



Contents lists available at ScienceDirect

Child Abuse & Neglect



Research article

Prevalence of physical violence against children in Haiti: A national population-based cross-sectional survey[☆]



Katherine T. Flynn-O'Brien^{a,*}, Frederick P. Rivara^b, Noel S. Weiss^c,
Veronica A. Lea^d, Louis H. Marcelin^e, John Vertefeuille^d, James A. Mercy^d

^a Department of Surgery, University of Washington & Harborview Injury Prevention and Research Center, 325 Ninth Avenue, Box 359960, Seattle, WA 98104, USA

^b Department of Pediatrics, University of Washington & Harborview Injury Prevention and Research Center, 325 Ninth Avenue, Box 359960, Seattle, WA 98104, USA

^c Department of Epidemiology, University of Washington, 1959 NE Pacific St, Box 357236, Seattle, WA 98195, USA

^d Division of Violence Prevention, National Center for Injury Prevention and Control Centers for Disease Control and Prevention, 4770 Buford Highway, NE (F64), Atlanta, GA 30341-3724, USA

^e Department of Anthropology and Department of Health Sciences, University of Miami, Chancellor, Interuniversity Institute for Research and Development (INURED), 8 Rue Eucalyptus, Delmas 83, Port-au-Prince, Haiti

ARTICLE INFO

Article history:

Received 18 May 2015

Received in revised form 16 October 2015

Accepted 26 October 2015

Available online 21 November 2015

Keywords:

Physical violence

Children

Child abuse

Epidemiology

Haiti

ABSTRACT

Although physical violence against children is common worldwide, there are no national estimates in Haiti. To establish baseline national estimates, a three-stage clustered sampling design was utilized to administer a population-based household survey about victimization due to physical violence to 13–24 year old Haitians ($n = 2,916$), including those residing in camps or settlements. Descriptive statistics and weighted analysis techniques were used to estimate national lifetime prevalence and characteristics of physical violence against children. About two-thirds of respondents reported having experienced physical violence during childhood (67.0%; 95% CI 63.4–70.4), the percentage being similar in males and females. More than one-third of 13–17 year old respondents were victimized in the 12 months prior to survey administration (37.8%; 95% CI 33.6–42.1). The majority of violence was committed by parents and teachers; and the perceived intent was often punishment or discipline. While virtually all (98.8%; 95% CI 98.0–99.3) victims of childhood physical violence were punched, kicked, whipped or beaten; 11.0% (95% CI 9.2–13.2) were subject to abuse by a knife or other weapon. Injuries sustained from violence varied by victim gender and perpetrator, with twice as many females (9.6%; 95% CI 7.1–12.7) than males (4.0%; 95% CI 2.6–6.1) sustaining permanent injury or disfigurement by a family member or caregiver (p -value < .001). Our findings suggest that physical violence against children in Haiti is common, and may lead to severe injury. Characterization of the frequency and nature of this violence provides baseline estimates to inform interventions.

© 2015 Elsevier Ltd. All rights reserved.

[☆] Funding for this study was provided by the US Government through the President's Emergency Plan for Aids Relief (PEPFAR), and independent funding from the National Institute of Child Health and Human Development (T32-HD057822) supported the author, KTF, during the preparation of this manuscript. Study sponsors had no role in study design, in data collection, analysis, or interpretation.

* Corresponding author.

Physical violence against children by parents, caregivers, and other authority figures is a major global public health problem (Akmatov, 2011; Pinheiro, 2006; Runyan et al., 2010; World Health Organization [WHO], 2002). WHO defines physical violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (2002, p. 5). Although the nature of and attitudes toward physical violence are often rooted in cultural and societal norms, both the *World Report on Violence and Health* (WHO, 2002) and the *World Report on Violence Against Children* (Pinheiro, 2006) described physical violence against children as a violation of human rights, ubiquitous across nations and across cultures.

The *World Report on Violence and Health* (WHO, 2002) articulated the scope of the problem and called for scientific evidence to inform policy and to shape interventions, while also highlighting the inadequacy of existing data (Krug, Mercy, Dahlberg, & Zwi, 2002). WHO (2002) recommended a four-step public health approach to the development of interventions in order to maximize prevention of violence against children. Those steps involve (a) defining the problem; (b) identifying the cause and the risk factors; (c) designing and testing interventions; and (d) disseminating information about the effectiveness of interventions and increasing the scale of interventions that are proven to be effective. Unfortunately, even completing the first step has proven difficult in countries around the world, in large part because the measurement of violence against children is sensitive to the tools and case definitions utilized for data ascertainment. Self-report surveys, parent-report surveys, forensic evidence, hospital records, outpatient medical records, child protective service reports, and police reports all capture different qualities and quantities of abuse and are almost universally affected by under-reporting due to stigma and social pressure. Regardless of these difficulties, however, a methodical and thorough approach to measurement is essential. Once the extent and nature of childhood violence is clarified, risk factors can be identified and interventions developed and implemented, followed by consistent surveillance (Butchart, Harvey, Mian, Furniss, & Kahane, 2006).

