



Intergenerational impact of domestic violence: a study of children in Kashmir

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Abstract

Children are often the silent victims in households affected by domestic violence. While much of the existing literature has focused on the impact of domestic violence on primary victims, typically women, the plight of children who witness such violence has received limited attention. The frequent exposure to domestic violence introduces a distinct layer of trauma that is both immediate and long-lasting, thereby shaping children's emotional, cognitive and social development. Recognising these intergenerational consequences is vital to ensure the long-term well-being of affected children. Therefore, the present study aimed to explore the impact of domestic violence on children in Kashmir through a qualitative research approach. A total of 30 women participants (facing violence) were recruited. Data were collected through observation and in-depth interviews and analysed with the help of Braun and Clarke's thematic analysis framework. Results reveal that the children witnessing violence face deep psychological and emotional disturbances including anxiety, fear, aggression, and social withdrawal as well. Moreover, the exposure to domestic violence was associated with behavioral dysregulation, poor academic performance, and both internalizing and externalizing difficulties in the lives of children.

Keywords: Children, domestic violence, abuse, trauma, Kashmir

Introduction

Globally, when men and women have unequal power relationships, women are typically the ones who suffer domestic violence. It is estimated that approximately 30% of women worldwide between the ages of 15 and 49 who have been in a relationship were subjected to some form of physical or sexual abuse by their intimate partners. Among the low developed countries, the prevalence of domestic violence is 37% (WHO,2021), with the highest rates being observed in Southern Asia (35%) and Sub-Saharan Africa (33%). In contrast, the lowest rates of domestic violence are reported in the four subregions of Europe (16–23%), Central (18%), Eastern (20%), South-Eastern Asia (21%) and Australia and New Zealand (23%). According to National family health Survey reports carried out in India from 2006 to 2019, domestic violence shows consistent increase in prevalence rates. However, some states like Himachal Pradesh, Sikkim, Maharashtra, and the recently constituted union territories (UTs) of Jammu & Kashmir and Ladakh exhibit declining rates between 2015 and 2016, but noticeably surged in 2019 (Sarkar et al.,

2022). Nearly one third of the women in India were subject to physical and sexual violence in the age group of 18-49 in their lifetime (NFHS-5).

Domestic violence has become a major cause of concern for public health, because it adversely affects women's physical and mental health (Silva et al., 2022; Parvin et al., 2016; Rapp et al., 2012). The health effects are frequently intergenerational, adversely influencing the mental and developmental well-being of children raised in such families (Paul, 2016; Pocock et al., 2020). As the womb has a mutual environment with the mother, therefore mothers who were subjected to violence might begin to affect the child negatively from pregnancy. Therefore, the mental and physical stress caused by violence may also affect the physiological processes (brain and immune system) of the developing fetus (Mueller & Tronick, 2019; Sabri & Granger, 2018). Consistent adversities across the neonatal stage, toddlerhood and other stages of child development are influenced by those undesirable outcomes (Howell et al., 2016). Infants vulnerable to the incidents of domestic violence have been indicated to exhibit trauma symptoms, such as elevated alertness and fear (Carlson et al., 2019; Dejonghe et al., 2005; Lannert et al., 2014; Mueller & Tronick, 2019). Also, aggressive behavior problems among young children (Carlson et al., 2019; DeJonghe et al., 2011) witnessing domestic violence are quite frequent. Children exposed to violence are prone to violent behaviours, delinquency, mental health issues, substance abuse, and poor academic performance (Forke et al., 2019; Holt et al., 2008; Katz, 2016; McGee, 2000; Moylan et al., 2010; Mullender et al., 2002; Wolfe et al., 2003). Over the past few decades, studies have consistently revealed that exposure to or witnessing domestic violence negatively impacts children's emotional (such as depression, anxiety, and trauma symptoms) and behavioural functioning (Carlson et al., 2019; Edleson, 1999; Howell et al., 2016; Kimball, 2016; Kolbo et al., 1996). Furthermore, exposure to domestic violence may increase the possibility that children may grow up to be victims or perpetrators of violence (Forke et al., 2018, 2019; Lunnermann et al., 2019).

