

THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING IMPACT OF DOMESTIC VIOLENCE ON EMOTIONAL AND SOCIAL DEVELOPMENT OF CHILDREN AMONG MOTHERS

Abstract

Back ground of the study:

Children exposed to domestic violence, especially repeated violence, are at risk for many problems now and in the future. These include sleep, eating, and other bodily functions; emotional problems such as depression, aggression, and anxiety; problems in family and friend relationships; and problems with listening, thinking, and learning. Caretakers often believe that they are keeping their children safe, but living in these homes report differently. Timely intervention is important for the care of children who witness domestic violence. Assessing physical and emotional health needs can help care givers better care for injured children

Objectives of the study:

1. To assess the level of knowledge of mothers regarding impact of domestic violence on emotional and social development of children.
2. To assess the level of attitude of mothers regarding impact of domestic violence on emotional and social development of children.
3. To evaluate the effectiveness of structured teaching programme among mothers regarding impact of domestic violence on emotional and social development of children.
4. To find out the relationship between Post-test knowledge score and post-test

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attitude score.

5. To determine the association between
 - Post-test knowledge score with selected demographic variables.
 - Post-test attitude score with selected demographic variables.

Hypothesis:

H₁: The mean post-test knowledge score of mothers who had structured teaching programme regarding impact of domestic violence on emotional and social development of children is significantly higher than pre-test knowledge score.

H₂: The mean post-test attitude score of mothers who had structured teaching programme regarding impact of domestic violence on emotional and social development of children is significantly higher than pre-test attitude score.

H₃: There is a significant relationship between post-test knowledge scores and post-test attitude scores among mothers who received structured teaching programme on domestic violence.

H₄: (a) There is a significant association between post-test knowledge score with selected demographic variables.

H₄: (a) There is a significant association between post-test attitude score with selected demographic variables.

Method: The research approach adopted to this study is quasi experimental one group pre-test and post-test design. The setting is at Tavarekere, Bangalore. The sample size was 30 mothers. The tool consists of section-A demographic proforma consisting of 8 items, section-B self administered questionnaire consisting of 25 items, section –C structured attitude scale consisting of 15 items. The content validity was established by subjecting the tool to experts in this field and the reliability of the tool was established by using split half technique and value was found to be 0.6 for knowledge questionnaire and 0.5 for

attitude scale.

Results: In relation to the knowledge, in the pre-test, 21 (70%) had inadequate knowledge, 9(30%) had average knowledge and no one had adequate knowledge. In the post-test, majority of them that is 26 (86.7%) had adequate knowledge, 4 (13.3%) average knowledge and none of them had inadequate knowledge.

In relation to attitude in the pre-test, majority of them 27(90%) had positive attitude and 3(10%) had negative attitude. In the post-test, all 30(100%) had positive attitude. It shows that mean post test knowledge score 21.5 with SD 2.55 is higher than the mean pre-test knowledge score 8.86 with SD 2.57.

In order to test the difference between the two means, paired t test was computed and obtained t value 6.64 was found to be significant at 0.05 level and 0.01 level. Hence, it is inferred that there was significant increase in the level of knowledge of mothers on domestic violence after the structured teaching program, so hypothesis H_1 was accepted.

Mean post test attitude score 60.36 with SD 3.63 is higher than the mean pre-test attitude score 41.8 with SD 4.28. In order to test the difference between the two means, paired t test was computed and obtained t value 4.82 was found to be significant at 0.05 level and 0.01 level. Hence, it is shown that there is significant increase in the level of attitude of mothers on domestic violence after the structured teaching program, so hypothesis H_2 was accepted.

The obtained mean post-test knowledge value was 21.5 and post-test attitude was 60.36; the r-value is 0.347 which is significant at 0.01 and 0.05 level.

It shows that there is relationship between post-test knowledge and post-test attitude scores. Hence hypothesis H₃ stated that there is significant relationship between post-test knowledge scores and post-test attitude scores was accepted.

There is statistically moderate association between the selected demographic variable like type of marriage and post-test knowledge score. But other demographic variables like age, religion, educational qualification, occupation, family income, type of family are not significantly associated with post-test knowledge scores. Hence hypothesis H₄ (a) stated that there will be significant association between post-test knowledge scores with selected demographic variables, was accepted.

There is no association between the selected demographic variables and post-test attitude score. Hence hypothesis H₄ (b) was rejected which stated that there will be significant association between post-test attitude scores with selected demographic variables.

Interpretation and conclusion:

It can be inferred that the knowledge score of mothers regarding domestic violence were inadequate during the pre-test and was increased after the administration of structured teaching programme. It is found that the attitude score were considerably more in the pre-test itself.

Keywords: Effectiveness, Structured teaching programme, Knowledge and Attitude on Domestic violence, Mothers

I. INTRODUCTION

The hand that rocks the cradle is the hand that rules the world.

- W.R. Wallace

Domestic violence, also called as domestic abuse, spousal violence, or intimate partner violence (IPV), can generally be mean as a pattern of harassment by one or both partners in a relationship. Domestic violence can take many forms, including physical violence (hitting, kicking, kicking, pushing, grabbing, slapping, throwing things) or threats. Researchers found that 80% to 90% of children in families experiencing domestic violence can explain the violence. Research has been conducted on children exposed to domestic violence, problems with testimony, and defenses that affect their response to violence. Children living in homes where their parents or guardians have been abused are often referred to as "witnesses" or "children who have witnessed domestic violence." Children can be direct witnesses of domestic abuse, often experiencing abuse or hearing about violence in their own homes. Psychological and emotional problems may occur as the children of the witnesses may be seen in secondary victims.

