

Physical and Sexual Violence Experienced by Male War-Affected Youth: Implications for Post-Conflict Functioning and Intimate Relationships

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Abstract

This study explored the association between war violence exposure during armed conflict and intimate partner violence (IPV) victimization, and the impact of positive community and family reintegration on IPV among a sample ($N = 92$) of war-affected male youth, post-conflict Sierra Leone. Trained Sierra Leonean researchers conducted face-to-face interviews with youth and their caregivers. Results indicate that exposure to violence during armed conflict as well as community and family reintegration were negatively associated with psychological IPV perpetration. Community reintegration was negatively associated with physical IPV. Sexual victimization was negatively associated with sexual IPV perpetration, whereas physical victimization had positive association. More research needs to be done on male war-affected youth as victims of physical, psychological, and sexual

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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 both physical and sexual perpetration of IPV. These results are similar to other U.S.-based studies that have examined IPV perpetration among military personnel with combat and war-zone exposure (Marshall, Panuzio, & Taft, 2005), which indicates that IPV perpetration among this sample tends to be at least 3 times greater than the general population.

Globally, researchers have found similar trends regarding the association between political violence and IPV (Clark et al., 2010; Gupta et al., 2014; Saile, Neuner, Ertl, & Catani, 2013; Usta, Farver, & Zein, 2008). In 2010, Speizer conducted a study that examined IPV attitudes and experience among women and men in Uganda to inform IPV prevention programming in the

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.

Thus, in this study, we aim to fill this gap by examining the association between war violence exposure (witnessing, experiencing, and perpetrating violence) during armed conflict, and IPV victimization and/or perpetration among a sample of war-affected males in post-conflict Sierra Leone. Furthermore, while the deleterious effects of war violence exposure has been noted in the empirical research, certain factors, including a positive reintegration into the community, have been shown to reduce some of these risk factors (posttraumatic stress disorder [PTSD], depression, and other anxiety-related disorders) among war-affected youth (Betancourt, Agnew-Blais, Gilman, Williams, & Ellis, 2010; Betancourt, Brennan, Rubin-Smith, Fitzmaurice, & Gilman, 2010). For instance, in their study of the role of stigma and psychological adjustment among 152 former child soldiers (89% male, 11% female) in Sierra Leone, Betancourt, Agnew-Blais, et al. (2010) found that community acceptance was associated with adaptive attitudes and behaviors among their sample. Thus, in this study, we also aim to explore the impact of a positive community reintegration experience on IPV victimization and/or perpetration among our sample.

Method

Data from a sample ($N = 92$) of war-affected male youth from Wave 3 of a longitudinal study conducted in conjunction with the major international non-governmental organization (NGO) in Sierra Leone, and the Boston College School of Social Work were used for this analysis. Locally trained Sierra Leonean research assistants conducted private face-to-face interviews separately with youth and their caregivers. Informed assent and informed consent from youth and caregivers were done orally in Krio (the most commonly spoken language in Sierra Leone) due to low literacy rates at the study sites. The principal investigator and country-level NGO staff ensured adherence to study protocols by monitoring the research assistants.

Measures

Community leadership helped to facilitate content validity of survey measures throughout survey design and data collection. Focus groups consisting of youth from neighboring communities and consultations with local NGO staff helped with the adaptation of survey instruments, which were forward and backward translated to ensure consistency with cultural norms as well as validated measures of experiencing violence. Surveys include a range of measures assessing risk and protective factors across the youth's developmental stages at the individual, family, interpersonal, community, and policy

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 variables). IPV 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 ($\alpha = .78$ for victimization, $\alpha = .75$ 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 variables). Four distinct aspects of wartime violence exposure were measured. For all forms, items inquired about whether (1) or not (0) respondents had experienced 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 ($\alpha = .73$). 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 variables). 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

