IMPACT OF DOMESTIC VIOLENCE ON THE MENTAL HEALTH OF CHILDREN IN ARUA CENTRAL DIVISION, ARUA DISTRICT

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UGANDA CHRISTIAN UNIVERSITY

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DECLARATION

I, Jane Keji Joseph of Reg. No M23B15/013, hereby declare that this research report is my original work and has never been submitted to any institution of higher learning for an academic award.

Signature ..... Date: 02/05/2026

JANE KEJI JOSEPH

APPROVAL

This research has been submitted for examination with my approval as the research supervisor

SUPERVISOR

Solomon Mwije

Date: 03/05/2026

DEDICATION

To my dearest family members; my uncle, my parents, and siblings who have contributed to me financially, spiritually, morally, and also through compassion throughout my time in Uganda Christian University, I dedicate this work to you all.

ACKNOWLEDGEMENT

To God through Whose abundant grace and divinely provided provisions, I was able to accomplish this task. It is a great honor for me to offer my deepest thanks to my supervisor, Mr. Solomon Mwije, for providing me with scholarly advice and constant encouragement. The acknowledgment would be inadequate without deep appreciation to my respondents: children, counselors, and staff from the Arua General Referral hospital in the Arua Central Division who gave me academic support in order to come this far. My sincere appreciation also goes to my lecturers for their professional and academic nurturing. I am obliged to extend my appreciation to my course mates especially for their constructive academic discussions, professional encouragement and support. In addition, I am thankful to my family members for their spiritual guidance, which helped me to stay firm and focused on my academic pursuits. Above all, I want to thank my uncle and elder sister for their love and encouragement, which inspired me through my academic years.
God bless you all.

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LIST OF ABBREVIATIONS

DV	Domestic Violence
IPV	Intimate Partner Violence
PTSD	Post Traumatic Stress Disorder
WHO	World Health Organization
UNICEF	United Nations International Children Emergency Funds

CHAPTER ONE

INTRODUCTION

TOPIC: THE IMPACT OF DOMESTIC VIOLENCE ON THE MENTAL HEALTH OF CHILDREN IN ARUA CENTRAL DIVISION, ARUA DISTRICT

1.0 Introduction

This chapter will discuss the background of the impact of domestic violence on the psychological well-being of children in Arua City, statement of the problem, objectives of the study both general and specific, justification of the study, importance of the study, limitations of the study, conceptual framework, and definition of key terminologies.

1.1 Background

The presence of domestic violence within the family may cause many mental issues among kids in the future. There are many studies indicating that domestic violence affects children's lives by increasing their risks of developing various mental diseases. For example, some research has shown that children who were victims of domestic violence are more likely to suffer from anxiety and depression than other children. Nevertheless, not all of the kids subjected to violence have bad consequences. The current paper is focused on reviewing the literature related to the different types of violence that children experience and the impact of domestic violence on the mental health of children.

It is no doubt an upsetting experience for the children whose families suffer from domestic violence, which is a traumatic and ongoing experience. These experiences can accumulate through time and affect all aspects of life, including health and wellbeing of children. According to parent report, almost 4% of children had been witnesses of severe domestic violence. The factors related to greater likelihood of child witnesses of domestic violence were older age, mixed ethnicity, physical disorders, more than one child in the family, divorced parents, renting the house, living in poor neighborhoods, mother's emotional status, and dysfunctional family

Being witnesses of domestic violence does not automatically imply that they observe violence happening because many of them relate events that they may have heard but not

observed. Children are also indirect witnesses of domestic violence because they see the result of domestic violence on their mother and the destruction.

1.2 Problem statement

Three to ten million children and adolescents experience domestic violence among their parents or caregivers annually. Domestic violence refers to a situation where there is abuse within the family. According to the United States Department of Justice, domestic violence is "a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner." Domestic violence may take place through verbal abuse, sexual abuse, physical abuse, and psychological abuse. It takes place in heterosexual or homosexual relationships.

Thousands of children in Uganda continue to be victims and witnesses of domestic violence, yet, thousands of other children have inadequate protection against such exposure as they continue being subjected to domestic violence. According to UDHS 2016, 44% of girls and 59% of boys aged 13-17 years had experienced physical violence within the year preceding the survey. Despite the existence of policies and laws aimed at protecting children from domestic violence, the failure to implement and enforce them effectively makes such efforts ineffective (MGLSD and UNICEF, 2018). The results of the National Violence Against Children (VAC) survey suggest that prevalence of physical, sexual, and emotional violence is relatively high among children. As many as four out of ten girls and six out of ten boys aged 4 to 17 experienced physical violence in the year preceding the survey. Moreover, 46.7% of the children who were surveyed had also suffered from emotional abuse (UNICEF, 2012). While children from all cultures and all socioeconomic levels are at risk of violence, children with disabilities, those living outside the care of a family unit, and those from poor families suffer domestic violence disproportionately compared to others (Human Rights Watch, 2014; OAG, 2013).

The effects of domestic violence on children are far-reaching in terms of their health and development. It is likely to impact their physical and psychological well-being and affect their learning and social behavior resulting in various developmental issues including emotional problems such as feeling guilty and helpless. Moreover, as seen from literature, children who are exposed to domestic violence often remain mentally scarred for life. This includes suffering from different types of psychological issues such as depression,

post-traumatic stress disorder, aggression, anxiety, etc. Furthermore, children who are victims of domestic violence are more vulnerable to engaging in health-risk behaviors including drug abuse and sexually acting at an early age (UNICEF, 2014). Moreover, children experiencing domestic violence face a high risk of disability and death, acquiring HIV infections, becoming homeless, and even suffering Gender-Based Violence later on in life. Children who are victims of domestic violence tend to fail in school, which prevents them from meeting their developmental milestones. Over a period of time, the stress built-up due to domestic violence can lead to biological embedding and cause severe changes in the adaptation functions of the body.

Domestic violence continues to be an endemic social problem across the globe. Domestic violence leaves lasting effects not only on its direct victims but also causes trauma that extends much further than its direct victims. Research on the negative effects that witnessing domestic violence at home has on the psychological well-being of children is plentiful; however, more research needs to be done in terms of examining evidence-based support for the topic, considering its wide-spread and persistent nature. In this review of research, efforts will be made to thoroughly analyze the connection between exposure to domestic violence and the mental health of children.

The connection between exposure to domestic violence and mental health problems has been consistently established through research. Not only do children face exposure to horrific acts themselves, but also unstable, stressful, and traumatizing environments contribute to their maladaptive behavioral and developmental patterns (Herrenkohl et al., 2008). According to studies, exposure to domestic violence correlates with an increase in the rate of internalizing disorders among children, including depression and anxiety, as well as externalizing behavioral problems, for example, aggression (Evans et al., 2008). Another issue associated with being exposed to domestic violence during childhood relates to the development of clinical responses to stress. Exposure to domestic violence can be characterized as a factor that predisposes individuals to post-traumatic stress disorder (PTSD) (Holt et al., 2008). Stressful and unpredictable environments create long-term effects on children's psychological development, making them face difficulties associated with social, emotional, and cognitive domains that influence future achievements. At the same time, some individuals manage to avoid negative mental health outcomes despite exposure to domestic violence. The presence of protective factors

determines one's resilience to adverse situations and influences outcomes across multiple levels, including personal traits and social support systems (Herrenkohl et al., 2021).

