



Human Development
and Violence
Research Centre

CO-OCCURRENCE AND SHARED RISK FACTORS OF INTIMATE PARTNER VIOLENCE AGAINST WOMEN AND CHILD MALTREATMENT IN A BRAZILIAN BIRTH COHORT STUDY.

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BACKGROUND

INTIMATE PARTNER VIOLENCE (IPV) AGAINST WOMEN AND CHILD MALTREATMENT (CM)

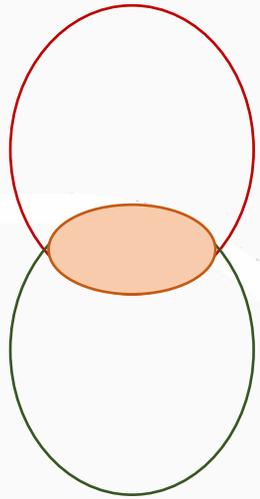


- Two major public health problems and human rights issues
- Often co-occur within households
- Likely to share many risk factors
- However, overlap is understudied (two issues assessed independently)
- Studies comparing risk factors for IPV and CM or their overlap are extremely scarce

- To examine the prevalence of the co-occurrence of IPV and CM in households, and possible shared risk factors, in the general population of an urban Brazilian setting.

- The 2015 Pelotas Birth Cohort:
 - Prospective population-based birth cohort (~4,000 children)
 - Urban area of Pelotas (middle size city in Southern Brazil)
- Current study:
 - 3,500 mother-child dyads with maternal reports on both IPV and CM when children were age 4 years old

OUTCOME: CO-OCCURRENCE OF IPV AND CM



Co-occurrence IPV
and CM
(reference group is
the rest
of the sample)

- IPV:
 - Any of emotional, physical and sexual violence
 - Previous 12 months
 - Multi-country Study on Women's Health and Violence Against Women - WHO, 2005
- CM:
 - Any lifetime possible maltreatment:
 - Module B (Physical or emotional abuse, neglect and family abduction/custodial interference) + sexual assault by a known adult
 - Juvenile Victimization Questionnaire, 2nd edition, Screener Sum Version, Caregiver Lifetime Form (JVQ-R2)

POSSIBLE RISK FACTORS (EXPOSURE VARIABLES)

- Eleven neighbourhood, family and parental characteristics
 - Socioeconomic, demographic, behavioral variables
- Bivariate and multivariate Poisson regression models with robust variance

