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THE RELATIONSHIP BETWEEN ALCOHOL CONSUMPTION PATTERNS AND
INTIMATE PARTNER VICTIMIZATION AND PERPETRATION AMONG YOUTH IN THE
SLUMS OF KAMPALA, UGANDA

By

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GEORGIA STATE UNIVERSITY

A Thesis Submitted to the Graduate Faculty of Georgia State University in

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APPROVAL PAGE

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ABSTRACT

Purpose: To determine the prevalence of and identify specific alcohol consumption patterns related to intimate partner violence perpetration and victimization among youth in Kampala, Uganda.

Methods: Data were collected on 457 youth aged 14-24 years for the 2011 Kampala Youth Survey. Prevalence for intimate partner violence victimization and perpetration were compared for males and females. The relationship between two specific alcohol consumption patterns and intimate partner victimization and perpetration were examined.

Results: In 2011, 32.2% of Kampala youth reported being victims and 20.3% reported being perpetrators of violence against an intimate partner. Females were significantly less likely to report being perpetrators than males (OR= 0.53, 95% CI 0.36-0.79). Increased frequency of alcohol consumption within the past month was associated with an increased likelihood for intimate partner violence victimization, perpetration, and the overlap variable of being both a victim and perpetrator.

Conclusion: This study identifies specific alcohol consumption patterns that are risk factors for being a victim, a perpetrator, and both a victim and perpetrator of intimate partner violence in youth in the slums of Kampala. It also highlights the need for adolescent-specific studies regarding intimate partner violence due to gender differences.

Key words: intimate partner violence victimization, intimate partner violence perpetration, alcohol consumption patterns

Implications and Contribution: This study identifies gender-specific prevalence for victimization and perpetration of intimate partner violence for Kampala youth. It also identifies alcohol consumption pattern risk factors for youth intimate partner violence perpetration and victimization. These risk factors should be targeted for preventive interventions to decrease the prevalence of intimate partner violence.

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CHAPTER I

INTRODUCTION

1a. Background on Intimate Partner Violence

Intimate partner violence (IPV) is defined as any act of violence perpetrated on a victim by current or former legal spouses, current or former common law spouses, or current or former boyfriends/girlfriends (Basile & Saltzman, 2002). The types of violence perpetrated in IPV can be sexual, physical, or psychological (CDC, 2014), and can include rape, stalking, slapping, and hitting, among several other expressions of violence. IPV can occur in both heterosexual and homosexual relationships (Buller, Devries, Howard & Bacchus, 2014; Waldner-Haugrud, Gratch & Magruder, 1997) and can be perpetrated by either males or females.

Intimate partner violence is a significant global health issue. In a multicounty study by the World Health Organization, between 15% and 71% of women who had ever had intimate partners reported having been physically or sexually abused by those partners (Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2006). Devries et al. (2013) estimate that globally, in 2010, 30.0% of women aged 15 and older had experienced intimate partner violence within their lifetimes. Being a victim of intimate partner violence is associated with several adverse mental and physical health outcomes. IPV has been shown to be a preventable phenomenon. (De Koker, Mathews, Zuch, Bastien & Mason-Jones, 2014). Furthermore, perpetration of IPV is also prevalent, with 5.7% of U.S. citizens reporting having been a perpetrator of IPV (Okuda et al., 2015). Whereas most of the research regarding IPV has focused on adults, IPV among youth has emerged as a serious public health issue (Reddy et. al., 2010).

There is a lack of research on adolescent intimate partner violence, as well as global IPV perpetration prevalence, despite the fact that these issues are widespread. It is important to understand the distribution and risk factors for both perpetration and victimization of intimate partner violence, especially in youth, so that effective interventions can be developed to target the risk factors and lessen the burden of disease created by intimate partner violence throughout the world.

Furthermore, in a study conducted by Devries et al. (2013), central sub-Saharan Africa was determined to have the highest rate of intimate partner violence victimization at 65.6%. Despite this finding, there is a lack of intimate partner violence research in the region. It is essential to assess the risk factors in this specific region to address the presumably high rate of intimate partner violence.

1b. Purpose of the Study

This study aims to examine the prevalence of IPV victimization and perpetration in Kampala youth and to identify risk factors that might contribute to perpetration, victimization, and the overlap of perpetration and victimization of intimate partner violence. Alcohol consumption in general has been shown to be associated with instances of intimate partner violence, but the relationship of specific aspects of alcohol consumption patterns and IPV perpetration/victimization have not been explored. The purpose of this study is to determine the associations between specific alcohol consumption patterns and being a victim or perpetrator of intimate partner violence for high-risk youth in Kampala, Uganda.

