

violence during conflict and the impact this has on the quality of their intimate relationships, occurrence of IPV in those relationships (as victims in addition to being perpetrators), and their community reintegration.

Keywords

war, youth violence, violence exposure

Introduction

Political violence (state-perpetrated violence, repression, genocide, torture, forced disappearance of family members, armed conflict, etc.) is a major human rights violation (HRV) that poses a significant public health concern globally (Clark et al., 2010; Gupta, Reed, Kelli, Stein, & Williams, 2012). For instance, long-term consequences associated with such HRVs include, but are not limited to, poor mental, physical, and reproductive health; increased gender-based violence including intimate partner violence (IPV); and low economic and educational opportunities (Betancourt, Pochan, & de la Soudiere, 2005; Clark et al., 2010; Gupta et al., 2012).

However, to date, few studies have examined the impact of armed conflict involvement on IPV perpetration and/or victimization post conflict. Of the studies that have examined this phenomenon, their focus has been on the victimization of women and girls by their partners who may have been directly or indirectly affected by political violence, and thus perpetrate violence against their intimate partners (Clark et al., 2010; Gupta et al., 2009). For instance, Gupta et al. (2009) examined associations between premigration political violence exposure and past-year IPV perpetration among immigrant men attending community health centers in Boston. The researchers found that 20% of their sample reported political violence exposure before arriving in the United States, and those reporting political violence exposure were significantly more likely to report IPV perpetration than their counterparts who did not report such exposure. These results were significant for

region. Results of her study found that 40% of men in her sample reported perpetrating violence against an intimate partner at some point in their history, and those who witnessed IPV perpetration as a child were more likely to hold a positive view of wife beating.

The notion that “violence begets violence” must be considered when examining the impact of violence exposure to violence perpetration and/or victimization. According to Noe and Rieckmann (2013), repeated exposure to violent acts during armed conflict can impact an individual’s mind-set, which may lead to “widespread tacit tolerance and acceptance of the use of physical violence to solve private and social problems, and ultimately to general culture of violence” (p. 3). Yet, the majority of this empirical research noting the association between political violence and IPV victimization has focused mainly on victimization of women and girls. Little research has focused the impact of political violence on IPV experiences, including victimization of men post conflict.

To our knowledge, few existing studies have focused on the experiences of males post conflict, highlighting a significant gap in our literature. Noting the lack of information regarding IPV among war-affected males in Sub-Saharan Africa, Kinyanda et al. (2016), conducted a study examining IPV in post-conflict Uganda. Results indicated no significant differences in victimization among males and females. For instance, almost 44% of the entire sample (N 1,110) experienced IPV victimization post-conflict, with males accounting for almost 42% of the victimized sample. Furthermore, results revealed that physical and sexual torture during the armed conflict was associated with psychological IPV victimization. Thus, these results indicate that physical violence victimization during armed conflict is a risk factor for IPV victimization post conflict. These results were true for both males and females in the study.

Similarly, in their 2011 demographics and health survey, Uganda’s Department of Human Services also explored domestic violence victimization among men. Their results showed that among ever-married men, the most common perpetrator are others (48%), followed by current wife or partner (31%), while the most commonly reported perpetrators of physical violence since age 15 for never-married men are others (45%), followed by teachers (34%) and father or step-father (18%).

On the same accord, Hossain et al. (2014) explored men’s and women’s experiences of violence and traumatic events in rural Côte d’Ivoire before, during, and after a period of armed conflict. The authors found that slightly over 40% (40.2%) of males in their sample reported having experienced physical and/or sexual victimization since the age of 15, with more than 12% (12.3%) reporting victimization in the 12-month period post conflict. Yet, none of these studies have explored the impact of victimization during armed conflict on post-conflict IPV victimization and/or perpetration among men.

levels. For each individual scale, internal consistency reliability, concurrent validity, and predictive validity and correlations between subscales were examined. Below, we report the internal reliability for each scale combining greater than three items among the subsample of male war-affected youth at Time 3 who had experiences of marriage or intimate partnership.

