

Chapter 10

Experiences with Family Violence in Early Adolescence: Global Evidence from the Multiple Indicator Cluster Surveys



Spencer L. James and Jane Rose Njue

Family violence is a global issue that affects millions of people worldwide, and it is increasingly recognized as a public health problem by governments, NGOs, and multilateral organizations such as the World Health Organization. Over the past several decades, work on family violence has emphasized intimate partner violence, physical and sexual abuse of children and adolescents, marital rape, and domestic homicide, among other topics. Despite this considerable effort, however, much of the work on the topic comes from wealthy, industrialized countries such as those in North America and Europe (Smith-Marek et al., 2015). In this chapter, we argue that the study of family violence is crucial to understanding its causes and effects and use a global approach to examine patterns of family violence among early adolescents across 21 countries in 7 world regions, including West and Central Africa (Nigeria, Côte d'Ivoire, Benin), Eastern and Southern Africa (Somalia, Kenya, Zimbabwe), South Asia (Nepal, Afghanistan, Pakistan), East Asia (Thailand, Vietnam, Laos), the Middle East and North Africa (Sudan, Tunisia, Iraq), Latin America and the Caribbean (Dominican Republic, Mexico, Guyana), and Eastern Europe and Central Asia (Ukraine, Kazakhstan, Moldova). We highlight theories of family violence as well as its impact on individuals and society, including its cost in terms of lost productivity, poor educational attainment, diminished wages, job loss, debt, and housing instability. Using data from the Multiple Indicator Cluster Surveys, we adopt a descriptive approach to understand how family violence plays out on a global scale. Further, we demonstrate how sociodemographic factors

S. L. James (✉)

School of Family Life, Brigham Young University, Provo, UT, USA

e-mail: spencer_james@byu.edu

J. R. Njue

Human Development and Family Sciences, Northern Illinois University, DeKalb, IL, USA

e-mail: jnjue@niu.edu

(household wealth, maternal education, residence, adolescent sex, adolescent age, and household living arrangements) impact family violence indicators. In so doing, we pay particular attention to which countries demonstrate statistically significant differences within each sociodemographic factor for each of the four family violence indicators (physical violence, psychological aggression, parental support for corporal punishment, and parental support for intimate partner violence (IPV)) as well as which, if any, countries show consistent differences across all four indicators while also pointing out any unexpected or counterintuitive findings.

The Impact of Family Violence Around the World

The shadow of family violence spreads well beyond the physical and emotional scars it inflicts on victims, extending to massive costs to the social and economic fabric of society. Globally, this cost is estimated to run into the tens, perhaps hundreds, of billions of dollars (Krug et al., 2002). In the United States, the cost of treatment alone runs into billions (McLean & Bocinski, 2017), with billions more when accounting for lost productivity, the cost to law enforcement, poor educational attainment, diminished wages, job loss, debt, and housing instability. Violence against children and adolescents in South Africa in 2015 cost the state nearly 5% of GDP, and concomitant ills such as drug abuse, interpersonal violence, and anxiety could be further reduced by 10–25% if family violence were alleviated (Hsiao et al., 2018). Consequently, nongovernmental agencies and the World Health Organization (World Health Organization, 2020) increasingly view family violence as a public health problem. The need to eradicate this societal scourge is critical, both to mitigate the more proximal consequences of violence and to curb the social and economic costs that undermine communities and societies.

Global estimates suggest that up to one billion children between the ages of 2 and 17 years old have experienced some form of violence, neglect, or emotional abuse in the past year. However, studies also show that this unfortunate phenomenon can also be prevented, particularly through healthy and close family relationships, which are an often underappreciated protective factor against the development of mental health issues for children and adolescents (Bunston et al., 2017). While health and social support systems tend to prioritize individual trauma and pathologize conditions, they often overlook the importance of the relational contexts in which these pathologies occur (*ibid.*). As a result, experts have urged a deeper investigation into family units as both the source and the solution to most violence. In South Africa, evidence suggests that a family-centered approach is critical to the assessment, treatment, and prevention of domestic violence (Jamieson et al., 2018). Focusing on the family unit rather than pathologizing individual members allows us to address underlying issues by working with the primary mechanism through which social change is likely to occur (*ibid.*).

Of course, family violence does not occur in isolation. Public conflict such as war and internecine strife often leads to higher levels of domestic and family

violence even after the public conflict has ended (Sriskandarajah et al., 2015). This problem is further exacerbated by cumulative stress, particularly for those exposed to both environmental violence and abusive family relationships, which can increase the probability that children and adolescents experience posttraumatic stress disorder (Catani et al., 2008). Ending family violence, therefore, must be viewed as a state obligation and an obligation under human rights law (Bradley, 2018).

Recently, more adolescents have been put at risk by COVID-19 lockdowns, necessary for public health but also leading to rapid increases in family violence. Lockdowns left many women and children vulnerable with fewer options for social, economic, and psychological support (Usher et al., 2020), ultimately leading to a “perfect storm” for creating situations ripe for family violence. Mental health professionals should seek to be ready to assist, and governments must create a plan for dealing with the fallout (Usher et al., 2021).

As child abuse becomes increasingly common, so too do its subsequent effects. US evidence indicates that early exposure to family violence, especially when pervasive, is associated with increased risk of psychopathology and related outcomes (Briggs-Gowan et al., 2019) and that Emirati children who experienced family violence exhibited lower levels of social and psychological adaptation (Al Majali & Alsrehan, 2019). In addition, exposure to different forms of family violence leads to different behavioral changes in children (Maikovich et al., 2008; Renner & Boel-Studt, 2017). Multiple forms of violence during childhood increase the risk of subsequent behavior problems, and witnessing violence between parents can be just as damaging as being a direct victim (Sternberg et al., 2006). Family violence has also been linked to poor academic performance among adolescents in the United States and Norway (Supol et al., 2021) and is associated with both perpetration and victimization of violence among Chinese adolescents (Xia et al., 2018). Qualitative evidence further suggests that children experience family violence as “complex, isolating, and enduring” and disruptive of significant relationships (Noble-Carr et al., 2020, p. 182).

These negative family violence effects persist into adulthood. Dutch children who experienced family violence reported increased risk of intimate partner violence and child neglect in future generations (Lünnemann et al., 2019), whereas Australian women who experienced childhood abuse and IPV as mothers reported more depressive symptoms and had children with higher odds of emotional/behavioral difficulties (Gartland et al., 2019). Australian adolescents who experience parental IPV were also more likely to become violent themselves (Meyer et al., 2021). Finally, experiencing violence in one’s family of origin is consistently linked to higher likelihood of both perpetration and victimization of IPV in adulthood, with the association being stronger for males with perpetration and stronger for females with victimization (Smith-Marek et al., 2015). These findings suggest that early interventions on multiple risk factors may help mitigate the effects of family violence and alleviate related future outcomes.

Theories of Family Violence

Many theories help explain the causes and consequences of family violence. In this study, we employ three main types of theories to explain variations in levels of family violence around the world. These include social theories, cumulative stress theories, and family systems theories.

Social theories of family violence focus on how violence is created and fostered through dyadic and group interactions (Hyde-Nolan & Juliao, 2012), with the motivation for engaging in violence depending on social dynamics. These theories suggest that family violence could emerge due to the need for powerful family members to control the less powerful (control theory), due to the use of violence and wealth as resources to resolve conflicts (resource theory), or because of life stressors outstripping individual resources to cope with changes (exosystem factor theory). Additionally, family violence, particularly when directed toward children and adolescents, may be linked to a lack of social support within and for the family (social isolation theory) (Hyde-Nolan & Juliao, 2012).

