



Testing a cycle of family violence model in conflict-affected, low-income countries: A qualitative study from Timor-Leste



Susan Rees ^{a,*}, Rosamund Thorpe ^b, Wietse Tol ^c, Mira Fonseca ^d, Derrick Silove ^a

^a University of New South Wales, Australia

^b James Cook University, Australia

^c Johns Hopkins University, USA

^d Alola Foundation, Timor-Leste

ARTICLE INFO

Article history:

Available online 12 February 2015

Keywords:

Armed-conflict
Explosive anger
Women
Parenting
Intimate partner violence

ABSTRACT

The present study examines key aspects of an emerging cycle of violence model as applied to conflict-affected countries. We focus specifically on the roles of intimate partner violence (IPV), consequent experiences of explosive anger amongst women, and associated patterns of harsh parenting. Between 2010 and 2011, we conducted a women-centred and culturally sensitive qualitative inquiry with 77 mothers drawn consecutively from a data-base of all adults residing in two villages in Timor-Leste. We over-sampled women who in the preceding whole of household survey met criteria for Intermittent Explosive Disorder (IED). Our methodology included in-depth qualitative interviews followed by a focus group with a comprehensive array of service providers. We used the NVivo software package to manage and analyse data. Our findings provide support for a link between IPV and experiences of explosive anger amongst Timorese mothers. Furthermore, women commonly reported that experiences of explosive anger were accompanied by harsh parenting directed at their children. Women identified the role of patriarchy in legitimizing and perpetuating IPV. Our findings suggest that empowering women to address IPV and poverty may allow them to overcome or manage feelings of anger in a manner that will reduce risk of associated harsh parenting. A fuller examination of the cycle of violence model will need to take into account wider contributing factors at the macro-level (historical, conflict-related, political), the meso-level (community-wide adherence to patriarchal norms affecting the rights and roles of women), and the micro-level (family interactions and gendered role expectations, individual psychological responses, and parenting). Longitudinal studies in post-conflict settings are needed to examine whether the sequence of male violence against women, mothers experience of explosive anger, and consequent harsh parenting contributes to risk of aggression and mental disorder in offspring, both in childhood and adulthood.

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1. Background

Epidemiological research into the psychosocial and mental health consequences of armed conflict has focused primarily on the individual as the unit of analysis (Panter-Brick, 2010). In the earlier literature, emphasis was given to the impact of traumatic events (TEs) on the prevalence of disorders such as post-traumatic stress disorder (PTSD) and depression (Mollica et al., 2001; Cardozo et al., 2003; Hinton et al., 2003; Momartin et al., 2003). In recent times,

however, greater attention has been given to the contributions of ongoing stressors, such as poverty and associated hardships, to adverse mental health outcomes (Miller and Rasmussen, 2010a, 2010b). There is a comparative dearth of research, however, into the effects of mass conflict on family functioning and the capacity of adults to parent their children, the focus of the present study.

1.1. The cycle of violence model

A cycle of violence model offers a framework for examining the impact of mass violence on family functioning and parenting. The term “cycle of violence” was first applied in civilian settings to describe a repetitive pattern in which male perpetrators of intimate

* Corresponding author. Psychiatry Research and Teaching Unit, Level 2, Mental Health Centre, Liverpool Hospital, New South Wales 2170, Australia.

E-mail address: s.j.rees@unsw.edu.au (S. Rees).

partner violence (IPV) alternated between bouts of aggression and periods of remorse in which they made attempts at reconciliation (Schrager, 2011). The cycle of violence model has been expanded to take into account transgenerational effects, drawing on the assumption that children exposed to violence in the family are at heightened risk of enacting aggression in their future relationships (Kim, 2009; Thornberry et al., 2012). The model has been further adapted to apply to countries exposed to mass conflict, the notion being that adult males exposed to a range of human rights violations such as torture and related abuses are at increased risk of enacting IPV when they return to their families, initiating the sequence of adverse psychosocial effects that impact on their wives and children.

The hypothesis that war exposure is a factor in the genesis of IPV has received most attention in the research literature involving male military personnel returning to high income countries such as the USA (Orcutt et al., 2003). The focus has been on manifestations of irritability, anger and agitation amongst veterans experiencing combat-related PTSD. A constellation of symptoms, however, is not limited to PTSD but commonly is associated with a range of other emotional disorders (Bell and Orcutt, 2009; Taft et al., 2012). Examining an emotional-behavioural pattern characterized primarily by explosive anger and aggression may assist in defining more clearly the pathway leading from TE exposure to violence within the family. Here we apply the DSM-IV criteria for Intermittent Explosive Disorder (IED), a category defined by repetitive episodes of uncontrollable anger in which aggression is directed at people or property (Coccaro, 2000). Such a focus is particularly relevant to the post-conflict field given growing evidence that IED is associated with exposure to traumatic events (TEs) including those related to human rights violations (Silove et al., 2009; Al-Hamzawi et al., 2012).

