

# Exploring the Lived Experiences Of Children in Intimate Partner Violence Households, In Zimbabwe, the Case of Epworth and Goromonzi

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**Abstract:** *The plight of children living in Intimate Partner violence Households is a commonly neglected area in research that seeks to address the pandemic of (IPV). The protection of children exposed to intimate partner violence has become a major issue of concern in recent years with one in every 3 women being exposed to intimate partner violence globally. In this paper, the researchers focused on the lived experiences of children in IPV Households. While anchoring on the qualitative research methodology, the research utilised in-depth interviews and focus group discussions in order to get the emic perspectives of the 12 child participants who were purposively selected to participate in the research from Goromonzi and Epworth, Zimbabwe. The study findings highlighted that children in IPV households experience many negative issues that compound their vulnerability and deprivations. Some children experience life threatening injuries while others even die in the process and many others live with thoughts of suicide as an escape from the IPV induced trauma in the households. The scars of exposure to IPV in the households haunt children in their daily and later lives and was found to be a key factor in reproducing the gendered nature of IPV and also was found to be responsible for the transgenerational existence of IPV. These situations are exacerbated by gaps in the delivery of services that are focused particularly on children in IPV households. The paper concludes by recommending that children be given agency and voice in addressing issues that affect their welfare and protection in the light of IPV.*

**Key Words:** *Intimate partner violence, IPV households, Agency, Voice, challenges.*

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## I. Introduction and Background of the study

Intimate partner violence is a global pandemic which according to a UN report (2021) affects 30% of the women. It is estimated that in the United States of America, 15.5 million children live in families in which intimate partner violence occur and at least 7 million children live in households in which severe intimate partner violence occurs (MacDonald, Reene et al, 2016). The United Nations Secretary General's report of Violence Against Children estimated that 275 million children worldwide are exposed to Intimate Partner Violence in the home (UNICEF, 2021). A study revealed that children are residents of the households experiencing intimate partner violence in 43% of the incidents involving female victims (UNICEF, 2021).

Intimate partner violence in Zimbabwe is very widespread with more than 35% of married women reporting exposure to Domestic Violence (UNICEF, 2018). 3 in every 5 children in Zimbabwe aged between 10 and 18 have reported exposure to domestic violence in their homes. Between 2018 and 2021 more than 50 children died as a result of violent conflicts in their homes in Zimbabwe. Some were stabbed by their fighting parents, others poisoned, and some were burnt to death by their parents. A recent study has shown that exposure to intimate partner violence is one of the factors leading to a sudden decline in the academic performance of about 25% of children in Zimbabwe. This gloomy picture is just the tip of the iceberg in terms of the real problem in Zimbabwe.

UNICEF (2006) further reveals that the violation of the child's right to protection takes place in every country and are massive, unrecognized and underreported barriers to child survival and development in addition to being human rights violations. This forms the epicentre of this research.

The current intervention programmes for domestic violence have focused only on women as victims and as survivors while neglecting or paying little attention to the abuse of children and their experiences (Hodson et al 2017, Spenser 2018). The notion of the impact of domestic violence needs to be expanded from merely considering the immediate effects on the women affected to examining the effects of domestic violence on the larger community, family, society and on children in particular (UNICEF 2008). A toothpick analysis of the domestic violence programmes in Zimbabwe indicates that most of the initiatives on domestic violence take a gendered approach whereby massive resources are channelled at ending violence against women under the guise of gender-based violence. Disproportionately, fewer resources are channelled towards children (ZIM Focus, 2016). However, whenever a woman is battered, the children in the home are also battered subtly. They become the “silent sufferers” of domestic violence, the witnesses of it and the weapons in cases of intimate partner violence. This piecemeal intervention approach leaves children in a more vulnerable position.