Cumulative stress theories, on the other hand, focus on how family violence can be understood as a result of the cumulative impact of various stressors, whether acute or chronic, over time (Hyde-Nolan & Juliao, 2012). These stressors may include poverty, unemployment, discrimination, and other factors that increase the risk of family violence occurring. Thus, family violence, including physical violence, psychological control, parental support for corporal punishment, and parental support for intimate partner violence, can be understood as a result of accumulated stressors that overwhelm a person's ability to cope effectively, leading to increased tension and conflict in the family. This tension can escalate into violence if family members lack resources and coping strategies.

Finally, family systems theory suggests that family violence is a family-level problem rather than just a function of the survivor-abuser relationship and is situated in larger social systems (Hyde-Nolan & Juliao, 2012). Family violence can occur at any stage of the family life course but is thought to happen more often at transition points between stages as families attempt to adjust to change. By viewing individuals as part of the larger family unit, this theory helps to explain how changes within and between family members affect the system and each individual member.

By integrating all three theories together, we can understand that family violence among early adolescents is likely to occur in situations where there are social and familial underpinnings that make it more likely, where cumulative stressors have built up over time, and where family dynamics are shifting as the family moves through different stages of the family life cycle. Family violence, per social theories, may be more likely to happen among families facing economic hardship and social disadvantage due to fewer coping resources. Families with high levels of acute or chronic stress will likely experience an increased risk of violence, per cumulative stress theories, so rural families or families with limited resources may face additional stressors linked to social isolation and lack of access to services. Family

dynamics and power imbalances within the family may also lead to violence, as family systems theory suggests. Adolescents whose mothers have greater levels of education or whose families have greater wealth may also have more egalitarian family dynamics and better communication, reducing the chances of family violence. Adolescent age and sex may also matter, as all three theories suggest, because younger adolescents may be more vulnerable to abuse due to their dependence on caregivers and girls due to gender discrimination. Further, all three theories suggest that single-parent households may face greater stress, leading to a higher risk of violence, whereas adolescents in extended family households may benefit from the stability and extra caregivers such households often provide. Overall, integrating the three theories suggests the complexities inherent in the factors that shape family violence. While each theory has its own strengths and weaknesses, together, they provide a strong theoretical understanding of family violence that is generalizable to many cultures around the world.

Sociodemographic Factors

Because we assess family violence by a variety of sociodemographic factors, we briefly outline our expectations for how family violence is likely to be associated with each sociodemographic factor.

Household Wealth

We expected early adolescents from poorer households to be at a greater risk of violence in their families for several reasons, including financial strain (can create family stress), lack of resources (inability to access services and resources such as mental health services and other community resources), limited education and employment opportunities (may lead to feeling of frustration and hopelessness), and exposure to community violence (normalizing violence and acceptance of violent behaviors). However, using social theories of family violence, one may predict wealth to be associated with higher levels of violence because wealth can be used as means of social control, violence being one manifestation thereof.

Maternal Education

Our general expectation was that early adolescents of poorly educated mothers would be more likely to experience family violence for several reasons, including limited access to information and resources (such information could help manage

stress, which can lead to violence as a form of discipline, and develop parenting skills) and economic distress (limited opportunities and low wages).

Residence

The relationship between family violence and region of residence is complex. Our soft expectation, therefore, was that family violence is likely higher in rural areas due to higher social isolation (increased social and geographic distance between support systems), greater economic stress (fewer economic opportunities, higher levels of poverty), more traditional gender roles (prevalence of strict, misogynistic gender roles), and limited access to services (difficulty for victims to leave abusive relationship or seek help).

Child Sex

A priori, we might expect that girls will be more likely than boys to be vulnerable to violence within their families for several reasons, including gender inequality and discrimination (girls being devalued and seen as inferior to boys), adherence to traditional gender roles (caring for younger siblings and performing household tasks can make them vulnerable to more powerful family members), and societal acceptance toward gender-based violence (normalizing violence against women and girls, making it difficult to seek and find help). However, past research has shown that boys may be more at risk of physical violence than girls.

Child Age

Although the developmental stage examined here is somewhat narrow (5 years between the ages of 10 and 14), there are several reasons why a younger adolescent (10 or 11) may experience more family violence than an older (13 or 14) and why the reverse may be true (13- or 14-year-olds at greater risk of family violence). At younger ages, for instance, limited physical size and strength as well as greater developmental reliance on adults could potentially make younger adolescents more susceptible to family violence. On the other hand, increased independence and assertiveness could lead to greater family stress and violence, along with accompanying physical and hormonal changes that could lead to escalation and perhaps family violence. Given the contradictory expectations, we did not have prior expectations, thinking perhaps the contradicting reasons for family violence may cancel out, resulting in few, if any, significant differences.

Household Living Arrangements

Setting expectations for differences in family violence by household living arrangement is difficult given the complexities associated with household living arrangements around the world. For instance, research in industrialized nations consistently shows that adolescents who live with only one parent may be more likely to experience family violence due to higher levels of stress, greater parental absence, and more economic strain when compared to adolescents whose parents both live in the household. On the other hand, adolescents who live in extended families may actually be better off compared to adolescents who live with both parents but no other extended family due to greater social support (wider network of relatives to provide support), shared responsibility for childcare (reducing the burden on individual parents and less conflict and violence), and stronger cultural values and norms (many countries value and respect extended family living arrangements, creating a cultural context in which family violence is less acceptable). In all families, factors such as poverty, stress, substance abuse, and mental health issues can increase the risk of family violence.

Method and Data

Data come from adolescents aged 10–14, an age range defined by the United Nations as early adolescence, in 21 countries from the Multiple Indicator Cluster Surveys (MICS) administered by the United Nations Children’s Fund (UNICEF) between 2010 and 2017. The MICS are household surveys developed by UNICEF in partnership with the countries administering the surveys.

We selected countries from the MICS that could furnish data across each of the selected indicators on family violence. While it was impractical to include all available countries in the MICS dataset, the countries selected ensured regional representation across income and developmental levels that accounted for a significant portion of the global population. At the same time, we made a purposeful effort to include countries that generally receive less attention, such as Moldova, Benin, Nepal, Laos, Guyana, and Kazakhstan, than some of their larger neighbors.

We examined four dependent variables: physical violence, psychological aggression, parental support for corporal punishment, and parental support for intimate partner violence. The first three come from a series of questions from the Parent-Child Conflict Tactics Scale, validated across low- and middle-income countries (Lee & Boyle, 2021) and called the disciplinary-practices module. One child per household between the ages of 2–14 was selected for the module. Because only one child per household was selected for the child discipline module, resulting in a lower inclusion probability of adolescents from larger families, we multiplied the household weight by the number of adolescents aged 10–14 in the household, consistent with prior work. In a final weighting step, we also adjusted the household

survey weights for country population size, using age data from the United Nations World Population Prospects, so that countries with larger samples (but not larger populations) could not overly influence the findings.

Caregivers were asked whether they or any other adult in the household had used the various methods for disciplining the child in the past 30 days. These methods were then categorized into nonaggressive (took away privileges, explained why the behavior was wrong, gave something else to do), physical violence (shook child; spanked, hit, or slapped child on bottom; hit or slapped the child on the face, head, or ears; hit or slapped child on the hand, arm, or leg; hit child repeatedly as hard as one could), and psychological aggression (shouted, yelled at, or screamed at child, called child dumb, lazy, or another similar name). The child module also asked whether the caregiver believes that, to bring up, raise, or educate a child properly, the child needs to be physically punished, which we employed as our measure of parental support for corporal punishment. Our final measure of adolescent violence, parental support for intimate partner violence, comes from questions asked of the child's primary caregiver about whether they believed a husband is justified in hitting or beating his wife in certain situations, including if she goes out without telling him, neglects the children, argues with him, refuses to have sex with him, or burns the food.