RESULTS

PREVALENCE

- IPV = 22.8%
- CM = 10.9%

Co-occurrence twice the expected prevalence due to chance: 2.4%

$p < 0.05$ difference between observed and expected

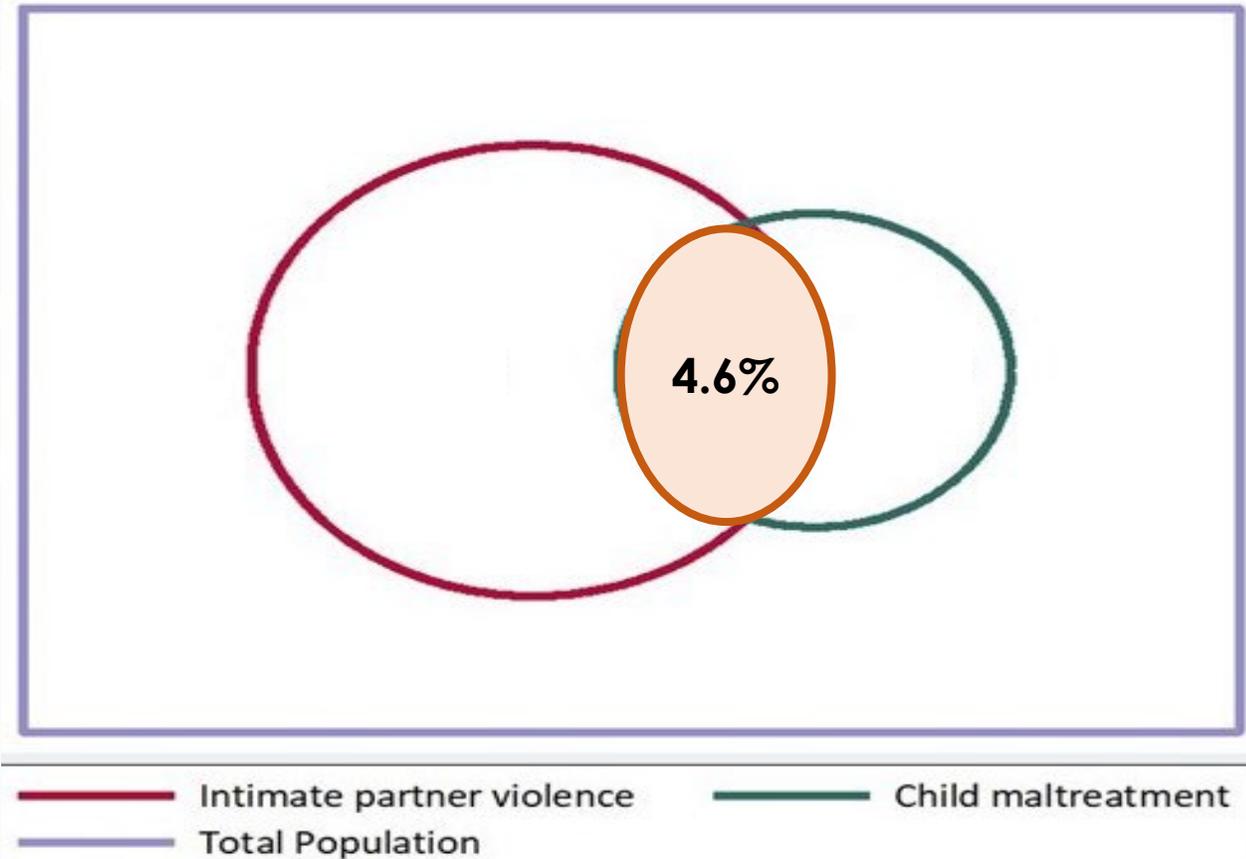


Figure 1. Venn diagram of intimate partner violence against women and child maltreatment in the 2015 Pelotas Birth Cohort (N = 3533).

RESULTS

ADJUSTED ASSOCIATIONS BETWEEN POSSIBLE RISK FACTORS AND OUTCOME

- **Higher levels of neighbourhood violence**
- Lower family income
- Lower maternal education
- **Younger maternal age**
- Lower paternal education
- Younger paternal age
- **Absence of biological father at home**
- **Father antisocial behaviour**
- **Higher levels of mother-partner criticism**
- **Maternal depression**
- Daily maternal use of alcohol
- Maternal use of illicit drugs

CONCENTRATION OF RISK FACTORS AND CO-OCCURRENCE OF IPV AND CM

A concentration of many risk factors among 11% of the population was associated with a sixfold increase in risk for overlapping IPV and CM compared with households with no risk factors.