1c. Research Questions

1. What is the prevalence of dating violence victimization among male and female Kampala youth?
2. What is the prevalence of dating violence perpetration among male and female Kampala youth?
3. Is any alcohol consumption or drunkenness within the past month associated with being a victim, a perpetrator, or the overlap of being both a victim and perpetrator of intimate partner violence in Kampala youth?
4. Is frequency of alcohol consumption or frequency drunkenness within the past month associated with being a victim, a perpetrator, or the overlap of being both a victim and perpetrator of intimate partner violence in Kampala youth?

CHAPTER II

REVIEW OF THE LITERATURE

2a. Intimate Partner Violence Victimization

In the United States, more than one in three women and one in four men have been victims of intimate partner violence during their lifetimes (Black et al., 2011). It is estimated that around 1.5 million women and 830,000 men in the U.S. are victims of IPV every year (Tjaden & Thoennes, 2000). Intimate partner violence is a significant public health issue at the global level as well. Globally, adult women are at a higher risk of lifetime IPV victimization than adult men. In 2010, 30% of women aged 15 or older from 81 different countries had experienced at least one incidence of sexual or physical violence perpetrated by an intimate partner. The rates of victimization of women varied greatly by geographic region, with central sub-Saharan Africa having the highest prevalence of victimization at 65.6% (Devries et al., 2013).

Intimate partner violence victimization is associated with overall poorer health in both men and women (Plichta, 2004; Coker et al., 2002; Campbell, 2002), and has an annual estimated cost of \$8.3 billion dollars in the United States (Spivk et al., 2014). Being a victim of IPV not only leads to immediate health issues, such as non-fatal and fatal injuries (WHO, 2013; Tjaden et al., 2000), but also is associated with a higher risk for chronic diseases (Coker et al., 2002). Physical outcomes associated with IPV victimization include negative pregnancy outcomes (Wong et al., 2014; WHO, 2013; Sarkar, 2008; Plichta, 2004) and increased risk of HIV and other STIs (Li et al., 2014; WHO, 2013; Coker et al. 2000). Depression (Wong et al., 2014; WHO, 2013; Campbell, 2002; Coker et al., 2002), post-traumatic stress disorder (Wong et. al, 2014; Pico-

Alfonso, 2005; Campbell, 2002) and suicidal ideation (Wong et al., 2014; WHO, 2013) are some mental health outcomes that have been shown to be associated with IPV victimization.

There are several risk factors associated with being a victim of IPV, including numerous demographic characteristics. Females are at a higher risk for IPV victimization than men (Breiding et al., 2014; Black et al., 2011; Breiding, Black & Ryan, 2008) worldwide. Furthermore, low income (Breiding et al. 2008; Garcia-Moreno & Heise, 2002; Jewkes, 2002) and low educational attainment (Breiding et al., 2008; Jewkes 2002) have both been shown to be risk factors for being a victim of IPV for both men and women. Race/ethnicity is also associated with risk of being a victim of intimate partner violence in the United States, with African American and American Indian/Alaskan Native men and women reporting higher rates of victimization than their white counterparts (Wong & Mellor, 2014; Breiding et al., 2008; Tjaden et al., 2000).

Other, non-demographic characteristics have also been shown to be associated with a higher risk for victimization, including pregnancy if the victim is a woman (Wong et al., 2014), a history of child sexual abuse (Wong et al., 2014; Abramsky et al., 2011), conflict in the relationship (Spivak et al., 2014; Garcia-Moreno et al., 2002; Jewkes, 2002), and past exposure to violence (Spivak et al., 2014; Abramsky et al., 2011). Interestingly, perpetration of IPV is also a risk factor for being a victim of IPV, suggesting that reciprocal couple violence is an important aspect in relationships where IPV occurs (Whitaker, Haileyesus, Swahn & Saltzman, 2007; Kessler, Molnar, Feurer & Appelbaum, 2001), although type, frequency, and severity of violence may not be equal between partners. Alcohol use by the victim has also been established as a risk factor for

experiencing IPV in several studies (Devries et al., 2013; Abramsky et al., 2011; Jewkes, 2002).

Globally, age is another important risk factor for being a victim of IPV. Both men and women who are younger are at higher risk of IPV victimization than their older counterparts (Spivak et al., 2014; Wong et al., 2014; Abramsky et al., 2011; Breiding et al., 2008; Garcia-Moreno et al., 2002). In a study conducted in 2011, Black et al. report that about 20% of women and 15% of men who are victims of IPV experience the first episode between the ages of 11 and 17. Additionally, nearly 50% of women and 40% of men who are IPV victims experience the first episode between the ages of 18 and 24.

