

Although it is seen as unacceptable by to hit a woman when she is pregnant, nevertheless 15% of pregnant women are subjected to these attacks. The survey did not explore why husbands/partners beat their wives when they are pregnant. However, FWCC's counselling experience provides insight into this question. Regardless of ethnicity, reasons for being beaten cited by women during counselling include jealousy (of the future child), and the fact that she may not be able to do as much household work while pregnant, or care so attentively for her husband's needs. Other reasons mentioned include: infidelity by the husband/partner, who therefore doesn't want the child; an intention to bring on a miscarriage; and punishment for women who have not provided a boy child, which may begin after female children have been born. These interpretations are supported by the data from the survey: 27% of women who experienced violence in their lifetime had husbands/partners who did not want the pregnancy, and 55% had husbands/partners who wanted a son (Figure 7.10).

Control over reproductive rights emerges as a key factor for women living with violence. They are both more likely to have initiated contraception than women who have not experienced domestic violence, and more likely to have been prevented from using family planning methods. This is a common trend seen in other country studies, along with the finding that men who perpetrate domestic violence are also more likely to have multiple sexual partners (WHO 2005: 69-70). This is also the case for Fiji (see Chapter 11). This increases women's risk of contracting sexually transmitted infections including HIV/AIDS and suggests that women living with violence may have other reasons for initiating condom use, in addition to the need for family planning.

FWCC has long been aware of the serious physical, mental and reproductive health impacts of domestic violence from counselling and other anecdotal evidence. In addition to the suffering of individual women, the survey findings demonstrate that there are substantial direct and indirect economic costs of domestic violence – including the costs to health services, and the loss to women's productivity due to injury, ongoing poor health, and emotional distress and suicide attempts. The findings point to the need for increased awareness-raising with community members. Training for health workers is needed on the health consequences all forms of domestic violence, including how to respond appropriately to women to ensure that they receive the best possible care.

Chapter 8: Impacts On Children Of Intimate Partner Violence



Summary of main findings

- More than half (55%) of the women who experienced physical violence from their husband/partner said that their children had witnessed the abuse.
- Violence against women by husbands/partners has a range of negative impacts on children including behavioural problems and failure to progress at school.
- Women whose mothers were beaten are more likely to be living in violent relationships.
- Men whose mothers were beaten and men who were hit as children are more likely to perpetrate violence in their intimate relationships.
- However, some women and men who witnessed violence as children are not living in a violent relationship, which indicates that this learned behaviour can change.

This chapter presents findings on the impact of physical and/or sexual partner violence on children's behaviour and schooling. It also explores the association between growing up in a family where there is domestic violence, and being in an adult relationship where there is domestic violence. Most questions on these matters were posed before women were asked to disclose whether they had experienced violence by a husband/partner. This approach provides robust evidence of the impact of violence on children.

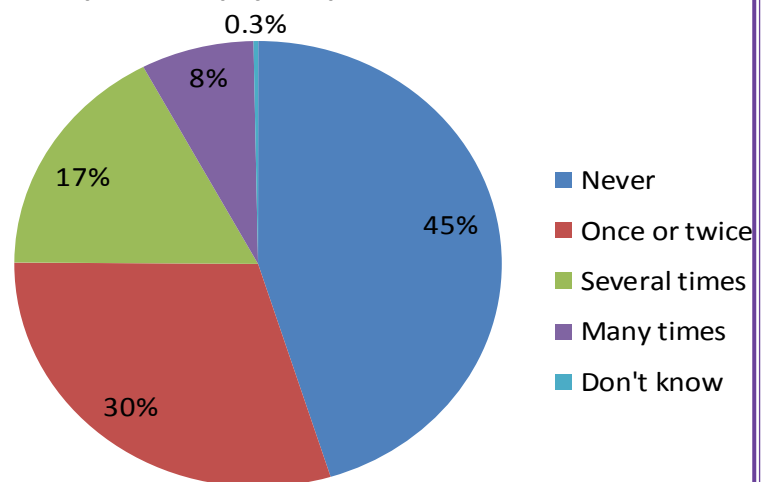
8.1 Impacts of intimate partner violence on children's well-being

Of the 1692 women who experienced physical violence by their husbands/partners, 45% said that their children had never witnessed violence, and the remaining 55% said that children had either seen or heard the violence. Thirty percent (30%) had witnessed the violence once or twice only, 17% had witnessed it several times, and 8% had seen or heard the violence many times (Figure 8.1). Children were slightly more likely to witness the violence many times in urban areas (11%) and in the Central Division (10%), compared with rural areas and the other Divisions (Table 8.2 of Annex 1).