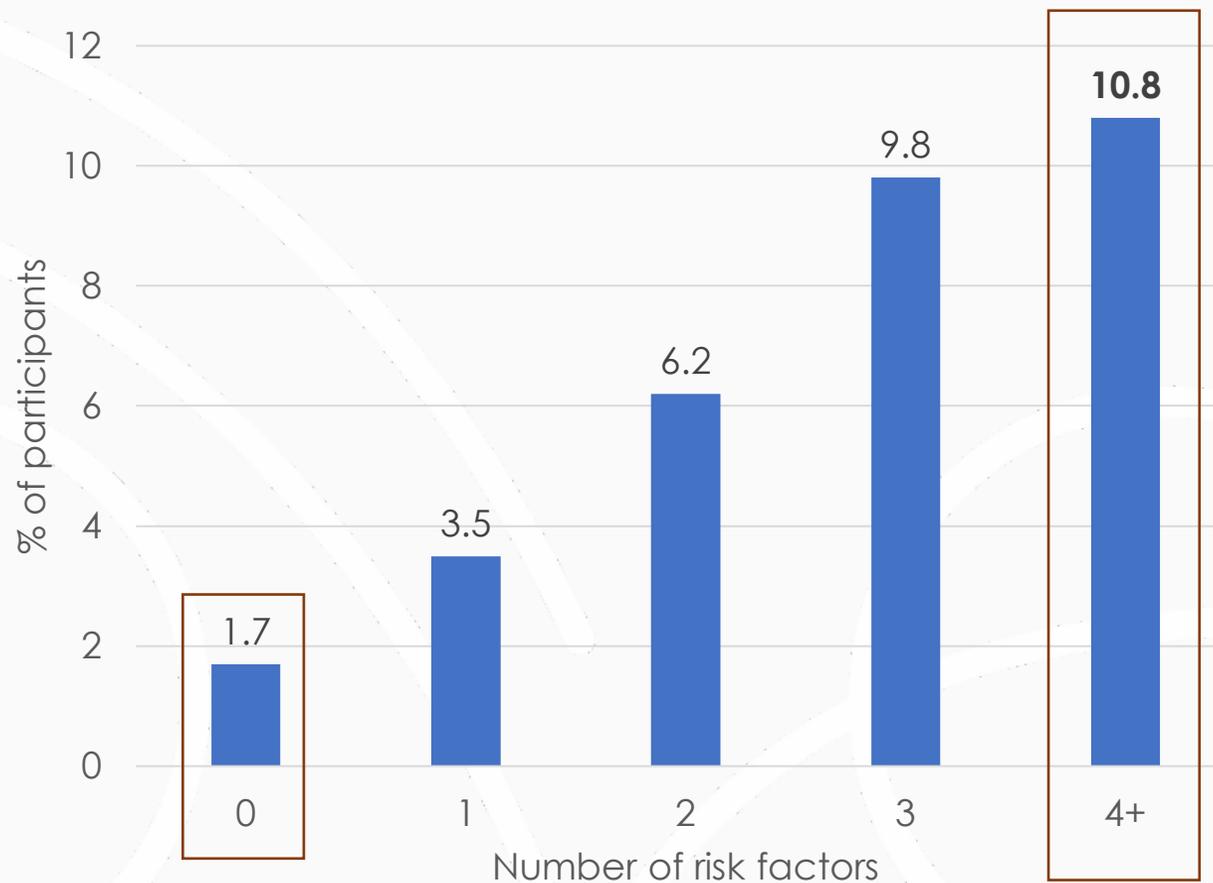


Figure 2. Prevalence of each co-occurrence of IPV and CM according to the number of risk factors in the household

NEW FINDINGS AND IMPLICATIONS

- The current study empirically confirms the theoretical proposition, derived from two parallel literatures, that IPV and CM share many risk factors.
- The shared risk factors point to the relevance of neighbourhood and family structure and parental circumstances in increasing the risk for both IPV and CM.
- Common aetiologies of IPV and CM involve stressful environments, problematic family relationships, and male antisocial behaviour.

NEW FINDINGS AND IMPLICATIONS

- This study emphasizes the need to address VAW and VAC as a joint phenomenon, arising particularly in the context of concentrated disadvantage.
- The exposure of young children to violence, both as victims of maltreatment and as witnesses to violence between adults, highlights the need for a life-course perspective, with longitudinal studies elucidating at which stages of development children are most exposed to violence, and the optimum periods for intervention.

CONCLUSIONS



Researchers and policy makers should aim for greater coordination between IPV and CM prevention programmes to advance both fields in the best interests of women and children.

Thanks!