1.4 The purpose the study

To determine the effects of domestic violence in the family on the mental well-being of children in Arua Central Division

1.5 The objectives of the study

1. To assess the different forms of domestic violence experienced and witnessed by children in Arua Central Division
2. To examine the impacts of domestic violence on the mental health of children in Arua Central Division

1.6 Research questions

1. What forms of domestic violence do children in Arua Central Division experience or witness
2. How does exposure to domestic violence affect the mental health of children in Arua Central Division

1.7 Scope of the study

Content of the scope

The effect of domestic violence on the psychological well-being of children within Arua Central Division.

Geographical scope

This research was carried out in Arua central division which is situated in Arua city in the West Nile region of northern part of Uganda. The target population of this study comprises the children of ages ranging from 5 to 17 years exposed to domestic violence in Arua central division in Arua district.

Time scope

The study will be undertaken over a duration of 2025/2026. It is anticipated that this duration will give enough time to study the effect of domestic violence on the mental well-being of the children in the Arua Central Division in relation to its different forms and effects.

1.8 The justification of the study

The study will be justified by the growing public concern posed by domestic violence on children development which is a critical period for mental health and development hence exposure to violence can lead to long term psychological effects including anxiety, depression and behavioral issues

Results of the research will be used to develop a better insight into the role played by various social determinants in mental health, hence contributing to the empowerment of policymakers, service providers, among other individuals to appreciate the need for protective systems for children within their social settings.

1.9 The significance of the study

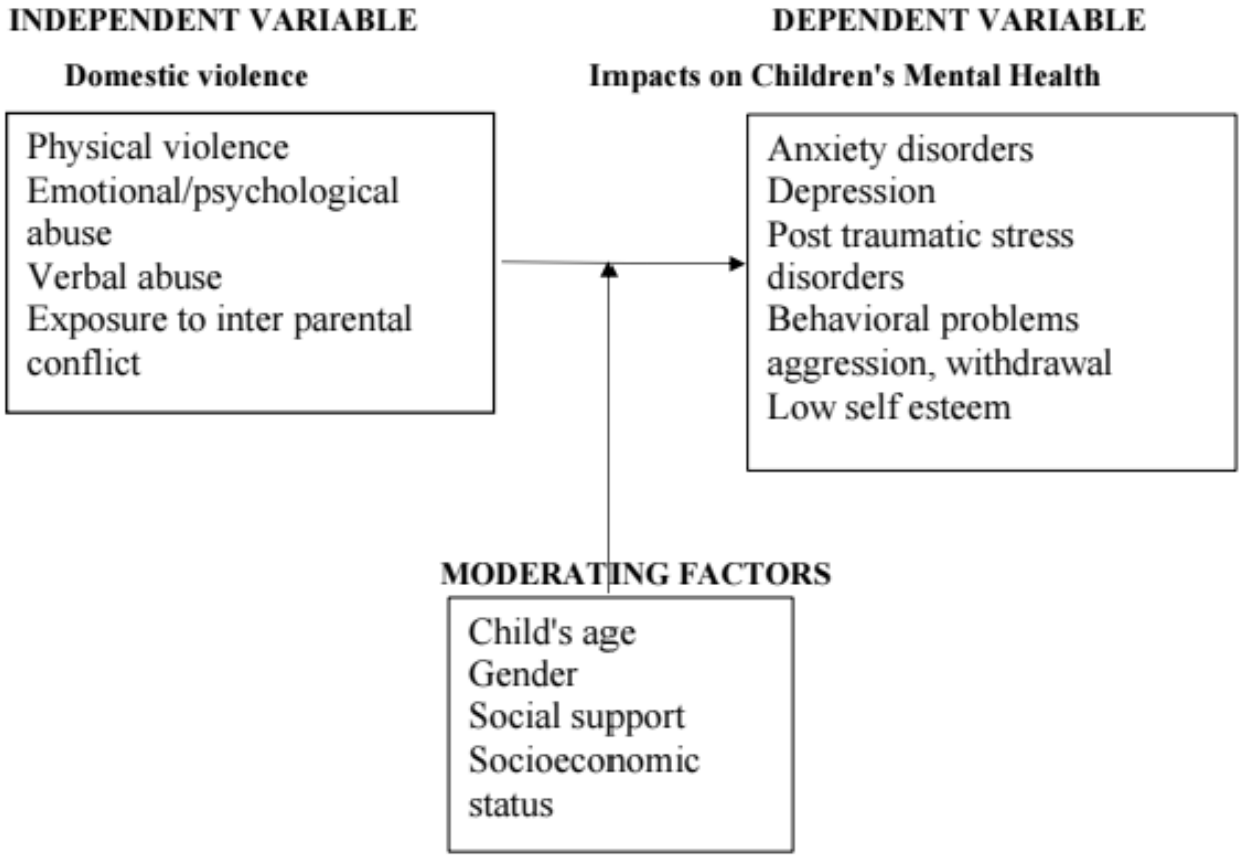
The significance of this study stems from many factors, emphasizing its significance to different parties including peacemakers, community leaders, NGOs and the larger community as a whole.

The research carried out in this study presents an extensive and empirical analysis of the various forms and implications of domestic violence with respect to children's psychological wellbeing. This study presents a comprehensive analysis of this phenomenon through the incorporation of both quantitative and qualitative data, stressing the urgency of approaching this subject in a holistic way.

This study acts as an urgent need to ensure that the proper actions are taken to create strategies for protecting and supporting these at-risk children, which will help prevent further violence and ensure their well-being. Domestic violence, involving physical, psychological, and emotional violence between intimate partners, is a common problem around the world, which has affected millions of families. The short-term effects of domestic violence against adults have been well established; however, its long-term effect on children exposed to it is now becoming more apparent to many scholars and professionals in this field. The purpose of this research paper is to offer evidence-based recommendations for addressing the long-term effects of domestic violence on the well-being of children.

There are a number of important conclusions drawn from this research that can be of great value when developing appropriate interventions aimed at assisting the children affected by domestic violence. The crucial need for taking the trauma-informed approach into consideration and creating a safe environment along with trauma-informed interventions that include such types of play as sand play and art therapy is obvious.

The Conceptual Framework of the Research



In this study, domestic violence has been seen as an independent variable while mental well-being among children acts as the dependent variable. The strength of this effect might be different due to various moderators such as age, gender, socio-economic status, family support, teacher support, peer support, etc.