IPV (dependent variable) was measured by asking respondents a series of questions about their experience within the past year. This serves to distinguish the experiences of violence from any that occurred during the period of armed conflict. Parallel measures were used to inquire about whether respondents themselves had perpetrated behaviors, as well as experiencing them as victims. Psychological IPV was measured using two items: cursing and abandoning. Physical IPV was measured using seven items: pushing/shoving, grabbing, slapping, using a weapon, hitting with an object, slamming against the wall, and kicking. This measure showed evidence of acceptable internal reliability among this sample ($D = .78$ for victimization, $D = .75$ for perpetration). With respect to sexual IPV, respondents were asked whether they ever forced their partner to have sex. Furthermore, when asked about victimization, they were also asked whether a partner ever sexually degraded them.

Wartime exposure (independent variable) distinct aspects of wartime violence exposure were measured. For all forms, items inquired about whether (1) or not (0) respondents had experience different conflict situations. The mean score was used to estimate respondents' overall exposure to violence. First, ambient violence was measured using three items inquiring about respondents witnessing armed conflict: beating, intimidation, or torture; violent physical injury; and violent death. Second, experiencing violence was measured using six items: beaten, threatened to be killed, chased by armed forces, chopped or stabbed, kidnapped, and arrested. This measure showed evidence of acceptable internal reliability among this sample ($.73$). Third, perpetrating violence was measured using three items: recruited and trained by armed forces, directly involved in fighting, and injured or killed someone. Finally, a single item was used to inquire about respondents' experience of sexual assault and/or rape.

Community and family reintegration (independent variable) respondents' evaluation of their reintegration experience was measured using two six-item scales assessing experiences within the community as a whole, as well as the family unit. Individual items inquired about the degree to which community and family members had provided support in welcoming respondents into the community post-conflict (e.g., "Since the war, you feel you have been

(OLS) estimators were used. Due to a high incidence of missing data, values were imputed using Monte Carlo Markov Chain (MCMC) imputation. Specifically, $n = 61$ cases were missing data on one or more variables related to wartime exposure to violence. Using this procedure increased the analytic sample size from $n = 30$ to $n = 91$. This procedure uses the values all data points present among incomplete responses to estimate the values for missing responses. No issues of multicollinearity detected. In all models, the Variance Inflation Factor (VIF) ranged from 1.017 to 1.857.

In addition to the hypotheses regarding the main effects of wartime exposure and community and family reintegration, potential mediation models were also tested. We found no evidence of a significant main effect for any of the four measures of wartime exposure to violence on community reintegration. There was a significant association between perpetration of wartime violence and family reintegration. As both of these variables were significantly associated with sexual IPV perpetration, we tested for a potential mediation relationship using the PROCESS module for SPSS (Hayes, 2013). However, we did not find evidence for a significant mediation effect between wartime violence perpetration, family reintegration, and sexual IPV perpetration. Descriptive statistics for all study variables are summarized in Table 1. Regression models are displayed in Tables 2 and 3.

Results

Our models provide some mixed evidence with respect to the relationships between wartime violence exposure and IPV. There were varying findings with respect to the various forms of violence (ambient, victimization, perpetration, and sexual victimization) and the multiple aspects of IPV. Witnessing violence during wartime was negatively associated with perpetrating and experiencing sexual IPV. As well, perpetrating wartime violence was associated with lower rates of perpetrating sexual IPV. Interestingly, victimization during wartime was negatively associated with perpetrating psychological IPV, but positively associated with perpetrating sexual IPV. Having experienced sexual assault during the war was also negatively associated with perpetrating physical IPV.

Both community and family reintegration were negatively associated with multiple types of IPV perpetration and victimization. Specifically, community reintegration was associated with lower rates of perpetrating psychological and physical violence, as well as experiencing physical and sexual violence. Family reintegration was associated with lower rates of perpetrating psychological and sexual IPV, as well as experiencing psychological IPV.

Table 2. Perpetration of Intimate Partner Violence Among a Sample of Male Conflict-Affected Youth (N = 91).

