



Original article

Violent experiences in childhood are associated with men's perpetration of intimate partner violence as a young adult: a multistage cluster survey in Malawi



Kristin VanderEnde PhD, MSN^{a,b,*}, James Mercy PhD^b, Mary Shawa PhD, MSc, Post Grad FRRCD, Dip Agr^c, McKnight Kalanda MA, ELM^c, Justin Hamela MSc^c, Nankali Maksud LLB, LLM^d, Brendan Ross MDevStud, BIntB^d, Sundeep Gupta MD, MPH^e, Nellie Wadonda-Kabondo PhD^e, Susan Hillis PhD, MS^b

^a Epidemic Intelligence Service, Centers for Disease Control and Prevention, Atlanta, GA

^b National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, GA

^c Malawi Ministry of Gender, Children, Disability and Social Welfare, Lilongwe, Malawi

^d United Nations International Children's Emergency Fund—Malawi, Lilongwe, Malawi

^e Centers for Disease Control and Prevention, Malawi, Lilongwe, Malawi

ARTICLE INFO

Article history:

Received 15 March 2016

Accepted 23 August 2016

Available online 31 August 2016

Keywords:

Violence against children

Intimate partner violence

Domestic violence

Perpetration

Malawi

Violence Against Children Survey

ABSTRACT

Purpose: To examine the association between exposures to violence in childhood, including exposure to multiple forms of violence, with young men's perpetration of intimate partner violence (IPV) in Malawi. **Methods:** We analyzed data from 450 ever-partnered 18- to 24-year-old men interviewed in the Malawi Violence Against Children and Young Woman Survey, a nationally representative, multistage cluster survey conducted in 2013. We estimated the weighted prevalence for perpetration of physical and/or sexual IPV and retrospective reporting of experiences of violence in childhood and examined the associations between childhood experiences of violence and perpetration of IPV using logistic regression.

Results: Among young men in Malawi, lifetime prevalence for perpetration of sexual IPV (24%) was higher than for perpetration of physical IPV (9%). In logistic regression analyses, the adjusted odds ratios for perpetration of sexual IPV increased in a statistically significant gradient fashion, from 1.2 to 1.4 to 3.7 to 4.3 for young men with exposures to one, two, three, and four or more forms of violence in childhood, respectively.

Conclusions: Among young men in Malawi, exposure to violence in childhood is associated with an increased odds of perpetrating IPV, highlighting the need for programs and policies aimed at interrupting the intergenerational transmission of violence.

© 2016 Elsevier Inc. All rights reserved.

Introduction

Intimate partner violence (IPV) is the intentional use of physical force or power, threatened or actual, against an intimate partner (e.g., spouse, cohabitating partner, date), that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. This definition encompasses

physical, sexual, and emotional or psychological abuse [1,2]. Worldwide, 30% of ever-partnered women have experienced physical or sexual violence, or both, perpetrated by an intimate partner [3]. While both men and women may perpetrate IPV [4], globally the greatest burden and consequences of IPV are experienced by women [3]. In Malawi, the focus of this research, 40% of ever-married women report having experienced physical and/or sexual IPV in their lifetimes [5]. IPV can have short- and long-term physical and mental health effects on women and their children, including, but not limited to, low birth weight and preterm birth [6,7], depression [8,9], and increased risk for sexually transmitted infections, including HIV [8,10–12]. In general, research in lower income countries has focused primarily on women's exposure to

The findings and conclusions in this report are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention.

The authors declare no competing interests.

* Corresponding author. Centers for Disease Control and Prevention, Atlanta, GA 30341.

E-mail address: ydj3@cdc.gov (K. VanderEnde).

<http://dx.doi.org/10.1016/j.annepidem.2016.08.007>
1047-2797/© 2016 Elsevier Inc. All rights reserved.

IPV, not men's perpetration [13]. Similarly, the relationship between men's exposure to violence in childhood, including experiencing and/or witnessing violence, and their perpetration of IPV against women is understudied in these contexts.

Violence against children is a significant problem worldwide, one that has devastating consequences for children's life-long health and well-being [14]. Children may be exposed to physical, emotional, or sexual abuse perpetrated by their parents or adult caregivers, adults in the community, or peers. Children may also witness violence between adults or peers in their communities. Worldwide, an estimated 37% of children experience emotional abuse, 23% of children experience physical abuse, and 18% of girls and 8% of boys experience sexual abuse [15]. In a nationally representative survey, 56.1% of females and 67.9% of males aged 13–17 in Malawi reported experiencing some form of emotional, physical, and/or sexual abuse in the past 12 months [16]. Authors of a population-based study of six countries in Asia and the Pacific reported that men's childhood experiences of violence, including experiencing emotional, physical, or sexual violence, or witnessing abuse of his mother were significantly associated with physical, sexual, emotional, and/or economic IPV perpetration in at least one or more countries [17]. In another multicountry study, which included data from two African countries, witnessing parental violence was a risk factor for men's perpetration of physical IPV [18]. Additionally, research studies from Sub-Saharan Africa demonstrate associations between both experiencing violence in childhood [19,20] and witnessing parental IPV [21] with men's perpetration of IPV. No population-based studies, to our knowledge, have explored the relationship between childhood exposures to violence and men's perpetration of IPV against women in Malawi.