Few studies have explored intimate partner violence in youth. In 2014, Coker et al. purported that 33.4% of U.S. high school students reported having been victims of violence by an intimate partner. In a survey of South African youth, 12.1% of 8th grade females reported being a victim of IPV in their lifetimes (Reddy et al., 2010). Studies conducted on IPV among adolescents have shown similar risk factors for victimization as adults, including alcohol consumption by the victim (Russell et al., 2014; Stockl, March, Pallitto & Garcia-Moreno, 2014). However, when compared to adults, the gender disparity in victimization rates is less in adolescents (Coker et al., 2014; Hickman, Jaycox & Aronoff, 2004), with some studies reporting equal IPV victimization rates for males and female adolescents (Close, 2005).

2b. Intimate Partner Violence Perpetration

Perpetration of intimate partner violence has not been studied as thoroughly as IPV victimization, and requires more research to determine global prevalence and risk factors of perpetration. In a study by Okuda et al. (2015), 5.7% of U.S. adult participants

reported perpetrating IPV in the 12 months preceding the study. Unlike for IPV victimization, men and women report similar rates of perpetration against intimate partners (Gass et al., 2011).

Numerous risk factors for IPV perpetration have been identified, several of which are demographic characteristics. Low income (Okuda et al., 2015; Gass et al., 2011; Stith, Smith, Penn, Ward, and Tritt, 2004; Kessler et al., 2001) and low educational attainment (Abrahams, Jewkes, Laubscher & Hoffman, 2006; Stith et al., 2004; Kessler et al., 2001) are both associated with being a perpetrator of IPV. Race/ethnicity was also shown to be associated with risk of intimate partner violence perpetration, with African American and Native American men and women at higher risk for perpetration (Okuda et al., 2015; Kessler et al., 2001).

Several non-demographic risk factors have been identified for being a perpetrator of IPV as well. Having a psychiatric disorder (Okuda et al., 2015; Gass et al., 2011; Kessler et al., 2001), childhood exposure to violence (Gass et al., 2011; Abrahams et al., 2006; Kessler et al., 2001), and cohabitation with a partner without marriage (Gass et al., 2011; Kessler et al., 2001) are all risk factors for IPV perpetration. One of the strongest associations with IPV perpetration is being a victim of IPV (Stith et al., 2004; Kessler et al., 2001). Furthermore, alcohol use is also associated with an increased risk of being a perpetrator of IPV (Okuda, 2015; Stith et al., 2004; Kessler et al., 2001).

As with IPV victimization, age is an important global risk factor for IPV perpetration. Although younger individuals are at a higher risk for perpetration of IPV, the phenomenon of adolescent IPV perpetration, including global prevalence, has not been thoroughly explored. In a study conducted by Coker et al. (2014), 20% of U.S. high

school students reported being a perpetrator of IPV. In South Africa in 2010, 16.1% of 8th grade males reported having perpetrated IPV in their lifetimes (Reddy et al., 2010). Although research regarding adolescent-specific risk factors for IPV perpetration is lacking, alcohol use has been shown to be associated with perpetration of IPV in adolescents (Russell et al., 2014; Stockl et al., 2014).

2c. The Relationship Between Alcohol Consumption and Intimate Partner Violence

Numerous studies have established alcohol consumption as a risk factor for both intimate partner violence perpetration and victimization (Okuda, 2015; Devries et al., 2013; Abramsky et al., 2011; Foran & O’Leary, 2008; Stith et al., 2004; Jewkes, 2002; Kessler et al., 2001). Alcohol is a risk factor for IPV regardless of gender, and was shown to have an effect on both male-to-female and female-to-male intimate partner violence (Rapoza & Baker, 2008). Alcohol use was associated with IPV victimization regardless of age as well (Devries et al., 2013; Abramsky et al., 2011). According to Zaleski, Pinsky, Laranjeria, Ramisetty-Milker, and Caetano (2010), men consumed alcohol in 38.1% and women consumed alcohol in 9.2% of IPV instances.

2d. Global Burden of Alcohol Consumption

The global burden of alcohol consumption is an important factor in examining the relationship of alcohol consumption patterns and intimate partner violence. In 2012, 3.3 million deaths were attributable to alcohol use worldwide (WHO, 2014). This corresponds to 5.9%, or about 1 in 20, of all deaths in 2012. Furthermore, 5.1% of the global burden of injury and disease, measured in daily-adjusted life years was attributable to alcohol consumption in 2012. In a study by Murray and Lopez (1997, it was reported that proportionate mortality from alcohol use in sub-Saharan Africa was higher than that

in established market economies. The global economic burden of alcohol in 2009 was estimated to amount to more than 1% of the gross national product worldwide (Rehm et al., 2009), and is caused by costs due to health, premature mortality, absenteeism, unemployment, criminal justice systems, and criminal damage (Baumberg, 2006).