Child survivors of domestic abuse also include being used as spies to interrogate adult victims, being forced to watch or participate in victims' abuse, and being used as pawns by abusers to force victims into relationships. Some children are directly exposed to physical abuse as a result of domestic violence. Children often suffer from adult abuse. Thrown objects or weapons used by the abused partner may hit the child. Child abuse can happen when an adult abuses a child, and injury or harm to children can occur when older children participate in the abuse. In addition to abuse, many children are forced to remain silent about abuse and to keep the "family secret".

Children who are victims of repeated domestic violence, in particular, are at risk of facing many problems now and in the future. These include sleep, eating, and other bodily functions; emotional problems such as depression, aggression, and anxiety; problems in family and friend relationships; and problems with listening, thinking, and learning. Children exposed to domestic abuse have various emotional, physical and behavioral disabilities. Their problems are similar to those of physically abused children. Witnessing parental abuse can lead to feelings of anger, fear, guilt, shame, confusion, and helplessness. Children may express these feelings as withdrawal, low self-esteem, nightmares, negative behavior, or aggression towards friends, family members, and products. Children who witness domestic abuse often experience physical problems such as insomnia, insomnia, colds and diarrhea. When children live in families with domestic violence, they often experience developmental delays in speech, cognitive and motor skills.

Domestic violence affects children's lives; Education may suffer if children interfere or stay at home and try to protect their mothers. Children's health is often affected when parents flee from their abusers. Moving to an unfamiliar place can be stressful. Children and their mothers may suffer financially when they flee from abusive parents. Child witnesses are at risk of injury when trying to avoid or dealing with violence.

A 2007 study in the United States revealed that 38 percent of women who were abused by their spouses had children under the age of 12 at home. Studies show that children who

witness abuse are on average more aggressive and fearful and more likely to experience anxiety, depression and other health problems than other children who have not been abused or abused.

The effects of witnessing domestic violence seem to diminish once the violence is over or they are no longer victimized however, the effects persist in adults. As adults, minor witnesses may suffer from depression, anxiety, and PTSD. Boys who witness domestic violence often beat their partners as if they were their own children. To reduce the risk of long-term harm, children who witness domestic violence need to return to the safety and security of their environment. Interventions that help children are often those that help parents improve their own safety and increase the resources available to help their children stay safe. The involvement of domestic violence in children's lives not only makes them sick, but also seriously affects their whole lives. For families struggling with domestic violence in our community, community intervention may be the best hope. Early education on the subject can help prevent the cycle of domestic violence from continuing. Healthcare professionals, police, teachers, domestic violence and child welfare officers work together to prevent and respond to domestic violence.

Need for the study

God could not be everywhere and therefore He made mothers.

- Jewish Proverb

With a population of 140.76 crores, India is the second most populous country in the world. This shows that India makes up about 17.31% of the world's population, which means that one-sixth of the world's population lives in India.

The 2011 census reported a total of 158.8 million children in the 0-6 age group. It is important that the country's population increased by 181 million in absolute terms between 2001-2011 and 88% of this from the child population. Exposure to domestic violence is widespread internationally and it is associated with other forms of child maltreatment, according to a 2006 UNICEF World report on violence against children. The World Health Organization analyzed 48 international population surveys and found that domestic violence in women's lives ranged from 10% to 69%. Globally, the American Medical Association reports that approximately 2 million women are abused by their domestic partners each year, indicating that domestic violence is a concern and of global importance.

Studies show that majority of children living in families experiencing domestic violence are aware of the violence. Boys who see their parents abused are more likely to be delinquent in adulthood than those who are not abused. Older children are often attacked when they interfere with protecting or defending their mothers.

Edleson reviewed nearly 100 studies that showed behavioral, emotional, psychological, and long-term problems with children who witnessed domestic violence. He also noted that there was about 50 percent overlap between domestic abuse and child abuse. Children exposed to violent fathers are the most dangerous for the spread of violence. A study of 6,000 American families found that 50 percent of men who beat their wives also abused their children.

In 1998, approximately 45% of women were victims of intimate partner violence at home with children younger than 12 years old. More than 3 million children are at risk of parental violence each year. A national survey of 6,000 families found that 50 percent of child abuse occurs in families with an abusive spouse. Studies show that between 3 and 4 million children aged 3 to 17 are at risk of domestic violence each year.

A 1998 literature review reported that between 45% and 70% of children who are victims of domestic violence are concurrent victims, and 40% of child victims are victims of domestic violence. Up to 90 percent of children in abusive homes have witnessed parental abuse. There is increasing evidence that children who witness domestic violence are at risk for a variety of mental health problems. In fact, the problems experienced by children who have witnessed domestic abuse are similar to those experienced by children who have been physically abused. Witnessing domestic violence can frighten children and affect their relationships. Children spend most of their time with their parents, who play an important role in shaping their future. These findings encouraged researchers to select this topic for research that would show the impact of domestic violence in mothers on the emotions and development of their children.

II. STATEMENT OF THE PROBLEM

A Study To Evaluate The Effectiveness Of Structured Teaching Programme On Knowledge And Attitude Regarding Impact Of Domestic Violence On Emotional And Social Development Of Children Among Mothers In Selected Areas, Bangalore.

III. OBJECTIVES OF THE STUDY

The objectives of the study are:

- To assess the level of knowledge of mothers regarding impact of domestic violence on emotional and social development of children.
- To assess the level of attitude of mothers regarding impact of domestic violence on emotional and social development of children.
- To evaluate the effectiveness of structured teaching programme among mothers regarding impact of domestic violence on emotional and social development of children.
- To find out the relationship between Post-test knowledge score and post-test attitude score.
- To determine the association between
 - Post-test knowledge score with selected demographic variables.
 - Post-test attitude score with selected demographic variables.

