

VIOLENCE AGAINST CHILDREN IN TIMOR-LESTE AND CONSEQUENCES ON ADULT HEALTH AND EXPOSURE TO ADVERSITY

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**Secondary data analysis of Nabilan
baseline survey data**



**THE EQUALITY
INSTITUTE**

MAIN REPORT

CONTENTS

I. BACKGROUND

- a. Intersections between violence against children and violence against women 4
- b. Violence against children and violence against women in Timor-Leste 5

II. METHODOLOGY

- a. Nabilan Baseline Study 6
- b. Research questions 6
- c. Analytic strategy 7

III. PREVALENCE OF CHILD MALTREATMENT

- a. Prevalence of child maltreatment 8
- b. Prevalence of child maltreatment by specific experiences 9
- c. Poly-victimisation 11

IV. CHILD MALTREATMENT AND INTIMATE PARTNER VIOLENCE

- a. Prevalence of intimate partner violence 12
- b. Child maltreatment and psychological IPV 12
- c. Child maltreatment and physical IPV 15
- d. Child maltreatment and sexual IPV 17
- e. Child maltreatment and economic IPV 18
- f. Child maltreatment and women's reports of husband's controlling behaviors 19

V. CHILD MALTREATMENT AND LIFETIME NON-PARTNER RAPE

- a. Prevalence of non-partner sexual violence 20
- b. Child maltreatment and non-partner sexual violence 21

VI. CHILD MALTREATMENT AND ADULT MENTAL HEALTH AND ABILITY STATUS

- a. Mental health and child maltreatment 22
- b. Ability status and child maltreatment 25

VII. FAMILY CHARACTERISTICS AND CHILD MALTREATMENT 26

VIII. PATHWAY ANALYSIS 29

IX. DISCUSSION AND RECOMMENDATIONS 33

I. BACKGROUND

a. Intersections between violence against children and violence against women

Violence against children and violence against women are concurrent human rights violations and public health crises across the Asia-Pacific region,¹ with significant consequences for individuals, communities and societies.²

An estimated 40% of children aged 15-17 experienced past-year violence across the Pacific.³

A 2012 systematic review found that prevalence of moderate physical abuse (e.g. hitting, slapping, pinching or beating a child's backside with a bare hand) ranged from 40-66% across the East Asia and Pacific region.⁴

Estimates of child sexual abuse range from 14-29%, with higher prevalence for girls compared to boys.⁵ For example, prevalence estimates of child sexual abuse in Indonesia ranged from 6-12% among boys and 6-14% among girls.⁶ In the Pacific, an estimated 35% of women report ever experiencing physical and/or sexual intimate partner violence (IPV).

Non-partner sexual violence, such as sexual harassment or rape, is similarly prevalent in this region.⁷

Violence against children and violence against women are interrelated social issues.



Although often addressed in silos, violence against children and violence against women are interrelated social issues.⁸ Violence against children and violence against women have multiple shared risk factors, including social norms that justify men's use of violence in the home, lack of legal sanctions against violence, and high levels of economic, social and gender inequalities, as well as maladaptive behaviours such as criminal activity, antisocial behaviours or substance abuse.^{9,10}

Violence against children and IPV also often co-occur in the same households. Finally, childhood exposure to maltreatment increases the risk of adult victimisation and perpetration of intimate partner violence.^{11,12}

EXISTING LITERATURE SUGGESTS THAT VIOLENCE AGAINST CHILDREN AND VIOLENCE AGAINST WOMEN ARE WIDESPREAD AND NORMALISED IN TIMOR-LESTE.

In other words, **children who experience violence or neglect during childhood are more likely to experience violence in adulthood.** In one regional multi-country study, childhood trauma was significantly linked with men's perpetration of IPV.¹³ Exposure to violence during childhood is also associated with behavioural risk factors, such as elevated substance abuse and risky sexual behaviors.¹⁴ These behavioural risk factors may in turn mediate the pathways between child maltreatment and adult victimisation and perpetration later in life.¹⁵

In sum, violence against children and violence against women are interconnected public health issues.

These intersections have implications for cost-effective and strategic violence prevention priorities.

b. Violence against children and violence against women in Timor-Leste

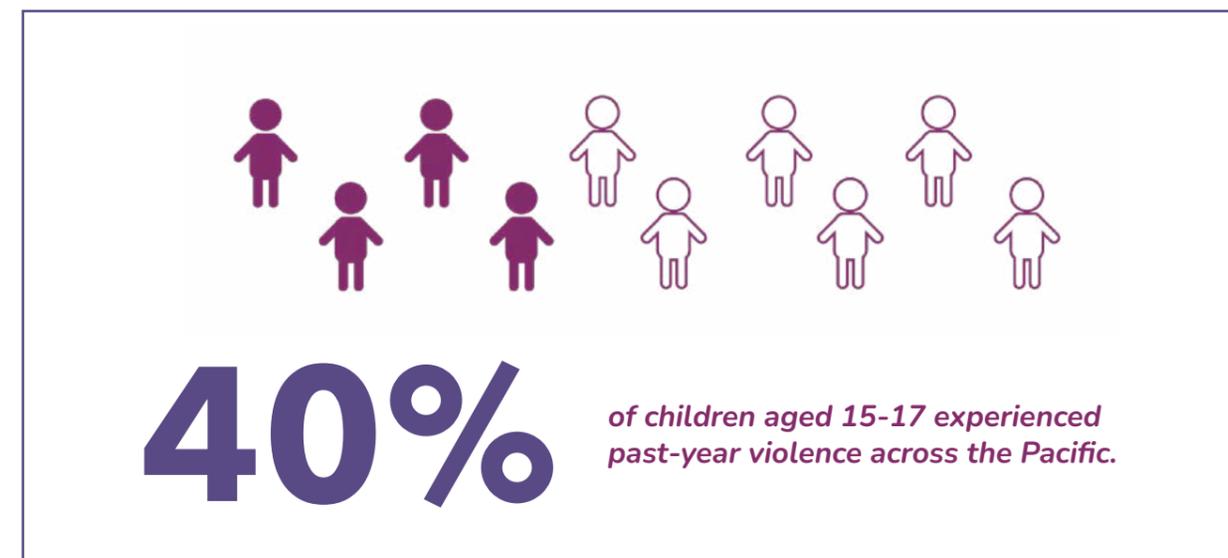
Existing literature suggests that violence against children and violence against women are widespread and normalised in Timor-Leste, alongside internal conflict

and community violence. Timor-Leste's turbulent trajectory through independence, as well as more recent internal conflict, has contributed to pervasive normalisation of violence across society.¹⁶

Domestic violence is considered an acceptable use of force by husbands against their wives, particularly when wives are perceived to deviate from gender norms around motherhood and childcare.¹⁷

According to the *2016 Demographic and Health Survey (DHS)*, 74% of women aged 15-49 agree that IPV is appropriate under at least one condition (e.g. if the wife neglects the children, or argues with her husband).¹⁸ Based on DHS data, **one in three ever-married women experienced physical IPV in the past twelve months** prior to the survey administration.

One in four children under the age of four were left alone or in the care of a child younger than 10 years of age for at least one hour during the past week.¹⁹ To date, research on intersections between violence against children and violence against women remain limited in Timor-Leste.



II. METHODOLOGY

a. Nabilan Baseline Study

The Nabilan Health and Life Experiences Baseline Study was conducted in 2015 through partnership between The Asia Foundation and The Equality Institute, with funding from the Australian Government. The purpose of the Nabilan Baseline Study was to collect rigorous and methodologically robust estimates of the prevalence and perpetration of violence against women in Timor-Leste.

The Nabilan Baseline Study adapted methodologies from the *WHO Multi-country Study on Women's Health and Domestic Violence Against Women*²⁰ and the *United Nations' (UN) Multi-country Study on Men and Violence (UN MCS)*.²¹ Two structured household questionnaires were administered to women aged 15-49 and men aged 18-49.

As part of the survey, men and women were asked a range of behaviour-specific questions related to various acts of physical, sexual, emotional and economic violence. A total of 1,426 women, 433 men in Dili and 406 men in Manufahi were interviewed. The response rate was 81% for women, 85% for men in Dili and 86% for men in Manufahi.²² Further methodological details can be found in the baseline study report: *Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study*.²³

The purpose of the Nabilan Baseline Study was to collect rigorous and methodologically robust estimates of the prevalence and perpetration of violence against women in Timor-Leste.



The findings of the study currently inform the Nabilan Program, an innovative eight-year initiative to prevent and reduce rates of violence against women in Timor-Leste, and improve services for women and children affected by violence.

The current report presents results of secondary data analysis of the original Nabilan Baseline Study survey data with women and men.

b. Research questions

The secondary data analysis of the Nabilan Baseline Study survey sought to answer the following questions:

1. **What is the prevalence of child maltreatment among women and men in Timor-Leste?**
2. **What are the associations between child maltreatment and adulthood adversity and health among women and men?**
3. **What are the moderating and mediating effects of individual and environmental characteristics on the associations between child maltreatment and adult adversity and health outcomes?**

c. Analytic strategy

We ran sex-, age-, and site-disaggregated descriptive analysis to estimate the means, proportions and distributions of all childhood adversity and abuse survey items. We created combined measures of child maltreatment:

1. A binary variable reflecting any/no exposure to child maltreatment;
2. A categorical variable to capture dosage of child maltreatment (0, 1-2 incidents, 3-5 incidents and 6 or more incidents); and
3. Binary variables for each domain of child maltreatment (emotional abuse and neglect, physical abuse and sexual abuse).

Based on item-correlations, alpha estimates and variable distributions, we generated variables for the following adulthood adversity and health outcomes to test associations between child maltreatment and the following outcomes: psychological IPV, physical IPV, sexual IPV, economic IPV, husband's controlling behaviours (women only), physical IPV during pregnancy (women

ALL ANALYSES WERE ADJUSTED FOR AGE, SCHOOLING ATTAINMENT AND HOUSEHOLD WEALTH TERTILES.

only), non-partner sexual violence, depressive symptoms, PTSD symptoms, problem drinking (men only), suicidal thoughts, exposure to conflict-related violence (men only), empathy (men only), and harmful parenting practices.