Since alcohol consumption is associated with intimate partner violence and has been proposed to have an effect on violence perpetration, the global prevalence of alcohol consumption is of interest. Globally, individuals aged 15 years or older drank an average of 6.2 liters of alcohol per year (WHO, 2014). The prevalence of alcohol consumption behaviors in Uganda is also important for this particular study. According to the WHO (2014), 10.0% of males and 1.5% of females aged 15 years or older in Uganda have alcohol use disorders. In this study, 3.4% of those aged 15 or older in Uganda reported heavy episodic drinking in 2010. In a study on youth living in the slums of Kampala, 30.2% of participants reported problem drinking, and 32.8% reported drunkenness (Swahn, Palmier, & Kasirye, 2013).

2e. Alcohol Consumption as a Moderator and Predictor of Violence

It is important to investigate how alcohol consumption might affect violence in order to address the risk factor for IPV. According to Steele and Josephs (1990), alcohol myopia is the theory that intoxication limits the amount of concentration of the intoxicated individual, which only allows them to respond to immediate cues. Therefore, alcohol impairs the intoxicated individual's perceptions and thoughts so that the individual will react to the immediate situation and ignore the peripheral cues. Through this study, Steele et al. showed that, through the mechanism of alcohol myopia, alcohol has an effect on response conflict. They propose that in a conflict, an intoxicated person

will respond to the immediate cues and ignore the cognitive processes that might inhibit the reactionary behavior. In this way, alcohol use can have an effect on violence.

Furthermore, Rehm et al. (2003) posit that alcohol affects brain receptors that cause the consumer to have decreased anxiety about the consequences of his or her actions. This decreased anxiety and fear might cause the individual to engage in risky behaviors, including physical aggression or violence. Cognitive functioning is also impaired with alcohol consumption, which leads to decreased ability to solve conflicts and overly emotional responses to those conflicts.

Further studies have established the link between alcohol use and aggression. In a study that aimed to integrate existing research on alcohol and aggression, Bushman and Cooper (1990) conclude that alcohol does facilitate aggressive behavior in humans. Additionally, they maintain that alcohol consumption has the same or greater influence on aggression than it does on other social and nonsocial behaviors. Alcohol use has been shown to be specifically associated with sexual aggression. (Abbey, 2001; Flowe, Stewart, Sleath & Palmer, 2011; Abbey Zawacki, Buck, Clinton & McAuslan, 2001). Among youth in Kampala, Uganda, any drunkenness was associated with increased likelihood of being a victim, perpetrator, and being both a victim and perpetrator of physical violence with a weapon. (Swahn et al., 2012). Furthermore, 37.1% of adolescents in the U.S. who reported consuming alcohol in 2011 reported committing physical violence within the 12 months preceding the study (Swahn, Simon, Hammig, & Guerrero, 2004).

In this study, Swahn et al. (2004) also found that specific alcohol consumption patterns, including frequency of drinking, binge drinking, and problem drinking, were

associated with increased risk of fighting, being injured, and injuring others in U.S. adolescents. Several other studies have examined the relationship between specific alcohol consumption patterns and violence. A study of 502 male undergraduates at a U.S. college found that both frequency and quantity of alcohol consumption were associated with risk for perpetration of sexual violence (Gervais, DiLillo, & McChargue, 2014). In a review of several studies assessing injuries due to violence and alcohol consumption in ER settings throughout the U.S., Cherpitel (1994) states that patients with violence-related injuries were more likely to be heavier drinkers than both those with other types of injuries and the general population. Furthermore, those with violence-related injuries in the ER were more likely to report a higher frequency of alcohol consumption than those with other injuries. Therefore, further exploration is needed on the relationship between specific alcohol consumption patterns and intimate partner violence.

2f. Conclusion

Overall, there are several aspects of intimate partner violence that have not been explored. Firstly, there is a lack of information surrounding global prevalence for both perpetration and victimization of IPV, as most studies have been conducted in the United States. Few studies have been done on risk factors for IPV perpetration, which limits preventive intervention efforts. Additionally, the overlap category of being both a victim and perpetrator of IPV has not been thoroughly studied. Although alcohol consumption has been associated with IPV, the effects of specific patterns of consumption on IPV have not been evaluated.