All questions were coded as 1 *yes* and 0 *no*. We constructed dichotomous indicators where 1 meant that the child (or the caregiver in the case of parental support items) scored a 1 on any of the questions for physical violence, psychological aggression, and parental support for corporal punishment, consistent with prior research using the same module (Lee & Boyle, 2021). Adolescents whose caregivers said that wife beating was justified in any of the five cases were also coded as 1 for parental support for intimate partner violence.

The independent variables included the household wealth quintile, constructed by UNICEF, indicating whether the child's household was in the bottom, second, middle, fourth, or highest quintile in terms of wealth. Maternal education indicated whether the child's mother's level of education was 0 *unknown*, 1 *none*, 2 *primary*, or 3 *secondary or more*. Residence was coded as 1 *urban* and 2 *rural*. Child sex was 1 *male* and 2 *female*, whereas age indicated the age of the child between ages 10 and 14. Finally, we examined household living arrangements, where 0 *both parents live in the household*, 1 *mother only in the household*, 2 *father only in the household*, or 3 *neither parent in the household*. We chose not to distinguish further household living arrangements based on data availability and the complex nature of household living arrangements around the world, but we note that 86% of adolescents who reportedly lived with neither parent were living with either grandparents (54%), siblings (9%), an aunt or uncle (15%), or another relative. That is, these are almost entirely extended family households.

Following previous work on family violence using the MICS datasets (Lee & Boyle, 2021), we employed the *svy* command suite in Stata to account for the multistage stratified cluster sampling survey design. The pooled sample included 72,389 adolescents aged 10–14. Some adolescents were excluded due to missing data on parental support for corporal punishment and parental support for intimate partner

violence. Our final sample for the binary logistic regression analyses varied between 72,389 adolescents for physical violence and psychological aggression, 70,562 adolescents for parental support for corporal punishment, and 72,221 adolescents for parental support for intimate partner violence.

Our analytical approach involves several steps. First, we examine differences in family violence among families with adolescents by comparing compositional differences both within and between countries. We then examine these differences across each independent variable separately. As a final step, we employ binary logistic regression analyses to examine which independent variables are consistently linked to each indicator of family violence.

Results

We first provide descriptive statistics for each family violence indicator by country, including the year of data collection for each country sample and the abbreviation used in the figures for each country (Table 10.1). These proportions (adjusted for sampling weights and stratification using Stata's *svy* command) are graphed for visual purposes in Fig. 10.1. These are, in turn, ordered by world region (the x-axis), while the proportion of adolescents experiencing family violence in that country is on the y-axis. Note that each point on each figure is labeled with the three-letter country abbreviation. The country corresponding to each abbreviation can be found in Table 10.1. In the interest of consistency and comparability and for ease of interpretation, the y-axes for all graphs begin at 0, indicating that no adolescents reported experiencing that type of family violence, to 1, indicating that all (100%) early adolescents reported experiencing that particular type of violence in their family.

Throughout the results section, we focus our research questions on how sociodemographic factors (household wealth, maternal education, residence, adolescent sex, adolescent age, and household living arrangements) impact family violence indicators. In so doing, we pay particular attention to which countries demonstrate statistically significant differences within each sociodemographic factor for each of the four family violence indicators (physical violence, psychological aggression, parental support for corporal punishment, and parental support for intimate partner violence (IPV)) as well as which, if any, countries show consistent differences across all four indicators while also pointing out any unexpected or counter-intuitive findings.

We begin by examining between-country differences or differences in the overall level of family violence across the 21 countries examined. Several general patterns emerge: First, the percentage of early adolescents experiencing family violence, whether operationalized as physical violence, psychological aggression, parental support for corporal punishment, or parental support for IPV, is quite high. For physical violence and psychological aggression, the numbers indicate that a remarkably high percentage of early adolescents experience some form of family violence during the ages of 10–14, rarely less than 30% for physical violence and never less

Table 10.1 Descriptive Statistics for each family violence indicator

Country	Data collection year	Abbreviation	Statistics	Physical violence	Psychological aggression	Support for corporal punishment	Parental support for IPV
Nigeria	2016–2017	NGA	Proportion	0.72	0.79	0.64	0.26
			SD	0.45	0.40	0.48	0.41
			Range	0–1	0–1	0–1	0–1
Côte d'Ivoire	2016	CIV	Observations	6519	6519	6434	6474
			Proportion	0.55	0.85	0.30	0.27
			SD	0.50	0.36	0.46	0.43
Benin	2014	BEN	Range	0.00	0.00	0.00	0.00
			Observations	2144	2144	2115	2144
			Proportion	0.71	0.92	0.47	0.30
Somalia (Somaliland)	2011	SOM	SD	0.46	0.30	0.50	0.41
			Range	0.00	0.00	0.00	0.00
			Observations	2890	2890	2858	2890
Kenya (Bungoma, Kakamega, Turkana)	2013–2014	KEN	Proportion	0.71	0.71	0.31	0.39
			SD	0.47	0.47	0.47	0.47
			Range	0.00	0.00	0.00	0.00
Zimbabwe	2014	ZWE	Observations	1530	1530	1497	1530
			Proportion	0.59	0.51	0.64	0.37
			SD	0.50	0.50	0.49	0.47
Zimbabwe	2014	ZWE	Range	0.00	0.00	0.00	0.00
			Observations	839	839	817	832
			Proportion	0.26	0.54	0.39	0.21
Zimbabwe	2014	ZWE	SD	0.44	0.50	0.48	0.39
			Range	0.00	0.00	0.00	0.00
			Observations	3741	3741	3730	3710

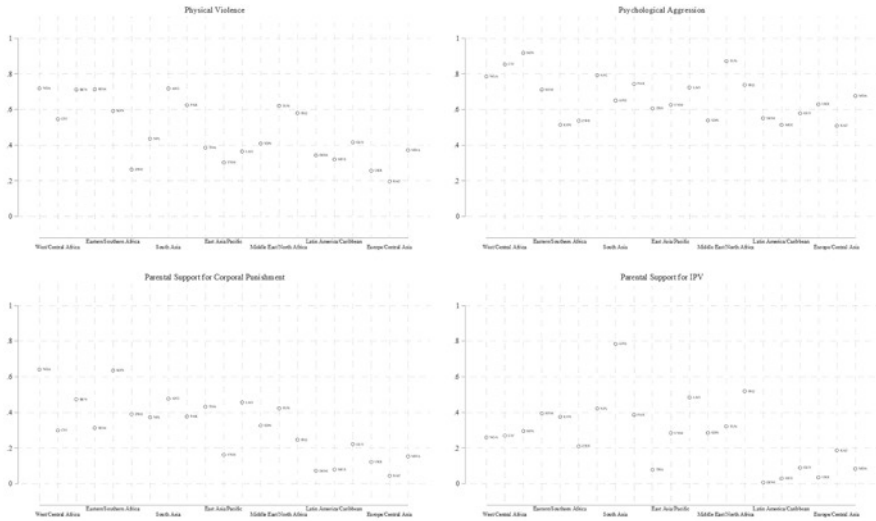
Nepal	2014	NPL	Proportion	0.44	0.79	0.37	0.42
			SD	0.49	0.41	0.49	0.49
			Range	0.00	0.00	0.00	0.00
Afghanistan	2010–2011	AFG	Observations	2904	2904	2873	2853
			Proportion	0.72	0.65	0.48	0.78
			SD	0.46	0.48	0.50	0.44
Pakistan	2014	PAK	Range	0.00	0.00	0.00	0.00
			Observations	4064	4064	3644	4064
			Proportion	0.62	0.74	0.38	0.39
Thailand	2015–2016	THA	SD	0.49	0.45	0.48	0.48
			Range	0.00	0.00	0.00	0.00
			Observations	8488	8488	8373	8488
Vietnam	2013–2014	VNM	Proportion	0.39	0.61	0.43	0.08
			SD	0.49	0.49	0.50	0.26
			Range	0.00	0.00	0.00	0.00
Vietnam	2013–2014	VNM	Observations	4432	4432	4367	4432
			Proportion	0.30	0.63	0.16	0.28
			SD	0.46	0.49	0.36	0.44
Vietnam	2013–2014	VNM	Range	0.00	0.00	0.00	0.00
			Observations	1771	1771	1754	1771
			Proportion	0.30	0.63	0.16	0.28