For women and men separately, we ran bivariate and multivariable logistic and linear regression models to assess associations between various measures of childhood maltreatment and adult health and adversity variables. We then ran interactions between selected moderating variables and child maltreatment on intimate partner violence outcomes to evaluate whether associations between child maltreatment and adulthood outcomes varied based on socio-environmental factors. We estimated additional path analyses to test for mediation between child maltreatment, gender attitudes and IPV.

All analyses accounted for complex survey design and survey weights and were adjusted for age, schooling attainment and household wealth tertiles. Statistical significance was set equal to 0.05. Analysis was conducted in StataSE.16. For women, we restricted multivariable analyses to women aged 18-49, in order to create clear temporal order of predictor (e.g. reported child maltreatment before age 18) and outcome variables (e.g. adult adversity and health outcomes after age 18).

Missing data were accounted for using listwise deletion, which is the default approach in the statistical software package used for the following analyses.

III. PREVALENCE OF CHILD MALTREATMENT

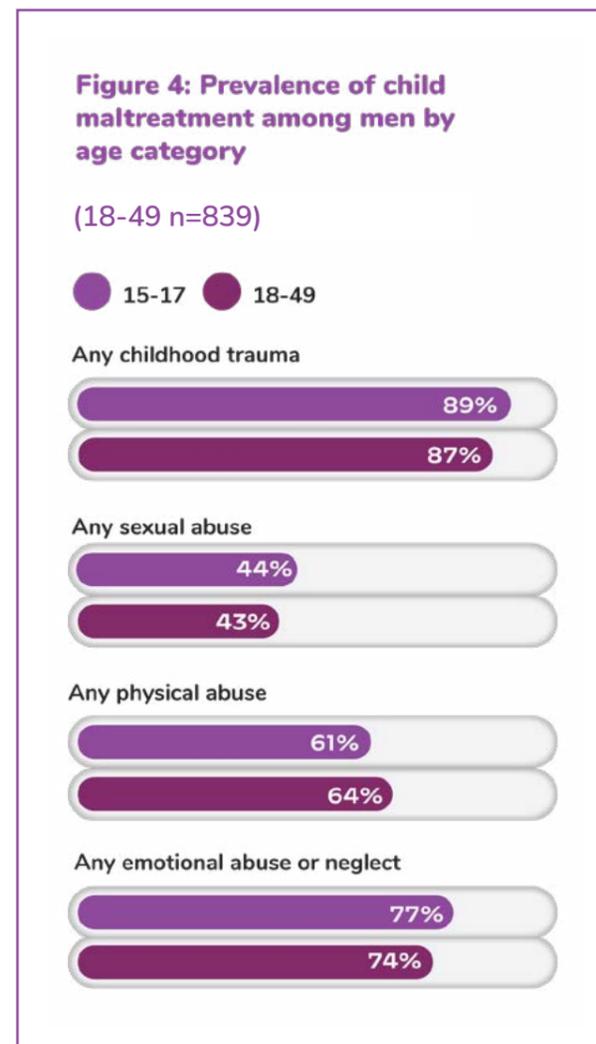
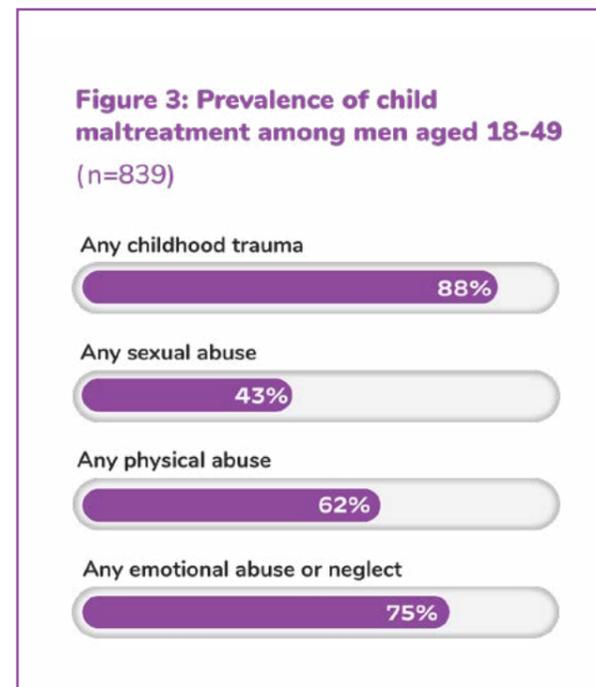
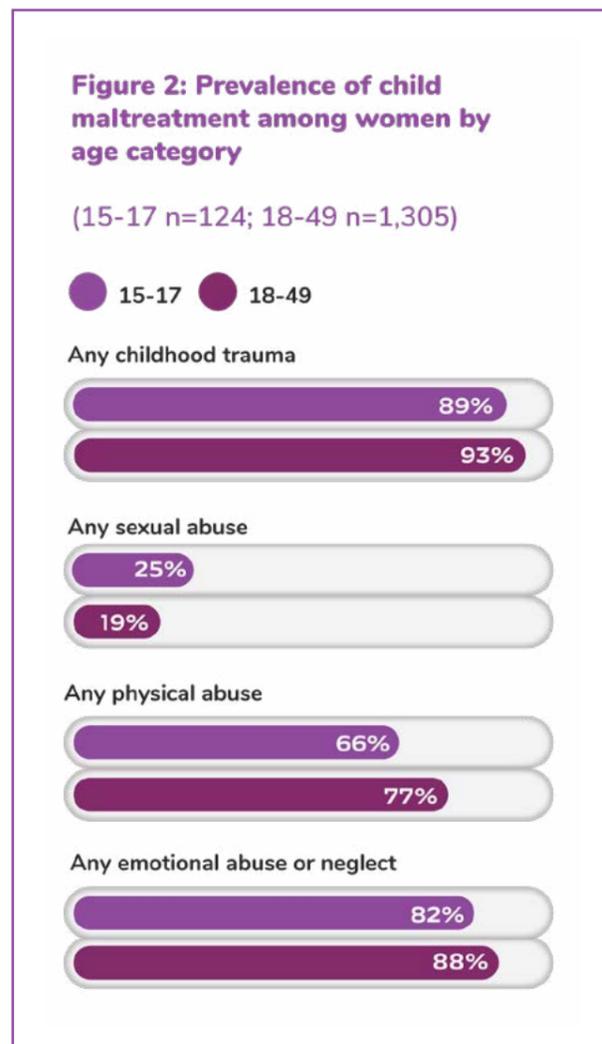
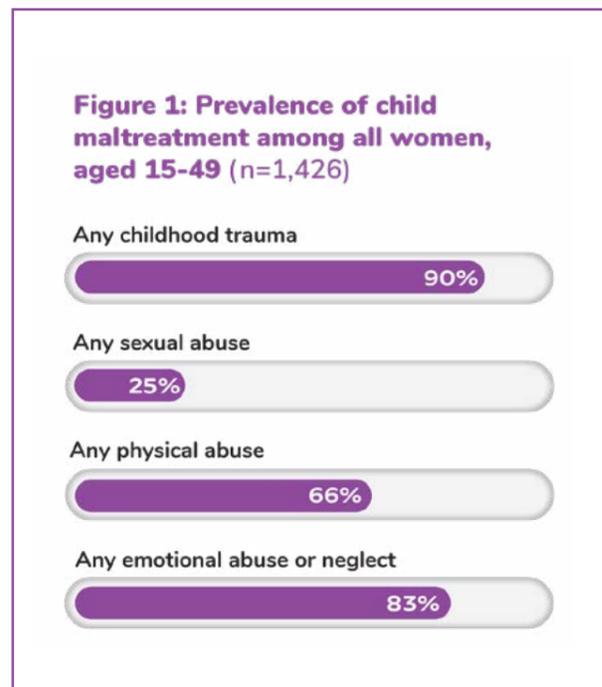
a. Prevalence of child maltreatment

The prevalence of child maltreatment is high in Timor-Leste for both women and men. Among all women surveyed, 90% reported at least one incident of physical abuse, sexual abuse or emotional abuse and neglect.

Prevalence estimates of any child maltreatment were similar for women aged 18-49 (89%) and women aged 15-17 (93%).

The most common form of child maltreatment among women was experiencing any emotional abuse or neglect (83%), followed by physical abuse (66%). One in four women reported any childhood sexual abuse (25%).

Prevalence of child maltreatment among all men was slightly less than women at 88%. Similar to women, emotional abuse and neglect was the most common form of child maltreatment (75%). The majority of men in this sample reported experiencing physical abuse before age 18 (62%) and 43% reported at least one form of childhood sexual abuse.



b. Prevalence of child maltreatment by specific experiences

Among women, the most commonly reported experiences of child maltreatment were being told she was lazy, stupid or weak (71%), beaten at home (61%) and not having enough to eat (67%).

