



Children's exposure to community and war violence and mental health in four African countries



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ABSTRACT

In this article we review the mental health consequences of children's exposure to community and war violence (ETV) in four African countries: South Africa, Sierra Leone, Gambia and Rwanda. A focus on Africa is particularly pressing because of children's high levels of community and war ETV in countries therein. Regions of Africa present important macro-contexts for understanding children's various types of violence exposure amidst war and economic disadvantage. Findings of the review across 20 quantitative studies from 2004 to 2015 indicate consistent associations between exposure to war and community violence and children's symptoms of Post-traumatic Stress disorder (PTSD), depression, and aggression. School climate and family support mitigate these ETV influences upon children: however, more research is needed on the buffering effects of such resources. The effects of war violence are mediated by perceived discrimination in communities post-conflict. We integrate findings across studies to synthesize knowledge on children's ETV in Africa around a model of its correlates, mediators, and moderators in relation to mental health. Emerging research points to avenues for prevention and future inquiry.

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This review article focuses on children's exposure to community and war violence (ETV) in one area of the Global South, the continent of Africa. Many areas of Africa have high levels of community violence. In South Africa, for example, the homicide rate is 5 times the global average (Kaminer et al., 2013), and in Cape Town specifically the homicide rate is 88 per 100,000 compared to the estimated global rate of 28.8 per 100,000 (Ward et al., 2007). In another comparison, the homicide rate is estimated at 34.1/100,000 in 2009–2010 in South Africa compared to 5/100,000 in US in 2009 (Shields et al., 2013). In East Central Africa, many children in Rwanda were exposed to war-time violence during the 1994 genocide, where as many as 1 million people of all ages of a total population of 7.5 million were killed (Dryegrov et al., 2000; Neugebauer et al., 2009).

Community violence is one of the most prevalent forms of violence exposure among children in South Africa (Collings et al., 2013). While comprehensive reviews synthesize studies on physical and sexual abuse among children in Africa (Meink et al., 2015),

a systematic review of community and war violence in Africa and children's mental health outcomes has not yet been conducted and are among areas identified in need of further research (Meinck et al., 2015). We bring together in this article existing literature on this topic. Our review focuses on quantitative empirical studies on children's exposure to community and war violence in three regions: one country in Southern Africa (South Africa), two countries in the West (Sierra Leone and Gambia) and one in East-Central Africa (Rwanda). We use the name of South Africa when referring to country in the review and use the term Southern Africa when we are referring to region. We highlight factors that may offset or transmit violence influences.

In addition to more general studies with community and school based samples, there are also special sub-populations of children in Africa where exposure to violence has been explored. Parts of Africa are experiencing the aftermath of recent civil wars involving the forced recruitment of child soldiers (e.g. Sierra Leone, West Africa). Child soldiers have been exposed to high levels of violence exposure, and one of the goals of this review is to look at mediators and moderators among these children that can prevent mental health problems. Furthermore, Sub-Saharan Africa has very high overall levels of HIV/AIDS prevalence, where estimates suggest between

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64% and 67% of those affected with HIV/AIDS internationally are located therein (Cluver et al., 2013; Mboup et al., 2006). We incorporate a study of how having a parent ill with AIDS is linked to child health through exposure to community violence (Cluver et al., 2013). To forward an integrative understanding of children's exposure to violence (ETV) in Africa, we build on earlier reviews of children's violence exposure in the United States (Buka et al., 2001; Foster and Brooks-Gunn, 2009) and children's exposure to war and terrorism (Joshi and O'Donnell, 2003).

We organize our review around Fig. 1 which visually depicts the interconnections between the correlates, mediators and moderators of community and war violence in relation to children's mental health outcomes. By reviewing extant evidence (presented in Table 1) around this Figure, we can identify which components of this synthesizing model have been most supported informing avenues for prevention and intervention. In Fig. 1, we depict the types of ETV considered in this review, some of the correlates of exposure to community and war violence (Path a), the linkage between exposure to violence and children's health outcomes (Path b), and mediating and moderating factors (Paths c, f, d, and h). All reviewed articles are listed in Table 1 with information on sample characteristics as well as which paths in Fig. 1 were investigated. Associations as indicated by regression coefficients, correlation coefficients, and odds ratios are further reported in Table 1.