As per some studies, children who only witness domestic violence exhibit less severe issues than those, who not only witness, but also experience maltreatment (Kimball et al., 2016; Osofsky, 2003; Wolfe et al., 2003), including inward emotional distress and outward directive behaviors (Moylan et al., 2010) or delinquent behavior in teen age children (Kimball et al., 2016; Sousa et al., 2011) and endurance of severe and frequent partner violence in adulthood (Kimball et al., 2016; Murrell et al., 2007). According to WHO, globally 24% of adolescent females who have ever been in a relationship were subjected physical or sexual abuse or both by an intimate partner (Sardinha et al 2022). The factors that predict suffering intimate partner violence (IPV) during adolescence also predict other negative consequences, including substance abuse, low academic performance, risky sexual behavior, and adolescent pregnancy (and early motherhood) (Glynn et al 2018). The results of the NFHS-5 establish that witnessing spousal violence has negative externalities within the family; the effects spill over from the primary victim to her daughters, increasing the likelihood that the latter will also become victims of violence upon becoming adults by 39 to 70%.

As mental health discourse in India is limited, those men who had witnessed parental violence in their childhood may have resorted to risky sexual behaviors as a maladaptive coping mechanism (Maurya & Maurya, 2023). Children who have experienced abuse and neglect show that they are more vulnerable to stressful conditions than their peers. For example, they are aware that they are more likely to be the subject of bullying and expelled from school. These distressing experiences may have an effect on a child's mental health (Choudhary et al., 2018). Their lives and mental health have been impacted by the traumatic events, which also contributed to the emergence and maintenance of the negative emotions. Children who suffer from extreme stress symptoms usually find it difficult to regulate their emotions and behaviour. They may be difficult to console, clingy, afraid of strange places, easily startled, violent, and impetuous. They can also have difficulties getting to sleep and lose recently acquired developmental skills (Singh & Dandona, 2018).

Domestic violence in Kashmir

Domestic violence in the Kashmir region is showing an increased trend, in which 9.6% of women in the age group 18 to 49 were subjected to domestic violence (NFHS-5). As per NCRB report 2022, 500 cases under section 498A (Cruelty by Husband or His Relatives) were reported from Jammu and Kashmir. In Kashmir, one in every 10 women is physically assaulted and verbally humiliated by their husbands or in-laws. About 73% of the women respondents reported having faced demeaning, sexist, and humiliating remarks in their matrimonial house. Also, 28% of the women from rural areas and 6% from urban areas reported facing physical violence in their marriage and 99% of the time it was inflicted by the husband. However, despite being educated and aware of the law, only 30% of the women decided to file a police complaint (Pandita, 2022). A study conducted across rural and urban areas of Kashmir division, with a sample of 1938 married women aged 15 and above reveals that 7.5% women were subjected to domestic violence, by experiencing verbal, emotional, physical, and economic abuse at the hands of their husbands. It also shows the district wise prevalence rates in which about 10% of women from district Srinagar, district Bandipora (15%), followed by district Ganderbal and Budgam (6%), district Anantnag (3.3%) and lastly district Shopian reported no case of domestic violence (Bashir, 2023).

Studies conducted in Kashmir also reveal that domestic violence negatively affects children, including direct abuse, neglect, or being used by parents to manipulate or hurt one another. Overall, domestic violence creates lasting trauma for children, often leading to mental health issues, behavioral problems, academic struggles, and difficulty forming healthy relationships (Nazar, 2019). Another study conducted in Kashmir shows that domestic violence affects children's health by 23%, mental peace by 26% and academic performance by 27%. In addition, district wise comparison shows in district Bandipora more children seem to be affected from violence in their homes (Bashir, 2023). Overall, the existing literature in Kashmir largely focuses on the impact of domestic violence on women, but a limited focus has been given on the children witnessing domestic violence. Therefore, the present study attempted to fill this gap in literature.