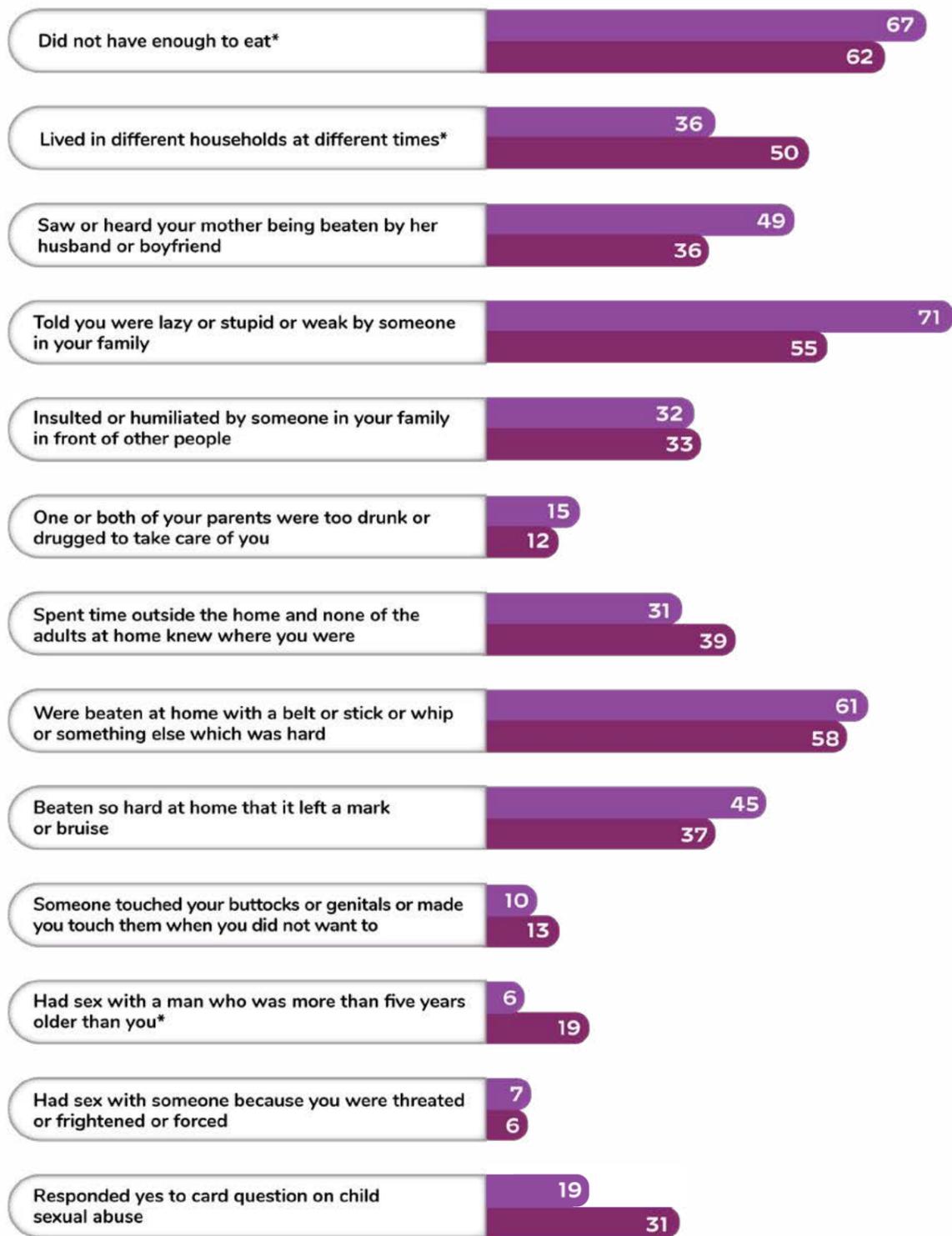
The most commonly reported experiences of child abuse and neglect among men included being beaten at home (58%) and being told he was lazy, stupid or weak (55%). Due to high prevalence of food insecurity and household transition in this low-resource context, two items (not having enough to eat; living in different households at different times) were excluded from the emotional abuse and neglect prevalence estimates.

Among the child sexual abuse questions, the most common affirmative response for both women and men was the card question on child sexual abuse, suggesting that reporting child sexual abuse continues to be extremely sensitive in this setting. Additionally, more men (19%) compared to women (6%) reported having sex with a person of the opposite sex who was more than five years older than them, before age 18. This item was not included in final prevalence estimates for child sexual abuse, given that it likely captures different types of sexual encounters for women compared to men.

THE MOST COMMON AFFIRMATIVE RESPONSE FOR BOTH WOMEN AND MEN WAS THE CARD QUESTION ON CHILD SEXUAL ABUSE.

Figure 5: Item-specific prevalence of child maltreatment among all women and men ● Women ● Men

(For women, n=1426; for men, n=839)



*These items are not included in the combined definition of 'neglect'.



c. Poly-victimisation

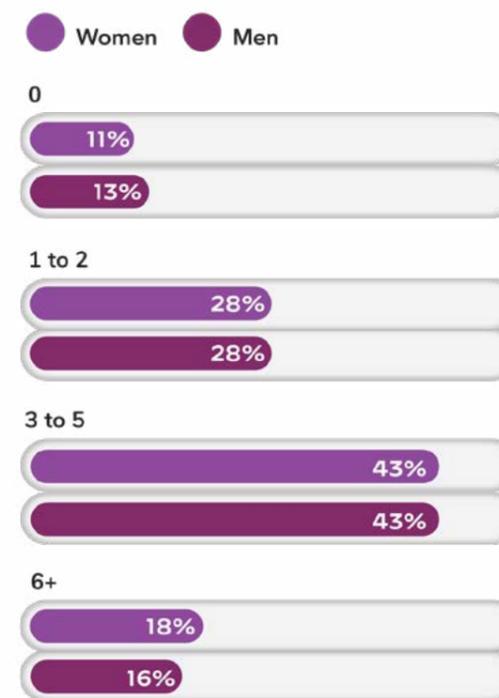
Women and men report high rates of poly-victimisation or experiencing multiple forms of child maltreatment. Among women, over half report experiencing three to five forms of childhood maltreatment, and 18% report experiencing six or more forms of child maltreatment. The mean child maltreatment score for all women was 3.44 and ranged from 0 to 13 (not shown in figures).

Among men, 43% report experiencing three to five forms of child maltreatment and 16% report experiencing six or more forms of child maltreatment. The mean child maltreatment score for all men was 3.16, and ranged from 0-13 (not shown in figures).

WOMEN AND MEN REPORT HIGH RATES OF POLY-VICTIMISATION OR EXPERIENCING MULTIPLE FORMS OF CHILD MALTREATMENT.

Figure 6: Poly-victimisation among all women and men aged 15-49

(For women, n=1426; for men, n=839)



Based on number of childhood trauma experiences

IV. CHILD MALTREATMENT AND INTIMATE PARTNER VIOLENCE

Child maltreatment was a strong predictor of adulthood IPV victimisation (among women) and perpetration (among men) in these samples of women and men aged 18-49 in Timor-Leste, although the strength of association varies based on type of measure and type of IPV.²⁴

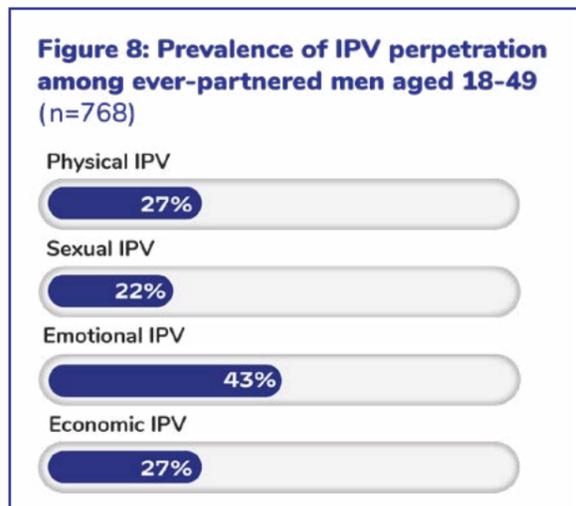
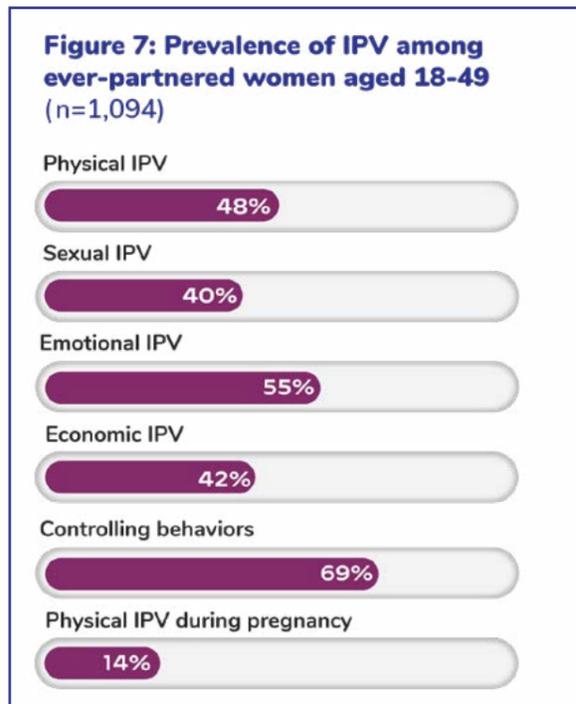
a. Prevalence of intimate partner violence

As established in the *Nabilan Health and Life Experiences Baseline Study*, IPV is highly prevalent among women and men in Timor-Leste. Here we present prevalence estimates for the analytic sample used in all multivariable models.

Overall, 48% of ever-partnered women aged 18-49 reported experiencing lifetime physical IPV and 40% reported experiencing lifetime sexual IPV. Over half of women reported ever experiencing emotional IPV. Almost three-quarters of women (69%) reported their partners' use of controlling behaviours. Among women who experienced pregnancy, 14% reported physical IPV during their pregnancy.

Among ever-partnered men, 27% reported perpetration of lifetime physical IPV and 22% reported perpetration of lifetime sexual IPV. Prevalence of emotional IPV was 43% and 27% of men reported perpetration of economic IPV.

In general, men's reports of IPV were lower than women's reports. However, these prevalence estimates are not directly comparable. The women's sample was nationally representative and are generalisable to all ever-partnered women aged 18-49 in Timor-Leste. The men's study was only conducted in two sites, and cannot be generalised to all ever-partnered men in Timor-Leste.



b. Child maltreatment and psychological IPV

Overall, all measures of child maltreatment were strongly and significantly associated with ever-partnered women's risk of experiencing lifetime psychological IPV in Timor-Leste.

Women who reported any emotional abuse or neglect were 2.16 times more likely than women who did not report emotional abuse or neglect to experience psychological IPV in adulthood. Women who reported any childhood physical abuse or sexual abuse were 2.30 and 3.14 times more likely to report psychological IPV compared to women who had not experienced physical or sexual child abuse, respectively.

THE GREATER THE NUMBER OF EXPOSURES TO CHILD MALTREATMENT, THE GREATER THE ODDS OF EXPERIENCING IPV IN ADULTHOOD.

