



## Research article

# Cycle of violence among young Kenyan women: The link between childhood violence and adult physical intimate partner violence in a population-based survey

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## ABSTRACT

The aim of the current analysis is to elucidate the link between childhood experiences of violence and physical intimate partner violence in young adulthood in a national survey of young Kenyan women. In 2010, we conducted the Violence against Children Survey in Kenya, collecting retrospective reports from 13 to 24 year old males and females (N = 2928). The analysis presented here focused on females aged 18–24 who ever had an intimate partner (n = 566). Young Kenyan women had statistically higher odds of experiencing physical intimate partner violence (IPV) in young adulthood if they had experienced any childhood violence (including sexual, emotional, or physical) [adjusted odds ratio (AOR) = 3.1 CI: 1.2–7.9, p = 0.02], any childhood sexual violence (AOR = 2.5, CI: 1.3–4.9, p = 0.006), or unwanted completed sex (including pressured or forced sex prior to age 18) (AOR = 4.3, CI: 2.3–8.3, p < 0.0001). Exposure to two (AOR = 3.9, CI: 1.2–12.2, p = 0.02) or three (AOR = 5.0, CI: 1.4–18.1, p = 0.01) types of violence in childhood was also associated with a significantly higher odds of experiencing adult physical IPV. Childhood violence is associated with increased odds of adult physical IPV among young women; efforts to prevent violence against children and provide appropriate care and support to adult survivors are critical to interrupt this cycle of violence

## 1. Introduction

Violence against children (VAC) is a public health and human rights crisis throughout the world. A UN study on VAC estimates that 133 to 275 million children are exposed to violence in the home each year (UNICEF, 2006). Scientists from the US Centers for Disease Control and Prevention (CDC) recently estimated that 1 billion children experience violence annually (Hillis, Mercy, Amobi, & Kress, 2016). VAC has been associated with a host of short- and long-term negative outcomes related to mental health, sexual

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health and chronic health issues across various studies and contexts (Beitchman, Zucker, Hood & daCosta, 1992; Coles, Lee, Taft, Mazza & Loxton, 2015; Felitti et al., 1998; Hillis, Anda, Felitti, Nordenberg, & Marchbanks, 2000).

Researchers have become increasingly interested in the links between VAC and adult violence victimization, especially by an intimate partner (Arias, 2004; Barnes, Noll, Putnam, & Trickett, 2009; Capaldi, Knoble, Shortt, & Hyoun, 2012; Coid, Petruckevitch, Feder, Chung, Richardson & Moorey, 2001; Daigneault, Hebert, & McDuff, 2009; Ports, Ford, & Merrick, 2016; Whitfield, Anda, Dube, & Felitti, 2003). Global rates of intimate partner violence (IPV) against women vary widely. In a multi-country study on IPV, the prevalence of physical or sexual violence for women of reproductive age ranged from 15 to 71% across country sites, with only two countries reporting less than 25% (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006).

While there are large bodies of research on VAC and on IPV, the available evidence on the association between the two is varied and difficult to compare given the complexity of pathways, different types of child violence studied separately, and a focus on high income settings (Guedes, Bott, Garcia-Moreno, & Colombini, 2016). In this high income context, studies have found links between physical and sexual VAC and experiencing adult IPV, however these findings are not consistent. One study found that US women who had experienced childhood violence or witnessed inter-parental violence in childhood had six times increased odds of experiencing physical IPV as adults (Bensley, Van Eenwyk, Wynkoop & Simmons, 2003). Coid et al. (2001) found that among UK women unwanted childhood sex and severe physical punishment by a parent were each independently associated with nearly four times increased odds of experiencing IPV in adulthood. Another study in the US used a prospective cohort design to study the relationship between VAC and adult revictimization and found that children experiencing physical and sexual violence as well as neglect were significantly more likely to experience IPV in adulthood compared to the control group. This study also found significant differences when disaggregating results by sex and ethnicity (Widom, Czaja, & Dutton, 2008). Conversely, Jennings, Richards, Tomsich, Gover, and Powers, (2013) found differences between victims and non-victims of VAC in a study of US college students were rendered non-significant when they used a methodology to statistically match across a host of confounders, suggesting that the issue is highly complex. In one of the few studies to look at emotional VAC and IPV, Richards, Tillyer, and Wright, (2017) found that among a US national sample, IPV was associated with physical and emotional VAC for females and with physical, emotional and sexual VAC for males.