1. Hypothesis

- **H₁**: The mean post-test knowledge score of mothers who had structured teaching programme regarding impact of domestic violence on emotional and social development of children is significantly higher than pre-test knowledge score.
- **H₂**: The mean post-test attitude score of mothers who had structured teaching programme regarding impact of domestic violence on emotional and social development of children is significantly higher than pre-test attitude score.

- **H₃:** There is significant relationship between post-test knowledge scores and post-test attitude scores among mothers who received structured teaching programme on domestic violence.
- **H₄: (a)** There is significant association between post-test knowledge score with selected demographic variables.
- **H₄: (b)** There is significant association between post-test attitude score with selected demographic variables.

2. Limitations:

The study is limited to

- 30 mothers
- Period of 4 weeks duration
- Quasi experimental design

IV. REVIEW OF LITERATURE

The researchers conducted a Pub Med search, which provided a comprehensive review of the scientific and non-scientific literature relevant to this study and insights into issues and procedures. The literature review for this study was obtained from published articles, guidelines, reports and clinical studies on domestic violence.

Elbow (1982) investigated the effects of domestic abuse on children. The developmental and emotional needs of children in families experiencing domestic violence cannot be met. He believes that in family there is a relationship and conflict between children and parents, which leads to generational conflict and reversal of responsibilities. Using the Eriksonian model, he asked whether children's perception of the economy was affected, whether their independence was affected. He felt that these children had feelings of inadequacy and guilt, and their self-esteem was affected.

Ernst AA, Weiss SJ, EnrightSmith S, Hansen JP A retrospective review of progress reports revealed that children who witnessed intimate partner violence (IPV) experienced many psychological and social problems as abused parents. Among children exposed to adult IPV and subsequently receiving immediate and continued treatment, the percentage of children who knew the violence was not their fault and the percentage of children who knew it was a safe program increased significantly.

Pfouts, Schopler, and Henley (1982) studied 25 children who witnessed their mothers being abused. 53% have a good relationship with their parents, 60% have a good relationship with their siblings, 30% have a good relationship with a friend, 33% have a good relationship with a teacher, 16% have children in court, 20% are enrolled as students, 58% have below average grades or poor school performance, 40% are hardworking and 40% are enrolled.

Stein BD, Zima BT, Elliott MN, Burnam MA, Shahinfar A, Fox NA, Leavitt LA, Santa Monica interviewed 300 children and found that most (85%) reported acts of violence, 51% were victims of violence in their lives and were more likely to experience severe symptoms. Roberts AL, Gilman SE, Fitzmaurice G, Decker MR, Koenen KC Propensity score analysis of intimate partner crime to determine whether childhood testimony is associated

with adult delinquency. These findings suggest that there is a relationship between perceived intimate partner violence in childhood and criminal behavior in adulthood. Compared to men who are similar men who experienced intimate partner violence in childhood are more likely to do the same as adults.

Hughes, Parkinson and Vargo studied 40 children who witnessed violence against their mothers and themselves. Their findings showed that child abuse/witnesses reported more anxiety than the control group on a range of functional measures. Kitzmann and colleagues conducted a meta-analysis of 118 studies examining the psychological changes of children who witnessed domestic abuse. The results showed that 63% of children who witnessed domestic violence were worse than the average of children who had not experienced parental violence. Problems include aggression, anxiety, difficulty with friends, and academic problems, all of which are similar. Limited evidence from small studies suggests preschoolers are at greater risk. For children of all ages, children who witness domestic violence, children who experience physical abuse, and children who witness and are exposed to physical violence experience similar adjustment problems.

Shepard cites her own 1987 study, which found that "60 percent of women report having experienced psychological abuse through threats and intimidation, often involving joint children, after legal intervention and counselling." Rennison and Welchans (May 2000) found that in 1998 the partner was murdered by his wife in 1998. About 45% of female victims live in families with children under 12 years old. Mills et al (2000) found that domestic violence is the leading cause of child mortality in the United States. Children exposed to domestic violence are also at risk of being victims or resorting to social violence in the next generation.

The literature review conducted in 1989 and 1996 revealed that children exposed to domestic abuse exhibit various personality and internalization behaviors. Studies examining the differences in these behaviors, especially between groups, have shown that children exposed to domestic violence tend to be more aggressive and cause behavioral problems such as anger and fighting at school and in the community. Internalizing behavior problems include depression, suicidal behavior, anxiety, fear, phobias, insomnia, tics, sleep disturbances, and self-doubt. It has been shown that children exposed to domestic violence have low scores in learning problems, and verbal, motor and cognitive skills. The 1998 review confirmed the results of the previous review.

Honor G said that domestic violence puts children at risk physically, emotionally and developmentally and that child care centers have a professional responsibility to examine domestic violence. Clinicians can play an important role in breaking the cycle of domestic violence by recognizing domestic violence and implementing appropriate interventions. Mahony DL, Campbell JM Findings that children exposed to domestic violence are at risk for behavioral and emotional problems. These actions depend on the age of the child, the duration of the abuse, whether the child is a direct victim, the severity of the abuse, and whether the child is still in the abusive environment.

Johnson DL, Kotch JB, Catellier DJ, Winsor JR, Dufort V, Hunter W, Amaya Jackson L Conducted a longitudinal study and show that children are affected by victimization and

witness violence at home and in the community. The study revealed that violence is a major factor in depression, anger and anxiety.