Women who reported any child abuse were 5.06 times more likely to report psychological IPV compared to women who did not report any child abuse. Women also experienced a dose-gradient of risk for psychological IPV. The greater the number of exposures to child maltreatment, the greater the odds of experiencing psychological IPV in adulthood.

Table 1: Multivariable models of child maltreatment measures with women's lifetime experience of psychological IPV, among ever-partnered women aged 18-49 (n=1,094)

Item	aOR	95% CI	p
Model 1: Domains of child maltreatment			
Any emotional abuse or neglect	2.16	1.49 3.15	<0.001
Any physical abuse	2.30	1.73 3.06	<0.001
Any sexual abuse	3.14	2.27 4.34	<0.001
Model 2: Any exposure to child maltreatment			
Any child abuse	5.06	3.20 7.99	<0.001
Model 3: Number of child maltreatment exposures (reference = 0 exposures)			
1 to 2	2.17	1.33 3.53	0.002
3 to 5	5.72	3.57 9.15	<0.001
6 or more	17.92	10.11 31.77	<0.001

All models adjusted for age, education and socio-economic status



Women were 5.06 times more likely to report psychological IPV

Women who reported any child abuse were 5.06 times more likely to report psychological IPV compared to women who did not report any child abuse.

Among ever-partnered men, all measures of child maltreatment were significantly associated with perpetration of psychological IPV. Men who experienced any emotional abuse or neglect before age 18 were 4.08 times more likely to perpetrate psychological IPV compared to men who had not experienced childhood emotional abuse or neglect.

Table 2: Multivariable models of child maltreatment measures with perpetration of psychological IPV, among ever-partnered men aged 18-49 (n=768)

Item	aOR	95% CI		p
Model 1: Domains of child maltreatment				
Any emotional abuse or neglect	4.08	2.52	6.58	<0.001
Any physical abuse	1.50	1.03	2.16	0.032
Any sexual abuse	1.86	1.32	2.62	<0.001
Model 2: Any exposure to child maltreatment				
Any child abuse	9.11	4.28	19.41	<0.001
Model 3: Number of child maltreatment exposures				
1 to 2	4.83	2.27	10.26	<0.001
3 to 5	10.17	4.88	21.16	<0.001
6 or more	19.06	8.56	42.43	<0.001

All models adjusted for age, education and socio-economic status

PHYSICAL AND SEXUAL CHILD ABUSE WERE ALSO SIGNIFICANTLY ASSOCIATED WITH PSYCHOLOGICAL IPV PERPETRATION.

Physical and sexual child abuse were also significantly associated with psychological IPV perpetration, albeit to a lesser extent than childhood emotional abuse and neglect.

Increased exposure to child maltreatment

Increased exposure to child maltreatment was significantly associated with increased odds of psychological IPV perpetration.

Increased exposure to child maltreatment was significantly associated with increased odds of psychological IPV perpetration, as evidenced by a clear dose-gradient pattern: men who reported one to two, three to five, and six or more, forms of child maltreatment were 4.83, 10.17 and 19.06 times more likely to report psychological IPV perpetration respectively, compared to men who reported no child maltreatment.

c. Child maltreatment and physical IPV

Similar to reports of psychological IPV, all child maltreatment measures were strongly and significantly associated with women's odds of experiencing and men's odds of perpetrating lifetime physical IPV.

Women who experienced any physical abuse during childhood were 3.29 times more likely to experience physical IPV during adulthood compared to women who did not report physical child abuse.

Table 3: Multivariable models of child maltreatment measures with women's lifetime experience of physical IPV, among ever-partnered women aged 18-49 (n=1,094)

Item	aOR	95% CI		p
Model 1: Domains of child maltreatment				
Any emotional abuse or neglect	1.62	1.09	2.42	0.017
Any physical abuse	3.29	2.41	4.47	<0.001
Any sexual abuse	3.54	2.56	4.89	<0.001
Model 2: Any exposure to child maltreatment				
Any child abuse	7.48	4.30	12.98	<0.001
Model 3: Number of child maltreatment exposures (reference = 0 exposures)				
1 to 2	3.79	2.14	6.73	<0.001
3 to 5	7.39	4.22	12.94	<0.001
6 or more	23.69	12.62	44.48	<0.001

All models adjusted for age, education and socio-economic status



3.29 times more likely

Women who experienced any physical abuse during childhood were 3.29 times more likely to experience physical intimate partner violence during adulthood.

Sexual abuse continued to be the strongest domain predicting adulthood victimisation of physical IPV: women who experienced child sexual abuse were 3.54 times more likely to experience physical IPV compared to women who did not experience child sexual abuse.

The number of child maltreatment exposures follows a dose-gradient pattern: women who experienced increasing numbers of child maltreatment exposures were increasingly more likely to also report physical IPV.

Among women who were ever pregnant, child maltreatment was significantly and strongly associated with experiencing physical IPV during pregnancy. Women who experienced any physical or sexual abuse during childhood were 3.80 times and 4.83 times more likely to experience physical IPV during one or more of their pregnancies, compared to ever-pregnant women who had not experienced child maltreatment.

Among ever-partnered men, experiencing emotional abuse or neglect was associated with a 2.46 times increase in the likelihood of perpetrating physical IPV.

Physical and sexual abuse showed similar strength and magnitude of association. As for psychological IPV perpetration, the associations between men's increasing exposure to child maltreatment and physical IPV perpetration showed a dose-gradient response.

Table 4: Multivariable models of child maltreatment measures with physical IPV during pregnancy, among ever-partnered women aged 18-49 who had ever been pregnant (n=1,027)

Item	aOR	95% CI	p
Model 1: Domains of child maltreatment			
Any emotional abuse or neglect	0.93	0.47 1.85	0.834
Any physical abuse	3.80	2.07 6.94	<0.001
Any sexual abuse	4.83	3.18 7.33	<0.001
Model 2: Any exposure to child maltreatment			
Any child abuse	6.21	1.93 19.98	0.002
Model 3: Number of child maltreatment exposures			
1 to 2	2.31	0.66 8.16	0.192
3 to 5	5.26	1.60 17.34	0.006
6 or more	20.19	6.06 67.31	<0.001

All models adjusted for age, education and socio-economic status

Men who experienced the most forms of child maltreatment had the highest odds of perpetrating physical IPV compared to men who experienced no child maltreatment.

Table 5: Multivariable models of child maltreatment measures with perpetration of physical IPV, among ever-partnered men aged 18-49 (n=768)

Item	aOR	95% CI	p
Model 1: Domains of child maltreatment			
Any emotional abuse or neglect	2.46	1.38 4.38	0.002
Any physical abuse	2.79	1.78 4.38	<0.001
Any sexual abuse	2.01	1.38 2.94	<0.001
Model 2: Any exposure to child maltreatment			
Any child abuse	5.77	2.46 13.51	<0.001
Model 3: Number of child maltreatment exposures (reference = 0 exposures)			
1 to 2	2.80	1.13 6.97	0.026
3 to 5	6.54	2.75 15.55	<0.001
6 or more	16.41	6.63 40.66	<0.001

All models adjusted for age, education and socio-economic status

Physical IPV during pregnancy

Women who experienced any sexual abuse during childhood were 4.83 times more likely to experience physical IPV during pregnancy than women who had not experienced child maltreatment.

d. Child maltreatment and sexual IPV

Compared to women who did not experience child abuse, women who experienced physical or sexual abuse during childhood were 2.11 and 3.83 times more likely, respectively, to experience sexual IPV during adulthood. Emotional abuse or neglect was not significantly associated with increased odds of experiencing lifetime sexual IPV. Like psychological and physical abuse, we see a dose-gradient pattern of increased risk of sexual IPV with increased exposure to child maltreatment.

At the highest end, compared to women who report no child maltreatment, women who experienced six or more types of child maltreatment are 9.89 times more likely to experience sexual IPV in adulthood.

Table 6: Multivariable models of child maltreatment measures with women's lifetime experience of sexual IPV, among ever-partnered women aged 18-49 (n=1,094)

Item	aOR	95% CI	p
Model 1: Domains of child maltreatment			
Any emotional abuse or neglect	1.19	0.80 1.78	0.393
Any physical abuse	2.11	1.54 2.90	<0.001
Any sexual abuse	3.83	2.81 5.21	<0.001
Model 2: Any exposure to child maltreatment			
Any child abuse	3.88	2.33 6.44	<0.001
Model 3: Number of child maltreatment exposures			
1 to 2	2.45	1.41 4.25	0.001
3 to 5	3.97	2.34 6.74	<0.001
6 or more	9.89	5.54 17.67	<0.001

All models adjusted for age, education and socio-economic status

Table 7: Multivariable models of child maltreatment measures with perpetration of sexual IPV, among ever-partnered men aged 18-49 (n=768)

Item	aOR	95% CI	p
Model 1: Domains of child maltreatment			
Any emotional abuse or neglect	3.06	1.60 5.84	0.001
Any physical abuse	1.65	1.04 2.62	0.034
Any sexual abuse	1.93	1.28 2.91	0.002
Model 2: Any exposure to child maltreatment			
Any child abuse	2.55	1.23 5.28	0.012
Model 3: Number of child maltreatment exposures			
1 to 2	0.92	0.42 2.00	0.834
3 to 5	2.53	1.26 5.06	0.009
6 or more	5.04	2.39 10.64	<0.001

All models adjusted for age, education and socio-economic status

Among men, all domains of child maltreatment were significantly associated with increased odds of perpetration of sexual IPV.

The strongest association was between any emotional abuse or neglect, with men who experienced that form of child maltreatment being 3.06 time more likely to perpetrate sexual IPV compared to men who did not experience child sexual abuse. Men's exposure to one to two forms of child maltreatment was not significantly associated with increased risk of sexual IPV perpetration.

However, men who experienced three to five or more than six forms of child maltreatment were increasingly more likely to perpetrate sexual IPV compared to men who experienced no child maltreatment.

e. Child maltreatment and economic IPV

Among women, physical and sexual child abuse were associated with increased odds of experiencing lifetime economic IPV. Emotional abuse or neglect was not significantly associated with economic IPV.