Caution needs to be exercised, however, in assuming equivalence in the ontology and meaning of patterns of anger and aggression when studied across cultures. In particular, there is a risk of labelling a reaction pattern as pathological when the behavioural response is regarded as normative within the culture. We therefore apply the neutral term “explosive anger” to characterize women experiencing this response. For pragmatic reasons and to allow comparisons with other studies, we use the DSM-IV criteria for IED to define our index of the pattern of episodic anger and aggression.

1.2. Extant evidence supporting the post-conflict cycle of violence model

There is accruing evidence supporting core elements of the post-conflict cycle of violence model. For example, men exposed to torture and other human rights abuses are at heightened risk of enacting IPV when they return to their families (Byrne and Riggs, 1996; Orcutt et al., 2003). The civilian literature is consistent in showing that women exposed to IPV are at higher risk of a wide range of mental disorders (Rees et al., 2011; Trevillion et al., 2012). In addition, the occurrence of IPV in families has been shown to have an adverse psychosocial impact on children (Holden and Ritchie, 1991; Levendosky and Graham-Bermann, 2000; 2001). Importantly, IPV has a deleterious effect on the mother's parenting capacity, the risk being greater when the woman is experiencing mental disorder (often a consequence of IPV), has a history of personal abuse in childhood, and is living in ongoing conditions of adversity with inadequate family and social support (Belsky, 1984; Levendosky and Graham-Bermann, 2000). These exacerbating factors are commonly encountered by women residing in low-income, post-conflict countries.

Yet the link between mothers' exposure to IPV and adverse

mental health outcomes amongst children in conflict-affected countries has only attracted research attention in recent times (Catani et al., 2008a; Catani, 2010; Catani et al., 2008b). In a longitudinal study in Afghanistan, family violence was a key factor in predicting the course of mental health symptoms amongst children (Panter-Brick et al., 2011). Mothers exposed to IPV in war-affected Uganda showed harsher parenting in their interactions with their children than mothers living in non-violent conjugal relationships (Saile et al., 2013). A key question that remains to be elucidated, however, is the nature of the mother's psychological response to IPV that putatively leads to harsh parenting behaviours directed at her children. One possibility is that cumulative exposure to abuse and deprivation increases the risk that the mother will respond with feelings of explosive anger, the accompanying acts of uncontrollable aggression being directed at children. That pathway has received no prior research attention. The only broadly relevant study, undertaken in a refugee clinic in the USA, found that Cambodian survivors of the Pol Pot genocide who exhibited high rates of anger and aggression, experienced disturbed relationships with significant others, particularly their children (Hinton et al., 2009).

1.3. Explosive anger in Timor-Leste

The present study focuses on women in post-conflict Timor-Leste. During the prolonged armed resistance against the Indonesian occupation (1975–1999), the Timorese population was subjected to politically motivated human rights violations, including extrajudicial killings, forced imprisonment, torture, murder of family members, and amongst women in particular, rape, forced marriages and compulsory chemical sterilization (Silove, 1999; Winters, 1999; Dunn, 2012). Further abuses and deaths occurred on a large scale during the humanitarian emergency of 1999 in which Indonesian-supported militia destroyed 80% of the infrastructure of the country and temporarily displaced the majority of the population. In 2006–07, there was a further period of internal conflict resulting in deaths, violence, destruction of property and large-scale displacement (Scambary, 2009). Many families continue to live under conditions of extreme poverty in Timor-Leste. Since gaining independence in 2002, the country has remained one of the poorest in the world, with 23% of the population of 1.2 million being undernourished (National Statistics Directorate (NSD) [Timor-Leste], 2010).

In our 2004 total adult household survey of 1544 Timorese adults (82% response) residing in a rural and an urban village, 38% of respondents reached the defined threshold of one attack of explosive anger a month (Fava et al., 1993; Silove et al., 2009; Rees et al., 2013). The quantum of exposure to TEs of mass conflict was the strongest predictor of explosive anger, although ongoing hardships and deprivations added to the risk. Importantly, rates of explosive anger were higher amongst women than men (Silove et al., 2009). In a six-year mixed methods follow-up study we applied a more extensive culturally adapted measure to assess a stricter definition of explosive anger based on DSM-IV IED criteria which specifies that anger is accompanied by overt acts of aggression. Our community measure exhibited sound convergence with a gold standard clinical interview for IED (Liddell et al., 2013). Importantly, women had twice the rate (12%) of explosive anger compared to men (8%) (Rees et al., 2013). Predictors of explosive anger amongst women included exposure to conflict-related TEs and ongoing hardships related to poverty. In qualitative interviews, women commonly linked their explosive anger episodes to ongoing exposure to IPV in the home (Rees et al., 2013). IPV was attributed in part to men's exposure to torture and other human rights violations during the war, and a consequent increase in male alcohol abuse (Rees et al., 2013).

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