Furthermore, despite the association found between younger age and increased risk of both IPV perpetration and victimization, there is a lack of research regarding IPV in youth. Risk factors and interventions should be evaluated specifically for youth, as they may be different from those of adults. Since alcohol consumption is prevalent among youth, the relationship between alcohol consumption patterns and IPV outcomes should be studied in this population.

This study aims to fill in some of these gaps in intimate partner violence research. Firstly, this study is conducted in Kampala, Uganda, and will provide information on a population that is outside the United States. Useful information will be identified for the phenomenon of IPV in youth, including prevalence of IPV perpetration and victimization. Specific alcohol consumption patterns will be identified as risk factors for IPV in this population of Kampala youth, and can guide the development of global preventive interventions to lessen IPV in youth.

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CHAPTER III

MANUSCRIPT

Intimate partner violence is a prevalent global health issue associated with several adverse health outcomes, including injury and death [1-2]. Intimate partner violence is defined as any type of physical, emotional, or psychological violence done to a past or present intimate partner, which can include a legal spouse, a common law spouse, or a boyfriend or girlfriend [3-4]. The most perpetrated types of intimate partner violence include slapping, hitting, stalking, and rape [4]. Intimate partner violence is not limited to heterosexual relationships [5].

In a study across 81 different countries, 30% of women aged 15 or older reported having experienced at least one incident of physical or sexual violence perpetrated by an intimate partner [6]. The highest rates of intimate partner violence victimization for females in this study were seen in Sub-Saharan Africa, with 65.6% of women reporting having been a victim in their lifetimes. Although adult women tend to be at higher risk for being a victim of intimate partner violence than men [7-9], men are also at risk for victimization [7]. Perpetration of intimate partner violence is widespread in the United States, although there is a lack of information regarding a global prevalence. Adult men and women are equally likely to be a perpetrator of intimate partner violence [8], unlike with intimate partner victimization.

Younger age has been established as a risk factor for both intimate partner violence and perpetration [8, 11, 12-14]. It is estimated that 20% of women and 15% of men who are victims of intimate partner violence experience the first episode between the ages of 11 and 17 [7]. Although the risk factors for intimate partner violence

victimization were similar for adolescents and adults [15, 16], perpetrator risk factors for adolescents have not been thoroughly studied. There is a decreased disparity in victimization rates of the genders in adolescents as compared to adults [17, 18], with some studies finding equal victimization rates for adolescent males and females [19].

Alcohol consumption has been established as a risk factor for being a victim and being a perpetrator of intimate partner violence in several regions of the world [6, 10, 12, 20-22]. Alcohol use is associated with increased risk for both male-to-female violence and female-to-male violence by an intimate partner [23], and has been shown to be associated with victimization and perpetration of intimate partner violence regardless of age [6, 20].

Despite the global prevalence of intimate partner violence, research is needed regarding several intriguing aspects of the phenomenon. Although alcohol consumption in general is associated with intimate partner violence victimization and perpetration, there is a lack of research regarding the relationship between specific alcohol consumption patterns and intimate partner violence. Adolescent intimate partner violence has not been thoroughly evaluated, although younger individuals are at higher risk for both victimization and perpetration. Risk factors for the overlap of being both a victim and perpetrator of intimate partner violence have not been identified. There is also a lack of global intimate partner violence research, including a global prevalence for perpetration, with most studies having been conducted on U.S. participants.

Youth living in the slums of Kampala, Uganda are at risk for several factors associated with intimate partner violence. Kampala youth have high rates of alcohol use. Previous studies have established that 30.2% of Kampala youth report problem drinking,

and 32.8% report drunkenness [21]. Furthermore, any drunkenness was associated with increased likelihood of victimization, perpetration, and the overlap of both victimization and perpetration of physical violence with a weapon among Kampala youth [22].

This study aims to explore the prevalence of intimate partner violence perpetration and victimization among youth aged 14-24 living in the slums of Kampala, Uganda. It is posited that the prevalence of both intimate partner violence victimization and perpetration in Kampala youth will be equal for males and females. Furthermore, this study will explore the association between frequency of alcohol consumption and frequency drunkenness as they relate to being a victim, being a perpetrator, and the overlap of being a victim and perpetrator of intimate partner violence among adolescents in Kampala. Additional risk factors that have been empirically and theoretically linked with intimate partner violence are included in the assessment of the association between the alcohol consumption predictors and the intimate partner violence outcomes. It is hypothesized that the three self-reported outcome variables of victimization, perpetration, and the overlap of being both a victim and perpetrator of intimate partner violence will increase with frequency of alcohol consumption and frequency of drunkenness.