Table 8: Multivariable models of child maltreatment measures with women's lifetime experience of economic IPV, among ever-partnered women aged 18-49 (n=1,094)

Item	aOR	95% CI	p
Model 1: Domains of child maltreatment			
Any emotional abuse or neglect	1.15	0.79 1.68	0.471
Any physical abuse	1.44	1.06 1.94	0.018
Any sexual abuse	3.75	2.77 5.09	<0.001
Model 2: Any exposure to child maltreatment			
Any child abuse	2.82	1.78 4.48	<0.001
Model 3: Number of child maltreatment exposures			
1 to 2	1.90	1.16 3.11	0.01
3 to 5	2.24	1.40 3.58	0.001
6 or more	6.54	3.86 11.06	<0.001

All models adjusted for age, education and socio-economic status

Increased likelihood of perpetrating

As men's exposure to forms of child maltreatment increased, so too did their likelihood of perpetrating economic IPV.

A clear dose-gradient pattern emerges for economic IPV, with women who experienced increasingly more types of child maltreatment being 1.90 (1-2 exposures), 2.24 (3-5 exposures) and 6.54 (6 or more exposures) times more likely to experience economic IPV compared to women who did not experience any child maltreatment.

Men who experienced child maltreatment were more likely to perpetrate economic IPV. For example, men who experienced any childhood physical abuse were 1.82 times more likely to perpetrate economic IPV compared to men who had not experienced childhood physical abuse.

Significant dose-gradient patterns emerge between child maltreatment and men's perpetration of economic IPV. As men's exposure to forms of child maltreatment increased, so too did their likelihood of perpetrating economic IPV.

Table 9: Multivariable models of child maltreatment measures with perpetration of economic IPV, among ever-partnered men aged 18-49 (n=768)

Item	aOR	95% CI	p
Model 1: Domains of child maltreatment			
Any emotional abuse or neglect	3.96	2.15 7.31	<0.001
Any physical abuse	1.82	1.19 2.78	0.006
Any sexual abuse	1.97	1.35 2.86	<0.001
Model 2: Any exposure to child maltreatment			
Any child abuse	7.01	2.76 17.81	<0.001
Model 3: Number of child maltreatment exposures			
1 to 2	2.88	1.15 7.20	0.024
3 to 5	7.07	2.95 16.92	<0.001
6 or more	15.34	6.12 38.47	<0.001

All models adjusted for age, education and socio-economic status

f. Child maltreatment and women's reports of husband's controlling behaviours

Women's reports of their husband's controlling behaviours were significantly associated with women's past experiences of child maltreatment. Controlling behaviours included trying to keep a woman from seeing her friends, insisting on knowing where she was all the time, or being suspicious that she was unfaithful.

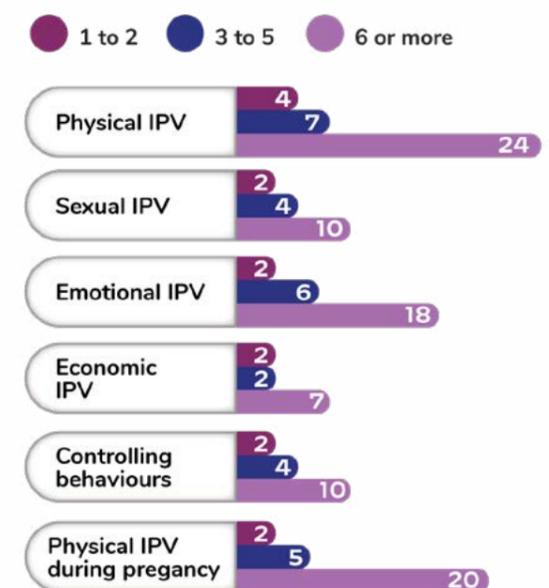
Table 10: Multivariable models of child maltreatment measures with women's lifetime experience of controlling behaviour, among ever-partnered women aged 18-49 (n=1,094)

Item	aOR	95% CI	p
Model 1: Domains of child maltreatment			
Any emotional abuse or neglect	2.15	1.48 3.12	<0.001
Any physical abuse	1.34	0.99 1.82	0.059
Any sexual abuse	2.93	2.02 4.25	<0.001
Model 2: Any exposure to child maltreatment			
Any child abuse	3.85	2.55 5.82	<0.001
Model 3: Number of child maltreatment exposures (reference = 0 child maltreatment)			
1 to 2	2.43	1.55 3.80	<0.001
3 to 5	3.70	2.39 5.72	<0.001
6 or more	9.82	5.59 17.26	<0.001

All models adjusted for age, education and socio-economic status

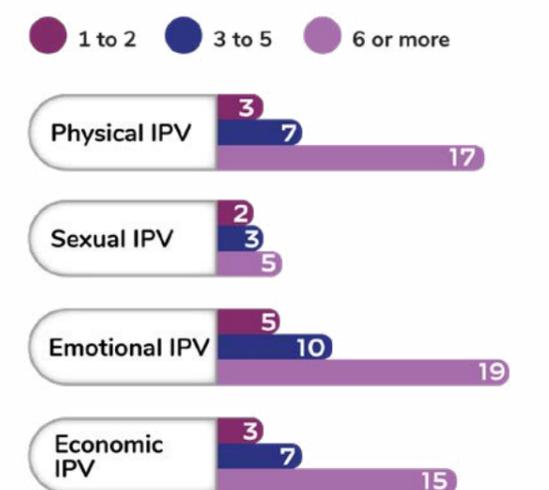
Women who reported experiencing any emotional abuse or neglect in childhood were 2.15 times more likely to report husband's use of controlling behaviours compared to women who did not experience childhood emotional abuse or neglect. Women who experienced child sexual abuse were almost three times more likely to report husband's controlling behavior compared to women who did not report child sexual abuse. Physical childhood abuse was not significantly associated with reports of husband's controlling behaviour.

Figure 9: Adjusted odds ratios of adult IPV victimisation by number of exposures to child maltreatment among ever-partnered women aged 18-49 (n=1,094)



Note: Exposure to 1-2 forms of child maltreatment is not significantly associated with increased risk of physical IPV during pregnancy. All other adjusted odds ratios are significantly associated with increased risk of specific IPV outcome.

Figure 10: Adjusted odds ratios of adult IPV perpetration by number of exposures to child maltreatment among ever-partnered men aged 18-49 (n=768)



Note: Exposure to 1-2 forms of child maltreatment is not significantly associated with increased risk of sexual IPV perpetration. All other adjusted odds ratios are significantly associated with increased risk of specific IPV outcome.

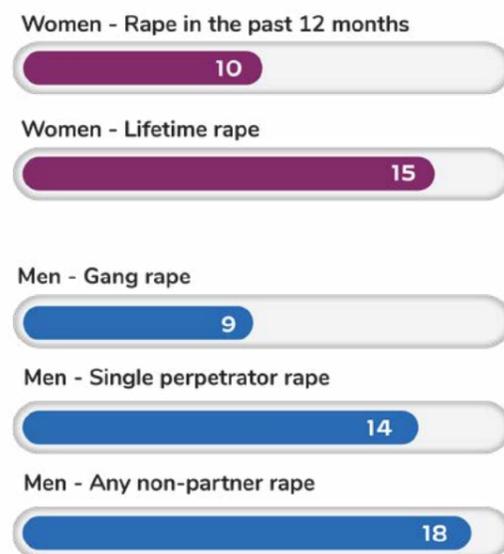
V. CHILD MALTREATMENT AND LIFETIME NON-PARTNER RAPE

Child maltreatment has varying associations with women's experiences and men's perpetration of lifetime non-partner rape. While domains of child maltreatment were strongly and significantly associated with women's experiences, and to some extent men's perpetration, of non-partner sexual violence, other measures (e.g. exposure to any child maltreatment or categories of exposure to more types of child maltreatment) showed no association.

a. Prevalence of non-partner sexual violence

Among women, one in ten reported experiencing non-partner rape in the past twelve months, and 15% reported lifetime experience of non-partner rape. Men's reported perpetration of non-partner violence were disaggregated by type of rape. **Among men, almost 1 in 5 (18%) reported ever perpetrating any non-partner rape.** Single perpetrator rape was more commonly reported (14%) compared to perpetration of gang rape (9%). It is notable that women and men's estimates are not directly comparable given the different types of questions asked in the women's versus men's surveys.

Figure 11: Reported experiences and perpetration of non-partner sexual violence among women (n=1,305) and men (n=839)



b. Child maltreatment and non-partner sexual violence

All three domains of child maltreatment were significantly associated with women's reports of lifetime non-partner sexual violence. Women who experienced any childhood physical abuse were 1.79 times more likely to experience non-partner sexual violence compared to women who did not experience childhood physical abuse. Childhood sexual abuse was very strongly associated with adulthood sexual violence victimisation.

Women who experienced child sexual abuse were 22 times more likely to report non-partner sexual violence compared to women who did not experience child sexual abuse. Women who experienced childhood emotional abuse or neglect were 80% less likely to experience non-partner sexual violence compared to women who did not experience emotional abuse or neglect.

AMONG WOMEN, ONE IN TEN REPORTED EXPERIENCING NON-PARTNER RAPE AND 15% REPORTED LIFETIME EXPERIENCE OF NON-PARTNER RAPE.

This is unusual and more qualitative research is needed to understand why this is the case. It is possible that the cognitive and emotional burden of childhood emotional abuse and neglect may play a role in mitigating risk of sexual violence in adulthood.

Unlike IPV, other child maltreatment measures are not significantly associated with odds of experiencing lifetime non-partner sexual violence. These results suggest that the domains of child abuse (e.g. emotional, physical or sexual), rather than the general experience of abuse, may be more relevant to women's risk of adulthood sexual violence outside of the home.