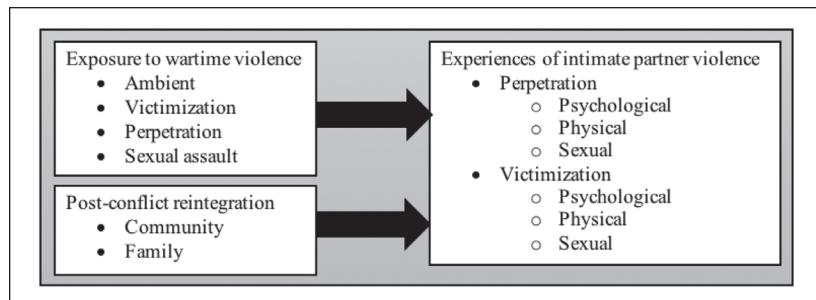


Figure 1. Conceptual model guiding regression analyses.

welcomed back into the community where you live”), treated respondents well (e.g., “You feel loved and cared for in your family”), and treated respondents equally compared with others in the community (e.g., “You have the same opportunities and responsibilities as other children in the family/household”). Responses ranged from 0 = *not true* to 2 = *very true*. Both measures showed evidence of strong internal reliability among this sample $\alpha = .84$ for community reintegration, $\alpha = .86$ for family reintegration).

Demographics (control variables). Respondents were divided by their age, between adolescents (aged 13-17, coded 1), emerging adults (aged 18-25, coded 2), and adults (26 or older, coded 3). Age was used in multivariate models to control for the differences between respondents in various stages of development relative to experiences of violence and IPV. In addition, whether individuals were currently living with a partner (no = 0, yes = 1) was included to control for differential access to experiences of IPV.

Analysis

Analyses were guided by a conceptual framework that considers both risk and protective factors for experiencing IPV, as a victim and/or perpetrator. This framework is visualized in Figure 1. Wartime exposure to violence was considered as a risk factor for both IPV perpetration and victimization. Community and family reintegration were tested as potential protective factors against IPV perpetration/victimization.

Analysis was conducted using IBM’s SPSS Statistical Software, version 24. To test the relationships between IPV with wartime exposure and community and family reintegration, while controlling for differences in age and cohabitation, linear regression models with ordinary least squares

(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 I. Descriptive Statistics for Male Youth (N = 91).

Categorical Variables	n	%
Age		
Adolescents (13-17)	5	5.5
Emerging adults (18-25)	72	79.1
Adults (26+)	14	15.4
Currently living with partner		
No	63	69.2
Yes	28	30.8
Continuous Variables	M	SD
Wartime exposure		
Ambient	0.79	0.31
Victimization	0.69	0.39
Perpetration	0.34	0.43
Sexual assault	0.48	0.50
Community reintegration	1.62	0.42
Family reintegration	1.58	0.52
Intimate partner violence		
Perpetration		
Psychological	0.34	0.37
Physical	0.27	0.27
Sexual	0.04	0.21
Victimization		
Psychological	0.46	0.40
Physical	0.19	0.24
Sexual	0.07	0.19

Regressions Estimating IPV Perpetration

The model estimating perpetration of *psychological* IPV estimated 27.4% of respondents' scores, $F(8, 82) = 3.88, p = .001$. Experiences of victimization during wartime violence were negatively associated with psychological IPV perpetration, $\beta = -.25, p = .040$. Both community and family reintegration were also negatively associated with perpetrating psychological IPV (community: $\beta = -.22, p = .028$, family: $\beta = -.29, p = .011$). That is, males who experienced higher rates of violence during the war as well as those who experienced more positive community and family reintegration were less likely to report perpetrating 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)	β	B (SE)	β	B (SE)	β
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***
Model summary						
Constant	1.10*** (0.28)		0.64** (0.21)		0.31* (0.12)	
R ²	.274		.175		.532	
F(8, 82)	3.88***		2.18*		11.66***	

* $p < .05$. ** $p \leq .01$. *** $p < .001$.

Table 3. Victimization of Intimate Partner Violence Among a Sample of Male Conflict-Affected Youth ($N = 91$).