1.10 Theoretical framework

According to Social Cognitive Theory, one's behavior is a result of personal variables together with their environment and the social interactions. Self-regulation is an important concept in social cognitive theory since it is a process involving self-monitoring,

judgment, and self-reaction emotionally Usher & Schunk, (2017). Young people learn from observing themselves and making judgments about what they have done and how they feel about it and react emotionally to what happens. Through these processes, teenagers are able to predict outcomes, plan actions and make decisions on domestic violence

1.11 Justification of the theory

Children as observers of domestic violence

According to social learning theory, children who grow up in violent settings such as those characterized by domestic violence, and in a society where violent tendencies are part of the culture are the key witnesses of violent interactions between caregivers. The reason for this is that these children do not only undergo violence but they observe the behaviors and thus according to social learning theory, they tend to see violent behavior as being normal, which leads to various psychological disorders.

Modeling of fear, helplessness and aggression

According to Bandura's modeling process, children raised in a family environment where there is domestic violence tend to suffer from psychological problems such as depression, withdraw and anxiety or externalizing behaviors such as aggression. The theory highlighted the fact that children who are frequently subjected to seeing parents as victims and defenseless learn to model this behavior.

Role of social environment

The social learning theory supported the idea that geography and culture were important in determining behavioral patterns and mental wellness. Factors such as cultural expectations in regard to the gender roles, community acceptance of domestic violence and lack of effective protection of children in poor environments led to the creation of an environment where social learning occurs due to domestic violence and results in mental distress.

1.12 Key Terms

Domestic violence is a series of abusive behaviors in any relationship used by one of the partners to gain or maintain power and control over another intimate partner. Domestic violence may be physical, psychological, sexual, or emotional abuse. Domestic violence may occur among heterosexual or homosexual relationships.

Mental health is the mental state in which an individual is able to handle pressures of daily living effectively, make the best use of their talents, study and work effectively as per the definition of WHO.

A child refers to a person below the age of 18 years according to Uganda's constitution

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In analyzing the influence of domestic violence on mental health among people of Arua Central Division, it will be important for us to dig deeper into the existing literature to appreciate the intricacies involved. As previously mentioned, domestic violence carries far-reaching consequences for the mental well-being of children. There has been vast literature developed over time regarding this issue. In light of this, it is important to examine some of the previous studies conducted concerning the impacts of domestic violence on mental health among children.

2.1 Incidence of Domestic Violence

Domestic violence is still prevalent in various areas in the world such as Uganda, UK, and the USA where it accounts for about 14 percent of all acts of violence (Office for National Statistics, 2013). Even though domestic violence may be committed in any kind of personal or familial relationship, recent research shows that 12 percent of children below age 11 years had experienced domestic violence at home (NSPCC, 2011). The idea that children could not know about domestic violence being committed against their loved ones has been debunked. Instead, it has now become apparent that children understand everything that goes on within their home. For example, out of 246 children whose mothers had been physically abused by their partners, Abrahams (1994) found that 73 percent had witnessed assault being committed against their mothers, while 52 percent had seen their mother's injury.

Efforts have been made to gauge the prevalence of domestic violence on a global scale. Research through national surveys indicates that domestic violence is a problem in almost all countries. For example, the findings of the NISVS survey indicate that about one in two women, and close to two in five men in the U.S. have experienced intimate partner violence at least once in their lives (Leemis et al., 2022). The situation is not any better in other countries as well. According to research, more than half of ever-married women in Uganda had faced domestic violence at some point in their lives. In the UK, the Office for National Statistics (n.d.) indicates that 1.6 million women and 786,000 men had domestic violence experiences in 2020-2021. A major problem in reporting violence includes issues

like embarrassment, fear of reprisal by the perpetrator, and lack of resources among others (Hamby et al., 2020). There are also no standardized tools for measuring domestic violence (Alpert et al., 2018). Underreporting, therefore, leads to problems of generalizing results from the studies since the experiences of the children are not properly captured (Hamby et al., 2020). To counteract this, other researchers use multimodal approaches such as surveys, hotlines, and health facilities among others (Leemis et al., 2022).

2.3 Forms of domestic violence experienced by children in Arua Central Division

Physical violence

As per research evidence available in the literature of Uganda, including reports of studies conducted during the period of the lockdown due to COVID 19 pandemic, more than 33% of children had witnessed physical violence. Children exposed to physical violence exhibited significantly high incidences of emotional problems (43%), conduct problems (39%), and peer-related problems (31%). This evidence is aligned with previous research evidence generated by studies conducted by Johnson et al. (2020). According to their findings, depression, anxiety, and PTSD among children have developed due to exposure to physical violence. This relationship was also evident from the studies conducted by Smith & Jones (2022) that established an extremely strong relationship between physical violence and anxiety disorders, and from the study conducted by Johnson et al. (2021) establishing a link with poor academic performance.

Emotional abuse

The findings show that close to 41% of the children suffer from emotional abuse, and this is the most frequent type of domestic violence perpetrated against the children. Those children exposed to emotional abuse meant that there was an increased likelihood of developing psychological and behavioral issues, which is in line with the findings of Smith and Brown (2021). This shows how the act of emotional abuse has an extremely damaging effect on the children in terms of the psychological state and development of the child. As indicated by Anderson and Davis (2021), emotional abuse could lead to the manifestation of internalizing disorders such as anxiety and depression among others.

Verbal abuse

As seen from the results from the study, the most common domestic violence form that the children suffered was verbal abuse (45%). Quantitative data showed a strong

correlation with the children suffering verbal abuse, with their higher scores on the sub-scale for emotional symptoms and conduct problems questionnaires, much in line with the findings of Wilson and Garcia (2022), where verbal abuse was associated with childhood depression. Anxiousness, sadness, anger, and insecurity emerged as key themes. For the girls, it was about their mothers while for the boys, there was a sense of helplessness and anger living in the anarchy in their homes. Similar findings have been reported by Anderson and Davis (2021).

2.4 The impacts of domestic violence on the mental health of Children

Emotional & psychological impacts

Children exposed to domestic violence experience severe psychological consequences. According to Johnson et al. (2021), exposure has been proven to increase emotional and psychological problems among children. Similarly, Smith and Davis (2020) indicated that children who experience domestic violence suffer trauma and symptoms related to PTSD including intrusive thoughts and avoiding certain behavior. Psychological trauma occurs when an individual faces or witness experiences of extreme fear, helplessness, or terror as a result of overexposure to domestic violence (American Psychiatric Association, 2013, as cited in Smith & Davis, 2020). In case such issues are not resolved, they can continue into adulthood (Salem et al., 2023). Post traumatic stress disorder emphasized the fact that there was an increased likelihood that PTSD symptoms would be present among children exposed to domestic violence including intrusive thoughts, flashbacks, hyperarousal, and numbing of emotions. The findings confirm the findings of Alvare et al. (2022), in which exposure to domestic violence is identified as one of the primary indicators for PTSD in children. According to Alvare et al., children exposed to domestic violence experience nightmares, hyper-vigilance, and avoidance of particular stimuli.