Table 11: Multivariable models of child maltreatment measures with women's lifetime experience of non-partner rape among women aged 18-49 (n=1,305)

Item	aOR	95% CI		p
Model 1: Domains of child maltreatment				
Any emotional abuse or neglect	0.22	0.13	0.38	<0.001
Any physical abuse	1.79	1.12	2.86	0.014
Any sexual abuse	21.61	14.23	32.82	<0.001
Model 2: Any exposure to child maltreatment				
Any child abuse	1.69	0.93	3.08	0.086
Model 3: Number of child maltreatment exposures (reference = 0 child maltreatment)				
1 to 2	1.03	0.53	2.02	0.927
3 to 5	0.91	0.48	1.76	0.787
6 or more	6.65	3.50	12.64	<0.001

All models adjusted for age, education and socio-economic status

Table 12: Multivariable models of child maltreatment measures with perpetration of lifetime non-partner single- or multi-perpetrator rape, among men aged 18-49 in Dili and Manufahi (n=839)

Item	aOR	95% CI		p
Model 1: Domains of child maltreatment				
Any emotional abuse or neglect	3.06	1.54	6.07	0.001
Any physical abuse	1.65	1.03	2.64	0.039
Any sexual abuse	1.82	1.35	2.75	0.004
Model 2: Any exposure to child maltreatment				
Any child abuse	3.19	1.35	7.57	0.008
Model 3: Number of child maltreatment exposures				
1 to 2	1.27	0.15	3.14	0.607
3 to 5	3.21	1.41	7.34	0.006
6 or more	6.85	2.89	16.26	<0.001

All models adjusted for age, education and socio-economic status

Child maltreatment domains were significantly associated with men's increased odds of lifetime non-partner rape perpetration. Men who experienced any emotional abuse or neglect were 3.06 times more likely to perpetrate lifetime non-partner rape compared to men who had not experienced emotional abuse or neglect. Similar associations were observed for exposure to childhood physical and sexual abuse. Men who experienced three to five, and six or more, forms of child maltreatment had 3.21 and 6.85 times greater odds, respectively, to perpetrate non-partner rape compared to men who experienced no child maltreatment. Patterns of associations for gang rape versus single-perpetrator rape were similar in direction, magnitude and statistical significance and are not presented here.

VI. CHILD MALTREATMENT AND ADULT MENTAL HEALTH AND ABILITY STATUS

a. Mental health and child maltreatment

To assess the impact of child maltreatment on mental health, we analysed data on women and men's suicidality and depressive symptoms, and men's reported PTSD and problem drinking. **We found no significant associations between child maltreatment and men's problem drinking, so results for the outcome are not reported.**

Depressive symptoms

The Center for Epidemiologic Studies Depression Scale measured the level to which women and men experienced depressive symptoms in the past two weeks. The range was 0-30, with higher values indicating greater depressive symptoms. The mean depression score for women was 10.31 (95% CI: 10.04, 10.57) and 8.21 (95% CI: 7.93, 8.49) for men.

Women who experienced any child maltreatment scored 1.06 points higher on average on the CES-D compared to women who did not experience any child abuse. Among women, physical and sexual child abuse was associated with a significant increase in depressive symptomology.

Emotional abuse or neglect was not significantly associated with depressive symptoms, although the estimate was trending in the expected direction. Women who reported three to five, and six or more, experiences of child maltreatment had an increased CES-D score of 1.14 and 2.55 points on average.

Table 13: Multivariable models of child maltreatment measures with depressive symptoms, among women aged 18-49 (n=1,305)

Item	aOR	95% CI	p
Model 1: Domains of child maltreatment			
Any emotional abuse or neglect	0.66	-0.07 1.40	<0.001
Any physical abuse	0.37	-0.22 0.96	0.014
Any sexual abuse	1.51	0.90 2.12	<0.001
Model 2: Any exposure to child maltreatment			
Any child abuse	1.06	0.21 1.91	0.014
Model 3: Number of child maltreatment exposures			
1 to 2	0.20	-0.70 1.11	0.659
3 to 5	1.14	0.27 2.00	0.01
6 or more	2.55	1.57 3.53	<0.001

All models adjusted for age, education and socio-economic status

Among men, exposure to child maltreatment was associated with increased depressive symptoms. For example, exposure to child emotional abuse or neglect was associated with a 1.77 increase in depressive symptoms on average, compared to men who were not exposed to child emotional abuse. Child sexual abuse was also associated with greater depressive symptoms, although physical abuse was not. Men who experienced greater numbers of child maltreatment exposures (3-5 or 6 or more) had higher depression scores, on average, compared to men who reported no exposure to child maltreatment.

Table 14: Multivariable models of child maltreatment measures with depressive symptoms, among men aged 18-49 (n=839)

Item	b	95% CI	p
Model 1: Domains of child maltreatment			
Any emotional abuse or neglect	1.77	1.06 2.48	<0.001
Any physical abuse	-0.39	-1.00 0.22	0.214
Any sexual abuse	1.20	0.62 1.78	<0.001
Model 2: Any exposure to child maltreatment			
Any child abuse	1.41	0.57 2.24	0.001
Model 3: Number of child maltreatment exposures			
1 to 2	0.81	-0.08 1.71	0.076
3 to 5	1.55	0.70 2.40	<0.001
6 or more	3.12	2.10 4.14	<0.001

All models adjusted for age, education, socio-economic status and exposure to conflict-related violence

Suicidal thoughts

Suicidality was measured with a single item: whether the participant had ever thought about ending their life. One in ten women reported suicidal ideation and 4% of men reported suicidal ideation.

Women who reported experiencing any child maltreatment were 8.71 times more likely to report lifetime suicidal ideation compared to women who did not experience child maltreatment.

All domains of child maltreatment were significantly associated with increased risk of suicidal ideation.

As shown in Table 15, women who experienced three to five, and six or more, exposures to child maltreatment were 4.83 and 17.34 times more likely to experience suicidal ideation compared to children who experienced no child maltreatment. However, women who experienced one to two forms of child maltreatment did not show an increase in risk of suicidal ideation compared to women who did not experience child maltreatment.

Table 15: Multivariable models of child maltreatment measures with suicidal thoughts, among women aged 18-49 (n=1,305)

Item	aOR	95% CI	p
Model 1: Domains of child maltreatment			
Any emotional abuse or neglect	2.19	1.01 4.77	0.048
Any physical abuse	1.94	1.17 3.23	0.011
Any sexual abuse	4.76	3.23 6.99	<0.001
Model 2: Any exposure to child maltreatment			
Any child abuse	8.71	2.13 35.64	0.003
Model 3: Number of child maltreatment exposures (reference = 0 child maltreatment)			
1 to 2	2.58	0.75 8.87	0.132
3 to 5	4.83	1.48 15.73	0.009
6 or more	17.34	5.32 56.51	<0.001

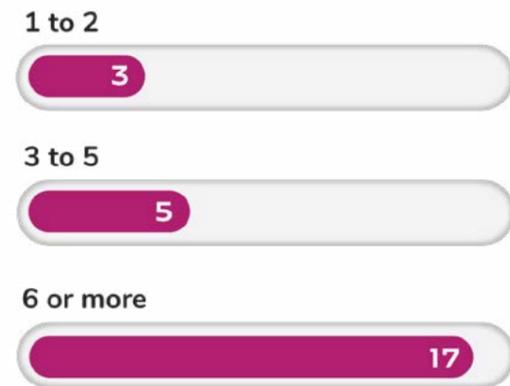
All models adjusted for age, education and socio-economic status



Lifetime suicidal ideation

Women who reported experiencing any child maltreatment were 8.71 times more likely to report lifetime suicidal ideation compared to women who did not experience child maltreatment.

Figure 12: Adjusted odds ratios of suicidal thoughts by number of exposures to child maltreatment among women, aged 18-49 (n=1,305)



Among men, only exposure to child sexual abuse was associated with increased risk of suicidal thoughts, after adjusting for age, schooling attainment, socio-economic status and exposure to conflict-related violence. Men who experienced child sexual abuse were 2.84 times more likely to report having thoughts of suicide during their lifetime.

Post-traumatic Stress Disorder

Among men, child maltreatment was strongly associated with post-traumatic stress disorder, even after adjusting for age, schooling attainment, SES and exposure to conflict-related violence.

MEN WHO WERE EXPOSED TO ANY CHILDHOOD EMOTIONAL ABUSE OR NEGLECT OR ANY CHILDHOOD SEXUAL ABUSE HAD HIGHER PTSD SYMPTOM SCORES.

Men who were exposed to any childhood emotional abuse or neglect or any childhood sexual abuse had higher PTSD symptom scores, on average, compared to men who were not exposed to these forms of child maltreatment.

We see a strong dose-gradient pattern with child maltreatment exposures and PTSD, with greater exposure to child maltreatment being associated with increased risk of PTSD among men in this sample.

Table 16: Multivariable models of child maltreatment measures with PTSD symptoms, among men aged 18-49 (n=839)

Item	b	95% CI	p
Model 1: Domains of child maltreatment			
Any emotional abuse or neglect	2.10	0.94 3.27	<0.001
Any physical abuse	-0.24	-1.27 0.79	0.651
Any sexual abuse	2.20	1.25 3.16	<0.001
Model 2: Any exposure to child maltreatment			
Any child abuse	2.99	1.62 3.16	<0.001
Model 3: Number of child maltreatment exposures			
1 to 2	1.65	0.16 3.14	0.03
3 to 5	2.93	1.51 4.34	<0.001
6 or more	5.10	3.43 6.76	<0.001

All models adjusted for age, education, socio-economic status and exposure to conflict-related violence.

Daily living difficulty



Women who were exposed to any child maltreatment were 1.89 times more likely to report at least one difficulty in activities of daily living.

b. Ability status and child maltreatment

Women and men’s ability status was measured by six survey items capturing any difficulties completing activities of daily living.

Examples include difficulties seeing, hearing, walking or climbing steps. Among women, 61% reported any difficulty completing at least one of the six activities of daily living. One in four men (26%) reported difficulty completing at least one activity of daily living.

After adjusting for age, education and socio-economic status, exposure to child maltreatment was significantly associated with ability status.

Women who were exposed to any child maltreatment were 1.89 times more likely to report at least one difficulty in activities of daily living.

Among men, we found no significant associations between child maltreatment and ability status. As such, results are not shown here.

EXPOSURE TO CHILD MALTREATMENT WAS SIGNIFICANTLY ASSOCIATED WITH ABILITY STATUS.