Methodology

The present study was carried out in district Anantnag of Jammu and Kashmir. The study followed a qualitative research design in order to get deeper insights on the research problem under study. At the outset, 50 women who had registered their complaints regarding domestic violence at the women police station Anantnag were identified and contacted accordingly. Among the set of identified victims, the researchers, however, were able to retrieve the contact details of only 45 women among whom 15 denied to participate in the study. In this way, a total of 30 women participants were recruited in this study. Data were collected through semi-structured in-depth interviews, conducted at a time and venue convenient for participants between November 2024 to January 2025. The study objectives and voluntary nature of the study were explained to participants in advance and informed consent was taken from them. Also, participants were guaranteed confidentiality of information and anonymity by being represented with pseudonyms throughout the entire research process. Interviews were conducted in local Kashmiri language and each interview ranged from 30 to 60 minutes in length. Apart from interviews, the researcher also participated (with due permission from the participants and concerned authorities) in the case proceedings, this helped the researcher to get firsthand experience with the responses of these institutions towards the victims of domestic violence and also to observe the behavior and interact with the children who were accompanying their parents during the case hearings/counselling sessions.

Braun and Clarke's (2019) framework of thematic analysis, was used for analysing raw data. This approach involves reading through the data a number of times, in order to become familiar with the content and patterns identified. Initial 'open' codes were generated in a systematic manner across the entire manuscript and data were arranged based on their relevance to each code. Potential themes were created out of the generated codes. Further analysis ensured coded extracts are matching the themes and the opinions of the respondents were accurately and adequately represented by the researcher. This helped to remove any discrepancies. The unaltered quotations were

compiled and were analyzed and they were related back to the research questions and literature to produce a summary report.

Results

In the narratives of women respondents, the concern for children's well-being often emerged as a significant turning point in their decision to leave or stay in abusive relationships. The respondents were asked open-ended questions regarding their children's mental health, academic performances, behavior of children, overall social development, etc. Mothers described how their children would cry, hide, or attempt to intervene during violent episodes, and how witnessing such trauma robbed them of their childhood. In some cases, children developed physical symptoms like bedwetting, speech delay, or social withdrawal. In others, sons began imitating the father's violent conduct, while daughters displayed fear or resentment towards men in general. These accounts point to the intergenerational transmission of trauma, where children raised in violent households are at higher risk of becoming either victims or perpetrators of abuse in their adult relationships (Kitzmann et al., 2003). The problems highlighted by the respondents that their children face upon witnessing domestic violence were discussed under the four themes: including their experiences of psychological and emotional distress, disrupted behavioral and social development, parent-child role reversal, and trauma caused by legal and custodial battles. These experiences reflect and highlight the deep intergenerational effects of domestic violence.

Emotional and psychological distress

Children who witness domestic violence often endure intense emotional and psychological turmoil that leaves lasting scars on their development. Although not always directly abused, their proximity to violence creates a constant state of fear, insecurity, and helplessness. These children internalize trauma in silent, complex ways manifesting as anxiety, depression, withdrawal, hypervigilance, or sudden aggression. The emotional environment in violent households is often unpredictable, making children feel unsafe even in their most familiar spaces. Respondents in the study frequently expressed concern over their children's deteriorating emotional health. Many described how their children would cry silently, cling to them during violent episodes, or cover their ears and hide. Others spoke of sleep disturbances, stammering, or delayed speech as signs of distress. A few mothers shared that their children had begun to ask disturbing questions or blame themselves for the violence. After enduring repeated incidents of violence and frequent dowry demands, Ruby moved back to her parental home following the birth of her daughter. Her husband continued to live with his mother, who had explicitly refused to share a household with Ruby. Despite several interventions by community elders and family members, the final arrangement allowed Ruby to remain at her natal home, while her husband would visit occasionally to see their daughter. As her daughter grew older, she began to notice that her family situation was markedly different from those of other children. She questioned her mother:

“Why did we live at our Nanu's home? Why doesn't Baba live with us? Why does he come only to fight with you?”