There is a growing body of literature describing the negative impact of adverse childhood experiences on a range of health outcomes in adulthood, including chronic disease [22], infectious diseases including HIV [23], reproductive health [24], mental health [25], suicide attempts [22], and substance abuse [22]. Additionally, evidence suggests a dose-response relationship. As the number of categories of adverse childhood experiences increases, so does the risk for a range of poor health outcomes [22]. There is evidence from the United States and England to suggest this graded relationship exists between exposures to multiple adverse childhood experiences, including experiences of violence, and perpetration of violence, including IPV [26,27]. Researchers have theorized that multiple exposures to early-life stressors, including experiences of violence and witnessing violence, may lead to changes in the structure and physiology of the brain that may play a role in sexual and aggressive behavior, including the perpetration of IPV [28]. To our knowledge, this graded relationship has not been explored in population-based studies in Africa. Thus, the objectives of this study were to estimate the prevalence of young men's perpetration of physical and sexual IPV in Malawi and to examine the association between exposures to violence in childhood, including exposure to multiple forms of violence, with young men's perpetration of IPV.

Material and methods

The Malawi Violence Against Children and Young Women Survey (VACS Malawi) is a collaboration between the Malawi Ministry of Gender, Children, Disability and Social Welfare, United Nation's Children's Fund, The Center for Social Research of the University of Malawi, and the U.S. Centers for Disease Control and Prevention. VACS Malawi is a nationally representative, cross-sectional household survey designed to produce national-level estimates [16]. The survey, which used a four-stage cluster sample survey design, was conducted September–October, 2013. The survey followed a split sample approach; the survey for females was conducted in different

enumeration areas than for the males. This approach served to protect the confidentiality of respondents and reduce the chance that a male perpetrator of a sexual assault and the female who was the victim of that assault (or vice versa) would both be interviewed. Males and females aged 13–24 years old living in selected households were eligible for participation in the study. For those aged 18 years and older, lifetime prevalence estimates of childhood violence were based on their reported experiences before age 18. A total of 2162 individuals aged 13–24 years old participated in the Malawi VACS; 1029 females and 1133 males completed the individual questionnaire, yielding a combined household and individual response rate of 84.4% for females and 83.4% for males. The current analysis focuses on the responses from 450 ever-partnered 18- to 24-year-old men whose responses were weighted to represent all ever-partnered 18- to 24-year-old men in Malawi.

Ethical protections were prioritized in the planning, design, and implementation of the study. The study adhered to World Health Organization guidelines on ethics and safety for research on violence against women and received Institutional Review Board approval from the Centers for Disease Control and Prevention's Institutional Review Board and the Malawian National Commission for Science and Technology Ethical Review Board [16]. To help facilitate trust with respondents, care was taken to select interviewers who spoke the local languages, had experience with confidential data and health issues, and looked physically young. Training for the interviewers was specific to violence research. For respondents under 18 years of age, the team first obtained the permission of the primary caregiver to speak with the eligible respondents. At this stage, the survey was described as an opportunity to learn about “young people's health, educational, and life experiences” and “community violence” was included in a list of broad topics included in the interview, and no specific mention was made of violence occurring in the home. These steps were taken to inform parents and caregivers about the content of the study without risking possible negative consequences against children for their participation. Once a respondent was selected, a gender-matched trained interviewer initially introduced the survey, and verbal assent or consent to provide more information about the study was obtained from respondents. Once the interviewer and respondent ensured privacy, the trained interviewer read the contents of a verbal assent or consent form, which informed the respondents about the voluntary nature of the study, specific topics covered in the survey, and reinforced that the information they shared was confidential.

Items from the Malawi VACS measuring violence perpetration and exposures to violence are described in Figure 1. These items, which have been used to measure violence against children in similar settings [29,30], were selected and adapted from a range of well-respected survey tools, and were pilot tested to ensure appropriateness for the Malawian context [16]. The outcome variables for this analysis were lifetime perpetration (yes/no) of physical or sexual IPV against a current or previous girlfriend, romantic partner, or wife. Exposure to violence in childhood was considered based on whether the respondent reported, before age 18 years, witnessing IPV, witnessing an attack in the community, or experiencing sexual abuse, physical violence, or emotional violence. Consistent with literature on adverse childhood experiences in developing country settings [31], we created a summative scale for cumulative exposures to violence, ranging from no exposures to violence, to exposure to four or more forms of violence during childhood. Demographic controls included age in years, if the respondent ever married, if he completed or attended secondary school or higher, and whether he ever begged in the street [19,31]. Potential confounders captured other adverse childhood experiences such as whether the respondent was orphaned (one or both parents died) before age 18 years, and the presence of social

Download English Version:

<https://daneshyari.com/en/article/5676824>

Download Persian Version:

<https://daneshyari.com/article/5676824>

[Daneshyari.com](https://daneshyari.com)