Table 17: Multivariable models of child maltreatment measures with ability status, among women aged 18-49 (n=1,305)

Item	aOR	95% CI	p
Model 1: Domains of child maltreatment			
Any emotional abuse or neglect	1.41	1.02 1.95	0.039
Any physical abuse	1.11	0.85 1.45	0.445
Any sexual abuse	1.37	1.03 1.82	0.029
Model 2: Any exposure to child maltreatment			
Any child abuse	1.89	1.30 2.74	0.001
Model 3: Number of child maltreatment exposures			
1 to 2	1.62	1.08 2.41	0.019
3 to 5	2.06	1.40 3.04	<0.001
6 or more	2.48	1.60 3.86	<0.001

All models adjusted for age, education and socio-economic status.

VII. FAMILY CHARACTERISTICS AND CHILD MALTREATMENT

To assess the link between child maltreatment and family characteristics, we analysed data on harsh parenting practices, gender inequitable attitudes and empathy (men only).

Harsh parenting practices

Harsh parenting practices were captured by a single item on how often the participant punished children by smacking or beating them. This analysis was restricted to women and men who lived with children under the age of 18 in the household (women n=526, men n=293).

Among women, 77% reported smacking or beating a child under age 18 who lived with them. Reports of harsh physical parenting were lower among men, with 42% of men smacking or beating children in the household.

Overall, child maltreatment was associated with harsh parenting practices among women and men, suggesting that violence cycles through generations in Timor-Leste.

Women who experienced any emotional abuse or neglect were 2.54 times more likely to use harsh parenting practices against children in their home, compared to women who did not experience child emotional abuse or neglect.

We see a strong dose-gradient pattern of intergenerational cycles of abuse, with women who experienced six or more forms of child maltreatment being the most likely to perpetrate harsh parenting practices against their own children.

Table 18: Multivariable models of child maltreatment measures with harsh parenting practices, among women aged 18-49 who live with children <18 in the household (n=526)

Item	aOR	95% CI		p
Model 1: Domains of child maltreatment				
Any emotional abuse or neglect	2.54	1.30	4.97	0.006
Any physical abuse	1.55	0.93	2.60	0.094
Any sexual abuse	1.28	0.75	2.19	0.361
Model 2: Any exposure to child maltreatment				
Any child abuse	3.68	1.79	7.58	<0.001
Model 3: Number of child maltreatment exposures				
1 to 2	2.90	1.37	6.17	0.006
3 to 5	3.29	1.63	6.66	0.001
6 or more	10.27	4.18	25.25	<0.001

All models adjusted for age, education and socio-economic status

THERE IS EVIDENCE OF STRONG INTERGENERATIONAL CYCLE OF ABUSE: THE MORE CHILD MALTREATMENT A WOMAN HAS EXPERIENCED THE MORE LIKELY SHE IS TO USE HARSH PARENTING PRACTICES AGAINST HER OWN CHILDREN.

Men who reported experiencing physical abuse as children were 2.58 times more likely to report use of harsh parenting practices in their households, compared to men who did not experience child physical abuse.

Table 19: Multivariable models of child maltreatment measures with men's use of harsh physical parenting practices, among men aged 18-49 who live in a household with a child aged <18 (n=293)

Item	b	95% CI		p
Model 1: Domains of child maltreatment				
Any emotional abuse or neglect	1.00	0.47	2.12	0.99
Any physical abuse	2.58	1.32	5.10	0.006
Any sexual abuse	1.18	0.62	2.25	0.614
Model 2: Any exposure to child maltreatment				
Any child abuse	2.64	1.04	6.71	0.042
Model 3: Number of child maltreatment exposures				
1 to 2	1.79	0.65	4.92	0.259
3 to 5	3.45	1.28	9.31	0.015
6 or more	3.41	1.08	10.74	0.036

All models adjusted for age, education, socio-economic status and exposure to conflict related violence

Men who reported more than three incidents of child maltreatment (3-5, 6 or more) were more likely to perpetrate harsh parenting practices compared to men who did not experience child maltreatment.

Gender equitable attitudes

Gender equitable attitudes were measured using the GEM scale. In these samples, the scale ranged from 8-28 for women and 8-32 for men, with higher scores indicating more gender equitable attitudes. The mean GEM scale score was 19.02 (95% CI=18.87, 19.17) for women and 19.29 (95% CI: 19.05 – 19.53) for men.

Among women,
77%

reported smacking or beating a child under age 18 who lived with them.

Women who experienced any child maltreatment scored .91 points lower on average compared with women who did not experience any child maltreatment. **These results indicate that exposure to any child maltreatment is linked to more gender inequitable attitudes among women.** The strongest effects (beta coefficients) are observed for exposure to child emotional abuse or neglect and child sexual abuse.

Table 20: Multivariable models of child maltreatment measures with gender equitable attitudes among women aged 18-49, using the GEM scale (n=1,305)

Item	b	95% CI		p
Model 1: Domains of child maltreatment				
Any emotional abuse or neglect	-0.43	-0.85	-0.01	0.045
Any physical abuse	-0.15	-0.48	0.18	0.378
Any sexual abuse	-0.64	-0.99	-0.29	<0.001
Model 2: Any exposure to child maltreatment				
Any child abuse	-0.91	-1.39	-0.43	<0.001
Model 3: Number of child maltreatment exposures				
1 to 2	-0.58	-1.10	-0.06	0.028
3 to 5	-0.83	-1.32	-0.33	0.001
6 or more	-1.47	-2.03	-0.92	<0.001

All models adjusted for age, education and socio-economic status

Table 21: Multivariable models of child maltreatment measures with men's use of gender equitable attitudes, among men aged 18-49, using the GEM scale (n=839)

Item	b	95% CI	p
Model 1: Domains of child maltreatment			
Any emotional abuse or neglect	-0.54	-0.17 0.08	0.09
Any physical abuse	0.33	-0.22 0.87	0.241
Any sexual abuse	-0.99	-0.51 -0.47	<0.001
Model 2: Any exposure to child maltreatment			
Any child abuse	-0.95	-0.68 -0.22	0.01
Model 3: Number of child maltreatment exposures			
1 to 2	-0.76	-1.55 0.03	0.06
3 to 5	-0.92	-1.67 -0.16	0.017
6 or more	-1.06	-1.94 -0.17	0.019

All models adjusted for age, education, socio-economic status

Empathy

Four items in the men's survey asked whether men agreed or disagreed that they had empathetic attitudes. Questions included, for example, whether a man would describe himself as a pretty softhearted person, or whether he is often touched by things he sees happen. Empathy scores ranged from 0-16 with higher scores signalling lower empathy. The sample mean empathy score was 7.2 (95% CI: 7.06, 7.35).

Across all models, only child emotional abuse and neglect was associated with empathy (data not shown). Men who experienced child emotional abuse and neglect had on average a .41 increase in empathy scores compared to men who did not experience child abuse and neglect. In other words, men who experienced child emotional abuse and neglect were less empathetic than men who did not experience child abuse.

Among men, child maltreatment was associated with more gender inequitable attitudes. For example, exposure to any child abuse was associated with a 0.95 decrease in the GEM scale, on average. Among domains of child maltreatment, only child sexual abuse was significantly associated with lower gender equitable attitudes among men.



Men who experienced abuse were less empathetic

Men who experienced child emotional abuse and neglect had on average a .41 increase in empathy scores.

VIII. PATHWAY ANALYSIS

We conducted a series of path analyses in order to understand the relationship between childhood trauma, gender attitudes, violence against women and harsh parenting for women and men. We used maximum likelihood multivariate logit estimation techniques and fitted path models to explore how gender attitudes and harsh parenting influenced the relationships between childhood trauma and IPV.

The following diagrams show where there were significant relationships/pathways between the variables. We adjusted for age, education and socio-economic status to account for potential biases and more clearly establish the relationships between child maltreatment, gender attitudes, harsh parenting and IPV.



WOMEN - Estimating the relationships between child maltreatment, gender inequitable attitudes, harsh parenting and physical IPV victimisation.

Exploring associations

We used models to explore associations between childhood trauma and violence against women... to explore associations between experience and perpetration of child maltreatment.

LEGEND

Child abuse

Child maltreatment score (range 0-13, higher score = exposure to more types of maltreatment)

Gender attitudes

GEM scores (range 8-32, higher score = more equitable)

Harsh parenting

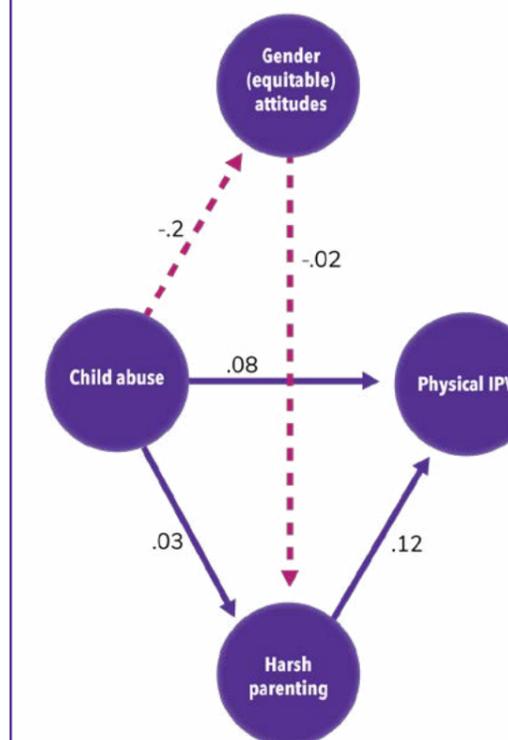
Smacked a child, among those living with children <18

Physical IPV, Sexual IPV, Emotional IPV

Physical, sexual, emotional lifetime victimisation of IPV

- Statistically significant positive relationship between variables
- - - - - Statistically significant negative relationship between variables

Figure 13: Pathway between child abuse and women's experiences of physical IPV



These models show that for women, increased exposure to child maltreatment is directly associated with less gender equitable attitudes, increased use of harsh parenting practices, and increased risk of experiencing all three types of IPV (physical, sexual and emotional), once accounting for all other pathways in the model.