Methods

Survey

The data were collected in Kampala, Uganda in May and June of 2011 as part of the “Kampala Youth Survey”. Subjects included in the study were youth aged 14-24 years who live in the slums of Kampala, Uganda. The convenience sample of youth was recruited by word-of-mouth through their participation in receiving services in a drop-in

center for disadvantaged street youth, called a Uganda Youth Development Link. The surveys were administered in 8 of these drop-in centers throughout Kampala.

The youth participated in a self-report survey administered by social workers or peer educators, which lasted about 30 minutes. The surveys were administered face-to-face in either English or the local language, Luganda, and included questions concerning demographic characteristics, family context, sexual behaviors, injuries, suicidal behaviors, violence, and drug and alcohol consumption. To ensure, anonymity, no identifying information was collected.

Youth aged 14-17 years of age who “cater to their own livelihood” are considered emancipated in Uganda, and are therefore able to consent to the survey without parental permission. All subjects 18 or older went through the same consenting process as those aged 14-17. The consenting process included participants being informed about the study and being read consent forms to indicate their consent to the survey. The study protocol was approved by the Georgia State University Institutional Review Board and by the Uganda National Council for Science and Technology.

Throughout the ten-day survey period, 507 Kampala youth were approached to take the survey. Overall, 461 youth agreed to participate. Of these 461 surveys, four were excluded due to missing data, resulting in 457 completed surveys. There were 142 males (31.1%) and 313 females (68.5%) that included in the study. The modal age for participants was 17 years (n=81).

Measures

Intimate Partner Violence. Intimate partner violence victimization was defined as having been hit, slapped, hurt, or forced to have sex by a boyfriend or girlfriend within the 12 months preceding the survey. Intimate partner violence perpetration was defined as having hit, slapped, hurt, or forced a boyfriend or girlfriend to have sex within the 12 months preceding the survey. Participants were able to answer either *yes*, *no*, or *I haven't had a boyfriend/girlfriend*. The victimization and perpetration outcome variables were dichotomized to indicate the presence or absence of having been a victim or perpetrator of intimate partner violence. Those who responded that they haven't had a boyfriend/girlfriend were excluded from the analysis. A third outcome variable was generated to denote the presence or absence of being both a victim and perpetrator of intimate partner violence.

Alcohol Consumption Patterns. Alcohol consumption variables were determined by asking the participants how many days within the past month they drank alcohol. Drunkenness variables were determined by asking the participants how many days within the past month they drank so much that they were really drunk. For both of these alcohol consumption patterns, participants were either able to answer *0 days*, *1 to 2 days*, *3 to 5 days*, *6 to 9 days*, or *10+ days*. To evaluate the effect of any alcohol consumption on the IPV outcomes, the predictor variable was dichotomized as either zero days or one or more days of alcohol consumption. The same process was used to evaluate the effect of any drunkenness on the IPV outcomes. To evaluate the effect of the frequency of alcohol consumption on the IPV outcomes, the predictor variables was coded into three levels: zero days, which was considered as no alcohol consumption, between one and five days, which was considered low frequency, and more than five days, which was considered

high frequency. The same process was used to evaluate the effect of the frequency of drunkenness on the IPV outcomes.

Other included measures. Other demographic and psychosocial characteristics were assessed in the analyses based on a previous study using the 2011 Kampala Youth Survey. In a study using the 2011 Kampala Youth Survey, Swahn et al. (2015) found that gender, age, whether or not the individual was taking care of him or herself at night, whether or not the individual went to school, and if the individual reported hunger, loneliness, or sadness were associated with experiencing multiple forms of violence in female youth in Kampala [23]. Descriptions of the included variables are listed in Table 1. In this study, each of these characteristics was dichotomized to indicate its presence or absence, and included in each predictor-outcome model.

Statistical analyses

Bivariate logistic regression was performed using SAS 9.4 statistical software package to determine statistical associations between the demographic and psychosocial correlates and being a victim, being a perpetrator, and the overlap of being both a victim and perpetrator of intimate partner violence (shown in Table 2). Multivariate logistic regression was used to estimate statistical associations between the focal predictors (viz., alcohol use and drunkenness) and the outcome variables, adjusting for covariates. For analysis of the alcohol consumption and drunkenness predictors, contrasts of *low* frequency of consumption/drunkenness with *no* alcohol consumption/drunkenness and *high* frequency of consumption/drunkenness with *low* frequency of

consumption/drunkenness were obtained. In addition, any consumption or any drunkenness was contrasted with no consumption or no drunkenness.