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Behavioral and Social impacts

Aside from internalization and externalization problems, exposure to domestic violence leads to other adverse outcomes. According to Herrenkohl et al. (2008), exposure was connected to delinquency, substance abuse, and academic underachievement and had ramifications on adult success. As stated by Graham-Bermann and Perkins (2010), the lack of stability and dysregulated emotions arising from chaotic environments inhibit cognitive, social, and emotional development. Exposure affects healthy relationship modeling since children internalize violence as a coping mechanism (Bancroft & Silverman, 2002). Also, the construction of fear-based and unreliable relationships in such households adversely impacts social relationships and trust due to withdrawing from others (Buchanan, 2018). For these reasons, it is not uncommon for children to have trouble with peers, lack social skills, have low self-esteem, and difficulty with reading social cues (Baker et al., 2021; Evans et al., 2008). Exposure to domestic violence in key developmental phases such as childhood worsens the issue since attachment security necessary for the development of interpersonal skills becomes impossible (Holt et al., 2008; Cummings, 2020). Exposure in turn causes toxic stress resulting in impaired brain development and inhibits cognitive processes (Salem et al., 2023).

CHAPTER THREE

RESEARCH METHODOLOGY AND DESIGN

3.0 Research Design

The mixed method of research design has been adopted in order to consider all the implications that domestic violence causes on the mental well-being of children in Arua Central Division. The parallel mixed methods design would be used in order to acquire both qualitative and quantitative data, and the weight accorded to each would be equal. This is because it would ensure that the problem is considered comprehensively as the two approaches have been combined.

The quantitative part of the study shall adopt a cross-sectional survey methodology design. We have taken an already existing tool for measuring mental health indicators among children including but not limited to depression, anxiety, stress, trauma and distress. The Questionnaire shall be used in identifying behavioral problems and emotional difficulties amongst children (Goodman et al., 2000). Subjects will be subjected to various forms of domestic violence along the lines of their resilience levels. The questionnaires will be filled out by 100 pupils at the primary level who are aged 10-17 years in Arua Central Division. The process shall take place in classrooms with the assistance of the research student and teachers.

For qualitative component, a total of 20 in-depth interviews will be carried out among important stakeholders in order to get deeper understanding of various aspects relating to the topic. A total of five interviews will be conducted among primary school teachers and counselors on the issue of dealing with children exposed to domestic violence. Also, five different interviews will be conducted among social workers and other members of the domestic violence agencies such as save the children and police departments including CPU and probation. Finally, ten children will also be interviewed in order to provide their own experience with domestic violence. (Seidman, 2013)

3.1 The Study Area

The study was carried out in Arua Central Division. Arua Central division is made up of six wards namely: Awindiri, Bazaar, Mvara, Kenya, Pangisha, and Tanganyika. The division was selected due to its representation of diverse geopolitical zones as well as

culturally diverse populations in Arua district. It has an estimated total population of 67,940 people of which children constitute 16,094 according to statistics from the UBOS 2020. The division provides an urban setup characterized by high population densities with the majority being in rural areas, thus providing diversity in culture, economy, and demographics for a better analysis of the issue under study. In the division, one local government institution, the central police station will be selected. Four primary schools will be selected randomly. Questionnaires will be administered to all pupils aged between 10-17 in those schools. School authorities and teachers will assist in the identification of those children who have suffered domestic violence through changes in behaviors and school attendance. Informants will be sought through key informants among those that work in organizations involved in domestic violence in the study area.

3.2 Sources of information

The information used for this study has been collected from both primary sources and secondary sources. The primary data was collected from the respondents directly, whereas the secondary data was collected from the published articles, newspapers, magazines, and social media.

3.3 Population and sampling techniques

According to Burns & Grove (2023), the definition of population entailed the description of all those characteristics which made them qualify for inclusion in the study. For the purpose of this study regarding the influence of domestic violence on the psychological wellbeing of children in Arua Central Division within Arua District, the target populations will be children between the ages of 10-17 who have experienced domestic violence, children of the same ages who have not experienced domestic violence as this age range includes different developmental stages through which the influence of domestic violence on mental wellbeing can be examined.

Sampling frame

The sampling frame will include both children that have been victims of domestic violence, as well as the parents and guardians of the children.

Sampling techniques

The use of stratified random sampling where stratification will be employed in order to make sure that various groups within the sample population are well represented for example through categorization in terms of age; ages 5-10, 11-14, 15-17 years. The use of purposive sampling in order to target certain individuals who would fit into the sample criteria like individuals who have experienced domestic violence in their homes and willing to undergo depth interviews as well as those connected to social services,

Sample size

The number of samples to be used would depend on the type of research design used with the need to ensure enough statistical power in addition to subgroup analysis. The study would require interviewing 100 children to enable a proper quantitative study while 20 participants would be sufficient for qualitative interviews due to the depth needed for each interview.

3.4 Data collection procedures

Prior to collecting data, the proposal underwent the process of obtaining approval from the supervisor. Following the granting of this approval, permission was given for the researcher to write a formal letter to the head of the Department of Social Sciences at Uganda Christian University. The researcher wrote this letter as an endorsement of the research. Using this letter, permission and ethical approval was given by the authorities, especially the child and family protection unit and school principals.

The data collection procedure took place over a period of three weeks and was done by the research student. In case of the quantitative survey, the research student visited some selected schools when classes were ongoing. The class teachers assisted in identifying children aged between 7 and 12 years. Consent was sought from the children and their parents by use of the parental consent form. Questionnaires were later distributed to the children while they were still in the classroom. In regard to the qualitative interviews, participants were informed ahead of time. They were told about the nature of the research and consent was obtained in writing. Interviews were held at suitable venues for participants like school counseling rooms and office premises of organizations.

3.5 Data Collection instruments

Both quantitative and qualitative methods will be utilized in collecting data for this research. Structured questionnaire will be prepared using the standard scale for the quantitative part of research. The questionnaire will be used to assess children's mental problems (Goodman et al., 2000). Other questions will be added to obtain data about the exposure of children to various types of domestic violence and the factors related to resilience of the victims. The questionnaire will be available in English and the main local language in the areas under investigation such as lugbarati, Alur and Kakwa. Questions will be both open and closed questions.

For the interviews, separate guides will be prepared with questions on domestic violence issues. The guide will include general questions about experiences of different groups concerning domestic violence and its effect on children's mental problems.

3.6 Quality& error control

The measures undertaken in terms of quality control included developing proper procedures to ensure the accuracy, reliability, and validity of the data gathered. It entailed creating high-quality research tools such as properly developed questionnaires and interviewing guides in order to be consistent and follow protocols, as well as performing a pilot study to detect and solve problems prior to actual data gathering. Further, quality control consisted of proper monitoring of the data gathering process, checking on the accuracy of the gathered information, as well as standardized processes in entering and analyzing data. Such measures ensured the generation of accurate results, which is essential in generating sound conclusions and recommendations.

The reliability of the study related to the consistency and stability of the research instrument over time. For this study, reliability referred to the accuracy and consistency of the instruments used for collecting data. The process involved the testing and pilot use of the instruments to detect and rectify problems prior to the actual implementation of the study. Test re-test reliability, which is an indicator of consistency of results over time, inter-rater reliability, which is an indicator of consistency among different researchers, and internal consistency reliability, which is an indicator of correlation among different items on a scale, were utilized.