These questions became more persistent as the child yearned for a sense of normalcy. She often pleaded with her father to stay with them, but her requests went unanswered. While sensing the emotional toll on her daughter, Ruby's parents supported her in building a separate home where she and her daughter could live independently. However, the child remained emotionally unsettled and continued expressing her desire to live with both her parents under the same roof. This prolonged instability and unresolved emotional need began to affect her deeply. Over time, the girl's psychological distress manifested in alarming ways. She began withdrawing socially, refused to attend school, and eventually dropped out in the 7th grade. She engaged in self-harming behaviors, would leave the house without informing anyone, and displayed signs of severe emotional disorientation. On several occasions, she required hospitalization and psychiatric intervention. Despite ongoing therapy and medical care, her condition worsened,

culminating in a suicide attempt when she jumped from the second floor of their house. Although she survived, she sustained serious injuries and remains under continuous medication and psychological care. This highlights how exposure to conflict, separation, and a lack of familial stability can leave deep scars, leading to anxiety, depression, trauma, and in extreme cases, suicidal behavior. These narrations are a painful reminder that the impact of domestic violence extends far beyond the immediate partners involved; it echoes silently, but destructively, through the lives of children. Such experiences demonstrate how children, in the absence of safety and reassurance, internalize guilt, confusion, and fear, which can severely impair their emotional regulation. Children who are raised in violent homes are at risk for developing insecure and disorganized attachments as well as distortions in their self and other representations as a consequence of disturbances in parenting (Levendosky et al. 2012). If unaddressed, these psychological wounds can carry into adolescence and adulthood, increasing the risk of depression, post-traumatic stress disorder (PTSD), low self-esteem, and even suicidal ideation (Evans, Davies & DiLillo, 2008; Holt, Buckley & Whelan, 2008).

Behavioral and social consequences

Children who witness domestic violence often exhibit a wide range of behavioral and social difficulties that extend far beyond the immediate moments of abuse. Their experiences within a hostile and unsafe home environment affect how they interact with peers, authority figures, and the wider world. Common behavioral manifestations include aggression, defiance, withdrawal, social anxiety, low frustration tolerance, and difficulty in forming trusting relationships. These children may either become overly passive or excessively reactive, as their emotional regulation systems are compromised by chronic stress and fear (Kitzmann et al., 2003). Social consequences are equally damaging. Many children struggle to maintain friendships or adapt to group settings such as school, sports, or family gatherings. Teachers and caregivers may label them as “problematic” or “disruptive,” without understanding the underlying trauma. Girls may exhibit emotional numbing or clinginess, while boys are more likely to show externalized behaviors such as bullying, lying, or hostility, though these patterns are not rigid. The women interviewed frequently reported that their children became either “too quiet” or “uncontrollable” after witnessing violence. Some became hypervigilant, flinching at loud voices or sudden movements, while others expressed their distress through cruelty to young siblings, destroying objects, or rebelling in school. One respondent said;

"My husband used to mock my body, calling me a buffalo after I gained some weight,".

Over time, this demeaning behavior was normalized within the household to the extent that her young sons began to mirror it. He would say it in front of them, and now they do the same, they also call me buffalo. The respondent further stated:

"They watch what I eat, and if they see me having something, they start scolding me like their father does. They filmed me while eating and posted the videos on the family WhatsApp group with captions like "Buffalo is eating."

Such children may also begin to adopt dysfunctional gender roles, normalizing domination, submission, or emotional detachment in relationships. Socially, they may be stigmatized, especially in communities where family reputation is heavily emphasized, leading to exclusion or shame. The long-term social trajectory of these children is often marked by disrupted education, poor peer integration, and vulnerability to juvenile delinquency or early school dropout (Edleson, 1999).

Another respondent shared a deeply painful story of how the emotional neglect and violence within her marriage shaped the life trajectory of her son in irreversible ways. Her husband, despite providing for all material needs good schooling, food, clothes, and comforts, failed entirely in offering emotional care or understanding to their children.

He not only subjected her to frequent physical abuse but also extended this violence toward their children. At the birth of their twin sons, one was taken in by her sister, who assumed responsibility for raising him for the first four years. During that time, the boy developed a deep emotional bond with his aunt, referring to her as his mother. Their visits were infrequent, and when he was finally brought back to live with his biological family, the transition was emotionally disorienting for him. Despite this sensitive context, the father responded with scorn and punishment rather than compassion.

