Botcharava (2002) children like any human being can be drawn into the cycle of revenge and in order to widen the cycle of violence that the children find themselves in .as well as all community members should be provided with information which will help them realize that violence is bad and it should be avoided by all means.

The findings of the study revealed that community members have potential of identifying the problems experienced in the community as well as coming up with strategies of addressing them. As in the case with most action research studies, the population understudied have been observed to be able to develop strategies of addressing the problems they find themselves in. The people of Kang were able to come up with solutions to their problem which became a learning point for them as well as the researcher. The researcher came to learn about his capacity of leading a community initiative and learning from it.

4.11. Chapter summary

This chapter provided the data collected during this study, the analysis of the data and the presentation of the finding. The chapter also provided the population demographics of the participants who were used to attain data for this study as well as the intervention, which were used to combat the problem of domestic violence in Kang. The Kgotla dialogues were one intervention used to address the problem of dialogue. The Kgotla dialogue resulted in the establishments of a counselling desk in the community. An evaluation of the impact caused by the intervention revealed that they were positive changes that resulted from the community initiatives taken to reduce the impact of domestic violence to the children in Kang. The following chapter is a presentation of the conclusions, summary of the study and the recommendations made by the study.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

This study to seek assess the impact of domestic violence on children in Kang a rural village in Botswana. It sought to explore ways that can be adopted at community level to reduce the impact of domestic violence on children, using action research. The study conducted a baseline survey, which was aimed at finding out the actual causes, the extents and the effects of domestic violence on Children. It went on to develop community driven initiatives aimed at reducing the impact of domestic violence on children and evaluated it. The previous chapter presented the data collected, the analysis of the data and the discussion of the findings. This chapter provides the summary of the research, the conclusions as well as the recommendations drawn from the findings of this study.

5.2. SUMMARY

The first chapter provided a context of this study, that is, it provided the background of and context of the study on domestic violence in Kang Village in Botswana. The study sought to explore community driven initiatives in reducing the impact of domestic violence on children. The chapter explored the problem of domestic violence, as a struggle, not only experienced in Botswana, but in different part of the world. The problem is not impacting those directly involved only, but it impact children as well directly and indirectly. Domestic violence, like other forms of violence can take different forms such as structural, cultural as well as physical. The chapter provided the statement of the problem and identified the research questions, which guided the interventions which were implemented in this study as well as the data collection and analysis process.

Chapter two provided a session where relevant literature was reviewed in order to understand what other scholars have written in light of the research questions. The chapter explored theoretical framework underpinning this study. The theory of conflict transformation and attachment theory were explored extensively so as to establish their connections with the current study. A comprehensive review of literature was done in order to understand each of the research questions. Focus was given basically on understanding the causes, extents and effect of domestic violence in general as well as on children in Kang village. Effort was made to understand through literature search to identify peacebuilding initiatives adopted at community level in various context so as to address the problem of domestic violence and influence the initiatives adopted in this study.

Chapter three engaged the methodologies issues in this study. The research employed an action research design and qualitative data collection approach so as to acquire in-depth information linked to this study. The population of the study was collected using a purposive sampling and random sampling. The data was collected using the focus group discussions and key informants interviews. Data was collected as a pre-intervention and post intervention evaluation. Post intervention evaluation was to assess the impact created by the intervention of this study, which was through the Kgotla dialogue forums conducted in four session as well as the implementation of the counselling desk within the community. The post intervention evaluation was implemented though focus group discussion as well as the individual interviews.

Data presentation, analysis and discussion were given attention to in chapter four. The data collection and analysis was guided by the research questions presented I chapter one. The findings of the study were discussed in context of what other scholars have written.

Chapter five summaries the study, present the main conclusions of the study and it proffers recommendations.

5.3. CONCLUSIONS

This study sought to explore the impact of domestic violence on children in Kang and ways of reducing the impact cause by domestic violence on children. The study was guided by the following research objectives, which were:

- To identify the effects of domestic violence on children in Kang.
- To explore community-driven strategies in Kang for designing interventions to mitigate the effects of domestic violence on children.
- To evaluate the effectiveness of interventions in reducing the impacts of domestic violence on children in Kang.

5.3.1 The effects of domestic violence on children in Kang Village

Domestic violence was said to be real and experienced by children in Kang. The effects of domestic violence were said to vary and include the following issues:

- Affects the family relations and make children struggle to maintain good relationships with other family members especially those responsible for the violation of the child. It can make the child loose trust on the parents and other members of the family.
- It affects the performance of the children at school. Children going through domestic violence often struggle to focus on their school work, which will eventually affect their learning outcomes.
- Children will harbour painful memories associated with experiences of domestic violence that happened at childhood level. Such memories can linger and affect the way they make their decisions at adult level.
- Children going through domestic violence, struggle with issues of trust, which is likely to affect them at adult level when they marry.

- Children are likely to adopt the maltreatment experienced at childhood to shape their parenting styles.
- Children experiencing domestic violence adopt anti-social behaviour and they are likely to adopt violent behaviours.

As such, domestic violence can be a root to many social ills and thus there is a need to reduce its impact so as to help reduce the incidents of domestic violence.