(continued)

Table 10.1 (continued)

Country	Data collection year	Abbreviation	Statistics	Physical violence	Psychological aggression	Support for corporal punishment	Parental support for IPV
Laos	2011–2012	LAO	Proportion	0.37	0.72	0.46	0.48
			SD	0.47	0.46	0.50	0.50
			Range	0.00	0.00	0.00	0.00
Sudan	2014	SDN	Observations	5975	5975	5791	5975
			Proportion	0.41	0.54	0.33	0.28
			SD	0.49	0.50	0.46	0.44
Tunisia	2011–2012	TUN	Range	0.00	0.00	0.00	0.00
			Observations	3662	3662	3356	3662
			Proportion	0.62	0.87	0.42	0.32
Iraq	2011	IRQ	SD	0.49	0.35	0.49	0.46
			Range	0.00	0.00	0.00	0.00
			Observations	1679	1679	1658	1679
Dominican Republic	2014	DOM	Proportion	0.58	0.74	0.25	0.52
			SD	0.50	0.46	0.42	0.50
			Range	0.00	0.00	0.00	0.00
Mexico	2015	MEX	Observations	9977	9977	9825	9977
			Proportion	0.34	0.55	0.07	0.01
			SD	0.47	0.50	0.24	0.11
			Range	0.00	0.00	0.00	0.00
			Observations	4734	4734	4624	4712
			Proportion	0.32	0.51	0.08	0.03
			SD	0.47	0.50	0.26	0.18
			Range	0.00	0.00	0.00	0.00
			Observations	1835	1835	1826	1835

Guyana	2014	GUY	Proportion	0.42	0.58	0.22	0.09
			SD	0.49	0.49	0.41	0.29
			Range	0.00	0.00	0.00	0.00
			Observations	833	833	794	821
Ukraine	2012	UKR	Proportion	0.26	0.63	0.12	0.04
			SD	0.45	0.49	0.30	0.20
			Range	0.00	0.00	0.00	0.00
			Observations	1025	1025	962	1025
Kazakhstan	2015	KAZ	Proportion	0.20	0.51	0.04	0.19
			SD	0.37	0.50	0.19	0.36
			Range	0.00	0.00	0.00	0.00
			Observations	2234	2234	2183	2234
Moldova	2012	MDA	Proportion	0.37	0.68	0.15	0.08
			SD	0.48	0.47	0.36	0.25
			Range	0.00	0.00	0.00	0.00
			Observations	1113	1113	1081	1113



Data come from UNICEF’s Multiple Indicator Cluster Surveys

Fig. 10.1 Proportion of adolescents experiencing violence in 21 countries

than 40% for psychological aggression. Further, in some countries, such as Nigeria, Benin, Somalia, Afghanistan, Pakistan, and Tunisia, more than 60% of early adolescents have experienced physical violence. Further, more than 80% of early adolescents in Côte d’Ivoire, Benin, and Tunisia report having experienced psychological aggression.

Second, there is a pronounced gradient across regions, with levels of family violence tending higher in sub-Saharan Africa than in Latin America and the Caribbean or Eastern Europe or Central Asia. This likely has to do with differences in the overall level of economic, educational, and public health development. Sub-Saharan Africa has some of the lowest levels in the world.

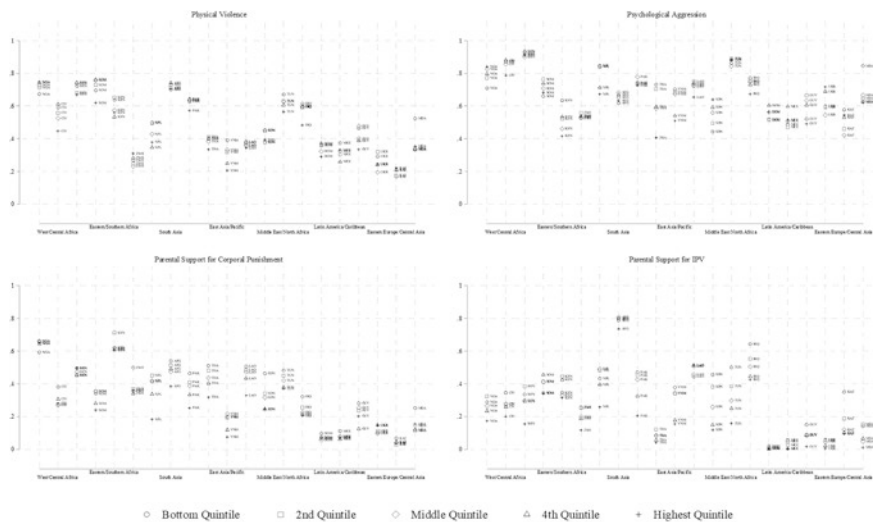
Third, we see considerable variation across indicators, with more early adolescents experiencing psychological aggression than physical violence, both of which are more common than parental support for corporal punishment or intimate partner violence. Of the four, early adolescents around the world are least likely to experience parental support for IPV, with the exception of Afghanistan, where parental support for IPV is normative and nearly universal at around 80%. Parental support for intimate partner violence is also quite high in Laos and Iraq, where it hovers around 50%. In contrast, very few caregivers report support for intimate partner violence in the Dominican Republic, Mexico, Ukraine, Moldova, or Thailand, countries where parental support for corporal punishment is also quite low.

While overall differences in family violence experienced by early adolescents are crucial, these between-country differences may mask significant variation within each individual country. For this reason, we next move to examine within-country differences in family violence experienced by early adolescents, with families

broken down by the wealth quintile, maternal education, residence (rural/urban), adolescent sex, adolescent age, and adolescent’s household living arrangements (Figs. 10.2, 10.3, 10.4, 10.5, 10.6 and 10.7).