Validity was crucial in ensuring that the conclusions derived from the data were correct and valid. As far as the effects of domestic violence on children's mental well-being were concerned, the issue of validity meant ensuring that the measurement tools designed – questionnaires and interviews, for instance – reflected all dimensions of domestic violence and its effects. Indeed, for instance, one had to ensure that the questionnaire items were relevant to the subject matter – domestic violence, and the scales used in the survey properly reflected the levels of severity and effects of domestic violence on children's physical, psychological, and social well-being. Various approaches could be employed in validating the survey tool, including content, construct, and criterion validity.

3.7 Data processing and analysis

Data analysis entailed the thorough process of interpreting data to discern meaningful patterns and trends that would shed light on the research questions or hypotheses. Data analysis entailed applying statistical and/or qualitative methods to interpret the data and derive insights. The use of statistical tools, including regression analysis, hypothesis testing, and clustering, enabled the quantification of data and relationships between variables in numerical form (Hair et al., 2022). In contrast, qualitative data analysis involved the application of thematic analysis, content analysis, and grounded theory to analyze textual and narrative data. The process of data analysis had to be effective so as to yield accurate, insightful information.

3.8 Ethical considerations

Ethical considerations were taken into account by taking appropriate measures to uphold participants' welfare and rights. Ethical clearance was acquired from the appropriate authorities. Informed consent from all participants was obtained, highlighting the nature of the study and participants' rights to quit the study at will. The parents were informed in case the children disclosed any incidences of domestic violence.

To prevent further traumatization of children, their safety and comfort were put first. All aspects of child protection such as child-friendly interview, safe and risk assessment, referrals and linkages to services were followed while conducting interviews.

The confidentiality of data obtained was assured. Any identifiers were stripped off from the transcripts.

Anonymity of participants was assured by assigning codes to participants in questionnaire and interview. The welfare of all participants remained the focus of this study.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS

4.0 Introduction

This chapter outlines results regarding the effect of domestic violence on mental health status among children from Arua Central Division Arua District. Analysis of the data gathered through use of self-administered questionnaires and interviews is presented. The information includes the response rate, demographic profile of the interviewees and already available data, as outlined below.

4.1 Response rate of the respondents

RESPONSE	FREQUENCY	PERCENTAGE
Expected respondents	90	100
Actual	84	93.33
Non response	06	6.67

Source: Primary Field Data (March, 2026)

The study in question entailed interviewing 100 respondents (100%). However, the researcher managed to conduct interviews with 84 (93.33%), while the remaining six were not willing to participate (6.67%). Therefore, one can conclude that the researcher managed to interview the majority of the targeted number of people.

4.2 Age of the respondents

YEARS	FREQUENCY	PERCENTAGE
10_11	27	32.14
12_13	25	29.76
14_15	22	26.2
16_17	10	11,9
TOTAL	**84**	**100**

Source: Primary Field Data (March, 2026)

Results from the research study indicate that the respondents in the age bracket of (10-11) were represented by 27(32.14%) respondents as well as children within the age group of 12-13 were represented by 25(29.76%) respondents. Children in the age group of 14-15 were represented by 22(26.2%) respondents and those in the age group of 16-17 were represented by 10(11.9%). The implication from this is that the respondents involved in this study are mostly within the age bracket of under 14 years old. They are few and experience problems related to their eyesight; most wear spectacles.

4.3 Sex of the respondents

SEX	NUMBER	PERCENTAGE
Female	51	60.7
Male	33	39.3
TOTAL	**84**	**100**

Source: Primary Field Data (March, 2026)

From the results shown in the table above indicating the percentage of the sex composition of respondents, it was observed that there were 51 (60.7%) females and 33 (39.3%) were males; therefore, it can be seen that the researcher took gender into consideration since both sexes had an opportunity to express their opinions but the high female percentage could be because there were many females compared to the males.

4.4 Level of education

LEVEL OF EDUCATION	FREQUENCY	PERCENTAGE
Primary	54	64.3
Secondary	30	35.7
TOTAL	**84**	**100**

Source: Primary Field Data (Aug, 2024)

The findings from the table above indicated that 54(64.3%) were respondents in primary schools and 30(35.7%) were respondents in secondary schools

4.5 Religion affiliations of the respondents

RELIGION	NUMBER	PERCENTAGE
Christianity	57	67.9
Islam	27	32.1
TOTAL	**84**	**100**

Source: Primary Field Data (March, 2026)

In accordance with the above table, the results showed that the greatest number of the respondents, 57(67.9%), belonged to the Christian religion and this could be because normally the Christians were more than the Muslims in many places of Tanganyika, pangisha, and Kenya wards in Arua District. The minimum number of the respondents came from the Muslims and comprised 27(32.1%). The minimum number of the respondents could be because there were fewer Muslims than the Christians.

4.6 Forms of domestic violence experienced by children in Arua Central Division, Arua District

RESPONSE	FREQUENCY	PERCENTAGE
Physical abuse	30	35.7
Emotional abuse	22	26.2
Verbal abuse	21	25
Neglect	11	13.1

Source: Primary Field Data (March, 2026)

Based on the findings above, it can be said that domestic violence occurs as a result of physically abusing their spouses and children. Physical abuse happens to be the most reported case of domestic violence based on the police report from 2020 to 2025 (Police report) and the Domestic Violence Act 5:16. But from this finding above, it is clear that physical abuse is also the most reported case of domestic violence, which accounted for 30(35.7%) of the respondents. Emotional abuse was the second most abused reported by 22(26.2%) of the respondents as the most experienced abuse among the children.

4.7 Impact of domestic violence on the mental health of children

IMPACTS	FREQUENCY	PERCENTAGE

Domestic violence causes children to develops post-traumatic stress disorders through hyper vigilance, nightmares, emotional numbness, dissociation	24	28.6
Exposure to domestic violence cause behavioral and conduct disorders like aggression towards peers, bullying, vandalism, defiance	20	23.8
Domestic violence exposure causes depression and anxiety disorders in children through persistent low mood, separation anxiety, school refusal, social withdrawal, panic attacks, excessive worry, sleep disturbances	22	26.2
Domestic violence make children to feel shame, self-blame, and guilt as well as risk taking behaviors	18	21.4

Source: Primary Field Data (March, 2026)

Based on the results above, 24(28.6%) of the respondents indicated that domestic violence causes post-traumatic stress disorder, which is characterized by intrusive thoughts, nightmares, flashbacks, numbing of emotions, avoidance of trauma triggers. 20(23.8%) of the respondents indicated that domestic violence leads to behavioral and conduct disorders. 22(26.2%) of the respondents noted that domestic violence leads to depression and anxiety disorders, with symptoms including persistent feelings of sadness, social withdrawal from other children, separation anxiety, refusal to go to school, excessive worries, difficulty sleeping, panic attacks. 18(21.4%) of the respondents said that domestic violence leads children to feel ashamed, guilty, and engage in risky behavior.

