



## Towards a feminist understanding of intersecting violence against women and children in the family



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### ABSTRACT

While intimate partner violence (IPV) against women and violence against children (VAC) have emerged as distinct fields of research and programming, a growing number of studies demonstrate the extent to which these forms of violence overlap in the same households. However, existing knowledge of how and why such co-occurrence takes place is limited, particularly in the Global South. The current study aims to advance empirical and conceptual understanding of intersecting IPV and VAC within families in order to inform potential programming. We explore shared perceptions and experiences of IPV and VAC using qualitative data collected in December 2015 from adults and children in Kampala, Uganda ( $n = 106$ ). We find that the patriarchal family structure creates an environment that normalizes many forms of violence, simultaneously infantilizing women and reinforcing their subordination (alongside children). Based on participant experiences, we identify four potential patterns that suggest how IPV and VAC not only co-occur, but more profoundly intersect within the family, triggering cycles of emotional and physical abuse: bystander trauma, negative role modeling, protection and further victimization, and displaced aggression. The discussion is situated within a feminist analysis, including careful consideration of maternal violence and an emphasis on the ways in which gender and power dynamics can coalesce and contribute to intra-family violence.

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### 1. Background

Both intimate partner violence (IPV) against women and violence against children (VAC) are human rights abuses with far reaching consequences for the health and wellbeing of women, children, their families and communities (Ki-moon 2006; Ellsberg et al., 2008; UNICEF, 2014). Global estimates indicate 30% of ever-partnered women have experienced physical and/or sexual IPV (García-Moreno and Pallitt, 2013) and data from 96 countries estimates that over half the world's children (1 billion) experienced emotional, physical or sexual violence in the year prior to the survey (Hillis et al., 2016). Recognizing that both IPV and VAC are

widespread and commonly co-occur in the same households (Guedes et al., 2016), understanding and addressing potential intersections is emerging as a critical area for research and programming. This paper explores violence in the family, more specifically the overlap between VAC carried out by male and female caregivers and male-perpetrated IPV, a type of violence against women (VAW) defined as “any behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors” (WHO, 2016).

For the most part, the fields of VAW and VAC have evolved in “distinct yet parallel” trajectories with distinct theoretical foundations and little integration in research or practice (Bidarra et al., 2016; Maternowska, Shakel et al. under review). While the impact of children witnessing IPV has received comprehensive

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attention—with research demonstrating a range of adverse physical, mental, and behavioral outcomes (Bair-Merritt et al., 2006) including future violence perpetration and victimization (Fulu et al., 2017; Jewkes et al., 2002)—relatively few studies have assessed the prevalence, risk factors, or consequences of other forms of co-occurring IPV and VAC. In 1998, Appel and Holden conducted a meta-analysis of 31 studies and found a median co-occurrence rate of 40% among clinical populations in the United States; more recent studies (including several from low and middle income settings) have also found high rates of co-occurrence (Chan, 2011; Rada, 2014; Carlson, Namy et al. under review).

Appel and Holden (1998) further developed conceptual models of family violence, including single perpetration (father carries out violence against his partner and children); sequential perpetration (father perpetrates violence against his partner who subsequently abuses her children) and bidirectional violence (violence perpetrated by both adults and children). They explain the etiology of violence as the interplay between social learning (Bandura, 1973), contextual “stressors,” and a genetic orientation towards antisocial behavior. Notably, however, their work overlooks important considerations around gender and power inequities in the family.

### 1.1. Patriarchy as a cross cutting risk

For decades, women’s rights activists, researchers, and programmers have emphasized how patriarchal systems shape social expectations in both functional and ideological terms to maintain male superiority over women (Dobash, 1979) and this understanding has been affirmed in international declarations (e.g., Declaration on the Elimination of Violence against Women: UN, 1993). Feminist analysis underscores the numerous ways in which patriarchal gender norms and “hegemonic masculinities” (Connell 1987)—normative ideals that define and reinforce certain men’s dominance, privilege and power—serve to produce gender hierarchies and validate men’s use of violence against women. Accordingly, gender inequality is understood as a root cause of VAW that must be centrally addressed in prevention programming (Jewkes et al., 2002; Heise, 2011; Michau et al., 2014).

