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Longitudinal associations of intimate partner violence attitudes and perpetration: Dyadic couples data from a randomized controlled trial in rural India

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ABSTRACT

We conducted longitudinal analyses examining the associations between intimate partner violence (IPV) attitudes and women's reported IPV in couples (N = 762) using 3 waves of data from a randomized controlled trial in Maharashtra, India. We found that, between Waves 1 and 2, men's and women's acceptance of IPV in the overall population decreased significantly while reports of IPV increased. These changes, we hypothesize, are evidence of an exogenous shock, possibly a high profile rape in Delhi in December 2012, that may have impacted the entire population. Cross-sectional associations between men's attitudes towards IPV and reported IPV were not significant in Wave 1, while positively and significantly associated in Waves 2 and 3. Longitudinal analysis showed that reduction in men's acceptance of IPV between Waves 1 and 2 was associated with a lower likelihood of reported IPV in Wave 3. Women's Wave 1 acceptance of IPV was positively associated with reported IPV in the Wave 1 cross-sectional analysis, while Wave 2 and Wave 3 measures of IPV acceptance were negatively associated with reported IPV in Waves 2 and 3 respectively. Longitudinal analyses of the change in women's attitudes towards IPV from Wave 1 to 2 and reported IPV in Wave 3 were insignificant. However, When women first reported IPV in Waves 2 or 3 they were less likely to report acceptance of IPV in that same wave. Findings suggest that changes in husbands' IPV acceptance is predictive of subsequent IPV, while newly experienced IPV predicts decreased IPV acceptance for women. Wave 2 and Wave 3 results were significant for the control group only, evidence that the intervention affected those associations, potentially changing attitudes more quickly than behavior. We recommend interventions that expose community opposition to IPV as a new social norm, and analysis of how the 2012 Delhi rape case may have affected these norms.

Men's perpetration of intimate partner violence (IPV) is relatively common across the globe with the World Health Organization estimating that 30.0% of ever-partnered women have been victims of sexual or physical violence by an intimate partner, with the prevalence much higher in certain regions (WHO, 2013). This violent behavior results from a complex combination of psychological, economic, and sociological factors (Heise, 1998). While societal level factors, such as gender inequalities and patriarchal family structures, facilitate a social environment that enables violence against women, not all men within gender unequal societies perpetrate violence, and thus individual risk-factors, such as alcohol use and exposure to family violence, also play a role in men's perpetration of IPV (WHO, 2013). Across many contexts, men who believe that IPV is acceptable are more likely to perpetrate IPV

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(Hindin et al, 2008), although some previous cross-sectional research with men in India has shown that the association between men's IPV attitudes and IPV perpetration may not be significant when controlling for other factors (Fleming et al., 2015). A shortcoming of most analyses that have investigated these associations is that they are cross-sectional, preventing estimation of the direction and possible causality of these relationships (Hindin et al., 2008).

Women, in general, tend to express equal or greater acceptance of IPV than do men. This has been found in countries all over the world including several countries in sub-Saharan Africa, north Africa, Vietnam, and Honduras (Hindin et al., 2008; Khawaja et al., 2008; Shakya et al., 2016; Uthman et al., 2009). A detailed analysis of 17 countries in sub-Saharan Africa revealed that women were more likely than men to accept IPV in communities with high rates of polygamy, lower literacy, and communities that are lower on gender and human development indices (Uthman et al., 2010). Importantly women who believe that IPV is acceptable are more likely to report experiencing IPV (Abramsky et al., 2011; Hindin et al., 2008; Khawaja et al., 2008; Sambisa et al., 2011). Again, most research demonstrating the strong and positive association between being a victim of IPV and reporting attitudes accepting of it is cross-sectional; without longitudinal data on the relationship between attitudes and victimization, it is impossible to untangle how these factors are temporally related (Hindin et al., 2008). Do women who experience IPV tend to accept it in order to justify their own experience, or does acceptance of IPV make a woman vulnerable to choosing relationships in which IPV is likely to occur, or potentially even tolerating it within their own relationships?