We next review key associations between ETV and children's health outcomes (path b) as well as information on war and community ETV prevalence and correlates in Africa (path a). In the remainder of this article, we focus on emerging evidence on mediators and moderators of children's exposure to violence on health outcomes, as well as the main effects of coping resources (paths c and f, and paths d and h). A mediating variable "... accounts for the relation between the predictor and the criterion" (Baron and Kenny, 1986, p. 1176). In Fig. 1, mediators are considered in terms of family, school, community and child factors and in paths c and f. A moderating variable "... affects the direction and/or strength of the relationship between an independent or predictor variable and a dependent or criterion variable" (Baron and Kenny, 1986, p. 1174). Moderators include family, school, community and child factors and moderating pathways are represented in the Figure through paths d and h. We also attend to protective factors that directly affect health in high violence contexts (path f).

1. Methods

We searched the PsycInfo and Medline databases to locate articles on children's exposure to community and war violence in Africa using the following search terms: (1) exposure to violence, Africa, children; (2) community violence, Africa, children; (3) war violence, Africa, children; (4) genocide, Africa, children; (5) child soldiers, Africa; (6) child soldiers, Sierra Leone. As shown in Fig. 2, based on Meink et al. (2015, p. 86), this resulted in 346 articles being identified for the review. Our review is focused on the 2004–2015 period and we excluded articles not falling in that range. We further excluded articles that were not reporting the results of a quantitative empirical study, or were not focused on associations between community or war violence and children's health outcomes, among other criteria, listed in Fig. 1 (205 articles excluded). Application of these criteria resulted in 20 articles being included in the review. A detailed discussion of the included articles in terms of location of the study, details on samples and research design, the type of violence exposure measured, and key findings from the study regarding children's ETV and health outcomes in Africa is presented in Table 1.

2. Prevalence of community and war ETV

Community violence exposure is common in regions of Africa. In a sample from Cape Town, South Africa, 68.4% of young adolescents reported witnessing and being a victim of violence (Ward et al., 2007). Among children and adolescents also in Cape Town, 58.1% reported seeing someone attacked with a weapon in the neighborhood, while 92% indicated they had seen someone hit in the neighborhood (Shields et al., 2009b). Victimization in the neighborhood was also common with 65.6% of children reported being hit in the neighborhood, and 51.8% had been in a fight. Adolescents in Gambia also report high levels of community violence where 86.7% have seen someone beaten up or mugged, and 48.4% have themselves been beaten up or mugged (O'Donnell et al., 2011).

A relatively common form of traumatic violence exposure across studies in Africa is exposure to dead bodies and seeing someone killed. In studies of children in South Africa, 32.5%–40.3% have seen someone killed or a dead body in their neighborhood (Kaminer et al., 2013; Martin et al., 2013; Shields et al., 2013). War-related violence exposure is also notable where in Sierra Leone, having faced a civil war between 1991 and 2002, Betancourt et al. (2010a)

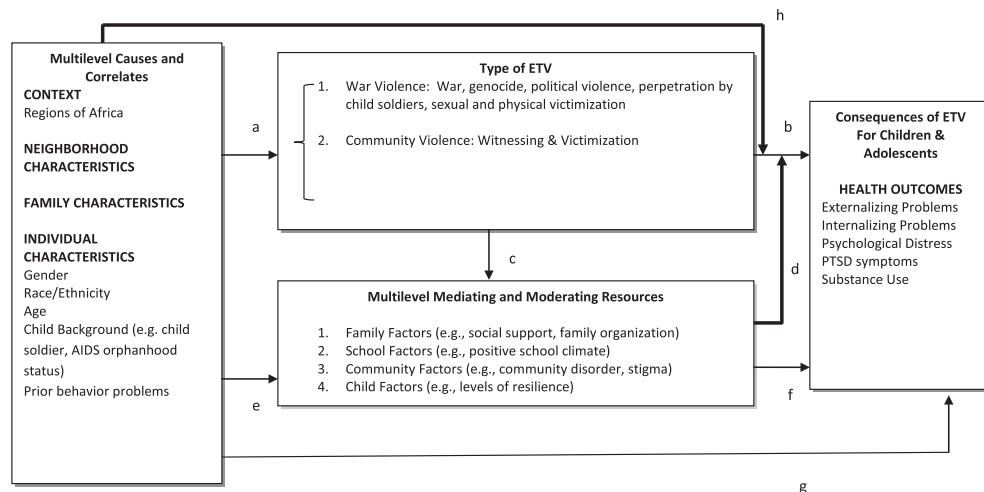


Fig. 1. Model of exposure to violence (ETV) among children and adolescents in African context.

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