



Does war contribute to family violence against children? Findings from a two-generational multi-informant study in Northern Uganda[☆]



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ABSTRACT

After 20 years of civil war in Northern Uganda, the continuity of violence within the family constitutes a major challenge to children's healthy development in the post-conflict era. Previous exposure to trauma and ongoing psychopathology in guardians potentially contribute to parental perpetration against children and dysfunctional interactions in the child's family ecology that increase children's risk of maltreatment. In order to investigate distal and proximal risk factors of child victimization, we first aimed to identify factors leading to more self-reported perpetration in guardians. Second, we examined factors in the child's family environment that promote child-reported experiences of maltreatment. Using a two-generational design we interviewed 368 children, 365 female guardians, and 304 male guardians from seven war-affected rural communities in Northern Uganda on the basis of standardized questionnaires. We found that the strongest predictors of self-reported aggressive parenting behaviors toward the child were guardians' own experiences of childhood maltreatment, followed by female guardians' victimization experiences in their intimate relationship and male guardians' posttraumatic stress disorder (PTSD) symptoms and alcohol-related problems. Regarding children's self-report of victimization in the family, proximal factors including violence between adults in the household and male guardians' PTSD symptom severity level predicted higher levels of maltreatment. Distal variables such as female guardians' history of childhood victimization and female guardians' exposure to traumatic war events also increased children's report of maltreatment. The current findings suggest that in the context of organized violence, an intergenerational cycle of violence persists that is exacerbated by female guardians' re-victimization experiences and male guardians' psychopathological symptoms.

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Introduction

In post-conflict settings, children's development proceeds within a socio-ecological context (Bronfenbrenner, 1979) that still carries the legacy of war. Secondary adversities in the aftermath of war comprise of societal factors, such as poverty and diminished access to basic social services (e.g., education and health care); familial factors, including change in family constellation and impaired parental mental health and functioning; and intra-individual factors, such as additional trauma and loss (Pynoos, Steinberg, & Piacentini, 1999). In high-risk environments, stressors tend to "pile up" over time (Rutter,

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1985) leading to a dynamic process that largely increases children's vulnerability to experience maltreatment (Belsky, 1993; Lynch & Cicchetti, 1998). Chronologically distal variables such as parental history of childhood abuse and proximal variables including parents' youth, father's drinking, poverty in the community, and the absence of a two-parent family affect ongoing family processes that facilitate violence against children (Belsky, 1993; Black, Heyman, & Smith Slep, 2001). The continuity of violence through dysfunctional family processes has frequently been conceptualized in terms of a dyadic model that focuses on individual risk factors promoting guardians' perpetration risk in parent-child interactions (e.g., Berlin, Appleyard, & Dodge, 2011). Alternatively, family dysfunction models represent individual risk factors and violent interactions between guardians as predictors of child abuse (Appel & Holden, 1998).

Research on the intergenerational continuity of violence conducted in the framework of the *cycle of violence* hypothesis (Widom, 1989) generally supports the idea of parental childhood victimization as a distal risk factor for guardians' perpetration against their own children (Conger, Place, & Neppl, 2012; Thornberry, Knight, & Lovegrove, 2012). However, the overall relationship between parental history of childhood maltreatment and perpetration was modest and the strength of the relationship varied between studies suggesting that multiple pathways and combinations of risk factors lead to perpetration of child abuse after exposure to previous trauma (Cohen, Hien, & Batchelder, 2008; Thornberry et al., 2012; Widom, 1989). In a post-conflict context, Catani (2010) proposed that one such pathway consists of the transmission of violence across socio-ecological contexts from a societal to a family system level whereby posttraumatic psychopathological symptoms mediate the relationship between war-related traumatic exposure and family violence. Although traumatized guardians may be at an increased risk of perpetration, children living in highly adverse environments may elicit negative responses as they display a variety of behavioral and emotional problems. In line with this hypothesis, studies in post-conflict settings point to elevated levels of family violence against children and adolescents (Catani, Jacob, Schauer, Kohila, & Neuner, 2008; Catani et al., 2009; Haj-Yahia & Abdo-Kaloti, 2003). Children who reported that the family as a whole (Haj-Yahia & Abdo-Kaloti, 2003) or they as individuals (Catani et al., 2008, 2009) had been exposed to higher levels of organized violence were at an increased risk of experiencing maltreatment at home.