Variables	Psychological		Physical		Sexual Assault	
	B (SE)	β	B (SE)	β	B (SE)	β
Age groups	-0.09 (0.09)	-.11	0.01 (0.06)	.02	0.03 (0.04)	.06
Live with partner (ref. no)	-0.04 (0.09)	-.04	0.02 (0.06)	.04	0.04 (0.04)	.10
Conflict exposure						
Ambient	-0.11 (0.15)	-.09	-0.09 (0.10)	-.11	-0.18 (0.07)	-.30**
Victimization	-0.10 (0.13)	-.10	0.04 (0.08)	.06	-0.06 (0.06)	-.11
Perpetration	0.02 (0.11)	.02	0.02 (0.07)	.04	0.05 (0.05)	.12
Sexual assault	-0.13 (0.11)	-.16	-0.13 (0.07)	-.26	-0.07 (0.05)	-.18
Community reintegration	-0.20 (0.11)	-.21	-0.13 (0.07)	-.23*	-0.12 (0.05)	-.26*
Family reintegration	-0.21 (0.09)	-.27*	-0.05 (0.06)	-.11	-0.03 (0.04)	-.07
Model summary						
Constant	1.52*** (0.31)		0.56** (0.20)		0.43** (0.14)	
R ²	.209		.155		.290	
F(8, 82)	2.71*		1.89		4.18***	

* $p \leq .05$. ** $p \leq .01$. *** $p < .001$.

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, $\beta = -.31, p = .010$. 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, $\beta = -.29, p = .037$.

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: $\beta = .29, p = .004$. In contrast, experiences of witnessing and perpetrating wartime violence were negatively associated with rates of sexual IPV perpetration (ambient: $\beta = -.57, p < .001$, perpetration: $\beta = -.21, p = .019$). Furthermore, family reintegration was also negatively associated with this form of IPV, $\beta = -.33, p < .001$. 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: $\beta = -.25, p = .020$. But, living with a partner was positively associated with perpetrating sexual violence, $\beta = .21, p = .015$. Age was positively associated with sexual IPV, $\beta = .20, p = .013$, 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, $\beta = -.27, p = .021$. 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, $\beta = -.231, p = .05$.

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

the wartime violence exposure variables, only ambient exposure to wartime violence was significantly associated with the outcome. Those who witnessed violence during wartime were less likely to report sexual IPV victimization, $\beta = -.30$, $p = .010$. Community reintegration was significantly associated with the outcome, but not family reintegration. Specifically, community reintegration was negatively associated with experiencing sexual IPV, $\beta = -.26$, $p = .018$. Cohabitation and age were not significantly associated with any of the IPV victimization outcomes.

Discussion

This study used risk and protective factors as the conceptual framework for examining exposure to wartime violence (risk), community and family reintegration (protective) and their associations with all forms of IPV in a sample of war-affected males in post-conflict Sierra Leone. This study specifically aimed to explore (a) the association between war violence exposure (witnessing, experiencing, and perpetrating violence) during armed conflict and IPV victimization and (b) the impact of positive community and family reintegration on IPV victimization and/or perpetration in the sample. The findings varied in respect to the associations between exposure to war violence, IPV victimization and/or perpetration, and positive community and family reintegration. The results fall into two larger categories: the association between war exposure and IPV perpetration and war exposure and IPV victimization.

IPV Perpetration

Exposure to violence during armed conflict was found to be negatively associated with psychological IPV perpetration. This suggests that the more a male in the sample was exposed to violence during armed conflict, the less likely they were to perpetrate psychological IPV. This differs from studies that suggest males who have been exposed to violence are more likely to perpetrate IPV (Whitfield, Anda, Dube, & Felitti, 2003). This difference may be attributed to the fact that psychological IPV cannot be seen making it difficult to measure (Guruge et al., 2017).

Community and family reintegration were also negatively associated with perpetrating psychological IPV. Males who reported positive reintegration into the community and their families were less likely to report perpetrating psychological IPV.

Findings were similar in regards to community reintegration being negatively associated with physical IPV; however, there was no association between family reintegration and perpetrating physical IPV. Males who reported positive

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

victimization. Those who reported being reintegrated into their families were less likely to be psychologically victimized in their intimate relationships post conflict.

