



# Prevalence and predictors of partner violence against women in the aftermath of war: A survey among couples in Northern Uganda

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## ABSTRACT

Violence against women that is perpetrated by an intimate partner prevails as one of the most widespread human rights violations in virtually all societies of the world. Women in resource-poor countries, in particular those affected by recent war, appear to be at high risk of experiencing partner violence. Although there has been a longstanding assumption that organised violence at a societal level is transmitted to an interpersonal level, little is known about the link between exposure to war and familial violence. We conducted an epidemiological survey in 2010 with 2nd-grade students and their male and female guardians from nine heavily war-affected communities in Northern Uganda employing structured interviews and standardized questionnaires. The present study analysed a subsample of 235 guardian couples from seven rural communities in order to determine the prevalence and predictors of current partner violence experienced by women in the context of the past war. Study results revealed a high prevalence of ongoing partner violence experienced by female partners. In the past year, 80% of women reported at least one type of verbal/psychological abuse, 71% were exposed to at least one type of physical abuse, 52% suffered isolation and 23% fell victim to sexual violence. Findings from linear regression analyses showed that women's prior exposure to war-related traumatic events, women's re-experiencing symptoms and men's level of alcohol-related problems were associated with higher levels of partner violence against women. Differential effects of the predictor variables emerged with respect to different subtypes of partner violence. The findings suggest that partner violence against women constitutes a major problem in rural Northern Uganda. Programmes for the prevention and reduction of partner violence against women need to address high levels of hazardous drinking in men as well as women's prior traumatisation. In addition, different patterns of partner violence should be taken into account.

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## Introduction

Although domestic violence against women is often dismissed as a private family matter, it constitutes one of the world's most pervasive human rights violations. Results from the WHO multi-country study showed that lifetime prevalence rates of physical and sexual abuse by an intimate partner range from 15% to 71% in different countries (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). It seems that the prevalence of ongoing sexual and physical partner violence is higher in resource-poor countries than in industrialized countries and is highest in those countries that have recently been affected by ethnic or civil conflict (Stewart & Brown,

2010) such as Ethiopia, with 54% physical and sexual violence (Garcia-Moreno et al., 2006) and Pakistan, with 56% physical violence and 53% sexual violence (Ali, Asad, Mogren, & Krantz, 2011). Even within nations, ongoing partner violence against women appears to be associated with war exposure. Stark et al. (2010) found that 52% of women living in internally displaced person (IDP) camps in the war-affected North of Uganda experienced physical partner violence in the previous year compared to 15% living in the peaceful region of south-western Uganda (Koenig et al., 2003). However, assessment methods differed between studies, so results may not be compared easily. Using consistent instruments and procedures across regions, the Uganda Demographic and Health Survey (2006) also found elevated rates of ongoing emotional and physical partner violence in war-affected IDP camp populations compared to other regions in Uganda, but differences in prevalence of physical and emotional partner violence experienced by women in the immediately preceding year were less pronounced

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(Uganda Bureau of Statistics, 2006). In summary, there appears to be a link between war exposure and partner violence experienced by women, but quantitative data on the prevalence and predictors of partner violence against women in populations affected by civil conflict and war are scarce (Stark & Ager, 2011) and studies are mostly restricted to the assessment of physical and sexual partner abuse.

Extending the conceptual framework of the cycle of violence hypothesis (Widom, 1989), Catani (2010) proposes that increased prevalence of familial violence in post-conflict settings emerges because violence is transmitted across different levels of the socio-ecological context. The author argues that the experience of organised violence renders people vulnerable for the perpetration of violence against a family member and that this relationship is partly mediated by posttraumatic symptoms. The author further suggests that family members, particularly children who are traumatized, may be at higher risk of eliciting violent responses from other family members due to their behavioural and emotional symptoms. Jewkes (2002) introduces a conceptual model that includes the experience of childhood abuse as well as exposure to political conflict as risk factors of partner violence against women through the generation of a “culture of violence” in which violent response to conflict is normative and instrumental to maintain male superiority.