V. METHODOLOGY

- 1. Research Approach:** In view of the nature of the problem under the study and to accomplish the objectives of the study quasi experimental approach was adopted.
- 2. Research Design:** one group pre-test, post-test design, to measure the effectiveness of structured teaching programme on a sample of 30 respondents.

Table 1: Schematic representation of research design

Sample	Pre-test	Intervention	Post-test
Selected mothers	Knowledge (O1)	STP (X)	Knowledge (O2)
	Attitude (A1)		Attitude (A2)

The symbols used are described below:

- O1: pre-test knowledge of mothers before structured teaching programme
O2: post-test knowledge of mothers before structured teaching programme
STP: structured teaching programme
X: teaching strategy
A1: pre-test attitude of mothers before structured teaching programme
A2: post-test attitude of mothers before structured teaching programme

- 3. Setting of the Study:** The study has been conducted at Tavarekere, Bangalore. Criteria for selecting this study were geographical proximity, feasibility of conducting the study, availability of samples and familiarity of investigator with setting.
- 4. Variables under Study**
 - **Independent variable (I.V):** Structured teaching programme on impact of domestic violence on emotional and social development of children.
 - **Dependent variable:** Knowledge and attitude level of mothers regarding impact of domestic violence on emotional and social development of children.
 - **Attributed variables (A.V):** Age, Religion, Educational qualification, Occupation, Income, Type of marriage, Type of family, Source of information on impact of domestic violence on emotional and social development of children.
- 5. Population:** Target population for the study was mothers having children, below 14 years of age living in Tavarekere.
- 6. Sample and Sample Size:** The sample for the present study comprised of 30 mothers having children in Tavarekere, Bangalore was selected purposefully.

7. Sampling Technique: Purposive sampling technique is a type of non probability sampling approach, it was found to be appropriate for the present study.

8. Criteria for Selecting the Sample

- **Inclusion Criteria**

- Mothers who were available at the time of the study.
- Mothers who are willing to participate.
- Mothers who are able to read English or Kannada.
- Mothers having children below 14 years of age.

- **Exclusion Criteria**

- Mothers of physically and mentally challenged children.
- Mothers with chronic illness.

9. Ethical Consideration: Prior permission has been obtained from the concerned authorities of the area and also study respondents.

10. Instruments Used for the Study: A structured interview schedule and 5-point Likert scale were selected for the study. These were considered to be the most appropriate instruments to elicit the responses from respondents.

11. Development of the Tool: A structured interview schedule was prepared to assess the knowledge of mothers regarding impact of domestic violence on emotional and social development of children.

The following steps were used

- **Review of literature:** Related literature review from books, journals, periodicals, newspaper, articles, published and unpublished research studies and mass literature were reviews and used to develop the tool.
- **Preparation of blue print:** A blue print of objectives and content testing to the three domains of learning what are knowledge, understanding, and application was prepared for the construction of self-administered questionnaire. The objectives were distributed under following learning areas;
Concept of meaning of domestic violence, statistics, and causes, cycle of abuse, manifestations, prevention and protection of child exposed to domestic violence.

The same blue print was considered for the construction of structured teaching programme and Likert scale.

12. Description of the Tool: The tool comprised of three sections;

- **Section-A:** Consists of 08 items of socio demographic data which includes information of respondents about age, religion, educational qualification, occupation, family income, type of marriage, type of family, source of information.
- **Section-B:** Consists of 25 items related to knowledge of meaning of domestic violence, statistics, and causes, cycle of abuse, manifestations, prevention and

protection of child exposed to domestic violence. All the items were scored. Each correct answer was given a score of '1' and wrong answers a score of '0'.

- **Section-C:** Consists of 15 items related to attitude regarding impact of domestic violence on emotional and social development of children.

13. Testing of the Instrument

- **Content Validity:** Validity of the tool was established after consultation with 5 experts from the field of psychiatric nursing. Modifications were made on the basis of recommendations and suggestions of experts. After consulting guide, and statistician, final tool was reframed. The final tool consists of (a) background information items (b) knowledge aspects: 25 items (c) attitude aspects: 15 items. Later, the tool was edited by English language experts.
- **Pre-Testing:** Pre-Testing the tool was done to check the clarity of the items, their feasibility and practicability. It was administered to 5 mothers. The sample chosen were similar in characteristics to those of the population under study. It was found that it took 35-40 minutes to answer and it was found that the items were clear.
- **Reliability of the tool:** Reliability to the tool was established by using split half technique, which measures the co-efficient of internal consistency. The reliability of the split half test was found by using Karl Pearson co-relation by deviation method and found to be 0.6 and 0.5. Hence the tool was found reliable.
- **Pilot study:** After having obtained formal approval, a pilot study was conducted at Yelachikuppe. After one week of pre-test and structured teaching programme, post-test was conducted. The respondents who were selected for the pilot study were excluded from the main study.

14. Development of Structured Teaching Program:

The planned structured teaching program was based on the review of the related research and non research literatures.

A first draft of structured teaching program was developed keeping in mind the objectives criteria questions, literature reviewed and the expert's opinion. The main factors that were kept in mind while preparing structured teaching program were literacy level of the sample, method of teaching to be adopted, simplicity of the language, relevance of teaching aids and attention of mothers.