The results were flipped for physical IPV victimization. Only community reintegration was associated with physical IPV victimization. Men who reported positive community reintegration were less likely to report being victims of physical IPV after the war. Many youth share the ideology that they are less powerful because of their involvement in the conflict and stigma associated with that status in their communities which is why community reintegration may have a strong relationship to the likelihood of physical IPV victimization (Betancourt, McBain, Newnham, & Brennan, 2013). Neither conflict exposure nor family reintegration appeared to have a significant association with the likelihood of becoming a victim of physical IPV.

Those males who reported ambient (witnessing) wartime violence were less likely to report being victims of sexual IPV compared with males who did not report ambient wartime violence or that experienced other types of wartime violence. Community reintegration had a similar association whereas men who reported successful reintegration into their communities were less likely to report sexual IPV victimization. There was no significant association between family reintegration and sexual IPV victimization.

Neither cohabitation nor age was significantly associated with any of the IPV victimization outcomes.

Limitations

This study possesses some limitations. IPV is a sensitive subject and can be difficult to measure adequately due to a respondent's potential hesitancy to disclose especially in the case of males (Boudreau, Kress, Rochat, & Yount, 2018; Guruge et al., 2017); however, it cannot be assumed that this is the case for everyone. The data do not account for previous exposure to violence or trauma in the home or the community prior to war. This exposure can be prevalent in conflicted geographical areas (Nandi et al., 2017) and may have an impact on IPV once youth are reintegrated into the community.

Participants are asked about sexual degradation when measuring for sexual IPV; however, the factors defining the construct have not been identified. Participants may have differing definitions of sexual degradation, which may impact the data collected for sexual IPV. The sample size was compromised due to missing data related to wartime exposure variables. Although this was accounted for during the statistical analysis, it is not a true reflection of each respondent's experience.

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.

Declaration of Conflicting Interests

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References

- Betancourt, T. S., Agnew-Blais, J., Gilman, S. E., Williams, D. R., & Ellis, B. H. (2010). Past horrors, present struggles: The role of stigma in the association between war experiences and psychosocial adjustment among former child soldiers in Sierra Leone. *Social Science & Medicine*, 70, 17-26.
- Betancourt, T. S., Brennan, R. T., Rubin-Smith, J., Fitzmaurice, G. M., & Gilman, S. E. (2010). Sierra Leone's former child soldiers: A longitudinal study of risk, protective factors, and mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49, 606-615.
- Betancourt, T. S., McBain, R., Newnham, E. A., & Brennan, R. T. (2013). Trajectories of internalizing problems in war-affected Sierra Leonean youth: Examining conflict and postconflict factors. *Child Development*, 84, 455-470.
- Betancourt, T. S., Pochan, S., & de la Soudiere, M. (2005). *Psychosocial adjustment and social reintegration of child ex-soldiers in Sierra Leone: A follow-up analysis*. Freetown, Sierra Leone: International Rescue Committee.
- Boudreau, C. L., Kress, H., Rochat, R. W., & Yount, K. M. (2018). Correlates of disclosure of sexual violence among Kenyan youth. *Child Abuse & Neglect*, 79, 164-172.
- Clark, C. J., Everson-Rose, S. A., Suglia, S. F., Btoush, R., Alonso, A., & Haj-Yahia, M. M. (2010). Association between exposure to political violence and intimate-partner violence in the occupied Palestinian territory: A cross-sectional study. *The Lancet*, 375, 310-316.
- Gupta, J., Acevedo-Garcia, D., Hemenway, D., Decker, M. R., Raj, A., & Silverman, J. G. (2009). Premigration exposure to political violence and perpetration of intimate partner violence among immigrant men in Boston. *American Journal of Public Health*, 99, 462-469.
- Gupta, J., Reed, E., Kelly, J., Stein, D. J., & Williams, D. R. (2012). Men's exposure to human rights violations and relations with perpetration of intimate partner violence in South Africa. *J Epidemiol Community Health*, 66(6), e2-e2.
- Gupta, J., Falb, K. L., Carliner, H., Hossain, M., Kpebo, D., & Annan, J. (2014). Associations between exposure to intimate partner violence, armed conflict, and probable PTSD among women in rural Côte d'Ivoire. *PLoS ONE*, 9(5), e96300.
- Guruge, S. F.-G. M., Varcoe, C., Jayasuriya-Illésinghe, V., Ganesan, M., Sivayogan, S., Kanthasamy, P., Shanmugalingam, P., & Vithanarachchi, H. (2017). Intimate Partner Violence in the post-war context: Women's experiences and community leaders' perceptions in the Eastern Province of Sri-Lanka. *Plos One*, 12(3), e0174801.

- Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (1st ed.). New York, NY: Guilford Press.
- Hossain, M., Zimmerman, C., Kiss, L., Kone, D., Bakayoko-Topolska, M., Manan, D. K., . . . Watts, C. (2014). 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. *BMJ Open*, 4(2), e003644.
- Kinyanda, E., Weiss, H. A., Mungherera, M., Onyango-Mangen, P., Ngabirano, E., Kajungu, R., . . . Patel, V. (2016). Intimate partner violence as seen in post-conflict eastern Uganda: Prevalence, risk factors and mental health consequences. *BMC International Health and Human Rights*, 16(1), Article 5.
- Kohli, A., Perrin, N., Mpanano, R. M., Banywesize, L., Mirindi, A. B., Banywesize, J. H., . . . Glass, N. (2015). Family and community driven response to intimate partner violence in post-conflict settings. *Social Science & Medicine*, 146, 276-284. doi:10.1016/j.socscimed.2015.10.011
- Marshall, A. D., Panuzio, J., & Taft, C. T. (2005). Intimate partner violence among military veterans and active duty servicemen. *Clinical Psychology Review*, 25, 862-876.
- Nandi, C., Crombach, A., Bambonye, M., Elbert, T., & Weierstall, R. (2015). Predictors of posttraumatic stress and appetitive aggression in active soldiers and former combatants. *European Journal of Psychotraumatology*, 6(1). doi: 10.3402/ejpt.v6.26553
- Nandi, C., Bambonye, M., Reichert, M., Elbert, T., Weierstall, R., Zeller, A., & Crombach, A. (2017). Predicting domestic and community violence by soldiers living in a conflict region. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9, 663-671.
- Noe, D., & Rieckmann, J. (2013). *Violent behavior: The effect of civil conflict on domestic violence in Colombia* (Courant Research Centre: Poverty, Equity and Growth-Discussion Papers, No. 136).
- Østby, G. (2016, September). *Violence begets violence: Armed conflict and domestic sexual violence in sub-Saharan Africa*. Paper presented at the Workshop on Sexual Violence and Armed Conflict: New Research Frontiers held at the Harvard Kennedy School, Harvard University.
- Peterson, Z. D., Beagley, M. C., McCallum, E. B., & Artine, T. M. (2019). Sexual attitudes and behaviors among men who are victims, perpetrators, or both victims and perpetrators of adult sexual assault. *Psychology of Violence*, 9(2), 221.
- Saile, R., Neuner, F., Ertl, V., & Catani, C. (2013). Prevalence and predictors of partner violence against women in the aftermath of war: A survey among couples in Northern Uganda. *Social Science & Medicine*, 86, 17-25.
- Speizer, I. S. (2010). Intimate partner violence attitudes and experience among women and men in Uganda. *Journal of Interpersonal Violence*, 25, 1224-1241.
- Usta, J., Farver, J. A. M., & Zein, L. (2008). Women, war, and violence: Surviving the experience. *Journal of Women's Health*, 17, 793-804.
- Vindevogel, S., Coppens, K., De Schryver, M., Loots, G., Broekaert, E., & Derluyn, I. (2013). Beyond child soldiering: The interference of daily living conditions in

- 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.

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