Results

Prevalence of intimate partner violence victimization and perpetration. Overall, 32.2% (n=147) of Kampala youth aged 14-24 reported having been a victim of intimate partner violence within the 12 months preceding the survey. Furthermore, 35.5% (n=111) of females and 24.7% (n=35) of males surveyed reported being victims of intimate partner violence. Males and females were not statistically different in their odds of reporting intimate partner violence victimization (OR=1.25, 95% CI=.862-1.82).

Of those surveyed, 20.3% (n=93) of Kampala youth reported having been a perpetrator of intimate partner violence within the 12 months preceding the survey. Overall, 15.3% (n=48) of females and 31.7% (n=45) of males reported perpetrating violence towards an intimate partner. Females were significantly less likely than males to report having been a perpetrator of intimate partner violence than males (OR=0.53, 95% CI=0.36-0.79).

Additionally, 16.0% (n=73) of Kampala youth report having been both a victim and perpetrator of intimate partner violence within the 12 months preceding the survey. Furthermore, 14.6% (n=46) of females and 19.0% (n=27) of males report the overlap of being both a victim and perpetrator of intimate partner violence. Males and females were not statistically different in their odds of reporting being both a victim and perpetrator of intimate partner violence (OR=0.76, 95% CI=0.44-1.29).

Relationship between alcohol consumption patterns and intimate partner violence victimization and perpetration. Before controlling for covariates, any alcohol

consumption within the past month was associated with increased risk for being a victim (OR=4.09, 95% CI=2.73-6.13), perpetrator (OR=5.67, 95% CI=3.65-8.81), and both a victim and perpetrator of intimate partner violence (OR=3.78, 2.22-6.43). Overall, those who reported low frequency of alcohol consumption within the past month were more likely to report being either a victim (OR=2.58, 95% CI=1.60-4.17) or perpetrator (OR=3.60, 95% CI=2.14-6.07) of intimate partner violence than those who did not consume alcohol. Furthermore, high frequency of alcohol consumption was associated with increased risk of intimate partner violence victimization (OR=3.49, 95% CI=1.72-7.10), perpetration (OR=3.17, 95% CI=1.60-6.28), and being both a victim and perpetrator of intimate partner violence (OR=3.90, 95% CI=1.81-8.42) when compared to low frequency of alcohol consumption.

The adjusted odds ratios for the regression of the IPV outcomes on the alcohol consumption covariates are shown in Table 3. After controlling for covariates, any alcohol consumption within the past month was associated with increased risk for all three IPV outcomes. Those who reported low frequency of consumption were more likely to report being a victim and a perpetrator of IPV than those who reported no consumption. When compared to low frequency of consumption, high frequency of alcohol consumption was associated with increased risk of all three IPV outcomes. After controlling for alcohol consumption, gender, age, self-monitoring/care at night, and going to school were associated with being a victim of intimate partner violence. Older age and self-monitoring/care at night were associated with intimate partner violence perpetration.

Sadness and hunger were associated with being both a victim and perpetrator of intimate partner violence.

Before controlling for covariates, any drunkenness within the past month was associated with increased risk for victimization (OR=4.64, 95% CI=3.00-7.19), perpetration (OR=7.21, 95% CI=4.49-11.6), and the overlap of both victimization and perpetration of intimate partner violence (OR=5.30, 95% CI=3.07-9.16). Those who reported low frequency of drunkenness within the past month had a higher risk of being a victim (OR=3.83, 95% CI=2.36-6.22), a perpetrator (OR=6.11, 95% CI=3.63-10.2), and both a victim and perpetrator (OR=3.78, 95% CI=2.05-6.96). High frequency of drunkenness was associated with a higher risk of the overlap of being both a victim and perpetrator of intimate partner violence when compared to low frequency of drunkenness (OR=3.47, 95% CI=1.39-8.67), but not for the other two outcome variables.

Adjusted odds ratios for each level of frequency of drunkenness and each outcome variable are shown in Table 4. After controlling for covariates, any drunkenness was associated with an increased risk of all three IPV outcomes. Those with low frequency of drunkenness were more likely to be a victim, a perpetrator, and both a victim and perpetrator of IPV than those with no drunkenness. When compared to low frequency of drunkenness, high frequency of drunkenness was associated with increased risk of being both a victim and perpetrator of IPV. After controlling for drunkenness, being a victim of intimate partner violence was associated with gender, age, self-monitoring/care at night, and going to school. Age and self-monitoring/care at night were associated with being a perpetrator of intimate partner violence. Being both a

victim and perpetrator of intimate partner violence was associated with sadness, hunger, and going to school.