- **Content validity of structured teaching program:** The initial draft of structured teaching program was given to 5 nursing experts along with the tool. The experts were requested to validate the structured teaching program based on criteria of questions and to give suggestions on the adequacy and relevance of content. There was 90 percent of agreement on meeting the criteria, 10 percent agreement partially meets the criteria of the content commuted by the experts with a suggestion to summarize the topic after each aspects was taught and then proceed to the next. This suggestion was accepted and ensured the clarity and validity of tool.
- **Preparation of the final draft of structured teaching program:** The final draft of structured teaching program was prepared after incorporating expert suggestions.

- **Description of structured teaching program:** The structured teaching program was titled “domestic violence”. It includes introduction, general and specific objectives and references. Structured teaching program was planned and prepared to enhance the knowledge and attitude of mothers. It consists of the following content area.
 - Definition of domestic violence.
 - Causes of domestic violence.
 - Cycle of abuse.
 - Definition of child witnesses to domestic violence.
 - Effects of domestic violence on children.
 - Interventions to protect the mother.
 - Interventions to protect the children.
- **Permission from the concerned authority:** Prior to the collection of the data, written permission from the medical officer of PHC, Tavarekere, Bangalore and from all the participants were obtained.
- **Implementation of structured teaching program:** All the 30 samples were divided into two groups and structured teaching programme was implemented in two sessions.
 - **Post test:** Post test was conducted after a gap of 10 days.
 - **Plan of data analysis:** The obtained data is analyzed in terms of the objectives and hypothesis of the study by both descriptive and inferential statistics.

VI. RESULTS

This chapter deals with analysis and interpretation of data collected from 30 mothers to determine the effectiveness of structured teaching programme on domestic violence. The data collected from 30 mothers before and after the structured teaching programme was organized, tabulated, analyzed and interpreted by using descriptive and inferential statistics.

Organization and Presentation of Data

The data collected were edited, tabulated, analyzed, interpreted and findings were interpreted in the form of tables and diagram represented under the following areas:

1. **Section – A:** This section deals with the level of knowledge and attitude of mothers regarding impact of domestic violence on emotional and social development of children

Table 2 : level of knowledge regarding impact of domestic violence on emotional and social development of children.

Level of knowledge	Pre test		Post test	
	frequency	%	Frequency	%
Adequate knowledge (> 77%)	-	-	26	86.7
Average knowledge (37- 76%)	9	30	4	13.3
Inadequate knowledge (<36%)	21	70	0	0

THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE
AND ATTITUDE REGARDING IMPACT OF DOMESTIC VIOLENCE ON EMOTIONAL
AND SOCIAL DEVELOPMENT OF CHILDREN AMONG MOTHERS

Table: 3 level of attitude regarding impact of domestic violence on emotional and social development of children.

Level of Attitude	Pre test		Post test	
	frequency	%	Frequency	%
Positive attitude (>50%)	27	90	30	100
Negative attitude (< 50%)	3	10	0	0

2. **Section – B:** It shows the effectiveness of structured teaching programme regarding impact of domestic violence on emotional and social development of children among mothers.

Table 4 : Distribution of mean, standard deviation of pre-test and post-test score to evaluate the effectiveness of structured teaching programme regarding impact of domestic violence on emotional and social development of children among mothers

Domain	Respondents Knowledge						Paired ‘t’ test
	Pre test		Post test		Enhancement		
	Mean	SD	Mean	SD	Mean	SD	
Knowledge	8.86	2.57	21.5	2.55	12.7	1.91	6.64**s
Attitude	41.8	4.28	60.36	3.63	17.86	3.7	4.82**s

Significant P* > 0.05 level

P** > 0.01 level

3. **Section – C:** It shows the relationship between the pre-test and post-test knowledge and attitude scores.

Table: 5 Relationship between pre-test and post-test knowledge and attitude scores.

	knowledge		Attitude		r-value
	Mean	SD	Mean	SD	
Post-test	21.5	2.55	60.36	3.63	0.347**s

P* > 0.05 level

P** > 0.01 level

4. **Section – D:** It shows the association of post-test knowledge and attitude scores of mothers with their selected demographic variables.

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AND ATTITUDE REGARDING IMPACT OF DOMESTIC VIOLENCE ON EMOTIONAL
AND SOCIAL DEVELOPMENT OF CHILDREN AMONG MOTHERS

Table 6: Association of post-test knowledge scores of mothers with their selected demographic variables.

Sl no.	Demographic variables	N =30		Inadequate		Average		Adequate		X ² value
		No	%	No	%	No	%	No	%	
1	Age in years									7.62 df3 NS
	a)21-25	4	13	0	0	2	6.7	2	6.7	
	b)26-30	11	37	0	0	2	6.6	9	30	
	c)31-35	10	33	0	0	0	0	10	33.3	
	d)36-40	5	17	0	0	0	0	5	16.6	
2	Religion									2.296 df2 NS
	a) Hindu	22	73.3	0	0	2	6.6	20	66.7	
	b) Christian	6	20	0	0	1	3.3	5	16.6	
	c) Muslim	2	6.7	0	0	1	3.3	1	3.3	
	d) Others	0	0	0	0	0	0	0	0	
3	Education									1.9 df3 NS
	a) No formal	2	6.7	0	0	0	0	2	6.6	
	b) 1-5 th std	8	26.6	0	0	2	6.6	6	20	
	c) 6-10 th std	15	50	0	0	1	3.3	14	46.7	
	d) Higher secondary	5	16.7	0	0	1	3.3	4	13.3	
	e) Graduate	0	0	0	0	0	0	0	0	
	f) Postgraduate	0	0	0	0	0	0	0	0	
4	Occupation									1.14 df1 NS
	a) Employed	15	50	0	0	3	10	12	40	
	b) Unemployed	15	50	0	0	1	3.3	14	46.7	
5	Family Income (Rs/month)									7.71 df3 NS
	a) <3000	1	3.3	0	0	0	0	1	3.3	
	b)3000-6000	12	40	0	0	1	3.3	11	36.6	
	c)6000-9000	13	43.3	0	0	2	6.7	11	36.6	
	d)>9000	4	13.3	0	0	1	3.3	3	10.1	
6	Type of marriage									6.331 df1 S*
	a) Love	7	23.3	0	0	3	10	4	13.3	
	b) Arranged	23	76.7	0	0	1	3.3	2	73.3	
7	Type of family									0.468 df1 NS
	Nuclear family	12	40	0	0	1	3.3	11	36.7	
	Joint family	18	60	0	0	3	10	15	50	
8	Source of information									2.553 df3 NS
	a) Magazines	0	0	0	0	0	0	0	0	
	b) Books	3	10	0	0	1	3.3	2	6.7	
	c)TV, Radio	9	30	0	0	0	0	9	30	
	d)Movies	18	60	0	0	3	10	15	50	
	e)No information	0	0	0	0	0	0	0	0	

THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE
AND ATTITUDE REGARDING IMPACT OF DOMESTIC VIOLENCE ON EMOTIONAL
AND SOCIAL DEVELOPMENT OF CHILDREN AMONG MOTHERS

Table 7: Association of post-test attitude scores of mothers with their selected demographic variables

Sl no.	Demographic variables	N =30		Negative		Positive		X ² value
		No	%	No	%	No	%	
1	Age in years							
	a)21-25	4	13	0	0	4	13	0
	b)26-30	11	37	0	0	11	37	df3
	c)31-35	10	33	0	0	10	33.3	NS
	d)36-40	5	17	0	0	5	17	
2	Religion							
	a) Hindu	22	73.3	0	0	22	73.3	0
	b) Christian	6	20	0	0	6	20	df3
	c)Muslim	2	6.7	0	0	2	6.7	NS
	d)Others	0	0	0	0	0	0	
3	Education							
	a) No formal education	2	6.7	0	0	2	6.7	0
	b)1-5 th std	8	26.6	0	0	8	26.6	df3
	c)6-10 th std	15	50	0	0	15	50	NS
	d)Higher secondary	5	16.7	0	0	5	16.7	
	e) Graduate	0	0	0	0	0	0	
	f) Postgraduate	0	0	0	0	0	0	
4	Occupation							0
	a) Employed	15	50	0	0	15	50	df1
	b) Unemployed	15	50	0	0	15	50	NS
5	Family Income (Rs/month)							
	a) <3000	1	3.3	0	0	1	3.3	0
	b)3000-6000	12	40	0	0	12	40	df3
	c)6000-9000	13	43.3	0	0	13	43.3	NS
	d)>9000	4	13.3	0	0	4	13.3	
6	Type of marriage							0
	a) Love	7	23.3	0	0	7	23.3	df1
	b) Arranged	23	76.7	0	0	23	76.7	NS
7	Type of family							0
	Nuclear family	12	40	0	0	12	40	df1
	Joint family	18	60	0	0	18	60	NS
8	Source of information							
	a) Magazines	0	0	0	0	0	0	0
	b) Books	3	10	0	0	3	10	df3
	c)TV, Radio	9	30	0	0	9	30	NS
	d)Movies	18	60	0	0	18	60	

e) information	No	0	0	0	0	0	0	0	
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P* > 0.05 level

P** > 0.01 level

VII. DISCUSSION

This chapter deals with detailed discussion of the findings of the study interpreted from statistical analysis. The findings are discussed in relation to the objectives, reviewed literature and hypothesis.

- 1. Characteristics of Demographic Variables:** Distribution of demographic variables reveals that maximum number of mothers that is 37 % was in the age group of 26-30 years, 33 % was in the age group of 31-35 years, 17 % was in 36-40 and remaining 13 % was in the age group of 21-25 years.

Distribution of respondents based on the religion shows that 73.3 % of them were Hindu and 20 % were Christian and only 6.7 % were Muslims. Regarding the educational qualification 50 % were belong to 6th-10th standard, 26.6 % were belong to 1st-5th standard, 16.7 % are higher secondary, 6.7 % had no formal education and none of them were graduates. It can be seen from the findings that 50 % are employed and 50 % are unemployed.

With regard to family income, 49.3 % of respondents have Rs.6000-9000 per month, 40 % have Rs.3000-6000 per month, 13.3 % have above Rs.9000 per month and only 3.3 % have less than Rs.3000 per month. Distribution of respondents according to type of marriage shows that 76.7 % were arranged marriage and 23.3 % were love marriage. 60 % of respondents were in joint family and 40 % were in nuclear family. With regard to source of information, 60 % respondents from movies, 30 % got information from TV, radio and 10 % from books and none from magazines.

VIII. TESTING OF HYPOTHESIS

The obtained mean post-test knowledge mean value is 21.5 is higher than the pre-test 8.86. The improvement between pre-test and post-test was 12.7 and obtained paired 't' test value was 6.64; it is highly significant at 0.05 level and 0.01 level. Hence it is inferred that there is significant increase in the knowledge level of the mothers on domestic violence after structured teaching programme.

Hence the research hypothesis H1 "there is significant increase in the level of knowledge of mothers on domestic violence after the structured teaching program" was accepted.

The obtained mean post-test attitude mean value is 60.36 is higher than the pre-test 41.8. The improvement between pre-test and post-test was test was 17.86 and obtained paired 't' test value was 4.82; it is highly significant at 0.05 level and 0.01 level. Hence it is inferred that there is significant increase in the attitude level of the mothers on domestic violence after structured teaching programme.