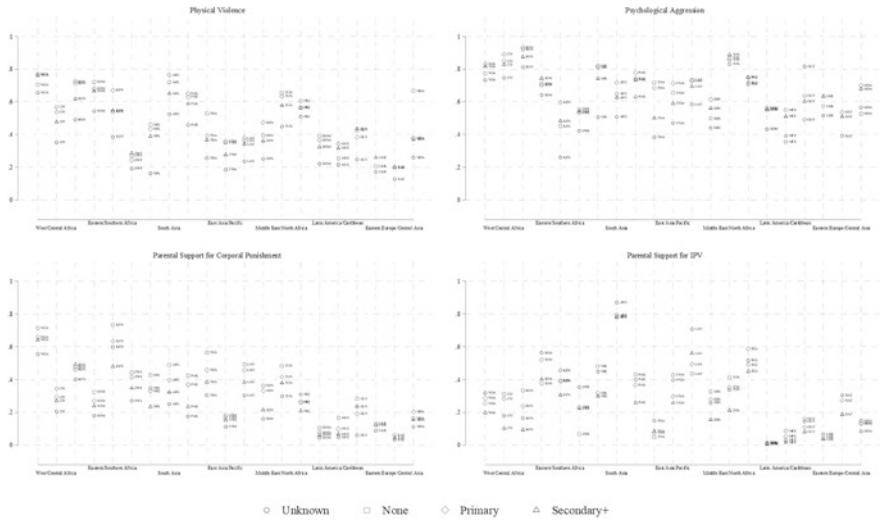
Family Violence by Wealth Quintile

Figure 10.2 displays the four family violence indicators—physical violence, psychological aggression, parental support for corporal punishment, and parental support for intimate partner violence—by wealth quintile, which is used to measure household wealth on a scale of 1–5, where 5 represents those in the wealthiest 20% of households in the country. In general, households in the top wealth quintile report lower levels of physical violence, psychological aggression, and parental support for corporal punishment and intimate partner violence. However, there are some exceptions, with individuals in other quintiles reporting similar or even lower levels of violence in some countries and with the lowest quintile reporting the lowest levels of physical violence in Nigeria. The pattern is generally consistent for psychological aggression, with some exceptions. For parental support for corporal punishment, there is variation in which wealth quintile reports the highest levels, with those in the bottom quintile expressing some of the highest support in a majority of countries. The wealthiest tend to express the least support for intimate partner violence, with few exceptions.



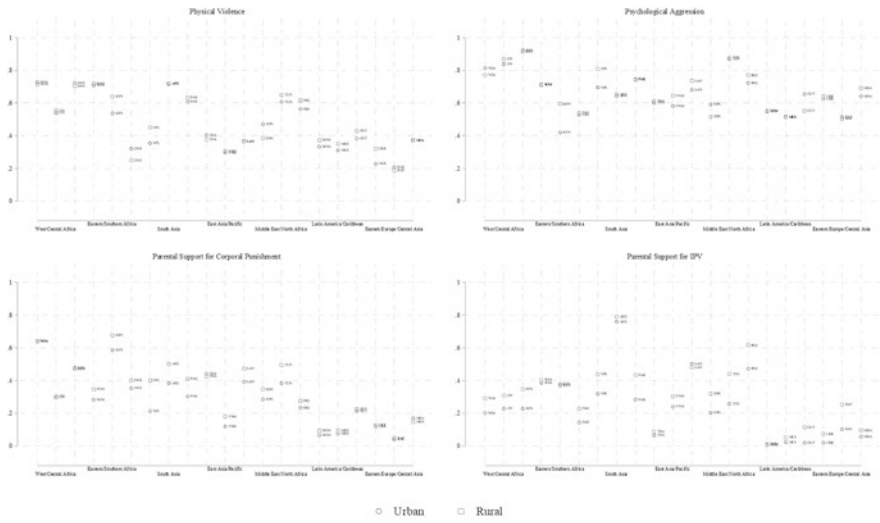
Data come from UNICEF’s Multiple Indicator Cluster Surveys

Fig. 10.2 Proportion of adolescents experiencing violence in 21 countries, by wealth quintile



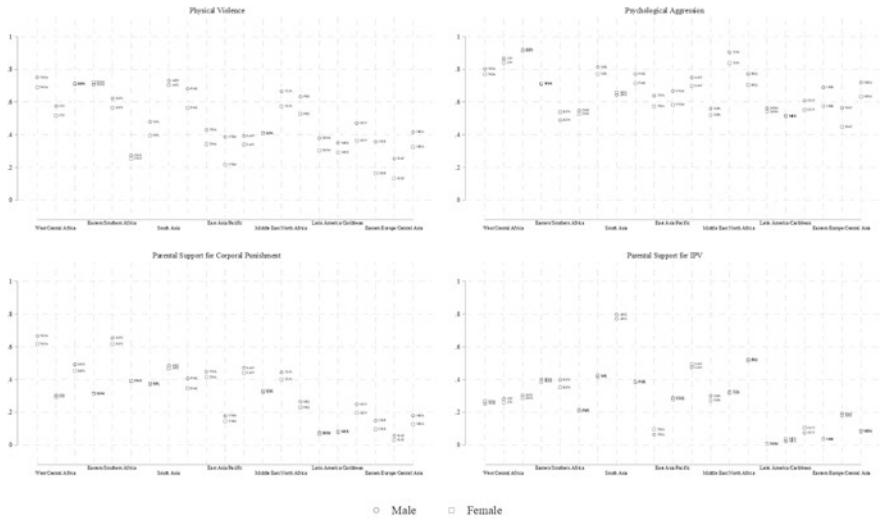
Data come from UNICEF's Multiple Indicator Cluster Surveys

Fig. 10.3 Proportion of adolescents experiencing violence in 21 countries, by maternal education



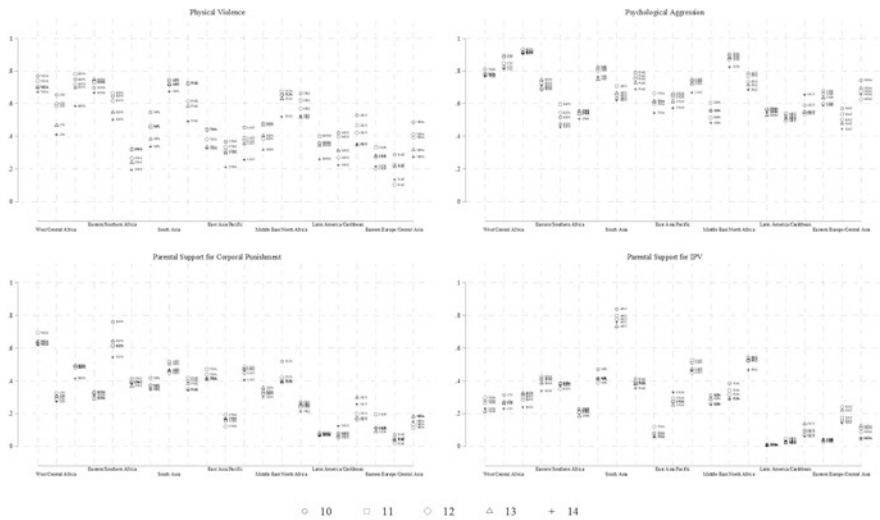
Data come from UNICEF's Multiple Indicator Cluster Surveys

Fig. 10.4 Proportion of adolescents experiencing violence in 21 countries, by residence