### **Statement of the problem**

A myriad of researched on Intimate Partner Violence have been conducted in different parts of the world. However, most of these researches have tended to focus on the adult perpetrator and survivor of IPV. The children in those households are often left out of researches thereby leaving out the finer details of their lived experiences as expressed in their own words, feelings and emotions, this has led to interventions that may not completely address the aspirations of the children who survive IPV in their households. Through adopting a Child Right Based approach, this research seeks to uphold the principle of child participation as expressed in article 12 of the UNCRC.

### **Research questions**

- What are the lived experiences of children in Intimate Partner Violence Households
- How do the effects of expose to IPV differ for children in rural areas and those in urban areas?
- What should be done to alleviate the challenges faced by children exposed to Intimate Partner Violence?

## **II. Literature Review**

### **Global Prevalence of Domestic Violence**

The first study to estimate the number of children who are exposed to domestic violence globally was derived from the United Nations Secretary-General’s Study on Violence Against Children (2006), which reviewed existing studies that measure violence in the home in various countries. The numbers estimated by the research were staggering. As many as 275 million children worldwide are exposed to violence in the home. In actuality, millions more children may be affected by violence in the home. It is known that growing up with violence in the home is a devastating experience.

According to a UNICEF report (2015), many researchers have concluded that some children who witness or are victims of domestic violence experience a profound and lasting impact on their lives and hopes for the future. “A child’s developing brain can mistakenly encode the violence,” says Children of Domestic Violence (2015), adding that kids can grow up believing that violence is normal and that they are to blame for it. The report further notes that 30% to 60% of perpetrators of intimate partner violence also abuse children in the household. The single best predictor of children becoming either perpetrators or victims of domestic violence later in life is whether or not they grow up in a home where there is domestic violence.

Studies from various countries support the findings that rates of abuse are higher among women whose husbands were abused as children or who saw their mothers being abused. Boys who witness domestic violence are twice as likely to abuse their partners and children when they become adults (Clifford et al., 2019). Males exposed to domestic violence as children are more likely to engage in domestic violence as adults, and females are more likely to be victims as adults (Clifford et al., 2019). This underscores the need to have effective interventions that will alleviate the prevalence of domestic violence and children’s exposure to it. The continuous manifestation of domestic violence clearly perpetuates the occurrence of further incidents of domestic violence in the next generation. This is the reason why there is a need to research the efficacy of the child protection and support services available to children in Zimbabwe.

Further, the report notes that children who were exposed to violence in the home are 15 times more likely to be physically and/or sexually assaulted than the national average. Compared with children in other households, children who have been exposed to domestic violence often suffer from insomnia and have trouble with bedwetting (UNICEF, 2018). They also are more likely to experience difficulties in school and to score lower on

assessments of verbal, motor, and cognitive skills. In addition, they are more likely to exhibit aggressive and antisocial behaviour, be depressed and anxious, and have slower cognitive development.

Court statistics show that children are present during domestic or intimate partner violence incidents in 36% of cases. In the case of Zimbabwe, this translates to 2,2 million children being present during intimate partner violence; of those children who were present, 60% directly witnessed the violence. These translate to 1.3 million children (UNICEF, 2018). Despite the high rates of violence against women and the recent attention to the physical and emotional consequences of this abuse, until recently relatively little attention had been given to the unseen victims—the children. This has resulted in the formulation of exclusionary solutions that are not child-sensitive, designed by adults for adults.

More than half of the female victims of domestic violence live in a household with children under the age of 12. It is estimated that between 2.3 and 10 million children witness domestic violence each year in the United States (Rossman, Hughes, & Rosenberg, 2000). Because children exposed to domestic violence may not necessarily be direct victims of abuse, they may be overlooked by helping professionals and, therefore, their potential problems related to witnessing the abuse go unnoticed. Ignoring the consequences of exposure to violence on children can negatively impact their cognitive development as well as their emotional and physical health (Edleson, 1999). Complicating these risks and negative impacts is the fact that these children are at higher risk for child maltreatment, with estimates indicating that as many as 70% of children exposed to domestic violence are also victims of child maltreatment (Fantuzzo & Mohr, 1999).