Hence, it is shown that there is significant increase in the level of attitude of mothers on domestic violence after the structured teaching program, so hypothesis H2 was accepted.

This study was carried out as one group pre-test and post-test design with quasi experimental design with the aim at determining the impact of planned health education given to mothers oriented to domestic violence. After the education, there is significant improvement in the knowledge and attitude of mothers on domestic violence.

The obtained mean post-test knowledge value was 21.5 and post-test attitude was 60.36; the r-value is 0.347 which is significant at 0.01 and 0.05 level. It shows that there is relationship between post-test knowledge and post-test attitude scores. Hence hypothesis H3 stated that there is significant relationship between post-test knowledge score and post-test attitude score, was accepted.

There is statistically moderate association between the selected demographic variable like type of marriage and post-test knowledge score. But other demographic variables like age, religion, educational qualification, occupation, family income, type of marriage, type of family are not significantly associated with post-test knowledge scores. Hence hypothesis H4 (a) stated that there is significant association between post-test knowledge score with selected demographic variables, was accepted.

There is no association between the selected demographic variables and post-test attitude score. Hence hypothesis H4 (b) was rejected which stated that there is significant association between post-test attitude score with selected demographic variables.

IX. CONCLUSION

The study was conducted to evaluate the effectiveness of Structured Teaching Programme on knowledge and attitude of domestic violence among mothers residing at Tavarekere, Bangalore. In the present study, 30 mothers were selected using Purposive sampling method.

The research approach adopted for the study is quasi experimental design with a view to measure the knowledge and attitude on pre-test and effectiveness assessed in post-test to assess the effectiveness of structured teaching programme. The data were collected by a self-administered questionnaire and attitude scale. The data was interpreted by suitable statistical method.

This chapter deals with the following conclusions

1. On the basis of the findings of the study the below said conclusions were drawn. It also brings out the limitations of the study into picture. The implications are given on the various aspects like nursing education, nursing practice, nursing administration and it also gives insight to future studies.
2. The knowledge of mothers regarding domestic violence was inadequate as assessed during the pre-test, whereas the knowledge has considerably improved during the post-test.
3. The attitude of mothers regarding domestic violence was significantly positive during the pre-test.
4. Structured Teaching Programme was effective in improving the knowledge of mothers on domestic violence. The significant difference between pre-test and post-test knowledge score was demonstrated by using 't' test. The analysis of mean, standard deviation of the knowledge scores in the pre-test and post-test revealed that the mean pre-test knowledge score was 8.86 whereas the post-test mean score was 21.5. This shows high mean difference in the effectiveness of Structured Teaching Programme.
5. It can be inferred that the knowledge score of the mothers regarding domestic violence were inadequate in the pre-test. The Structured Teaching Programme was considerably effective in increasing the knowledge level of mothers.
6. The obtained mean post-test knowledge value was 21.5 and post-test attitude was 60.36; the r-value is 0.347 which is significant at 0.01 and 0.05 level. It shows that there is relationship between post-test knowledge and post-test attitude scores.
7. This study proved that there is statistically moderate association between the selected demographic variable like type of marriage and post-test knowledge score. But other demographic variables like age, religion, educational qualification, occupation, family income, type of marriage, type of family are not significantly associated with post-test knowledge scores. There is no association between the selected demographic variables and post-test attitude score.

X. IMPLICATIONS OF THE STUDY

1. **Nursing Practice:** The finding of research only when incorporated into practice is fruitful and enables the professional growth. Mothers are in most frequent and close contact with children. It is important that mothers should have adequate knowledge on impact of domestic violence on children. The knowledge of domestic violence equips the mother to handle situations carefully if encountered with such situations.
2. **Nursing Education:** The present study emphasizes on enhancement regarding knowledge of domestic violence. The nursing curriculum should consist of knowledge related to health information using different methods of teaching. The students learning experience should emphasize on teaching various community groups.

Improved and newer techniques have to be used for motivating the mother's participation in education programs. It should be emphasized on recognizing and detecting early signs of domestic violence.

3. **Nursing Administration:** The administrator should take interest in providing information on domestic violence, its dangers and protection. Administrators should make a plan and organize educational programs for mothers. Planning and organizing such programs require efficient team work, planning for men, money and material.
4. **Nursing Research:** The mother is responsible for the integrated all round development of the children and their role in creating efficient future is significant. Many times caregivers left unnoticed the symptoms in children witnessing domestic violence. Research should focus on behavior modification after teaching programs to find the effectiveness of teaching.

Research should be done on practicing newer methods of teaching, focusing on interest, quality and effectiveness. Evidence based nursing studies could be taken up.

5. Limitations

- The study is limited to
- The sample size was small comparatively thus generalizations of findings are limited.
- The study was limited for a period of four weeks only.
- The study did not use any control group.

6. Recommendation:

The following further studies are recommended on the basis of the present study.

- A similar study can be replicated on sample with different demographic characteristics.
- A similar study may be replicated with a control group and using a larger population.
- A survey can be done to determine the amount of interest among mothers in participating in teaching programme.
- An extensive teaching strategy protocol may be developed including all aspects of domestic violence.
- A follow up study among this population after a year can ascertain the effectiveness of the structured teaching programme further.
- Different modes of structured teaching programme can be planned out and studies of similar kind can be undertaken.

XI. SUMMARY

The purpose of the study is to assess the knowledge and attitude of teachers regarding domestic violence. The study was conducted at Tavarekere, Bangalore. 30 mothers were selected by using purposive sampling technique. The investigator first introduced her to the authorities and obtained the permission for the study. The study design was quasi experimental design in nature, conducted over a period of four weeks.