“If he made a mistake, instead of comforting or guiding him, my husband would beat or scold both of us. He was a very obedient child, good in school, but his father's behavior slowly changed him. He would call relatives and list out everything our son did wrong. He made him look like a failure in front of everyone. Everyone began looking at him differently, with raised eyebrows, with disappointment. Like he was nothing but trouble.”

As the boy grew into adolescence, the consequences of continuous abusive behaviour of his father towards his mother and towards him began to surface. Complaints poured in from school and neighbors, he was now physically attacking classmates and even teachers. Eventually, he was expelled. He began smoking cigarettes and ganja, isolated himself from the family, and often locked himself in his room for days.

“Now his father is afraid of him,” the mother said with a heavy heart. “He beats his father, breaks windows, shouts. He says his father is his biggest enemy. They no longer speak.”

This illustrates how domestic violence reverberates through generations not only harming the immediate victim but transforming the emotional and behavioral development of children. What began as neglect and aggression spiraled into a full breakdown of familial trust and connection. Ultimately, these behavioral and social consequences are not merely individual pathologies, but reflections of an environment steeped in fear, instability, and emotional neglect. Without early intervention and sustained psychosocial support, these children risk replicating the very cycles of violence and dysfunction they were born into. Another study also found that children who witness violence have reported the signs of depression, fearfulness and inhibition. Besides, they may suffer internalizing and behavioral disorders, antisocial and aggressive behaviors (Gomma et al. 2019).

Parent child role reversal

In households marked by domestic violence, children are often compelled to take on roles that exceed their developmental capacity. One of the most psychologically damaging effects of such environments is role reversal, where the child becomes the emotional caretaker, protector, or mediator, essentially assuming responsibilities typically held by the parent. This reversal is not just a coping mechanism; it reflects the vacuum created by emotionally or physically unavailable adults, especially when one parent is abusive and the other is overwhelmed or incapacitated by fear and trauma. Children in such settings may comfort the non-abusive parent after violent episodes, hide their own emotions to avoid “causing trouble,” or even intervene during violent altercations to protect their mother or siblings. Over time, these children learn to suppress their own developmental needs in favor of maintaining stability in the household. They may become hyper-responsible, overly mature, and emotionally burdened well before adolescence (Burton, 2007). This early assumption of adult-like roles distorts their understanding of relationships, authority, and emotional expression. Several respondents in the study recounted moments when their children stepped into the emotional void left by the absence of a caring spouse. One woman described how her daughter, barely nine years old, would wipe her tears and tell her,

“Don’t cry, Mama, I’ll take care of you when I grow up.”

Others recalled sons who stood between their father and mother during violent fights, or children who monitored household moods like emotional barometers predicting conflict before it erupted and trying to avert it. While such behaviors may seem admirable or mature, they come at a great cost. Role-reversed children are at higher risk of anxiety, emotional dysregulation, and relational difficulties in adulthood. They may struggle with identity, boundaries, and self-worth, as they were never allowed to “just be children.” Instead of receiving care, they gave it often in silence, and often to survive. Fatima’s life was never marked by visible bruises or raised hands, but the wounds ran deep in the silence, in the disregard, and in the everyday belittlement she endured. Her husband, a daily wage worker, was known in the neighborhood for his honesty and dedication. He worked tirelessly to provide the best education and lifestyle for their children, a fact that often earned him praise from others. But inside their home, Fatima remained invisible.

“He never saw me,” she said quietly. “Not as a partner, not even as a person.”