The effect of domestic violence at a global level has been seen to be more lethal than that of terrorism (UNDP 2016). Every day in England there are an average of 692 cases of a child being referred to social services where domestic violence is the main factor. That's almost 29 cases an hour. Official figures from England and Wales for the period between 2000 and 2018 indicated that 1 870 people were murdered in domestic violence compared to 126 people who were killed due to terrorism (UNDP 2016). Every fortnight, in England and Wales an average of 3 women are killed by their intimate partner or ex-partner. In 2018, 1.6 million women were reported to have experienced domestic violence in England alone.

While 2,8 million children witnessed domestic violence that same year. This goes to show that IPV has not only reached pandemic levels but is fast becoming a form of “terrorism” often hidden from the public eye. Millions of children witness their mothers being abused each year (Graham-Bermann, Howell, Lilly, & DeVoe, 2011; McDonald et al., 2007), and many of these children are directly abused by the perpetrator as well (Appel & Holden, 1998; Edleson, 1999). A growing body of literature indicates that children who witness abuse against their mothers, even when they are not the targets of violence, are at risk for maladjustment when compared to children who have not been exposed to such violence (Kitzman, Gaylord, Holt, & Kenny, 2003).

Domestic Violence accounts for around 16% of all violent crimes in the United Kingdom. The cost of domestic violence is estimated to exceed 23 billion Pounds per year (Wiley, 2007). Studies in the United Kingdom and Germany found that domestic violence incidents claim the lives of 2 women each week and 30 men per year. This is the highest cause of morbidity worldwide in women aged 19-44. This is greater than war, cancer or motor vehicle accidents (Wiley, 2007). Stanko et al (1998) noted that domestic violence affects one in four women and one in 6 men in their lifetime.

### **Effects of intimate partner violence on children**

Domestic violence has serious negative impacts on child survivors. Though a lot of research has explored these negative ramifications, this has not translated into intervention programmes that seek to enhance the Protection of children against Domestic Violence. According to Johnson and Emily (2018), exposure to domestic violence affects children in the following ways: it can lead to bodily injury which can lead to disability, chronic health problems such as irritable bowel syndrome, gastrointestinal disorders, various chronic panic syndromes and hypertension, sexual and reproductive health problems such as contracting STIs, the spread of HIV, high-risk pregnancies and death among children. Gabriela and Kimson (2017) contend that domestic violence affects children's psychological health and orientation in the following ways: anxiety, fear, mistrust of others, inability to concentrate, loneliness, post-traumatic stress disorder, depression and suicide. Children exposed to domestic violence also experience psychosomatic illnesses, withdrawal, and alcohol and drug abuse (Johnson and Emily, 2018). Consequently, this calls for the adoption of aggressive, impact-driven child protection programmes.

Domestic violence damages the child's confidence resulting in fear of venturing into public spaces (Lee and Lin 2014). This can curtail their education and eventually their life chances thereby increasing a child's vulnerability to other forms of abuse. In the final analysis, domestic violence can lead to divorce and broken families (Manjengwa 2013). This hinders a child's emotional development. There are also collateral effects on children who witness violence at home which manifest themselves in emotional and behavioural disturbances such as withdrawal, low esteem, nightmares, self-blame, aggression against peers, family members and property, increased risk of growing up to be either a perpetrator or a victim of violence.

Smidth (2006) further postulates that child development is a continuous and cumulative process implying that the early years are vital to later development. Hence what a child experiences in their early life will influence their experiences in adult life. A child exposed to domestic violence may become a perpetrator of domestic violence in adult life. This leads to the perpetuation of the vicious cycle of domestic violence. This explains its transgenerational existence. Similar sentiments are echoed by Piaget (1932) who points out that learning in children is a result of the interaction between the child and the environment.