One group pre-test and post-test design with quasi experimental design was adopted to evaluate the effectiveness of structured teaching programme on knowledge and attitude regarding domestic violence among mothers. A structured questionnaire and attitude scale were prepared and used to collect the data to assess the level of knowledge and attitude among mothers.

The prepared questionnaire and attitude scale were validated by the subject experts and the reliability of the test was tested.

The tool was administered and the collected data was analyzed. The data gathered were analyzed and interpreted according to the objectives. Descriptive statistics were frequency, percentage, mean and standard deviation. Further inferential statistics like chi-square was included to test the hypothesis at 5 % levels of significance.

Major findings of the study

The data collected were edited, tabulated, analyzed, interpreted and findings were presented in the form of tables and diagrams represented under following areas:

- 1. Section – A:** This section deals with the following
 - To assess the level of knowledge of mothers regarding impact of domestic violence on emotional and social development of children.
 - To assess the level of attitude of mothers regarding impact of domestic violence on emotional and social development of children.
 - Distribution of mothers according to their level of knowledge in tabulated form.
 - Distribution of mothers according to their level of attitude in tabulated form
- 2. Section –B:** It shows effectiveness of structured teaching programme regarding impact of domestic violence on emotional and social development of children among mothers. The distribution of mean, standard deviation of pre-test, post-test and enhancement score in tabulated form.
- 3. Section – C:** It shows the relationship between the post-test knowledge and attitude scores. Distribution of mean of post-test scores with co-efficient of co-relation in tabulated form
- 4. Section – D:** It shows the association of post-test knowledge and attitude scores of mothers with their selected demographic variables. Distribution of frequency and percentage of selected demographic variables in association with post-test knowledge and attitude scores in tabulated form.

5. The Findings are Summarized as Follows:

- **Findings regarding demographic variables:**

Distribution of demographic variables reveals that maximum number of mothers that is 37 % was in the age group of 26-30 years, 33 % was in the age group

of 31-35 years, 17 % was in 36-40 and remaining 13 percent was in the age group of 21-25 years.

Distribution of respondents based on the religion shows that 73.3 % of them were Hindu and 20 % were Christian and only 6.7 % were Muslims.

Regarding the educational qualification 50 % were belong to 6th-10th standard, 26.6 % were belong to 1st-5th standard, 16.7 % are higher secondary, 6.7 % had no formal education and none of them were graduates.

It can be seen from the findings that 50 % are employed and 50 % are unemployed. With regard to family income, 49.3 % of respondents have Rs.6000-9000 per month, 40 % have Rs.3000-6000 per month, 13.3 % have above Rs.9000 per month and only 3.3 % have less than Rs.3000 per month.

Distribution of respondents according to type of marriage shows that 76.7 % were arranged marriage and 23.3 % were love marriage.60 %of respondents were in joint family and 40 % were in nuclear family.

With regard to source of information, 60 % respondents from movies, 30 % got information from TV, radio and 10 % from books and none from magazines.

- **Findings regarding assessment of the knowledge level of mothers regarding domestic violence**

In the pre-test, 21 (70%) had inadequate knowledge, 9(30%) had average knowledge and no one had adequate knowledge.

In the post-test, majority of them that is 26 (86.7%) had adequate knowledge, 4 (13.3) average knowledge and none of them had inadequate knowledge.

- **Findings regarding assessment of the attitude level of mothers regarding domestic violence:**

In the pre-test, majority of them 27(90%) had positive attitude and 3(10%) had negative attitude. In the post-test, all 30(100%) had positive attitude.

- **Findings regarding the evaluation of effectiveness of structured teaching programme on domestic violence**

Mean post test knowledge score 21.5 with SD 2.55 is higher than the mean pretest knowledge score 8.86 with SD 2.57. In order to test the difference between the two means, paired t test was computed and obtained t value 6.64 was found to be significant at 0.05 level and 0.01 level. Hence, it is inferred that there is significant increase in the level of knowledge of mothers on domestic violence after the structured teaching program.

Mean post test attitude score 60.36 with SD 3.63 is higher than the mean pretest attitude scores 41.8 with SD 4.28. In order to test the difference between the two means, paired t test was computed and obtained t value 4.82 was found to be significant at 0.05 level and 0.01 level. Hence, it is shown that there is increase in the level of attitude of mothers on domestic violence after the structured teaching program.

- **Findings regarding the relationship between post-test knowledge and attitude.**

The obtained mean post-test knowledge value was 21.5 and post-test attitude was 60.36; the r-value is 0.347 which is significant at 0.01 and 0.05 level. It shows that there is relationship between post-test knowledge and post-test attitude scores.

- **Findings regarding the association between the post-test knowledge and attitude scores with selected demographic variables.**

There is statistically moderate association between the selected demographic variable like type of marriage and post-test knowledge score. But other demographic variables like age, religion, educational qualification, occupation, family income, type of marriage, type of family are not significantly associated with post-test knowledge scores.

There is no association between the selected demographic variables and post-test attitude score.

Over all experience of conducting this study was satisfying and enriching even as the respondents were satisfied with the information they received. The project was indeed a learning experience for the investigator.

The mothers need to improve their knowledge and skill in caring the children witnessing domestic violence at home. A multi disciplinary team approach can be fulfilled only when all the team are equally competent in all aspects of care.

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THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE
AND ATTITUDE REGARDING IMPACT OF DOMESTIC VIOLENCE ON EMOTIONAL
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THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE
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