In post-conflict settings, war-exposed guardians are vulnerable to develop a variety of psychological disorders (De Jong, Komproe, & Van Ommeren, 2003). Guardians' ongoing psychopathology (including symptoms of posttraumatic stress disorder [PTSD], depression, and substance related disorders) in turn represents a proximal risk factor of child abuse perpetration (Black et al., 2001; Chaffin, Kelleher, & Hollenberg, 1996). In particular, posttraumatic stress symptoms that resulted from exposure to war trauma have been associated with higher hostility and insensitivity in mother-child interactions in refugee mothers (Van Ee, Kleber, & Mooren, 2012). PTSD symptoms in male combat-exposed military veterans predicted less positive parenting (Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010) and less parenting satisfaction, even when controlling for partner abuse, depression, and alcohol-related disorders (Samper, Taft, King, & King, 2004). However, studies with civilian participants report inconsistent results regarding the effect of PTSD as a mediator between previous trauma and child abuse perpetration. Cohen et al. (2008) did not find an independent contribution of maternal PTSD symptoms beyond the effect of depression, substance use disorder and cumulative trauma exposure in their sample of maltreated mothers. Other studies actually found that parental PTSD and depression were associated with less perpetration when parents had a history of childhood abuse (Pears & Capaldi, 2001) or showed no significant relationship with child abuse perpetration (Berlin et al., 2011).

Divergent findings concerning the role of guardians' psychopathological symptoms in the perpetration of child abuse highlight the utility of a broader perspective on child maltreatment in terms of a family dysfunction model in which individual risk factors and family system level processes are taken into account. For example, PTSD symptoms and comorbid disorders in one parent may impose an increased burden on the co-parent, leading to impairment in parental functioning in the other parent (Dekel & Goldblatt, 2008). In addition, guardians' exposure to war-related traumatic events has been associated with higher levels of partner violence against women in post-conflict settings (Clark et al., 2010; Saile, Neuner, Ertl, & Catani, 2013). Children growing up in families that are characterized by violence between guardians are at a high risk of experiencing maltreatment (Appel & Holden, 1998) because victimization by an intimate partner compromises the ability to parent (Holt, Buckley, & Whelan, 2008) and is associated with more severe physical discipline in women (Banyard, Williams, & Siegel, 2003). Whereas positive parenting may prevent negative developmental outcomes in children even in the face of a highly adverse post-conflict environment (Gewirtz, Forgatch, & Wieling, 2008), child maltreatment is a major predictor of long-lasting negative physical and mental health outcomes (Kessler et al., 2010; Spatz Widom, Czaja, Bentley, & Johnson, 2012).

Despite the potentially long-lasting negative effects of war on child development, there is a lack of comprehensive data on family functioning in a post-conflict context where a multitude distal and proximal risk factors co-exist that facilitate the intra-familial continuity of violence. To date, evidence on risk factors of family violence against children in post-conflict settings is largely founded on child report data from children who have been directly exposed to organized violence (e.g., Catani et al., 2008, 2009; Haj-Yahia & Abdo-Kaloti, 2003). In order to better understand which families are at an increased risk of experiencing persistent violence even after the war has ended we conducted an epidemiological study in Northern Uganda including guardians who have experienced 20 years of civil war and their primary school children (aged 6–12 years) who are now growing up in the post-conflict era.

Between 1986 and 2006 the Lord's Resistance Army (LRA) rebelled against the government employing guerrilla warfare tactics and systematic violence against civilians in order to gain control. As a result, nearly the entire population in Northern Uganda was forcibly displaced into internally displaced person (IDP) camps (U.N. Office for the Coordination of Humanitarian

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