Before being asked about their experience of domestic violence, women were asked several questions about the behaviour of children aged 6 to 14 (section 4 of Annex 2). Among women who had experienced physical or sexual violence, 34% had children who had 2 or more behavioural problems, compared with only 18% of those who had not experienced violence.

The most frequent behavioural problem was aggressiveness towards the mother or other children: this affected 36% of the women who were living with violence, compared with 23% of those who were not.

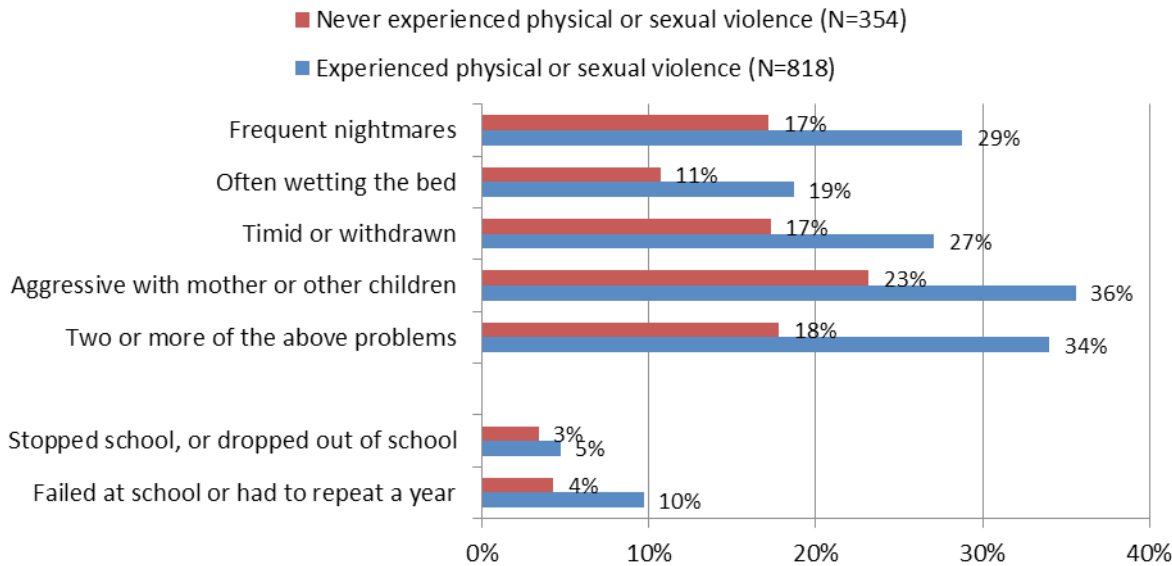
Figure 8.1: Percentage of women who reported that their children witnessed violence, among those who experienced physical partner violence (N=1692)



Twenty-nine percent (29%) of children living in a household with domestic violence had frequent nightmares and 27% were timid and withdrawn, compared with 17% among those where there was no physical or sexual partner violence. Frequent bedwetting was also more of a problem for 19% of children of women suffering from domestic violence, compared with 11% for those who were not living with violence. All these associations between intimate partner violence and children's behavioural problems were highly significant, with P values of less than 0.001 (Figure 8.2 and Table 8.1 of Annex 1).



Figure 8.2: Percentage of women reporting behavioural problems with children aged 6-14, according to experience of partner violence (N=1172)



Note: Associations with intimate partner violence are highly significant with P values of less than 0.001, with the exception of “stopped school, or dropped out of school”. Source: Table 8.1 of Annex 1.

