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A life course understanding of domestic and intimate partner violence in Ghana

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ABSTRACT

Previous studies demonstrate the long term effects of childhood violence on future victimization and perpetration of intimate partner violence (IPV). With a few exceptions from Asia, however, this literature is largely limited to North America and Europe. To date, contributions from sub-Saharan Africa remain scant.

We began to fill this gap by applying the life course theory to retrospective data collected from 2289 women in Ghana. Specifically, we examined if women's childhood experiences of family violence were associated with their later victimization and/or their perpetration of IPV. We also explored the effect of the timing and continuity of family violence over the life course.

Generally, we found that women with childhood experiences of violence were more likely to be victims and perpetrators of IPV than those with no such experiences. However, the effect and significance of the violence was more pronounced if it continued from early childhood (before age 15) to adulthood (after age 15). Violence experienced after age 15 was more significant than violence experienced before age 15, and women who perpetrated IPV were significantly more likely to be victimized themselves.

To improve domestic violence interventions in Ghana, it is necessary to pay attention to victims' early childhood experiences.

1. Introduction

Domestic and family violence against women are endemic in Ghana. Evidence suggests that 20% of men and about 28% of Ghanaian women have experienced physical, sexual, emotional or economic intimate partner violence (Institute of Development Studies & Ghana Statistical Services & Associates, 2016). But Ghanaian women are especially vulnerable to domestic violence. Reasons for this include gender and socio-economic inequality, male dominance, and other socio-cultural norms that target females (Tenkorang, Yeboah, Owusu, & Bannerman, 2013; Amoakohene, 2004; Ofei-Aboagye, 1994). Domestic violence violates the fundamental human rights of women, undermines their ability to be autonomous, and affects their chances of attaining financial self-sufficiency (Sedziafa, Tenkorang, Yuji, & Owusu, 2016). Various studies have also linked domestic violence to adverse physical, mental and emotional health outcomes (see Alejo, 2014; Campbell, 2002; Sedziafa, Tenkorang, Adobea, & Owusu, 2015). Domestic violence is a complex phenomenon, given its structural and systemic nature, and it does not occur at random. The lack of agreement in the literature as to its immediate causes adds another layer of complexity, especially for researchers and policy makers interested in finding solutions to this social problem (Etherington & Baker, 2016). Some studies attribute its occurrence to a complex interplay of

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individual/interpersonal, family and community level factors (Etherington & Baker, 2016). At the community level, reference is often made to gender norms, women's status and autonomy, lack of economic development and poverty as important determinants of domestic violence (Koenig, Stephenson, Ahmed, Jejeebhoy, & Campbell, 2006).

1.1. Contextualizing child violence in Ghana

The early/childhood life experiences of individuals are equally relevant in determining whether they will be victims or perpetrators of violence in the future (Black, Sussman, & Unger, 2010; Etherington & Baker, 2016; Whitfield, Anda, Dube, & Felitti, 2003; Maneta, Cohen, Schulz, & Waldinger, 2012). In particular, child abuse and maltreatment are considered strong predictors of intimate partner violence in subsequent years (Whitfield et al., 2003; Widom, Czaja, & Dutton, 2014). Childhood abuse occurs when a child is subjected to any form of physical, emotional or sexual abuse, neglect and exploitation that causes actual or potential harm to the child (WHO, 2016). While severely underreported, child abuse and neglect are found in all societies. For instance, a study on the prevalence of child sexual abuse in 21 countries around the world found that between 7% and 36% of women reported childhood sexual abuse (Finkelhor, 1994).