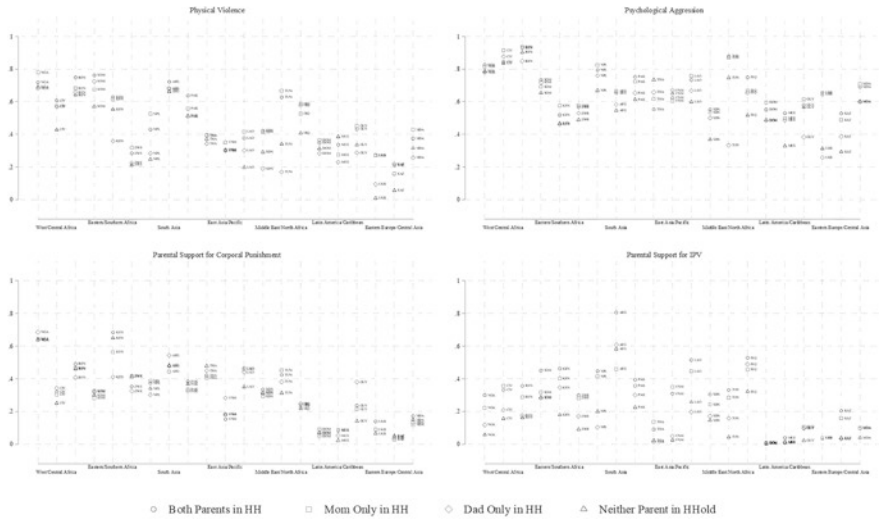
Data come from UNICEF’s Multiple Indicator Cluster Surveys

Fig. 10.5 Proportion of adolescents experiencing violence in 21 countries, by sex



Data come from UNICEF’s Multiple Indicator Cluster Surveys

Fig. 10.6 Proportion of adolescents experiencing violence in 21 countries, by age



Data come from UNICEF’s Multiple Indicator Cluster Surveys

Fig. 10.7 Proportion of adolescents experiencing violence in 21 countries, by household living arrangements

Along with examining patterns of household wealth and family violence, we also investigated three additional questions: First, we distinguish which countries demonstrated statistically significant differences in each of the four family violence indicators between wealthiest and poorest quintiles. Second, we assessed which countries consistently showed those same disparities across all four family violence indicators. Finally, we sought to pinpoint any unexpected findings or countries that differed from the general pattern observed.

Regarding the first question on the countries in which we observed statistically significant differences between wealthiest and poorest quintiles for each of the four outcomes, our analysis revealed that, for physical violence, adolescents from the highest wealth quintile in eight countries (Cote d’Ivoire, Nepal, Pakistan, Vietnam, Tunisia, Iraq, Guyana, and Moldova) were less likely to experience violence than those from the lowest wealth quintile. Conversely, for psychological violence, adolescents from the wealthiest quintile in eight countries (Côte d’Ivoire, Kenya, Nepal, Thailand, Vietnam, Laos, Iraq, and Moldova) were more likely to experience violence than those from the lowest wealth quintile. For parental support of corporal punishment, 11 countries (Nigeria, Côte d’Ivoire, Kenya, Nepal, Thailand, Vietnam, Laos, Sudan, Iraq, Ukraine, and Moldova) showed a significant difference between wealthiest and poorest households, with parents in the poorest households expressing more support for physical punishment. Similarly, parental support for corporal punishment favored early adolescents from wealthy households in 12 countries (Côte d’Ivoire, Somalia, Zimbabwe, Nepal, Afghanistan, Pakistan, Thailand, Vietnam, Laos, Sudan, Tunisia, and Iraq), and in 19 countries, parental support for

intimate partner violence was significantly lower in wealthy households, with the only exceptions being Somalia and Laos.

For the second question asking about which countries showed the most consistent disparities, our analysis showed that the difference between wealthiest and poorest households was always significant in four countries: Cote d'Ivoire, Nepal, Vietnam, and Iraq. This suggests that adolescents from wealthy households were consistently less likely to experience family violence than their counterparts from poorer households, regardless of the type of violence analyzed.

Additionally, our results suggest that the relationship between wealth and violence is not always straightforward. For example, in Nigeria, Sudan, and Ukraine, adolescents from the highest wealth quintile were more likely to experience physical violence and psychological control than those from the poorest households. Furthermore, in only one country (Laos) were parents from the wealthiest households more likely to express support for intimate partner violence compared to those from the poorest households.

Family Violence by Maternal Education

We next examined differences in family violence among early adolescents by maternal education (Fig. 10.3). We found that highly educated mothers reported the least physical violence in 14 out of 21 countries, the least parental support for corporal punishment and intimate partner violence (IPV) in 17 out of 21 countries, and the least psychological aggression in 8 out of 21 countries. In contrast, adolescents of highly educated mothers were at or near the top for family violence in other countries, such as Nigeria, Zimbabwe, Mexico, and Guyana for physical violence; Moldova for psychological aggression; Nigeria, Benin, and Vietnam for parental support for corporal punishment; and Somalia, Vietnam, and Laos for parental support for IPV, strongly suggesting that the link between maternal education and family violence, at least in early adolescence, varies by context and is not necessarily universal.

Further, we chose to retain the category of "Unknown" as an education category (not available in all countries) instead of treating it as missing. In some cases, adolescents whose mothers fell into this category reported the lowest levels of exposure to family violence (e.g., physical violence in Nigeria, Nepal, Iraq, and Guyana; psychological aggression in Nigeria, Kenya, and Nepal; and parental support for corporal punishment in Nigeria and Guyana), whereas in other contexts (psychological aggression in Guyana, parental support for corporal punishment in Iraq, and parental support for IPV in Kenya, Afghanistan, Thailand, Sudan, and Iraq) early adolescents whose mother's education level was unknown appeared to be at the highest risk of family violence.

We next examined family violence indicators and identified countries with significant differences between early adolescents whose mothers had at least a secondary education (which we term “well-educated” below for ease of use) compared to early adolescents whose mothers reported no formal education. We then assessed which countries showed consistent disparities across all four indicators (comparing those two educational groups) and pinpointed unexpected findings or divergences.

Results indicate a significant difference in reported violence and parental support for violence based on the education level of mothers. In six countries (Cote d’Ivoire, Benin, Nepal, Pakistan, Thailand, and Tunisia), early adolescents whose mothers had at least a secondary education were significantly less likely to experience physical violence than those whose mothers reported no formal education. We observed similar differences for psychological control in just two countries (Nepal and Thailand). Additionally, there were differences in parental support for physical punishment (ten countries: Kenya, Zimbabwe, Nepal, Afghanistan, Pakistan, Thailand, Laos, Sudan, Tunisia, and Iraq) and intimate partner violence (nine countries: Nigeria, Cote d’Ivoire, Benin, Nepal, Pakistan, Vietnam, Sudan, Tunisia, and Ukraine), with well-educated mothers being less likely to support violence than mothers with no formal education.

In terms of consistency, only in Nepal was the difference between early adolescents whose parents were well-educated and those whose parents had no formal education always significant across the four outcomes studied.

However, there were some unexpected findings as well. In Iraq and Mexico, early adolescents whose mothers were well-educated were more likely to experience psychological control than those whose mothers had no formal education. Similarly, in Zimbabwe and Laos, well-educated parents were more likely to support intimate partner violence, which goes against the expected view.

Family Violence by Residence

We next moved to examine differences by residential area, rural or urban. Overall, the results were mixed across country and outcome. Although our expectation of higher levels of family violence was generally borne out by the data (adolescents whose families lived in rural areas reported higher levels of all family violence indicators in the majority of the countries studied here), the results were not straightforward and not typically significant. In only three countries (Nepal, Iraq, and Ukraine) were the observed means significantly different between rural vs. urban early adolescents for physical violence, with rural residents reporting higher levels and 5 (Kenya, Nepal, Vietnam, Laos, and Iraq) for psychological control. We observed more significant differences when examining rural vs. urban differences in parental support for physical punishment and IPV, where we observed significant differences between reported parental support in 9 (Somalia, Nepal, Afghanistan, Pakistan, Vietnam, Laos, Sudan, Tunisia, and Iraq) countries for parental support for corporal

punishment and 15 (Nigeria, Cote d'Ivoire, Benin, Zimbabwe, Nepal, Pakistan, Vietnam, Sudan, Tunisia, Iraq, Dominican Republic, Mexico, Guyana, Ukraine, and Kazakhstan) for parental support of IPV.