Interviews yielded more in-depth contextual information. Behavioral problems of aggressiveness and withdrawal were identified by counselors to be common in children living in violent homes. Trauma-based problems such as anxiety, poor self-esteem, and trust issues were also cited by the counselors as common problems experienced by children. The interviews with victims of abuse revealed problems such as fear, sadness,

anger, and a sense of insecurity. Girls expressed fear and worries for their mother's safety while boys described feeling helpless and angry about their home situation. Social worker interviews shed light on the difficulties children had to face, including disruption at school, delay in development, detachment from caregivers, and potential for the inter-generational transfer of violence.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary of findings, conclusions and recommendations on study findings and areas for further study. These are all based on research objectives.

5.1 Summary of findings

A total of 90 participants aged between 10-17 years were sampled for the quantitative research within the three areas which were randomly selected from Tanganyika ward, Pangisha ward and Kenya ward in Arua Central Division in Arua District. Among the 90 participants 84 children had witnessed cases of domestic violence within their households.

The objectives for study number one aimed at examining the different forms of domestic violence that are witnessed on children in Arua Central Division in Arua District. From the responses obtained by the participants 30(35.7%), the most prevalent form of domestic violence that was found to affect the participants was physical abuse. The other forms of domestic violence are; Emotional or Psychological abuse 22(26.2%). Verbal abuse experienced by 21(25%) of the participants. Neglect experienced by 11(13.1%) of the participants. In regards to the findings from the second objective, it is evident that domestic violence adversely affects the wellbeing of children by making the child depressed and anxious with 22(26.2%) agreeing. Some of the other effects include; domestic violence results in post traumatic stress disorders since 24 (28.6%) of the participants suggested. The other effects include behavioral and conduct disorders with 20(23.8%).

5.2 Forms of domestic violence experienced or witnessed by children in Arua Central Division, Arua District

Physical violence

Physical violence as shown above in the research results, is the most prevailing type of violence that both children and mothers experience, accounting for 30 out of 84 (35.7%) of the respondents witnessing it. This type of violence is witnessed equally by both girls and boys between the age range of 11 – 17 years. The cases of physical violence are never

isolated; rather there are always children present as witnesses. This can take place through beating, slapping, burning, choking and tying. Such types of violence are culturally accepted in disciplining children to prevent wandering. This is a disturbing figure illustrating how physically punishing continues to prevail in Ugandan families. This is consistent with the findings of the literature review on physical abuse during the pandemic in Uganda. Over 33% of children were reported as witnesses. The children who had been subjected to physical violence were associated with much higher percentages of emotional symptoms (43%), conduct problems (39%), and peer relationship symptoms (31%) based on the survey responses compared to those children who have not faced any such concerns. These results are consistent with previous research conducted by Johnson et al. (2020), which highlighted the emergence of depression, anxiety, and post-traumatic stress disorder in children due to exposure to physical violence. Similar results were also reported by the work of Smith and Jones (2022), which indicated that there was a strong relationship between physical violence and anxiety disorders in children.

Emotional abuse

The study found that around 22 out of 84(26.2%) children had experienced emotional abuse which was the most prevalent type of domestic violence experienced by children. It is evident from the results that emotional abuse is one of the most significant correlates of depression, anxiety disorders in children and adolescents. Emotions abuse refers to humiliating, intimidating, insulting verbally, threatening and denying affection. Emotional abuse victims were likely to have emotional and behavioral problems. According to Smith and Brown (2021) these findings support the idea that children exposed to emotional abuse are more prone to developing mental health issues as they exhibit behavior problems. Findings show the negative effect of emotional abuse in terms of the psychological well-being and overall development of children causing serious long-lasting consequences on children's self-confidence, emotional regulation, and ability to build relationships. According to Anderson and Davis (2021), emotional abuse could lead to internalizing behavior disorders in children such as anxiety and depression.

Verbal abuse

According to the results of the study, the most common type of domestic violence encountered by children was verbal abuse (25% of children). There was a very strong correlation between the results from the quantitative analysis, the children's exposure to verbal abuse, and their higher scores in the emotional symptoms and conduct problem

sub-scales in the questionnaire, as seen in the case of Wilson and Garcia (2022) where verbal abuse leads to childhood depression. Anxiety, sadness, anger, and insecurity emerged as themes. Girls felt that the problem for them was their mothers while boys felt helpless and angry about the chaos in their houses. This is in line with the research carried out by Anderson and Davis (2021).

Neglect

From the results of the study, neglect is 13.1% of all the cases of violence that are reported with the majority of children and adolescents being the main victims as a result of the inability of the caregivers, who include the parents, from fulfilling their basic needs such as providing food, shelter, medication, clothes and education. This conclusion aligns with the findings of ANPPCAN Uganda situational analysis in 2019 which ranked neglect as the topmost violation form of child abuse during the Covid 19 period when a majority of children in Uganda were denied their basic needs such as food and shelter by their parents and caregivers.

5.3 The impact of domestic violence on the mental health of children in Arua central Division, Arua District

Emotional and psychological impacts

It is evident from the above literature that children that are exposed to domestic violence face greater issues with their cognitive, emotional and psychological well-being. From the above literature, it is obvious that exposure to domestic violence affects the children greatly and in terms of the children's mental well-being, there may be challenges when it comes to the normal functioning of the child which includes issues related to cognitive functioning which involves the ability to organize, prioritize and complete tasks.

As for the emotional functioning of these children, one may see problems in forming healthy friendships, maladaptive peer relationships and isolation.

One respondent said, *I was told by the counselors at my school that I have 1.4 to 3.1 times increased risk of developing depression and anxiety*

This is consistent with Smith & Davis (2020) who discovered that such affected children experience anxiety, depression, trauma, as well as symptoms of post-traumatic stress disorder such as intrusions, flashbacks, numbing emotions, and avoidance. This type of

stress is caused by their experiences of fear, helplessness, or horror caused by the excessive presence of domestic violence. It was concluded that early exposure itself did not cause mental distress among children, but increased victimization on behalf of the mother coupled with domestic violence resulted in issues among children.

These findings are also consistent with those identified by Smith & Brown (2021). The findings reinforce the significant consequences of emotional abuse on children's mental wellbeing and development leading to the lasting impacts of emotional abuse among children concerning self-esteem, emotional regulation, and interpersonal relationships. According to Anderson & Davis (2021), emotional abuse might be a contributing factor to internalization disorders such as anxiety and depression and as per the UNICEF Annual Report of Uganda 2024 showed a severe impact of mental health issues among Ugandan children with 22.2% suffering from depression and 14.4% suffering from anxiety.

Impact on internalizing and externalizing behaviors

The results indicated that withdrawal from peers as a coping strategy for coping with the emotions of shame and guilt arising from the feeling of responsibility of the children for their family problems will make the children vulnerable to anxiety and withdrawal, and hence result in cases like drop out of school, substance abuse, and even suicides. This is in line with the perspective of Graham Bermann, 1998 who suggests that internalizing problem behaviors like withdrawal, anxiety, and depression affect the child's internal psychological environment more than the external environment.