Magaisa (2008) alluded that living with domestic abuse has a profound and long-lasting impact on children's lives, futures, and life chances. Muzvidziwa (2014) alluded that domestic abuse is a poison that runs through the lives of vulnerable children and can cause long-lasting emotional scars. This is essential because children do not just 'witness' abuse, but they experience it, and the impacts can be severe and long-lasting. Children are also affected in terms of their mental health and this puts a burden on the health and social services.

### **III. Research Methodology**

The researchers used qualitative research methodology to explore the lived experiences of children living in IPV households. This methodology was preferred because it is inductive in nature, allowing for the children to fully explain the experiences in their lives (Creswell and Creswell, 2011). The underlying philosophy of this research was phenomenology anchored on an interpretivist philosophy. The underlying assumption was that human beings experience social phenomena differently and the best way to make meaning out of their life experiences is through engaging in in-depth discussions with the social actors involved (Chisaka, 2012). The voices of children as social actors are often silenced as their parents and guardians normally speak for the children. Consequently, the children's unique feelings and emotions as well as views are left out of researches and their left out of the recommendations and solutions for addressing the peculiar conditions affecting children, to this end, this research gave children agency in issues affecting them.

Twelve children aged 12 and 17 years were purposively selected using snowballing sampling until saturation was achieved. The inclusion criteria was of children living in IPV households. These are initially identified through the schools' counselling departments. The researcher used in-depth interviews and one focus group discussions as tools to explore the lived experiences of the children in Epworth (urban) and Goromonzi (rural). The data generated was transcribed and thematic analysis was the main technique used for data analysis with data being arranged into codes and themes. These emerging themes were then presented as the findings of the research.

### **IV. Findings**

The researchers begin by describing the research participants as shown in table 1 below.

#### **4.1 Demographic characteristics of the research participants**

LocationCategory	Institution	Age	Sex	Position Edu
-				
<b>Epworth Children</b>				
	CE1	14	F	Leaner
	CE 2	16	F	Learner
	CE 3	12	F	Learner
	CE4	15	F	Learner
	CE5	13	B	Learner
	CE 6	16	B	Learner

**Goromonzi Children**

CG1	13	F	Learner
CG2	16	F	Learner
CG3	14	F	Learner
CG4	17	F	Learner
CG5	12	B	Learner
CG6	16	B	Learner

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**TOTAL** **12 Participants (4 Males and 8 Females)**

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Table 1: Demographic Analysis of participants. Source, Researcher.

**6.1 Description of research participants**

Table 1 above shows that 12 participants took part in the research. Their ages ranged between 12 and 17 years. Of these participants 4 were males while 8 were females. 6 participants were learners in urban schools while the other 6 were from rural areas. This gave the researcher a balanced outlook on the participants. The children were able to interpret their lived experiences due to their ages having mostly attained early teenage years.

**Presentation of Research Findings and Discussions**

**Exposure to IPV leads to poor educational outcomes**

The research revealed that there is a negative relationship between exposure to IPV between parents and children’s educational outcomes. The children who participated in the research indicated that IPV between parents in the home was affecting their educational performance. This is due to the fact that, children exposed to intimate partner violence carry scars that interfere with their normal functions. They spend time thinking about their challenges and cannot adequately focus on their education. This was the case with student SE6 who pointed out that,

*It pains me a lot. Last year second term I passed all my 10 subjects. However, in my form 3 third term I ended up passing only 3 subjects. The situation at home is not conducive for studies.*

She also added that,

*My father didn’t even pay my school fees. So the situation is complicated. All he does is scold my mother.*

This shows that when IPV between parents/guardians escalates, the children are even more negatively affected. Sometimes anger is diverted to children and the parent withdraws their obligations to their child. In the above case, SE6’s school fees are not being paid for the child. This further complicates the situation and leads to poor education outcomes as the child is often denied access to the school facilities and premises due to outstanding fees. Children exposed to intimate partner violence, therefore, need extra protection from authorities as they are vulnerable to further abuse.