In terms of consistency, only in Nepal, Sudan, and Iraq was the difference between urban and rural early adolescents significant across the four outcomes studied. While most results were in the expected direction of higher violence among rural early adolescents, there were several exceptions to this pattern, including Zimbabwe and Sudan for physical violence, where urban youth appeared at greater risk. We observed the same phenomena again in Sudan, where urban Sudanese early adolescents reported higher levels of psychological control than their rural counterparts.

Family Violence by Sex

We next moved to examine differences in family violence by the biological sex of the early adolescent. The results were somewhat surprising in light of expectations that girls would be more likely to be victims of family violence, but this is not what we found. For both physical violence and psychological control, when the difference between male and female early adolescents was significant, as it was in 13 countries (Nigeria, Nepal, Pakistan, Thailand, Vietnam, Laos, Tunisia, Iraq, Dominican Republic, Guyana, Ukraine, Kazakhstan, and Moldova) for physical violence and 10 countries (Nepal, Pakistan, Thailand, Vietnam, Laos, Tunisia, Iraq, Ukraine, Kazakhstan, and Moldova) for psychological control, male adolescents were more likely to have been the victim of family violence. The results for parental support for corporal punishment and IPV tended to show few differences. Only in three countries (Nigeria, Pakistan, and Iraq) did we find evidence of sex differences in parental support for corporal punishment (in all three instances, males were more likely than females to have a parent who expressed support for such treatment), and only in Thailand did we find similar instances of sex differences in parental support for IPV, with Thai female early adolescents more likely than male early adolescents to have a parent expressing support for IPV.

Surprisingly, there were no countries for which we observed consistent significant differences between male and female early adolescents across all four family violence indicators, though the difference between boys and girls was significant across three of the four outcomes in Pakistan, Thailand, and Iraq. In terms of unexpected findings, we did not observe much variation from what we expected for physical violence, as male early adolescents were more likely to be the victim of physical violence. Interestingly, we observed the same thing for psychological control and parental support for corporal punishment, where male early adolescents were again at greater risk in those countries for whom the difference between male and female adolescents was significant.

Family Violence by Age

The next variable examined was early adolescents' age. We found significant differences between 10- and 14-year-olds for physical violence in all but two countries (Somalia and Ukraine). In all 19 countries in which we found a significant difference in the physical violence experienced by 10-year-old vs. 14-year-old adolescents, younger adolescents were at higher risk of physical violence than their older counterparts. We observed a similar pattern for psychological control but found significant differences between 10- and 14-year-olds only in nine countries (Cote d'Ivoire, Nepal, Pakistan, Vietnam, Laos, Sudan, Tunisia, Iraq, and Kazakhstan), all of which indicated, again, that younger adolescents were at greater risk of psychological control than their older counterparts. The same pattern repeated for parental support for corporal punishment and IPV, where four countries (Kenya, Pakistan, Tunisia, and Iraq) and six countries (Cote d'Ivoire, Benin, Afghanistan, Pakistan, Tunisia, and Iraq), respectively, saw age differences in the likelihood of experiencing parental support for each type of family violence.

In terms of consistency, we observed age differences across all four family violence indicators in Pakistan, Tunisia, and Iraq. As for surprising or unexpected findings, we found it striking that in no country did we find evidence of older adolescents being more at risk of violence. The greatest risk for family violence was always among the younger adolescents, at least in countries where the difference between the two ages were statistically significant.

Family Violence by Household Living Arrangements

As a final step, we assessed how family violence indicators differed by household living arrangements and family structure. Results suggested that the link between household living arrangements and family violence is mixed, nuanced, and complex. In some countries, early adolescents living only with their mothers or only their fathers were most likely to report physical violence (Nigeria, Zimbabwe, Nepal, Thailand, Vietnam, Laos, Tunisia, Dominican Republic, Guyana, Ukraine, Kazakhstan, and Moldova), psychological control (Nigeria, Cote d'Ivoire, Benin, Kenya, Zimbabwe, Nepal, Afghanistan, Vietnam, Laos, Dominican Republic, Guyana, Ukraine, and Moldova), parental support for corporal punishment (Nigeria, Zimbabwe, Nepal, Afghanistan, Vietnam, Tunisia, Iraq, Dominican Republic, Mexico, and Guyana), and parental support for IPV (Cote d'Ivoire, Thailand, Vietnam, Guyana, Ukraine, and Moldova).

In other instances, adolescents who lived with both parents appeared to be at the greatest risk of physical violence (Cote d'Ivoire, Benin, Somalia, Kenya, Afghanistan, Pakistan, Thailand, Sudan, Iraq, and Ukraine), psychological

control (Somalia, Pakistan, Sudan, Tunisia, Iraq, Mexico, Ukraine, and Kazakhstan), support for corporal punishment (Benin, Somalia, Kenya, Pakistan, Laos, Sudan, Iraq, Ukraine, and Moldova), and support for IPV (Nigeria, Benin, Somalia, Kenya, Zimbabwe, Nepal, Afghanistan, Pakistan, Laos, Sudan, Tunisia, Iraq, Mexico, Ukraine, Kazakhstan, and Moldova). The household living arrangement that appeared to be linked to the best outcomes for adolescents across all four family violence indicators was early adolescents who lived with neither parent, at least for physical violence and psychological control. Because most of these adolescents lived with members of their extended family, this should only be somewhat surprising. Indeed, we found this pattern in 11 (Cote d'Ivoire, Benin, Somalia, Zimbabwe, Nepal, Afghanistan, Pakistan, Laos, Iraq, Ukraine, and Kazakhstan) of 21 countries for physical violence, 12 (Cote d'Ivoire, Somalia, Zimbabwe, Nepal, Afghanistan, Pakistan, Laos, Sudan, Iraq, Mexico, Kazakhstan, and Moldova) of 21 for psychological control, 7 (Nigeria, Cote d'Ivoire, Laos, Tunisia, Iraq, Mexico, and Guyana) for parental support for corporal punishment, and 14 (Nigeria, Cote d'Ivoire, Benin, Kenya, Zimbabwe, Pakistan, Vietnam, Sudan, Tunisia, Iraq, Dominican Republic, Guyana, Ukraine, and Kazakhstan) of 21 for parental support for IPV. We opted not to present formal statistical tests for household living arrangements, but results are available from the first author.

Binary Logistic Regression

As a final step, we used binary logistic regression to examine the joint effects of all independent variables considered on the probability of experiencing each family violence indicator. Results can be found in Table 10.2 and the model includes country fixed effects. The coefficients are expressed in logits, a transformation of the odds ratio. A positive coefficient indicates a positive association with the outcome variable (denoted along the top line of the table), whereas a negative coefficient expresses a negative association. Numbers further from 0 indicate a greater strength of association with the outcome.

The results suggest that there are several predictor variables that are significantly associated with the outcomes. For example, adolescents whose mothers have no maternal education are more likely to experience physical violence, psychological aggression, and parental support for corporal punishment than those with unknown maternal education, as are those whose mothers have either a primary or secondary or more maternal education, with a secondary or more maternal education being associated with a lower likelihood of parental support for IPV. Rural residence was positively associated with support for IPV.