Discussion

In order to fill in gaps in research surrounding intimate partner violence, this study identified the prevalence of victimization, perpetration, and the overlap of both victimization and perpetration of intimate partner violence in youth. This study found that male and female youth in the slums of Kampala reported a similar prevalence of intimate partner violence victimization, which is consistent with other studies regarding adolescents and intimate partner violence. This is notably different than adults, where females are significantly more likely to self-report being victims of intimate partner violence [5-7]. Furthermore, male youth reported significantly higher rates of intimate partner violence perpetration than female youth in Kampala, which differs from the prevalence difference of the genders found in adults. Among Kampala youth, males and females reported a similar prevalence of being both a victim and perpetrator of intimate partner violence.

The prevalence of intimate partner violence victimization for Kampala youth mirrors that of high school youth in the United States [14], despite the fact that sub-Saharan Africa has significantly higher rates of victimization for women aged 15 and above than any other global region [6]. Although bias may have been introduced due to the survey being administered to a convenience sample, this is an interesting aspect to consider for further exploration. Perhaps there are protective factors influencing victimization rates for youth in Kampala that could be applied to other areas of Sub-Saharan Africa to decrease intimate partner violence victimization rates in other areas.

Alcohol consumption in general has been linked to an increased risk of both victimization and perpetration of intimate partner violence, so this study aimed to identify the relationship between specific alcohol consumption patterns and intimate partner violence outcomes. This study showed that among Kampala youth, any alcohol consumption and any drunkenness within the past month were both associated with increased risk for all three intimate partner violence outcomes examined. Additionally, low frequency of consuming alcohol within the past month was associated with an increased risk for victimization and perpetration of intimate partner violence as compared to those who did not drink. Furthermore, high frequency drinkers were more likely report all three of the outcome variables when compared to low frequency drinkers. This suggests that the frequency of alcohol consumption influences the risk of being a victim, perpetrator, and the overlap of being both a victim and perpetrator of intimate partner violence.

Low frequency of drunkenness within the past month was associated with an increased risk of being a victim, being a perpetrator, and the overlap of being both a victim and perpetrator of intimate partner violence when compared to those with no drunkenness. However, when compared to drinkers who reported low frequency of drunkenness, those who reported high frequency of drunkenness were only at an increased risk for the overlap of being both a victim and perpetrator of intimate partner violence, not being a only a victim or perpetrator. This suggests that any drunkenness might lead to an increased risk of intimate partner violence victimization and perpetration, but increased frequency of drunkenness does not necessarily increase risk for these two outcomes. Perhaps the reason that there is no statistical association

between high frequency of drunkenness and victimization and perpetration of intimate partner violence is low statistical power due to small sample sizes.

Alcohol myopia has been proposed as the theoretical framework for the relationship between alcohol and violence [24]. This theory states that intoxication limits the amount of concentration of the intoxicated individual, which only allows them to respond to immediate cues. They propose that in a conflict, an intoxicated person will respond to the immediate cues and ignore the cognitive processes that might inhibit the reactionary behavior. In this way, alcohol use can have an effect on violence. This theory could explain the association between the alcohol consumption patterns and intimate partner violence outcomes identified in this study.

Several limitations are present in this study. One limitation is that the participants represented a convenience sample, which might mean that the results are not representative of all youth living in the slums of Kampala. The survey was a self-report survey, which might lead to bias if the participant either did not recall all of the information or did not want to divulge information. Furthermore, participants were read the questions by another person, and were asked to tell this person their answers, which might also lead to social desirability bias. Another limitation was the small sample size, which led to decreased statistical power, and less certainty around odds ratio measurements.

By identifying an association between specific alcohol consumption patterns and intimate partner violence outcomes, this study highlights the need to incorporate interventions that addresses alcohol use in order to decrease the prevalence of intimate partner violence. Interventions including components to address alcohol use should be

applied and evaluated to determine their effectiveness in decreasing intimate partner violence rates among adolescents throughout the globe. Frequency of alcohol consumption in particular should be further explored for its relationship with intimate partner violence, particularly in adolescents.

Further studies exploring global intimate partner violence should be conducted since most studies focus on the United States population. There is a lack of research surrounding global intimate partner violence perpetration, including risk factors, prevalence, and other correlates. Risk factors for specific regions should be identified and compared so that area-specific interventions can be developed to reduce intimate partner violence rates. Studies examining cultural factors, societal norms, and attitudes towards gender roles and intimate partner violence would provide culture specific risk factors and insight into regional prevalence of intimate partner violence. Personality traits of both victims and perpetrators should be identified in order to address these attributes for preventive interventions.

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