Her suggestions were dismissed as irrelevant, especially when outsiders offered their opinions, those were always accepted as wiser and more valuable than hers. She had no voice in decisions, no place in conversations. Her presence was often ridiculed, especially in front of guests or his relatives, she held no dignity. Nights passed with withheld affection, and days with constant invalidation. Despite this, Fatima never let her pain spill onto her children. And in them, she found her only solace. Her children began to notice the emotional absence of their father. They never saw their parents speak kindly to one another. The atmosphere in the house would shift the moment their father returned, his presence brought discomfort, not comfort. The children would quietly slip into their rooms, fearing his stern demeanor and harsh words. Over time, her children, though still young, began to emotionally support their mother. They bought her little gifts from their *Eidi*, cheered her with good grades, and stood beside her in moments of emotional breakdown. The eldest daughter, barely a teenager, tried talking to her father, gently reminding him that his treatment of their mother was unfair, urging him to be more kind, more present, more human. A participant said:

“She became my strength, the words I couldn’t speak, she found the courage to say.”

This unspoken exchange of roles, where children become caregivers, emotional shields, and mediators, reflects how emotional neglect within marital relationships often leads to parent–child role reversal. The children, rather than being nurtured, take on the responsibility of holding the family together.

Legal and custodial trauma

In the aftermath of domestic violence, the legal and custodial trauma faced by children often remains overlooked. Children, as secondary or collateral victims, are deeply affected by prolonged legal disputes, custody battles, and the emotional volatility that surrounds separation and divorce proceedings. Legal proceedings related to custody and visitation often place children in a position where they are forced to choose between parents, made to testify, or involved in court-monitored visitations all of which can be deeply distressing. One woman described how her daughter was made to meet her father

“After every meeting, she would come back with stomach aches and nightmares. She was scared but didn’t know how to say it. She would often face sleep deprivation after seeing her father in the court premises. Also, her anxiety would grow considerably in the subsequent days”.

Children caught in these battles often internalize guilt, anxiety, and confusion. Some blame themselves for the conflict between their parents. Others struggle with divided loyalties, loving one parent while fearing the other, or

feeling pressure to maintain family unity at the cost of their own emotional wellbeing. The courtroom becomes a traumatic space, where their voice is either unheard or manipulated.

Nahida's journey through the legal system was not only her own battle for justice, but also an emotionally scarring experience for her two children. Her husband, an alcoholic, had secretly married another woman and eventually threw Nahida and the children out of the house. Nahida filed a legal case to claim her rights and protection. During a court hearing, she brought her children with her. As Nahida and her husband hurled accusations at one another in front of the judge, their children, unaware of the full extent of their father's betrayal, were exposed to the harsh reality of his actions. When the details of the second marriage and abuse surfaced in open court, Nahida's daughter lost consciousness in the courtroom, overwhelmed by shock and emotional pain. Her son, barely able to contain his emotions, broke into loud sobs as the judge ordered the arrest of their father for misconduct in both his marriage and courtroom behavior. He cried out loudly, pleading, "Please don't take my father... don't arrest him." The incident left deep psychological imprints on the children. What was meant to be a moment of accountability for the abuser turned into an event of public humiliation and emotional breakdown for the young witnesses. The trauma is not just emotional but long-term, often manifesting in behavioral issues, poor academic performance, anxiety disorders, or attachment difficulties. These children are deprived of stability, safety, and the assurance that their wellbeing is prioritized. The legal system, intended to serve justice, can inadvertently replicate the abuse when it fails to recognize the nuanced harm that children endure beyond physical violence.

Conclusion

Children who witness their mothers being subjected to violence develop a number of abnormal mental and behavioural problems, they get more affected than the primary victims, because they were subjected to violent situations in the early phase of their lives, which are very crucial stages and shapes the mental makeup and overall development of the child. Children get molded the way they were treated or provided the conducive environment at home. Parents and other family members are the people children get exposed to first, they imitate their behavior and behave the way they do. Thus, the violence is making children vulnerable for future sufferings. Children get traumatized by the violent incidents at home, they become emotionally drained, mentally disturbed and develop negative attitudes. Separation of parents or the absence of stable family structure leads to delinquent or anti-social behavior among the children. Thus, the protective measures which are meant to protect women from violence, should be implemented properly on ground, because laws on paper alone did not provide protection to women from violence. Also, transformative measures at community and societal level must be adopted which destigmatize women for raising voices against the violence and discourage the irrational societal attitudes of reinforcing male superiority and normalization of violence.

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