Violence against children is pervasive around the world and includes violence perpetrated by parents and caregivers (often referred to as *child abuse* or *maltreatment*), and violence that occurs in community settings. In addition to lives lost from fatal violence, non-fatal violence leads to significant morbidity. For example, non-fatal child abuse is associated with long-term physical, cognitive, and emotional sequela, including obesity, sexually transmitted diseases, depression, and substance abuse (Breiding, Mercy, Gulaid, Reza, & Hleta-Nkambule, 2013; Gilbert et al., 2009; Norman et al., 2012; Springer, Sheridan, Kuo, & Carnes, 2007; WHO, 2014a). The gravity of these conditions make it essential that we better understand the magnitude of physical violence against children.

Validated tools for population-based epidemiologic studies of childhood victimization are available, including the Parent–Child Conflict Tactics Scales for child maltreatment, the Adverse Childhood Experiences International Questionnaire (ACE-IQ), the Lifetime Victimization Screening questionnaire, and the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Child Abuse Screening Tools (ICAST). The WorldSAFE studies in Brazil, Chile, Egypt, India, and the Philippines used the Parent–Child Conflict Tactics Scale (Runyan et al., 2010). The ACE-IQ has been field tested in China, the Philippines, Saudi Arabia, South Africa, and Vietnam (WHO, 2011). Versions of the ICAST have been field-tested in numerous developing countries. The parent (ICAST-P) and young adult (ICAST-R) questionnaires were field-tested in Colombia, the Democratic Republic of Congo, Egypt, India, Kyrgyzstan, Lebanon, Malaysia, and Russia (Dunne et al., 2009; Runyan, Dunne, & Zolotor, 2009; Runyan, Dunne, Zolotor, Madrid, et al., 2009). The children’s (ICAST-C) questionnaire was field-tested in Colombia, India, Russia, and Iceland (Butchart et al., 2006; Zolotor et al., 2009). However, a recent meta-analysis of 111 studies with 169 independent samples and over 9.6 million participants examined the prevalence of physical abuse around the world and concluded that “more cross cultural research on physical abuse is badly needed” (Stoltenborgh, Bakermans-Kranenburg, van Ijzendoorn, & Alink, 2013, p. 81). In particular, there continues to be a dearth of information about the prevalence of physical violence against children in Latin America, particularly Central America and the Caribbean.

Of particular importance is Haiti, a small country that shares an island with the Dominican Republic, and is the poorest nation in the Western Hemisphere (World Bank, n.d.). Haiti has often been affected by political turmoil and social strife and gained international attention in January 2010 when it was devastated by a 7.0 magnitude earthquake. Haiti is a young nation; over one-third of its population is 15 years of age or younger (Central Intelligence Agency, 2015). Poverty, high levels of unemployment, gender inequality, social injustice, and tolerance of violence are all associated with an increased risk of child maltreatment (Al Gasseer, Dresden, Keeney, & Warren, 2004). Moreover, it is often believed that younger children are more vulnerable than older children, and thus at higher risk for victimization; however, studies in child maltreatment have reported discrepant findings (Breiding et al., 2013; Zolotor et al., 2009).

The 2010 earthquake exacerbated Haiti’s ongoing economic, political, and social challenges (Al Gasseer et al., 2004; World Bank, n.d.). An estimated 1.3–1.6 million Haitians were internally displaced, including over 800,000 children (UNICEF, 2010; World Bank, n.d.). In armed conflict and refugee settings, girls are considered particularly vulnerable to violence, exploitation, and abuse (e.g., physical abuse, sexual abuse) by combatants, security forces, members of the community, aid workers, and others (WHO, 2014b). Thus, the sequelae of the earthquake plausibly heightened the risk of child exploitation and trafficking, conditions independently associated with violence against children (Gupta & Agrawal, 2010; Kolbe & Hutson, 2006).

The aforementioned factors increase the likelihood of childhood violence and injury on a national level (WHO, 2010): Children in Haiti are arguably at the highest risk for physical violence of any children in the Western Hemisphere. Although there have been limited reports on subtypes of violence among specific populations in pre- or post-earthquake Haiti (Davis & Bookey, 2011; Martsof, 2004; Willman & Marcelin, 2010), there have been no widespread endeavors to quantify violence on a national level, nor has gender-specific violence among children been thoroughly investigated.

Download English Version:

<https://daneshyari.com/en/article/6832388>

Download Persian Version:

<https://daneshyari.com/article/6832388>

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