There are fewer studies examining linkages between childhood VAC and IPV in low and middle income settings, and often these are looking at perpetration rather than revictimization and are not comparable across settings (Abramsky, Watts, & Garcia-Moreno, 2011; Child Protection Monitoring & Evaluation Reference Group, 2014). There is some evidence from Latin America that physical VAC is linked with later experience of IPV (Bott, Guedes, Goodwin, & Mendoza, 2012.) A study of Ecuadorian women found emotional and physical VAC to be highly predictive of adult IPV victimization (Gomez & Speizer, 2009; Speizer, Goodwin, Whittle, Clyde, & Rogers, 2008). Using DHS data for Colombia, Friedmann-Sanchez and Lovaton (2012) found that a history of VAC was associated with increased risk of both emotional IPV and physical IPV in adulthood for women. A multi-country study in Asia and the Pacific found an association between all forms of VAC (emotional, physical, sexual) and experiencing physical or physical and sexual IPV (Fulu et al., 2017). A study in Vietnam found that VAC was a risk factor for adult IPV for young women (Hong, Tran, Nguyen & Fisher, 2014). In a global review examining the intersection of VAC and IPV in low and middle income countries, the authors found that both types of violence share many common risk factors and that consequences of such violence are ‘common and compounding’ and urge better coordination among programs and research (Guedes et al., 2016).

There are several theories to explain the relationship between VAC and IPV in adulthood. Risser, Hetzel-Riggin, Thomsen, and McCanne, (2006) found that posttraumatic stress disorder (PTSD) and specifically hyper-arousal symptoms may be the primary causal factor in the relationship between sexual VAC and adult sexual IPV, positing that an adult woman with PTSD related to VAC may have an impaired ability to detect and respond to danger. Messman and Long (1996) have theorized that children who are sexually abused may have diminished self-efficacy and learned helplessness. In contrast, Bensley, Van Eenwyk, and Wynkoop Simmons, (2003) argue that since VAC affects self-esteem and relationships, then the direct link to IPV is obscured. Namy et al. (2017) have applied a feminist analysis to understanding the link and concluded that gender norms and power dynamics coalesce to perpetuate a cycle of violence, particularly within traditional patriarchal contexts.

Both VAC and IPV against women are significant public health issues in Kenya. The Kenya VACS showed that boys and girls experience violence at high rates. The prevalence of childhood physical violence among boys was 73.1% and among girls was 66.0%; the prevalence of childhood emotional violence among boys was 31.9% and among girls was 25.8%; and the prevalence of childhood sexual violence among boys was 17.5% and among girls was 31.9% (UNICEF, Centers for Disease Control and Prevention and Kenya National Bureau of Statistics, 2012). The 2014 Kenya Demographic and Health Survey (DHS) found 15–49 year old women in the Kenya experienced high rates of physical violence (37%), emotional violence (32%) and sexual violence (13%) by an intimate partner. Further, DHS measures negative gender norms by asking if men are justified in beating their wives in any of four situations. Forty-one percent of women and 36.2% of men agree that husbands are justified in beating their wives in one or more scenarios (Kenya National Bureau of Statistics, 2015). An extensive body of literature has demonstrated that gender norms are a root cause of gender inequities in a host of public health issues, including experiences of violence (Chandra-Mouli et al., 2017).

In this paper we examine the association between emotional, physical and sexual VAC (violence occurring prior to age 18 years) with physical IPV in young adulthood (18–24 years) in Kenya using the 2010 VACS data. We focused on females because of the global epidemiologic pattern that females experience IPV differently than males and most often at higher levels and with greater negative consequences across the social ecology (Fang & Corso, 2007).

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