Female adolescents appear to be at lower risk of physical violence, psychological aggression, or parental support for corporal punishment. Early adolescents who

Table 10.2 Predicting adolescents experiencing family violence in 21 countries (binary logistic regression)

	Physical violence	Psychological aggression	Support for corporal punishment	Support for IPV
Wealth quintile	-0.00 (0.02)	0.02 (0.02)	-0.06** (0.02)	-0.15*** (0.02)
Unknown education	0.00 (.)	0.00 (.)	0.00 (.)	0.00 (.)
No education	0.38** (0.12)	0.31* (0.13)	0.65*** (0.11)	-0.16 (0.11)
Primary education	0.56*** (0.13)	0.60*** (0.13)	0.62*** (0.12)	-0.05 (0.11)
Secondary+ education	0.39** (0.14)	0.33* (0.14)	0.28* (0.13)	-0.33** (0.12)
Urban residence	0.00 (.)	0.00 (.)	0.00 (.)	0.00 (.)
Rural residence	0.01 (0.05)	-0.02 (0.06)	0.07 (0.05)	0.26*** (0.07)
Male adolescent	0.00 (.)	0.00 (.)	0.00 (.)	0.00 (.)
Female adolescent	-0.37*** (0.04)	-0.22*** (0.04)	-0.19*** (0.04)	0.02 (0.04)
Adolescent age	-0.19*** (0.01)	-0.09*** (0.01)	-0.04** (0.01)	-0.05*** (0.01)
Both parents in HH	0.00 (.)	0.00 (.)	0.00 (.)	0.00 (.)
Mom only in HH	-0.09 (0.06)	-0.02 (0.06)	-0.07 (0.06)	-0.19** (0.06)
Dad only in HH	-0.38*** (0.11)	-0.07 (0.10)	0.01 (0.10)	-0.83*** (0.12)
Neither parent in HHold	-0.27*** (0.07)	-0.09 (0.07)	0.02 (0.07)	-1.36*** (0.09)
Constant	3.11*** (0.20)	2.17*** (0.20)	0.92*** (0.21)	0.07 (0.20)

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Reference categories: maternal education (unknown), urban (rural), sex (male), household living arrangements (both parents live in household). All models include country fixed effects (not shown)

are older also report less violence for each indicator. Living with neither parent (in an extended family) is associated with a lower probability of both physical violence and parental support for IPV as is living with only one’s father, compared to living with both parents in the household. Early adolescents who live in wealthier households also appear to be at lower risk of parental support for either corporal punishment or IPV. The coefficients for other predictor variables are generally smaller in magnitude and less consistently associated with the outcomes.

Discussion

This paper examined patterns of family violence, operationalized as physical violence, psychological control, parental support for corporal punishment, and parental support for intimate partner violence (IPV), among over 70,000 early adolescents across 21 countries from 7 world regions (West/Central Africa, Eastern/Southern Africa, South Asia, East Asia/Pacific, Middle East/North Africa, Latin American/Caribbean, and Europe/Central Asia), grounded in three prominent theories of family violence (social theories, cumulative stress theories, and family systems theories) and founded on the reality of the enormous cost of family violence throughout the world that has led to the recognition of family violence as a public health issue.

The results provide important insights in the prevalence and variation of family violence. A high percentage of early adolescents experience some form of family violence, with more early adolescents reporting psychological control than physical violence, both of which occur more frequently than parental support for either corporal punishment or IPV. The results also revealed a marked gradient across world regions, with reported family violence higher in sub-Saharan Africa than in Latin America/Caribbean or Eastern Europe/Central Asia.

We also examined within-country differences in family violence experienced by early adolescents by breaking down each family violence indicator by wealth, maternal education, residence (rural/urban), adolescent sex and age, and household living arrangements. In terms of wealth, the results were complex and varied across countries and types of violence. In general, adolescents whose households were in the top wealth quintile tended to report lower levels of violence than those in poorer quintiles. However, there were exceptions, with less wealthy individuals in some countries reporting similar or even lower levels of violence. For instance, early adolescents from wealthy households in Nigeria, Sudan, and Ukraine were more likely to experience some forms of violence.

For maternal education, the pattern of complexity and context-dependency continued. Early adolescents of highly educated mothers typically reported the lowest levels of family violence, but this was not always the case. In some countries, adolescents of highly educated mothers were at or near the top for family violence, which we observed in countries as different as Iraq, Mexico, Zimbabwe, and Laos.

In terms of rural vs. urban differences, the results typically showed higher levels of family violence in rural areas, but this was, again, not consistent across all countries or outcomes. In only three countries (Nepal, Iraq, and Ukraine) were rural residents significantly more likely to report physical violence and in six countries for psychological control. However, differences were observed in 9 and 15 countries when assessing parental support for corporal punishment and IPV, respectively. Interestingly, urban adolescents in Zimbabwe and Sudan were at a greater risk for physical violence than those living in rural areas of their respective countries.

For biological sex, the results were somewhat surprising, as prior research (World Health Organization, 2020) suggests that, with the exception of physical violence, females are more likely than males to experience family violence. Instead, male

early adolescents were more likely to have been the victim of family violence, both physical and psychological controls, when there were significant differences. Few sex differences were found for parental support for corporal punishment and IPV, respectively.

Results for child age indicated that younger adolescents (aged 10) were often at higher risk of family violence across all four violence indicators than their older, 14-year-old counterparts. Surprisingly, in no country did we find evidence where older adolescents experienced a statistically higher risk of violence, suggesting that the risk burden for family violence falls on younger early adolescents.

The findings suggest a nuanced relationship between household living arrangements and family violence. In some countries, early adolescents living with a single parent were at greater risk of physical violence, psychological control, and parental support for either corporal punishment or IPV. In others, adolescents living with both parents (but not extended family members) were at greater risk. The best outcomes were observed for early adolescents who typically lived with neither parent but members of their extended family, a topic that merits further research.

Consistent with the theoretical perspectives on family violence (social theories, cumulative stress theories, and family systems theories), we can validate that family violence among early adolescents is more often than not, more likely to occur where social and familial underpinnings make it more likely. Family violence (per social theories) often appears more likely to happen when families face economic hardship and social disadvantage due to high levels of acute or chronic stress (per cumulative stress theories), so rural families or families with limited resources may face additional stressors linked to social isolation and lack of access to services. Family dynamics and power imbalances within the family (per family systems theories) may also lead to violence, such as when adolescents whose mothers have greater levels of education or whose families have greater wealth report fewer experiences with family violence, likely due, in part, to more egalitarian family dynamics and better communication, thereby reducing the chances of family violence. As all three theories suggest, adolescent age and sex may also matter because younger adolescents are often more vulnerable to abuse due to their dependence on caregivers and girls due to gender discrimination. Further, all three theories suggest that single-parent households may face greater stress, leading to a higher risk of violence, whereas adolescents in extended family households may benefit from the stability and extra caregivers such households often provide.

Taken together, the findings underscore why policymakers, academics, governmental and nongovernmental organizations, and civic society should seek to address family violence in early adolescence, whose costs are high and pervade throughout the life course, whether measured in terms of emotional/physical scars, mental health problems, decreased social cohesion, or higher rates of crime and substance abuse. The burden is also economic with increased healthcare costs, lost productivity, and attenuated economic growth. The costs of not dealing with the problem, in short, are simply too high to ignore. Evidence-based prevention and intervention programs, tailored toward idiosyncratic cultural, societal, and political factors, can create a more equitable and safer society for all, regardless of age, gender, family

structure, or socioeconomic status. A final but key piece to the puzzle, however, often remains underappreciated when considering policies, practices, and programs, namely, the importance of developing “safe, stable, nurturing relationships (Smith et al., 2017, p. 5)” among family members.

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