The social learning theory by Bandura, (1977) gave a good explanation of the externalizing behaviors such as antisocial behavior, aggressive behaviors, and substance use. The results were similar to that of externalizing behaviors which was supported by the studies by Sypher et al., (2019). This shows that children who observe violence tend to replicate the behavior when among peers, as a way to reclaim some sense of control. Aggressive behaviors can therefore be considered as a way that children externalize their distress using the means of anger or defiance.

There is clear evidence of internalizing and externalizing behaviors in the children according to the research results. This influences children in schools, at home, and even relationships. Violence affects children; they sometimes act on the observed violence in their behavior. At other times they become withdrawn because of the experience of violence. One of the reasons for this is lack of proper attachment to people. Positive

attachments were found to be common in families and social contexts; there was negative attachment which led to internalizing and externalizing behaviors

Behavioral and social impacts

Along with internalization and externalization problems, exposure to domestic violence has been found to cause more general impairment issues. According to Herrenkohl et al. (2008), such exposure is connected to a heightened risk of criminal behavior, substance use disorder, as well as poor educational outcomes, all of which affect adults negatively. According to Graham-Bermann and Perkins (2010), home environment instability and emotional dysregulation prevent normal cognitive, social, and psychological development because children adopt coping through violence from unstable families. Social development is hampered because children build a relationship scheme based on fear and inconsistency and hence tend to isolate themselves (Buchanan, 2018). As a result, peer relationship difficulties, poor social skills, low self-esteem, and social cue interpretation difficulties have been identified among exposed children (Baker et al., 2021; Evans et al., 2008). Such detrimental effects are intensified by exposure to domestic violence at the crucial period when attachment security necessary for building healthy interpersonal communication is formed (Holt et al., 2008; Cummings, 2020). In addition, prolonged toxic stress results in altered brain structure and impaired cognition (Salem et al., 2023). Overall, according to the presented literature review, domestic violence can have a detrimental effect on various aspects of child de

5.4 The Qualitation Information from Counselors and Social Workers at Arua General Referral Hospital

Behavioral outcomes

Aggression. As a result of the research, it came to be realized that exposure to domestic violence is linked to aggression amongst school going children like those in elementary schools and adolescents. Taking into consideration the longitudinal relationship of the two variables, it can be said that there is a delayed effect of domestic violence on future aggressions.

Antisocial Behavior. Children exposed to domestic violence have been seen to engage in behaviors where they hurt other people or property and even animals. For instance, "The studies indicated that children who had experienced domestic violence had greater likelihood of damaging property as compared to children with no exposure." Children

who experienced domestic violence also had a higher rate of being fire starters as compared to children growing up in families without any form of domestic violence. Furthermore, "it has been observed that exposure to domestic violence increases the likelihood of children having hurt others, compared to those with no exposure."

Mental Health Outcomes

Anxiety and Depression

Research has been carried out analyzing the effects of domestic violence on the mental health of children, for example, conditions such as anxiety and depression. The counselors within the department of mental health have always shown that children exposed to domestic violence show symptoms of high anxiety and depression as opposed to those who have not experienced domestic violence exposure. This association has been proven among children ranging from preschool children, early childhood school age, to adolescents. The lasting effects of domestic violence exposure on children's mental health have also been proven.

Emotional Dysregulation.

The definition of emotional regulation is the capacity of an individual to regulate his responses with diverse emotions depending on the situation. It has been observed by most counselors at Arua general referral hospital that children subjected to domestic violence have poor emotional regulation when compared to those not exposed to domestic violence.

Self-Blame and Negative Affect.

It was found that school-aged children who experience domestic violence have a higher tendency to blame themselves in regard to conflict in the relationship between their parents than those who do not experience domestic violence. The gender differences existed in one experiment where the level of self-blame was higher among boys rather than among girls. It was discovered that children who were subjected to domestic violence experienced higher negative affect and were able to characterize their emotions as being negative.

Social Outcomes

Bullying and Peer Relationships. According to the counselor's view, those children exposed to domestic violence have a greater chance of being bullies towards their fellow

students, while at the same time having a higher likelihood of becoming victims of bullying themselves. Concerning relations between peers, studies have shown that children exposed to domestic violence reported significantly more problems with their peers than non-exposed children, in particular, loneliness and conflict within friendships. Problems with peer relations become worse for those who are staying in domestic violence shelters since they are more socially isolated, have fewer close friends, and face difficulties making new friends. According to the findings of studies, those issues do not last long and become smaller with time.

CHAPTER SIX

RECOMMENDATIONS AND CONCLUSION

6.0 Introduction

The children are affected by the violence, and sometimes they portray it in their actions in the form of reenacting what they saw or heard. Sometimes the violence makes them silent. In any case, the two aspects show that it is very important to create an awareness for the welfare of the child.

6.1 Objective one

The first objective revealed that the respondents understand the fact that domestic violence occurs in diverse ways within the households, and this violence is seen or felt by the children in Arua central division, Arua district; and the small standard deviation indicates that the respondents agree to the items posed in the questionnaire.

6.2 Objective two

This objective concluded that domestic violence has an impact on the psychological well-being of children in Arua central Division of Arua District and it needs to be minimized completely

In general, this study has come to a conclusion that physical violence, emotional violence, social and bullying, as well as stress, are serious consequences of domestic violence impacting the psychological well-being of children in Arua Central Division, Arua District and may affect their academic performances negatively. Together with society's perceptions, anxiety, depression and low self-respect of these children can seriously affect their psychological well-being and development.

According to the studies reviewed above, the number of children witnessing violence has not decreased during the period of this research, 1994-2016. For instance, according to Dutton (2000), there are 3.3 million children yearly witnessing violence committed by their parents. Robert Herman-Smith says that approximately fifteen point five million children in the USA witnessed domestic violence, and according to McDonald et al. (2016), eleven percent of US children experience intimate partner violence. As the numbers are increasing in the United States, further research is necessary.

6.3 Recommendations

Awareness Campaigns on Domestic Violence should be established where people are made to know the impacts and dangers of domestic violence. Some of these campaigns could include: Posters & Pamphlets using drama, dancing, or singing to communicate a message, Discussion programs on radio and public service announcements, Video Presentation, Slogans printed on T-shirts, Containers The enactment of the Domestic Violence Act in Uganda to protect victims of domestic violence and ensure prevention of domestic violence through long-term measures.

Initiatives need to be taken from kindergarten, primary school level, and even college to instill more responsible behaviors and educate young people that violence is never acceptable behavior. Training young children not to use violence in solving their conflicts or as a reaction to emotions and frustrations would prevent their involvement in such behaviors when they are adults. Social work profession should be regulated in Uganda by passing the bill into a law; this will empower social workers to be more active. Effective Multi-agency relations and referrals systems are needed for Routine Enquiry.