**Children exposed to IPV experience multiple child violations and deprivations:**

This study also showed that children who are exposed to intimate partner violence also experience violations and deprivations in many other areas of life. These children are exposed to neglect, educational deprivation, and denial of food. This came out in the research as revealed by CE4 who said:

*From the time my father started beating up my mother he no longer has time for us as his children. It’s so painful because you can actually feel that there is a gap in your life. When you talk to him the best he does is give you one word answers. He no longer helps us with homework anymore.*

In Goromonzi CG2 had retorted that,

*My dad beats up my mum very badly. We are all afraid of him. He doesn't care about us and he doesn't pay our fees at all. It our mother who has to ensure that our fees are paid and that we have food in our lunch boxes for school. When my father starts scolding he scolds my mother and us the children. He will be using vulgar words on us. When he is drunk this verbal abuse will be even more serious.*

Child survivors of intimate partner violence in Goromonzi and Epworth also experienced multiple deprivations as a direct result of their exposure to violence in the home. As alluded to in these interviews, child survivors of intimate partner violence are also deprived of their right to education as the perpetrators may decide not to pay the fees as well. They are also deprived of their right to be loved and to grow in a safe and secure environment. They live in fear. Fear of injury, harm and even death. They are exposed to verbal abuse which undermines their self-esteem. These multiple deprivations impact negatively on the child's survival, growth and development. In order for children to grow into responsible adults, they need an environment of love where they are cared for and supported to be the best people they can be. Negative schemas, verbal threats and emotional abuse results in children growing up in fear, shame and bitterness which in turn affects their character in numerous negative ways. This explains why the home environment should be considered because it leaves an imprint on one's character and shapes their future either positively or negatively.

### **Children exposed to IPV also constantly receive death threats from perpetrators of IPV**

Threats of death are also common place for child survivors of intimate partner violence. Participant CG3 had this to say,

*Whenever my parents fight, my step father threatens me with death. He will be saying he cannot take care of another man's child. So he says he will kill me so that the chapter is closed. I develop goose bumps of fear when we are left alone at home. I normally go to my friend's house to avoid being home alone with him for fear of being killed.*

Child CG3 lived a life of constant fear due to the persistent death threats. The emotional stresses associated with this affected the child's development leading to depression, trauma and low self esteem.

### **There is gendered oppression of children exposed to IPV**

In addition to this, the study revealed that the experiences of the boys and the girls were not entirely the same. Girls found themselves affected by a double-edged sword of oppression and violence. The research revealed that girls do not experience violence in the same way as their male counterparts. To that end, exposure to intimate partner violence tends to be gendered. This was exemplified by participant SE 5 who pointed out that:

*The situation at our home is very tough. The violence is persistent. They fight in our presence and it's now affecting my young brother who is doing form 1 very much. He is difficult to control. He is violent, especially to me. I spend much of my time with him. He is fearsome. He beats me. He is now behaving just like Daddy.*

In Goromonzi participant SG 2 shared her experience:

*Intimate partner violence is bad in the sense that the children end up doing the same. I witnessed that on my young brother who is doing ECD. He is not able to play amicably with other children due to being violent. Even his teacher has raised concerns that he is always beating other children at school.*

This shows that when parents fight in the presence of children, they will be indirectly teaching their children to do the same behaviour, the boy child will think that it is normal to beat the girl child. This is how children are socialised to be the next generation of perpetrators of intimate partner violence. Participant SE 5 will need protection not only from the father but also from the violent brother. The boy is also being indirectly mentored into the patriarchal dominance of the female gender. For participant SG2 there is equally a need to reach out to the child in ECD with services that will ensure that the bad behaviour he learned is changed to become more pro-social and responsible. Fighting intimate partner violence should also consider the downstream effects of violence among siblings which can be a result of exposure to parental violence.