While there has been some analysis of the linkages between patriarchy and paternal violence focused on how violent norms of masculinity contribute to men’s use of VAC (Levtov, van der Gaag et al., 2015), feminist analysis of maternal violence is limited, perhaps owing to legitimate hesitations around further stigmatizing women (Rees et al., 2015). Some historical feminist advocacy and scholarship, however, locates both IPV and VAC in the context of women’s subordination, arguing that women’s use of violence against their children cannot be extracted from the dynamics of oppression inevitable for women living under patriarchal values and institutions (e.g., marriage; motherhood) (Gordon, 1986; Dougherty, 1993; Featherstone and Fawcett, 1994).

### 1.2. Rationale and aims

While the upsurge of interest in the intersections of IPV and VAC has generated meaningful contributions, critical gaps remain. Qualitative studies are needed to explore how different family members experience intersecting violence and how normative beliefs and interpersonal dynamics can fuel (and resist) violence in the family. Although child and adult perspectives on violence differ (Naker, 2007; Breen et al., 2015), children’s voices have been largely overlooked in research. In addition, existing evidence is skewed towards high-income settings (Guedes et al., 2016) where social and gender norms, overall burden of co-occurring IPV and VAC, and structural adversities differ from other contexts. Finally, as noted

above, a feminist analysis of adult-perpetrated VAC is limited in the literature.

This paper seeks to address these gaps through a qualitative exploration of IPV and VAC in Kampala, Uganda focused on two questions: what are the shared and contrasting perceptions of IPV and VAC? And how do IPV and VAC commonly intersect within the same household? We ground our study within a feminist analysis, emphasizing the ways in which patriarchal power is constructed (and sustained) in the family: (1) patriarchy promotes a clear hierarchy, with men in a superior position to women and children; (2) childhood and gender norms reflect this structure, de-valuing women and children (as well as their expected roles and behaviors) while prioritizing men (and hegemonic masculinities); (3) within the patriarchal family, men’s power/dominance must be demonstrated and reinforced, legitimizing violence as a form of social control over “subordinate” family members. Similarly, maternal violence must be situated within the broader context of the patriarchal family (rather than understood as a specific incident or individual pathology), which systemically disempowers women in many domains of their lives while granting them relative power vis-à-vis their children.

### 1.3. Contexts of IPV and VAC in Uganda

Like many countries in the region, poverty and related challenges are widespread in Uganda. The country ranks 163 out of 188 on the Human Development Index, and over 70 percent of the population is “multi-dimensionally poor” (UNDP, 2015). Patriarchal structures that concentrate individual, familial and institutional power in the hands of men are salient in the social-cultural landscape (Mirembe and Davies, 2001; Ssetuba, 2005), where common gender norms expect women to be subservient and primarily responsible for domestic duties (Kyegombe et al., 2014; Wyrod, 2008).

Rates of both IPV and VAC are high; nearly 56% of ever-married women report physical and/or sexual IPV in their lifetime (UBOS and ICF, 2012) and available studies suggest that between 74% and 98% of children experience physical, emotional, sexual violence, or neglect, with much of this violence carried out by caregivers (Devries et al., 2013). Attitudes justifying IPV in some situations are widely held among both women and men (Speizer, 2010; Abramsky et al., 2012), as is social acceptance of beating children as discipline (Naker, 2007; Saile et al., 2014).

Despite these statistics, at the legal and policy level Uganda has fairly robust mechanisms to address VAW compared to other countries in the region, including the Domestic Violence Act (2010) and the National Elimination of Gender Based Violence Policy (2016). With regards to VAC, the recent confirmation of the 2015 Children (Amendment) Act is a promising step, which criminalizes corporal punishment in schools and strengthens other aspects of child protection. To date, however, operationalization of all policies remains weak.

## 2. Methods

### 2.1. Research setting and participants

The research was carried out in a low-income, densely populated parish in Kampala city. While residents are primarily Luganda speaking, an influx of migrants from across Uganda creates diversity within the community. To maximize geographic coverage we purposively selected 4 of 7 villages (sites) within the parish. In each site we focused on one respondent group (e.g., Site 1 for girls, Site 2 for boys, etc.) as an ethical consideration to avoid recruiting multiple members from the same family (Watts et al., 1999). We

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