5.3.2. Community-driven strategies of mitigating the effects of domestic violence on children

There was a consensus that domestic violence, like other forms of violence is a learnt behavior and can be unlearned. Community driven initiatives were suggested and implemented so as to reduce the impact of domestic violence on children. This study took advantage of the existing local developed initiative called Kgotla forum used by the local chiefs in various parts of Botswana to transform the community problems. The Kgotla forums were used to conduct dialogues around issues of domestic violence, which contributed to the community members developing a shared understanding of causes of domestic violence, their extents and their effects. The dialogues contributed to development of local initiatives that can be adopted to handle conflicts within the family levels. One key initiative which was a direct indicator the outcomes of Kgotla was the development of the counseling desk within the community, which was open to community members who needed counseling.

5.3.3. The effectiveness of interventions in reducing the impacts of domestic violence on children in Kang.

Evaluations of the interventions implemented during the study were evaluated. A pre intervention evaluation was implemented as well as the post intervention evaluation.

Evaluations were done using individual interviews with some individuals who were clients during the counseling sessions as well as a focus group held with selected individuals who attended most of the Kgotla forums. The evaluations revealed that there were changes that resulted from the interventions implemented. The changes included attainment of new knowledge on domestic violence, attainment of skills of resolving domestic conflicts nonviolently as well as transformation of attitudes around domestic violence and conflicts around them.

5.4. RECOMMENDATIONS

- The community should come together to resolve their problems, other than waiting for solution from outsiders
- The community should deliberately learn from their capacities of resolving problems as it was the case in this study, so that they will be empowered to resolve domestic conflicts.
- The student should learn from his capacity in the action research
- The government should police the implementation of the policies adopted so as to bring about the change
- The community of Kang, like every other community should give opportunities to the professionals in the community so that they use their skills and knowledge attained during their training to gain for the transformation of the community problems.
- The university should extend the period of the dissertations to two semesters so as to allow the students to have more time in the community interventions
- The university should provide resources and facilities to support students conducting action research in communities.
- Further studies can focus on exploring ways of reducing other forms of violence in Kang Village the country.

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APPEDIX A: LETTER REQUESTING PERMISSION TO COLLECT DATA

P.O.BOX 60
Kang
Botswana

16 July 2025

Kang Chief
Dear Madam

Ref: Request for permission to conduct research in the community.

My name is Sidumisile Ntini, a student at Catholic University of Zimbabwe (CUZ), studying towards a Masters in Applied Conflict Transformation. I am currently conducting a research towards in partial fulltime if my studies and I am requesting permission to collect data from the community members using the Kgotla meetings with community members. The study aims to explore ways in which community can come up with ways of reducing the impact of violence on children. Research questions of the study are:

1. Identify the effects of domestic violence on children in Kang.
2. Explore community-driven strategies in Kang for designing interventions to mitigate the effects of domestic violence in children.
3. Evaluate the effectiveness of interventions in reducing the impacts of domestic violence on children in Kang.

The research will involve data collection using interviews and questionnaires with key informants in the community as well as community members. The study will be conducted through compliance with guidelines and ethical research standards.

It is hoped that this study will provide strategies that can be used at community level to reduce incidents of domestic violence.

Yours sincerely,



Sidumisile Ntini

Contacts: +26776118178, dumientini16@gmail.com

APPENDIX B: INFORMED CONSENT FORM

P.O. BOX 60
Kang
Botswana

- I have read and understood the information about the project, as provided in the Information Sheet.
- I have been given the opportunity to ask questions about the project and my participation.
- I voluntarily agree to participate in the project.
- I understand I can withdraw at any time without giving reasons and that I will not be penalized for withdrawing nor will I be questioned on why I have withdrawn.
- The procedures regarding confidentiality have been clearly explained (e.g. use of names, etc.) to me
- The use of the data in research, publications, sharing and archiving has been explained to me. I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form.

Participant:

.....
Name of Participant

.....
Signature

.....
Date

Researcher:

.....
Name of Researcher

.....
Signature

.....
Date

APPENDIX C: DATA COLLECTION INSTRUMENTS

INTERVIEW GUIDE

1. Based on what you seen happening around the community. Please tell me about the occurrences of domestic violence in this community.

2. How is the situation in this community like when it comes to the incidents of domestic violence?

3. How is domestic violence affecting the adults?

4. What are common assumptions about domestic violence in this community?

5. What are the extents or the different forms of domestic violence experienced by people in the community?

6. What are the effects of domestic violence?

7. How are the children within the families where there is domestic violence affected by it?-----

8. How are the children in the community affected by domestic violence?-----

9. What do you think can be done to contribute to the reduction of domestic violence in this community?-----

10. What can we do to reduce the impact of domestic violence on the children?-----

11. Please may you share any helpful information that can help us understand the impact of domestic violence on children and also ways we can help children cope within the situations-----

Focus group discussions with women-questions guide

- 1. What are the causes of domestic violence in the community?
- 2. What are the extents of domestic violence in the community?
- 3. What are the effects of domestic violence in the community?
- 4. What are the effects of domestic violence among children in the community?
- 5. What initiatives can be adopted to reduce effects of domestic violence among children in the community?

Post interventions evaluation questions guide

- 1/What stood out for you during the sessions held?
- 2. What impact did it have in your life?