### **Children experienced escalating risks of violence due to weakening family ties**

The extended family network is very important in helping resolve problems in the household and thereby reducing the incidences of intimate partner violence and its recurrence therefore. However, the research revealed that in Epworth, the destruction of the family unit was more pronounced as compared to the situation in the Goromonzi area. This is probably due to the influence of urbanisation, which tends to erode family and social ties. This came out clearly in the study. CE1 indicated that:

*Another thing which happens is that where we stay, we do not have relatives who can talk to our parents about the dangers of intimate partner violence. Here in Epworth people mind their own business. They can just ignore as people are fighting until someone is seriously injured. Our relatives are in Murehwa but we have never been to the rural areas to be with our relatives. So there is no one from the family to help us.*

In contrast, the situation in Goromonzi was found to be different as outlined by CG 4 who said:

*The fighting incidents usually go down after intervention from the family. My uncle and grandfather usually summon him to the family court and they caution him over the dangers of wife beating. After the court sessions, there is a reduction in violence at our home. At one time my mother took her issue to the village head. My father was summoned to the village head's court and he was made to pay two goats for being found guilty of the offense. Thereafter we went for about 4 months without any violence at home. But later he started again his behaviour of violence. This normally happens when he drinks alcohol. The violence increases.*

The family plays an integral part in ensuring that its members live in peace and harmony. This is reinforced by the strong cultural values of *Ubuntu* and unity. No families exist in a vacuum. However, the cultural fabric in urban areas as represented by Epworth, is weaker than in rural areas as represented by Goromonzi. Hence family intervention is lower in the urban areas than in the rural areas. This results in more incidences of intimate partner violence occurring in urban areas than in rural areas. Consequently, though all children are at risk, children in urban areas may experience more violence due to the weakening of family and community ties in urban areas.

### **Children exposed to IPV reported of persistent suicidal ideation**

Children living in IPV Households reported of persistent suicidal ideation. According to Hammer, Lee, Duong and Saadabadi (2022), suicide ideation is a broad term used to describe a range of contemplations, wishes and preoccupations with death and suicide. Suicidal ideation is frequently associated with high levels of depression among children. In this research, suicidal thoughts became rampant among children who felt highly at risk of harm as a result of the fights between their parents. These children also felt powerless to either stop the fights or to help the adult victim.

The children were also constrained by the structural arrangements in patriarchal societies where the actions of the male members of the family cannot be challenged and questioned by women and children. This situation, coupled with the lack of mental health support mechanisms, resulted in the children opting to die as an escape route from their marauding challenges. This was particularly so for the girls.

One student SE 3 had this to say:

*"Ofentimes I feel that I should just take my own life rather than continue living in this environment. My father is a monster when it comes to beating my mother." (She started crying while narrating this).*

The level of child desperation in the wake of exposure to intimate partner violence became apparent in the case of twin sisters who jointly agreed to commit suicide. They were only intercepted by a neighbour when they were about to execute their plans.

One of the twin sisters SE2 had this to say:

*"Our situation is so bad that one day my twin sister and I decided to take our own lives. Our neighbour saw us as we were about to execute our plan and stopped us and took us back home."*

This shows that IPV between parents/guardians can have deeper and far-reaching mental health effects on children. It can lead to total emotional collapse and it affects all children in the home set up in much the same

way. This explains why the two children agreed to the prospect of committing suicide as a way to escape the problem. Many children who die by suicide suffer from untreated depression resulting from lived experiences which may include exposure to intimate partner violence and abuse.

## V. Conclusions

Children in IPV households experience many situations which negatively affect their lives, survival and development. They are often the silent sufferers in IPV situations between the adults. This leads to many other problems such as trauma, depression, injuries and even death. In addition, the children also experience multiple deprivations in their lives such as food, clothing and education and this also has a negative ripple effect on their life chances. There is therefore need for more robust intervention programmes that target children in IPV households. Such interventions should take a multipronged approach which brings together all duty bearers around the children's lives and livelihoods. In addition, the need to accord children agency and voice in the designing, formulation and implementation of such interventions cannot be overemphasized. This will result in programmes that are more appropriate to the child survivors in IPV households.

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