Both models imply that partner violence against women in post-conflict settings results from transmission of violence across generations and socio-ecological contexts via two distinct pathways: one pathway occurs in the form of a re-victimization process (Widom, Czaja, & Dutton, 2008) in women, the other comprises a victim–perpetrator transformation in men. A number of studies around the world have demonstrated that female victims of childhood maltreatment are at increased risk of becoming victims of physical and sexual violence in adult intimate relationships when controlling for socio-demographic variables such as age, educational level, and socioeconomic status (Abramsky et al., 2011; Gage, 2005; Jewkes, Levin, & Penn-Kekana, 2002). As yet, very little is known about female re-victimization in intimate partnerships after exposure to organised violence. One study found a significant positive correlation between women’s conflict-related exposure and later exposure to domestic violence perpetrated by family members including the husband (Usta, Farver, & Zein, 2008). However it remained unclear whether it was men’s or women’s war exposure, or both, that accounted for increased risk of domestic violence experienced by female partners. Psychopathology following trauma exposure in women is a possible contributing factor to the puzzling phenomenon of re-victimization. In particular, it has been hypothesized that symptoms of posttraumatic stress disorder (PTSD) following trauma may contribute to further re-victimization experiences as a progressive process (Pratchett & Yehuda, 2011). In a large prospective study with a representative sample of US women, re-experiencing symptoms in particular mediated previous trauma and further interpersonal violence victimization (Cougle, Resnick, & Kilpatrick, 2009).

There is a striking congruency between risk factors for male perpetration of violence against their female partners and risk factors found in female partners that increase women’s risk to experience abuse. Prior victimization of men in terms of childhood maltreatment (Heyman & Smith Slep, 2002) and exposure to human rights violations (Gupta, Reed, Kelly, Stein, & Williams, 2010) has been associated with a higher risk of physical partner violence perpetration against their female partners. Clark et al. (2010) found that Palestinian women whose husbands had been exposed to political violence were more likely to suffer from psychological, physical and sexual abuse in their relationships. A number of studies with male military veterans examined the role of

psychopathology in predicting violence against female partners. Posttraumatic stress disorder was found to be associated with higher propensity for perpetrating physical and psychological aggression within intimate partnerships (Taft, Watkins, Stafford, Street, & Monson, 2011). While earlier results suggested that comorbid major depression was also associated with physical partner violence perpetration (Taft et al., 2005), a later study of veterans could not find an independent effect of depression on physical and psychological aggression against female partners when controlling for combat-related exposure and PTSD symptoms (Taft et al., 2009). Finally, alcohol abuse in men is one of the most consistently reported factors predicting physical violence against women (Gage, 2005; Jewkes et al., 2002; Koenig et al., 2003).

Despite alarmingly high rates of partner violence against women in post-conflict settings where both partners have been heavily affected by war, there is a paucity of research examining risk factors in both male and female partners in relation to female experience of partner violence in this context. Previous research has primarily focused on the assessment of the prevalence and risk factors of physical and sexual partner violence against women. However, partner violence is not a unitary phenomenon (Hegarty, Sheehan, & Schonfeld, 1999) and other subcategories such as emotional abuse, economic abuse (Fawole, 2008) and strategic social isolation (Akuma & Okot, 2005) should also be considered. In order to address these shortcomings, we conducted an epidemiological study in which male and female partners were interviewed separately about their childhood experiences, traumatic war exposure and psychopathological symptoms as risk factors of female partner violence victimization. Women reported on different types of partner violence directed against them in the preceding year including emotional, physical and sexual abuse as well as deliberate isolation by male partners. The study was located in Northern Uganda, where society is still recovering from 20 years of civil war between the rebel movement Lord’s Resistance Army (LRA) and government forces. During the war, nearly the entire population (i.e. approximately 1.8 million people) were forcibly resettled in Internally Displaced Persons (IDP) camps (Internal Displacement Monitoring Centre, 2012) and in the Acholi sub-regions close to half of the adult population fell victim to abduction by the LRA (Vinck, Pham, Stover, & Weinstein, 2007). Heavy exposure to war-related violence has led to high prevalence of PTSD (15%–74%) (Ertl, Pfeiffer, Schauer, Elbert, & Neuner, submitted for publication; Vinck et al., 2007) and depression (17%–45%) (Ovuga, Boardman, & Wasserman, 2005; Vinck et al., 2007). Roberts, Ocaka, Browne, Oyok, and Sondorp (2011) found that 32% of men and 7% of women residing in IDP camps were likely to suffer from alcohol disorder. High rates of physical partner violence against women have been reported in IDP camp populations (Akuma & Okot, 2005; Stark et al., 2010; Uganda Bureau of Statistics, 2006). Yet very little is known about the situation of women in the aftermath of war at a time when the majority of the internally displaced persons in the Acholi region have left the camps and returned to their communities of origin or settled in locations closer to home (United Nations Office for the Coordination of Humanitarian Affairs, 2011).

The current study aimed to assess the prevalence and risk factors of partner violence experienced by women after people had resettled in their communities. We hypothesized that amongst female victims of partner violence, prior victimization in terms of childhood maltreatment and exposure to war-related violence as well as abduction would be associated with higher levels of current partner violence victimization. Based on the current literature we additionally assumed that re-experiencing symptoms in women would lead to an increase in partner violence victimization. With respect to male perpetration we expected men’s prior exposure to violence in childhood and during the war to increase women’s risk

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