There are numerous numbers associated with the exposure of IPV and DV among children. These are considered to be very high due to the linkages that exist between exposure to violence and negative consequences. The linkages must always be understood by the social worker in order to develop a form of intervention. According to the current body of research, interventions involving positive parenting techniques and consistency can prove to be beneficial in such scenarios, both at school and at home. There must be efforts from practitioners and teachers alike to promote the health of their students and classrooms.

6.4 Areas for further Study

Further study should be done in many districts where there will be a comparison of findings from different perspectives of stakeholders so that the government will be able to make correct decisions.

Further research should examine the ability of the child to be able to report, or the ability of the parents to self-report as well as being aware of violent incidences faced by their

children. It is possible that the parents are either unaware or underestimate the number of violent incidents they might be reporting. In a lot of research, the issue of the privacy attached to domestic violence and the shame that comes with it is mentioned. While there have been many statistics on the prevalence of domestic violence, would there be more incidences if everybody reported about them?

More research would be necessary in order to find out whether the degree of exposure has an effect on the developmental impacts. Furthermore, if the exposure takes place when the child is younger, will the negative impacts mentioned above be different? Would the outcome have been different had the interventions been started when the child was younger?

A study must be done concerning the effects of domestic violence on cognitive and behavioral development in Ugandan youths.

6.5 Conclusion

Finally, the years of research have provided us with extensive knowledge regarding the effects that domestic violence may have on the mental wellbeing of the child. Although the risks involved might be very high, the process of developing an intervention strategy based on scientific evidence to help the child build up their resilience is now underway. The direction for further research in this field includes detailed evaluation of multifaceted interventions, overcoming obstacles on the structural level, as well as the problem of primary prevention through social change.

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APPENDICS

QUESTIONAIRE FOR PUPILS & STUDENTS

Dear respondent,

I am Jane Keji Joseph, a student of Uganda Christian University Mukono, School of Social sciences conducting research on the impact of domestic violence on the mental health of children in Arua Central Division, Arua City, Arua District. The aim of carrying out this research is purely for academic purposes and the findings can be useful to people of Arua District, Uganda and beyond. I kindly request you to read and answer the questions that best describe your views, opinions and understanding. All information you provide will be highly ***confidential;*** thus, your name will not appear anywhere. There are no right or wrong answers. You can skip any question you do not want to answer. Your response will be highly appreciated. This will take just a little of your time and am grateful for giving your fortified audience

PART A

PERSONAL INFORMATION

SEX

MALE ☐ FEMALE ☐

AGE

10-12 ☐ , 13-14 ☐ , 15-17 ☐

Educational level: Primary ☐ , Secondary ☐

PART B:

Please tick what best applies to you.

Key: 4. Not True (NT) 3. True (T) 2. Sometimes True (St) 4. False (SD)

FEELINGS AND EMOTIONS EMOTIONAL WELLBEING	**NOT TRUE**	**TRUE**	**SOMETIMES TRUE**	**FALSE**
I often feel scared or worried at home				
I get bad dreams or have trouble sleeping				
I feel nervous when adults raise their voices at home				
Behaviors and reactions				
I get upset very quickly				
I have trouble calming down when am angry or scared				
I sometimes break things or hurt myself when mi upset				
I find it hard to pay attention at school				
RELATIONSHIPS AND SOCIAL LIFE	**NOT TRUE**	**TRUE**	**SOMETIMES TRUE**	**FALSE**
I find it hard to trust adults				

I prefer to be alone rather than with other children				
FORMS OF DOMESTIC VIOLENCE	**NOT TRUE**	**TRUE**	**SOMETIMES TRUE**	**FALSE**
I have seen adults in my home shout or insult each other				
I have seen adult push, hit or hurt each other at home				
I have heard scary words or threats at home				
I have been shouted at in a way that made me feel scared				
I feel afraid when certain people are at home				
IMPACTS ON DAILY LIFE	**NOT TRUE**	**TRUE**	**SOMETIME TRUE**	**FALSE**
Problems at home make school harder for me				
I feel different from other children				
I blame myself when bad things happen at home				

OPTIONAL QUESTIONS

1. What make you feel safe or happy when you are scared?

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2. Who helps you when you feel scared or sad?

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……

Thank You

INTERVIEW GUIDE FOR TEACHERS

Dear respondent,

I am Jane Keji Joseph, a student of Uganda Christian University Mukono, School of Social sciences conducting research on the impact of domestic violence on the mental health of children in Arua Central Division, Arua City, Arua District. The aim of carrying out this research is purely for academic purposes and the findings can be useful to people of Arua District, Uganda and beyond. I kindly request you to read and answer the questions that best describe your views, opinions and understanding. All information you provide will be highly ***confidential;*** thus, your name will not appear anywhere. Your response will be highly appreciated. This will take just a little of your time and am grateful for giving your fortified audience.

1. How do you define domestic violence in the context of your work with children?

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……

2. What forms of domestic violence have you encountered or become aware of through your professional years?

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3. In what ways do children in your care typically experience domestic violence?

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4. How often do children disclose exposure directly versus showing signs directly?

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5. What emotional or psychological effects have you observed in children exposed to domestic violence

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6. What behavioral changes do you commonly observe in these children

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7. What attachment or trust related challenges have you noticed?

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8. In which way has domestic violence affected children /learners at school?

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9. Does domestic violence affect learners; Yes or No?

a) If yes, support your answer

……

……

……

b If no, support your answer

……

……

……

10. Apart from the above-mentioned impact, mention other possible impact of domestic violence on the mental health of children in Arua central division, Arua District-Uganda?

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……

……

Thank you

University letter

TEL: 047 6420018/0476420246
IN ANY CORRESPONDENCE ON THIS SUBJECT PLEASE QUOTE:
ARRH /255/1
Email:aruarrhosp@gmail.com

MINISTRY OF HEALTH
Arua Regional Referral Hospital
Office of the Hospital Director
P. O. Box 3,
ARUA, Uganda.

20th April, 2026

To: Jane Keji Joseph
Uganda Christian University
P.o.Box 4,
Mukono

Dear Joseph,

Re: Administrative Clearance for Research Study: "The Impacts of Domestic Violence on Mental Health of Children in Arua Central Division, Arua District".

Reference is made to your letter of introduction from Uganda Christian University dated 2nd April, 2026 seeking for permission to carry out the above referenced study in Arua Regional Referral Hospital. Upon our review of the study documents you submitted for administrative clearance, Arua Regional Referral Hospital is pleased to grant you permission to proceed with the study.

You are required to uphold all ethical standards accordingly in relation to institutional practices. Kindly share with us the results of the study upon completion.

A kind reminder to you is to ensure that proper infection prevention practice is clearly adhered to during data collection.

We wish you well in your study.

Yours sincerely,

For: SENIOR EXECUTIVE CONSULTANT
ARUA REGIONAL REFERRAL HOSPITAL
20 APR 2026
P.O. BOX 3, ARUA
UGANDA

Dr. Aniku Gilbert
Research & ethics Committee

Copy: - Senior Executive Consultant, Arua RRH
- REC File