Variables	Psychological		Physical		Sexual Assault	
	B (SE)	E	B (SE)	E	B (SE)	E
Age groups	0.04 (0.08)	.05	0.00 (0.06)	.00	0.09 (0.04)	.20*
Live with partner (ref. no)	-0.20 (0.08)	-.25*	0.03 (0.06)	.05	0.09 (0.04)	.21*
Conflict exposure						
Ambient	-0.01 (0.13)	-.01	0.06 (0.10)	.07	-0.38 (0.06)	-.57***
Victimization	-0.24 (0.12)	-.25*	-0.03 (0.09)	-.04	0.15 (0.05)	.29**
Perpetration	-0.05 (0.10)	-.06	0.05 (0.07)	.08	-0.10 (0.04)	-.21*
Sexual assault	0.10 (0.10)	.13	-0.16 (0.07)	-.29*	0.00 (0.04)	-.01
Community reintegration	-0.19 (0.10)	-.22*	-0.19 (0.07)	-.31*	-0.03 (0.04)	-.06
Family reintegration	-0.21 (0.08)	-.29**	-0.03 (0.06)	-.05	-0.13 (0.04)	-.33***

The model predicting perpetration of physical IPV explained 17.5% of the variance in the outcome, $F(8, 82) = 2.18, p = .037$. Similarly, community reintegration was negatively associated with IPV, $B = -.31, p = .010$. But, family reintegration was not significantly associated with perpetrating physical IPV. Respondents who reported experiencing sexual victimization during the war reported significantly lower rates of perpetrating physical IPV, $B = -.29, p = .037$.

The model predicting respondents' perpetration of sexual IPV estimated 53.2% of the variance in the outcome, $F(8, 82) = 11.66, p < .001$. Experiences of physical victimization during the war were positively associated with self-reported sexual IPV perpetration: $B = .29, p = .004$. In contrast, experiences of witnessing and perpetrating wartime violence were negatively associated with rates of sexual IPV perpetration (ambient: $B = -.57, p < .001$, perpetration: $B = -.21, p = .019$). Furthermore, family reintegration was also negatively associated with this form of IPV, $B = -.33, p < .001$. This suggests that more positive reintegration experiences are associated with a lower likelihood to perpetrate sexual IPV.

Cohabitation was significantly negatively associated with psychological IPV perpetration: $B = -.25, p = .020$. But, living with a partner was positively associated with perpetrating sexual violence, $B = .21, p = .015$. Age was positively associated with sexual IPV, $B = .20, p = .013$, suggesting that older respondents are more likely to perpetrate sexual IPV.

Regressions Estimating IPV Victimization

The regression model examining respondents' experiences of psychological IPV victimization estimated 20.9% of the variance in respondents' scores, $F(8, 82) = 2.71, p = .011$. None of the wartime violence exposure variables were significantly associated with psychological IPV victimization. Family reintegration was negatively associated with psychological IPV victimization, $B = -.27, p = .021$. Community reintegration was not significantly associated with being experiencing psychological IPV.

The model examining physical victimization estimated 15.5% of respondents' variance, $F(8, 82) = 1.89, p = .073$. None of the four wartime exposure variables were significantly associated with physical IPV victimization. In contrast with experiences of psychological victimization, community reintegration was associated with this outcome, but family reintegration was not. Community reintegration was negatively associated with physical IPV perpetration, $B = -.231, p = .05$.

The regression estimating sexual victimization in intimate relationships estimated 29.0% of the variance in the outcome, $F(8, 82) = 4.18, p < .001$. Of

experiences with community reintegration were less likely to report perpetrating physical IPV, but family reintegration did not appear to have an association with whether or not a male was likely to report perpetrating physical IPV. A family's social standing in the community can be compromised when IPV takes place outside the home or is witnessed by community members (Kohli et al., 2015).

Sexual and physical victimization during wartime and family reintegration were all significantly associated with sexual IPV perpetration. Sexual victimization had a negative association with sexual IPV perpetration whereas physical victimization had a positive association. Males in the sample who were sexually victimized during conflict were less likely to be perpetrators of sexual IPV later; however, males who reported being physically victimized during wartime conflict were more likely to report sexual IPV perpetration. The negative association between sexual victimization during war and perpetration of sexual IPV found in this study differs from other research findings reporting a positive association between the two variables (Peterson, Beagley, McCallum, & Artime, 2019). Males who were physically victimized during the war may be more likely to perpetrate sexual IPV as a result of impaired impulse control and intense aggressive outbursts often associated with PTSD and depressive symptoms (Nandi, Crombach, Bambonye, Elbert, & Weierstall, 2015).