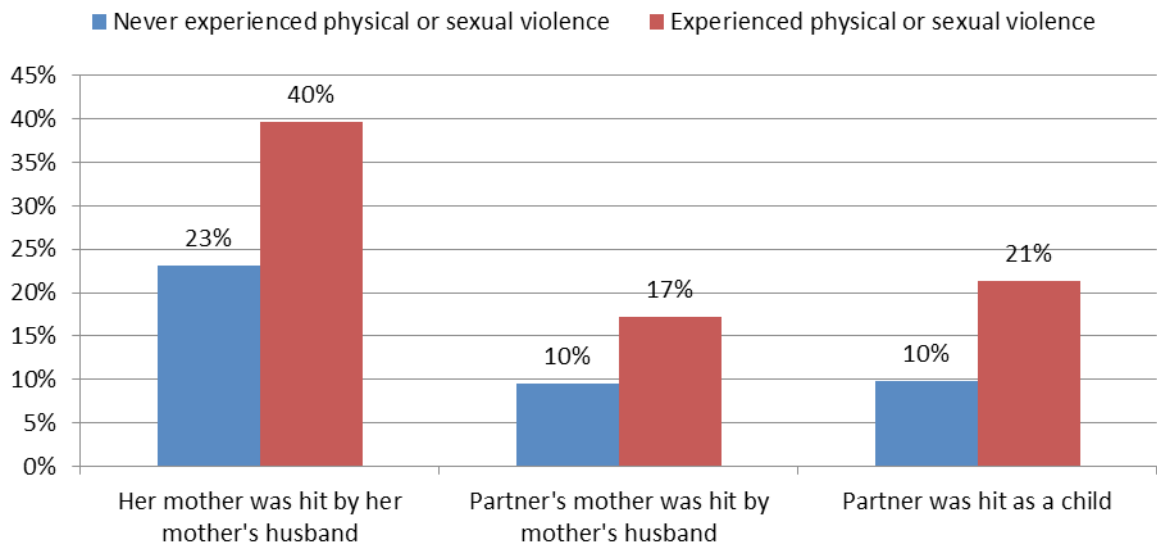
Mothers were also asked about issues with schooling. Although a higher percentage of children had stopped school or dropped out of school in families where there was domestic violence (4.7% compared with 3.4% for families without domestic violence), this association was not statistically significant. However, children were more than twice as likely to fail or repeat a year at school if their mothers were subjected to physical or sexual violence: 9.7% of children in families with domestic had problems with progress at school (about 1 in 10), compared with 4.3% of those where there was no domestic violence. This association was also highly significant with a P value of less than 0.001 (Figure 8.2 and Table 8.1 of Annex 1).



Women living with intimate partner violence were significantly more likely to have a history of violence in their own family background and in the family background of husband/partner. Among all ever-partnered women, 34% said that her mother was hit by her mother’s husband (Table 8.3 of Annex 1). However, 40% of women living with domestic violence had mothers who were in violent relationships, compared with 23% for those who had not experienced intimate partner violence. Similarly, women who experienced physical or sexual violence were also more likely to report that their partner’s mother was hit (17% compared with 10% for those women who had not experienced violence). Twenty-one percent

(21%) of women who had experienced intimate partner violence had husbands/partners who were hit as children, compared with 10% for women who had not experienced partner violence. All these associations were highly significant, with P values of less than 0.001 (Figure 8.3).

Figure 8.3: Physical violence in the family of the respondent and her partner, according to the respondent's experience of partner violence (N=2955)



Note: All associations with intimate partner violence are highly significant with P values of less than 0.001. Source: Table 8.3 of Annex 1.

Women who had experienced both physical and sexual partner violence were far more likely to have had a family history of intimate partner violence than those who experienced only one form of violence. Similarly, these factors were also more prevalent for women who experienced the most “severe” types of physical violence rather than “moderate” physical assault.³ This effect is most significant when the woman’s mother was hit: 47% of women experiencing both physical and sexual violence had a mother who was hit, and 43% suffered from the most severe types of physical violence, compared with 33% who had been subjected to only one form of violence or who had experienced moderate types of physical violence (Table 8.3 of Annex 1).