Data on child violence in Ghana are scant, but evidence from the 2011 Ghana Multiple Indicator Cluster Survey (MICS) suggests about 94% of Ghanaian children aged 2–14 years experience some form of physical and/or psychological abuse (Mueller, Goebel-Fabbi, Diamond, & Dinklage, 2016). Childhood violence in Ghana ranges from corporal punishment in households to forms determined by the socio-economic circumstances of perpetrators and/or deep-seated socio-cultural norms, including child labor, female genital mutilation, child marriage etc. For instance, corporal punishment, the most widely practiced form of violence, is often meted out to children to 'discipline' or 'correct' specific behaviors considered deviant (Mueller et al., 2016). This is not to argue that child maltreatment is 'normal' or acceptable in Ghana, especially as Ghana's laws criminalize child violence (Government of Ghana, 2014), but rather to point out the vagueness with which Ghanaians distinguish child maltreatment from discipline or corrective behaviors. Very often this distinction is left to the perpetrator's intent and the severity of the violence; that is to say, when the intention is to cause harm and the child is visibly physically bruised, then what was meant to be "discipline" turns out to be violent. These socio-cultural constructions and interpretations of violence means that non-physical but violent behaviors, such as name-calling, yelling, threatening and demonstrating aggressive behaviors towards children, are rarely considered violent. Thus, the way child maltreatment and violence are socially constructed and understood in Ghana will have implications for the disclosure and reporting of such behaviors. However, with limited research on childhood violence in sub-Saharan Africa and Ghana, it is unclear whether these socio-cultural interpretations of child violence will lead to differences in the consequences of child maltreatment.

1.2. Consequences of childhood violence and gaps in the literature

The literature is almost conclusive on the effect of children's direct involvement with violence or their exposure to violence early in the life course. In a widely cited article, Moylan et al. (2010) find that children exposed to abuse and domestic violence have elevated risks of internalizing and externalizing behavioural problems in later years. Others demonstrate the theoretical pathways between domestic violence in early childhood and subsequent behavioral, emotional and social problems (see Davies, Evans, & DiLillo, 2008; Devaney, 2015; Felitti et al., 1998; Kitzmann, Gaylord, Holt, & Kenny, 2003; Meltzer, Doos, Vostanis, Ford, & Goodman, 2009; Osofsky, 2003). Some related studies establish empirical connections between child maltreatment and lifelong health complications (Norman et al., 2012; Springer, Sheridan, Kuo, & Carnes, 2003).

However, an important dimension to this debate is the timing and continuity of violence, with researchers finding different behavioral outcomes for childhood violence experienced at different stages of the developmental trajectory. Perkins and Graham-Bermann (2012) argue that the behavioral outcomes for children exposed to violence may be based on the developmental stage of the individual, the severity of the violence, and the form or type of violence. Narayan, Englund, and Egeland (2013) extend the argument by examining the idea of continuity; that is, whether there are differential outcomes for individuals who experience violence only once and those who experience violence at multiple developmental periods over the life course. The theory is that the outcomes may be worse for individuals whose experiences with violence continue from early to late childhood and on into adolescence and adulthood.

While previous studies on the effect of children's exposure to violence in their early years are useful, a quick glance at the literature shows that, thus far, the evidence generated has been limited to samples from the West (North America, Australia, Western Europe). We do not know a lot about other parts of the world, including sub-Saharan Africa (see World Health Organization, 2001). When we searched the literature on Africa and Ghana for this study, we found that few studies engage the life course experiences of participants (see Nwabunike & Tenkorang, 2017; Sedziafa et al., 2016; Tenkorang et al., 2013). Moreover, studies focus on early life exposure to violence (e.g., respondents are asked if they witnessed interpersonal violence between their parents or any other family members while growing up), not the actual experiences of the research participants to violence (i.e., direct victims of family violence in early childhood and/or interpersonal violence in later years).

Second, while some evidence suggests that the type of violence and its timing may have differential outcomes, to the best of our knowledge, no study of sub-Saharan Africa has explored this. Nor do we know whether violence experienced in early childhood but discontinued in later years has a lesser effect than violence experienced in childhood and continued over the life course.

A major reason for these gaps may be the lack of data on childhood victimization or maltreatment in Africa. Recent attempts to collect data on the prevalence and severity of domestic violence through demographic and health surveys (DHS) have yielded positive results, but these data are largely limited to adult victimization and do not mention childhood experiences of violence and

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