While women are more likely to accept IPV than men, concordance between spouses on attitudes towards IPV is common in many settings (Alio et al., 2011; Shakya et al., 2016). This is not surprising given that married couples tend towards concordance on attitudes around many issues, affective states, and even health outcomes (Meyler et al., 2007; Pachucki et al., 2011; Shakya, 2015). In the context of IPV behavior, in which attitudes accepting of IPV and perpetration of IPV both potentially cluster and are transmitted within families, identifying concordance around IPV attitudes between spouses, and tracking how that concordance may change over time, can provide important insight into the means by which IPV attitudes within families can be changed.

Given that many IPV prevention interventions are predicated on the assumption that changing IPV attitudes will change behavior (Whitaker et al., 2006), and that a change in attitudes is a reasonable proxy for behavior change, it is crucial to use longitudinal data to more thoroughly understand the associations between individual acceptance of IPV within families and IPV perpetration as they change across time. In this paper, we use 3 waves of longitudinal data from a randomized controlled trial of married couples in rural India which tested CHARM, a family planning and gender equity counseling intervention tailored to husbands and couples in rural India (Yore et al., 2016). The trial successfully reduced men's acceptance of IPV in the intervention compared to the control, while there was an insignificant treatment effect on women's reports of physical IPV (Raj et al., 2016). By using longitudinal data from this study, we can begin to untangle whether attitudes of acceptance of physical IPV, for women and men, are associated with women's reports of physical IPV, cross-sectionally and over time, and whether these associations differ across treatment and control group. We also assessed concordance in male and female attitudes of acceptance of male perpetrated physical IPV against wives, again cross-sectionally and over time.

1. Methods

1.1. Data

Data for this study was collected as part of the CHARM intervention, a randomized controlled trial evaluating a family planning plus gender equity counseling intervention for husbands and couples which has been described in detail in a previous publication (Raj et al., 2016; Yore et al., 2016).

1.2. Participants

We collected data from men who were recruited from married couples (N = 1081) in rural areas of Thane district, Maharashtra, India from March to December 2012. Men were surveyed at baseline and at 9 and 18-month follow-ups. Of the 1081 men participating in the baseline assessment, 85.5% (n = 924) and 84.5% (n = 913) completed 9- and 18-month follow-up surveys, respectively.

1.3. CHARM intervention

The intervention involved three gender, culture and contextually-tailored family planning and gender equity (FP + GE) counseling sessions delivered by trained male village health care providers (VHPs) to married men (sessions 1 and 2) and couples (session 3) in a clinical setting, or if required, near or in the participant's home, and included counseling on gender equity-related issues (e.g., son preference), healthy and shared family planning decision-making, and respectful marital communication and interactions (inclusive of no spousal violence in the men's sessions). The three sessions were delivered over a three-month period, with at least 1 week between sessions (see online appendix for details on intervention, recruitment, and data collection).

1.4. Control condition

Men in the control condition were notified of available public health family planning services and their wives were referred to government health system FP services.

1.5. Measures

1.5.1. Physical IPV perpetration

Women were asked to report whether in the last 6 months her husband had ever slapped her; twisted her arm or pulled her hair; pulled her, shook her, or thrown something at her; kicked her, dragged her, or beat her up; choked her or tried to burn her on purpose; or threatened to attack her with a knife, gun, or any other weapon (India Demographic and Health Survey 2005-06, 2006). We coded physical IPV as a binary yes if the woman responded yes to any of these questions and no if she did not.

1.5.2. IPV attitudes

Men and women were both asked to report “In your opinion, is a husband/companion justified in hitting or beating his wife/companion in the following situations: (a) If she leaves the house without telling him? (b) Neglects the children? (c) Argues with him? (d) Burns the food? (e) Cheats on him? Answer choices were either yes or no. Consistent with previous research we coded a person as positive on IPV acceptance if they answered positively to any of the five questions (Shakya et al., 2016). Cronbach's alpha for the women's responses were 0.91 (WV1), 0.91 (WV2), 0.96 (WV3), and for the men's response they were 0.81 (WV1), 0.83 (WV2), 0.81 (WV3).