8.2 Discussion of findings

The findings demonstrate that violence against women has long-term and negative impacts on children. These are damaging both for the individual children affected, and for national social and economic development. Children whose mothers are subjected to violence clearly need emotional support to address the emotional and behavioural problems that they experience, and that are likely to affect them throughout their lives; but what they need most is for the violence to stop.

Rakiraki Women's Crisis Centre
Eliminating Violence Against Women
 Lot 2, Yaratale Rd, Vaileka, Rakiraki
 Ph:/Fax: 6694 012 Mobile: 9129 790 (24 Hrs)
 Free and confidential counselling
 Email: rwcc@connect.com.fj
 Supported by nzaid

³ “Severe” physical violence includes hitting with a fist or weapon, kicking, dragging, being beaten up, choked or burned; “moderate” violence includes slapping, throwing something, pushing or shoving (see Chapter 4).




Children whose mothers are subjected to physical or sexual violence are about twice as likely to repeat years of schooling, and to stop school altogether. These are worrying findings and are also consistent with other international evidence that children from such families have poorer educational outcomes (WHO and London School of Hygiene and Tropical Medicine 2010: 17). These long-term consequences for children need to be included in calculations of the economic costs of violence against women by their husbands and intimate partners.



FWCC's counselling experience provides additional insight into the damaging effects on individual children: many blame themselves for the violence they witness against their mother, or they blame themselves for not being able to stop the violence; and these feelings can make it more difficult to establish healthy relationships in their own adult lives. The study indicates that in addition to symptoms of stress such as bedwetting, nightmares, and failure at school, children may react with either aggression or timidity to the experience of violence in their households. The finding that 36% of children respond to domestic violence by being aggressive towards their mother and other children is very worrying.

The study findings show very clearly that men's violence against women is learned behaviour, with women who experience partner violence being about twice as likely to have had a mother, mother-in-law or partner who was hit. Witnessing domestic violence and being subjected to violence as a child can lead to an acceptance and normalisation of violence, an acceptance of the view that men have an entitlement to exert power over women, and thus an acceptance of gender inequality.

This interpretation is strongly supported by international evidence that children who grow up in families where there is intimate partner violence learn to accept this behaviour as normal (WHO and London School of Hygiene and Tropical Medicine 2010: 17, 21-23). These damaging attitudes are reinforced by the media, schools, religious and other institutions. Furthermore, having a mother or mother-in-law who was subjected to domestic violence can make it even harder for women to take steps to end the violence, in the context of family, cultural and religious tolerance for this behaviour by men.



On the positive side, the findings also provide evidence that an acceptance of violence is not inevitable for children living in families where their fathers physically or sexually abuse their mothers. Both boys and girls can reject the violence and learn other ways of managing relationships based on gender equality and respect for human rights. This is evident if we look at the findings from another perspective: among those women who have not experienced violence, 23% did have mothers who were hit, 10% have husbands whose mothers were hit, and 10% have partners who were also hit themselves as when they were boys

FWCC staff have explored the factors that may influence whether or not a child grows up to repeat the damaging behaviour patterns of intimate partner violence. If violence is equated with love, or if children blame the mother for the violence, FWCC has found that the patterns are more likely to be repeated. On the other hand, FWCC has anecdotal evidence that its education, information and awareness activities are having an impact, with examples of young men taking FWCC's brochures back home to their mothers to help them to take action to deal with the violence. Among the women who come to FWCC for counselling, there are many cases where their children don't want the mother to tolerate the violence any longer. Another factor is change within mothers themselves: FWCC is increasingly finding that mothers and grand-mothers are bringing their daughters and grand-daughters for counselling early in their relationships, because these mothers and grand-mothers no longer accept or tolerate the violence that they put up with in their own married life, due to FWCC's counselling or community education.

One of the factors that sometimes prompt clients to seek help from FWCC is when her husband starts to abuse her sexually in front of the children, or when he no longer cares if the children witness the most severe types of violence. Many women say that this is when they knew that they had to take the decision to get out of the relationship. The long-term impacts on children of intimate partner violence underscore the importance of FWCC's work to assist women to take decisions which stop the violence. This is not only an essential service for survivors of violence; it is also a critically important investment in the prevention of violence, given that the children of women living with violence are at high risk of repeating these damaging behaviour patterns in adult life.