Family reintegration was negatively associated with perpetrating sexual IPV, as those males who reported positive reintegration into their family units were less likely to report perpetrating sexual violence in an intimate relationship. Family and other forms of psychosocial supports have been shown to mitigate psychological distress and trauma in war-affected youth that may otherwise cause them to respond violently in interpersonal relationships (Noe & Rieckmann, 2013).

Cohabitation was negatively associated with psychological IPV perpetration, but it was positively associated with perpetrating sexual IPV. Males who reported cohabitating with their partners post conflict were less likely to report perpetrating psychological IPV, but more likely to report perpetrating sexual IPV than males who did not report cohabitating.

Age was positively associated with perpetrating sexual IPV. The older a male was the more likely he was to report perpetrating sexual IPV. This may be attributed to gender role power struggles often present in societies rebuilding following political conflict. The older a male is, the more likely he is to be head of household, thus motivated to retain or regain his status and power (Guruge et al., 2017; Wachter et al., 2017).

IPV Victimization

When considering men in the sample as victims of psychological IPV post conflict, only family reintegration was associated with psychological IPV

In addition, while efforts were made to reduce sampling bias, we must note that this sample is not representative of all war-affected youth. Specifically, the initial sample was obtained from a list of youth receiving services from Disarmament, Demobilization, and Reintegration (DDR) programs, which in and of itself sets them apart from youth who were not receiving such services. Thus, in an effort to obtain a more representative sample of war-affected youth in the region, the researchers went door to door of residents in five separate communities where war-affected youth resided. Finally, sample participants were younger than the age of 18 at the time of their association with the Revolutionary United Front (RUF) or other fighting forces. Therefore, due to their time in armed conflict, this sample is not representative of youth in the general population.

Implications

This study has important implications on a practice and policy level for this population. This study contributes to gender diversity in the literature pertaining to war-affected youth and post-conflict IPV, as the literature around post-conflict IPV victimization and perpetration from the male point of view is scant. NGOs providing clinical services for war-affected youth should be aware of the association between youth's experiences during the conflict and risk for perpetrating or being a victim of all forms of IPV. This awareness and knowledge can influence clinical interventions and safety protocols developed and adapted for use with this population.

As noted previously, IPV has a significant impact on communities and societies. Given that these youth are being reintegrated into communities that are in the midst of economic and social healing and restructuring post conflict, the prevalence of IPV in this population can be detrimental to the familial and thus social structures of these communities. It would behoove NGOs and authoritative operations in these communities to establish policies that address IPV at the individual, family, and community levels while providing consistent psychological, medical, and legal support for youth who are victims and perpetrators, an identifier that is often interchangeable with this population.

Suggestions for Further Research

This study demonstrates that more research needs to be done on male war-affected youth as victims of physical, psychological, and sexual violence during conflict and the impact this has on the quality of their intimate relationships, occurrence of IPV in those relationships (as victims in addition to being perpetrators), and reintegration into their communities.

- former child soldiers' longer term psychosocial well-being in northern Uganda. *Global Public Health*, 8(5), 485-503.
- Wachter, K., Horn, R., Friis, E., Falb, K., Ward, L., Apio, C., . . . Puffer, E. (2017). Drivers of Intimate Partner Violence Against Women in Three Refugee Camps. *Violence Against Women*, 24(3), 286-306.
- Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization. *Journal of interpersonal violence*, 18(2), 166-185.

Author Biographies

Binta Alleyne-Green earned her Bachelor of Arts and Masters of Social Work degrees from Clark Atlanta University, and her PhD from the University of Tennessee, Knoxville. Currently an assistant professor at Fordham University Graduate School of Social Service, Dr. Binta Alleyne-Green's research focuses on the impact of relationship violence on the impact of violence on mental and reproductive health of youth.

Alex Kulick, MA, is currently a second-year PhD student in UCSB's Sociology Department. Alex earned a Bachelor of Arts degree in Women's Studies from the University of Michigan. Alex's research focuses on processes, potentials, and challenges of collective social change efforts, with a particular emphasis on the leadership and tTe leadership