Figure 14:
Pathway between child abuse and women's experiences of sexual IPV

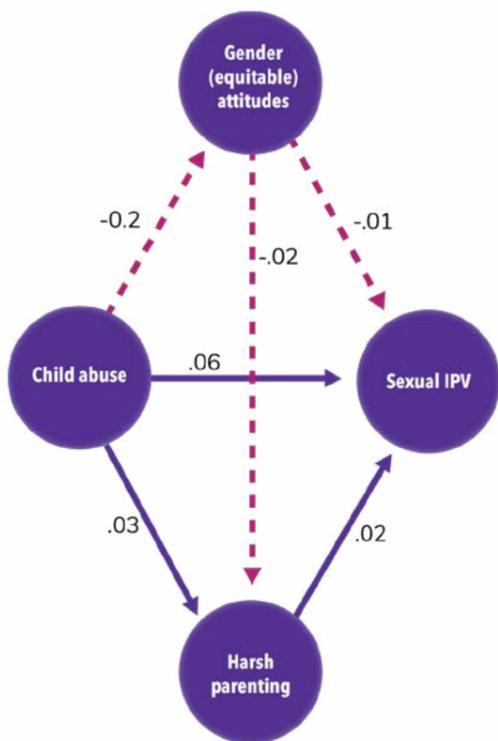
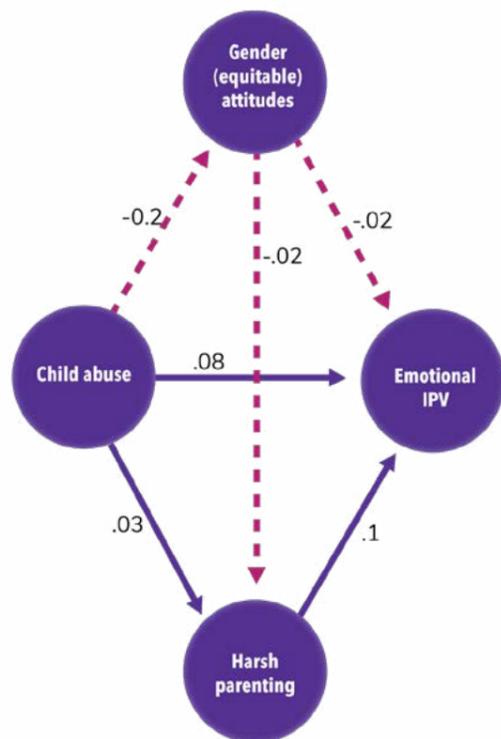


Figure 15:
Pathway between child abuse and women's experiences of emotional IPV



The association between child maltreatment and harsh parenting practices is partially mediated through gender equitable attitudes – that is, more child maltreatment leads to less equitable attitudes which leads to increased risk of smacking.

However, use of harsh parenting practices is not directly associated with any form of IPV except physical IPV.

THE ASSOCIATION BETWEEN CHILD MALTREATMENT AND HARSH PARENTING PRACTICES IS PARTIALLY MEDIATED THROUGH GENDER EQUITABLE ATTITUDES.



MEN - Estimating the relationships between child maltreatment, gender inequitable attitudes, harsh parenting and physical IPV perpetration.

LEGEND

Child abuse

Child maltreatment score (range 0-13, higher score = exposure to more types of maltreatment)

Gender attitudes

GEM scores (range 8-32, higher score = more equitable)

Harsh parenting

Smacked a child, among those living with children <18

Physical IPV, Sexual IPV, Emotional IPV

Physical, sexual, emotional lifetime victimisation of IPV

- Statistically significant positive relationship between variables
- -> Statistically significant negative relationship between variables

These models show that, for men, increased exposure to child maltreatment types is directly associated with gender inequitable attitudes, use of harsh parenting practices and perpetration of all forms of IPV (emotional, physical and sexual).

There is also a secondary pathway through which child abuse contributes to more gender inequitable attitudes, which in turn is associated with increased risk of perpetration of emotional IPV. This mediating pathway is not present for

Figure 16:
Pathway between child abuse and men's perpetration of physical IPV

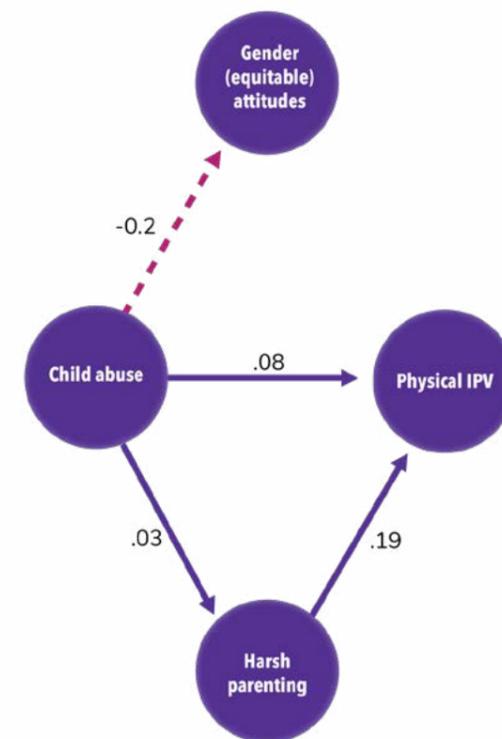
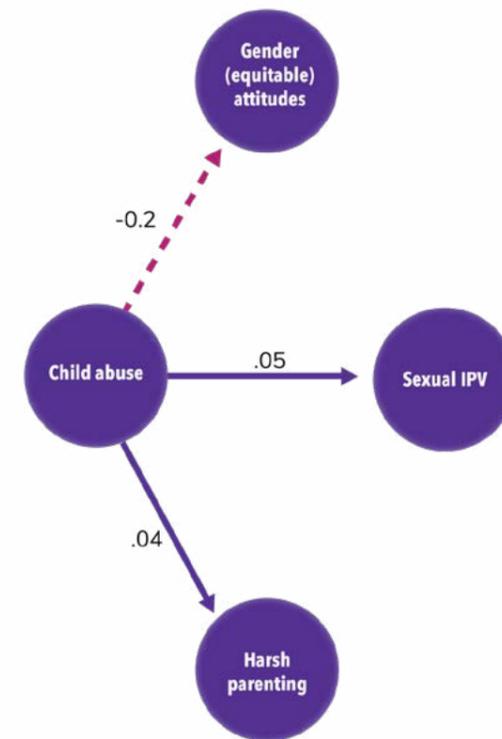


Figure 17:
Pathway between child abuse and men's perpetration of sexual IPV



More research is needed to understand

More research, including qualitative research, is needed to understand how to build resilience and heal from trauma.



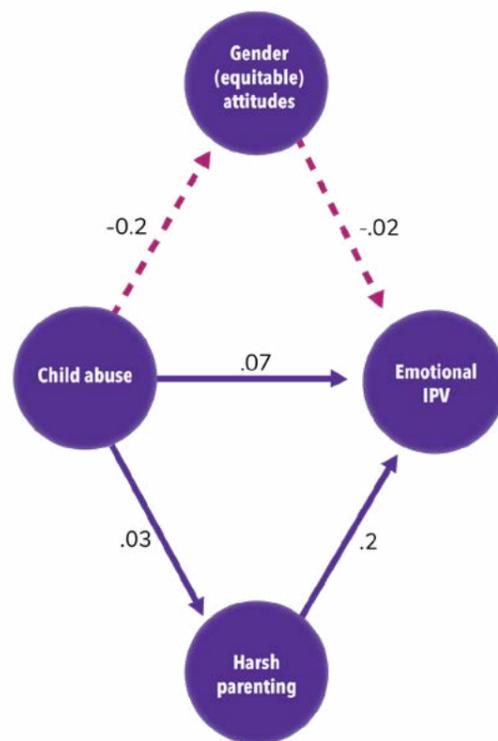
physical or sexual IPV perpetration, and may signal the combined influence of child abuse and gender inequitable attitudes on men's perpetration of emotional IPV in this context.

Use of harsh parenting practices is also directly associated only with emotional and physical IPV, but not sexual IPV perpetration.

We did not find any moderating effects, such as education, to explain why some men who experience childhood trauma are more resilient and do not go on to use violence. More research, including qualitative research, is needed to understand factors related to resilience and coping.

WE DID NOT FIND ANY OTHER MODERATING EFFECTS TO EXPLAIN WHY SOME MEN WHO EXPERIENCE CHILDHOOD TRAUMA ARE MORE RESILIENT AND DO NOT GO ON TO USE VIOLENCE.

Figure 18:
Pathway between child abuse and men's perpetration of emotional IPV



IX. DISCUSSION AND RECOMMENDATIONS

Child maltreatment is highly prevalent in Timor-Leste and carries significant consequences for adult health and wellbeing. Over three-fourths of women and men in our samples reported experiencing any form of child maltreatment. While emotional child abuse and neglect were the most common forms of maltreatment for both women and men, physical and sexual abuse were also very common.

Higher rates of childhood sexual abuse were reported by men than women. This finding contrasts with evidence from high-income countries, although it is consistent with findings from the Asia Pacific region which have also found higher rates of sexual victimisation among boys.²⁵ It is possible that women were reluctant to report their experiences of abuse because of fear or shame brought upon themselves and their families.

However, it has been suggested that experiences of sexual violence are equally, if not more, shameful for boys,²⁶ and that boys are less likely than girls to report their experiences of sexual abuse.²⁷

Some studies also indicate that the types and patterns of abuse for boys and girls are different. In other studies, boys reported higher rates of forced exposure to pornography and forced witnessing of sexual activity than girls, which could reflect different social norms around male

It is also possible that girls are more strictly supervised and protected from sexual abuse than boys, which allows boys more freedom and movement.

Child maltreatment was found to result in a number of adverse mental and physical health outcomes.

Child maltreatment was associated with depressive symptoms for men and women and suicidal ideation. For example, women who reported experiencing any child maltreatment were 8.71 times more likely to report lifetime suicidal ideation compared to women who did not experience child maltreatment. This was even higher for women who had experienced six or more



3 in 4 men and women report experiencing child maltreatment

forms of child maltreatment.

Among men, child maltreatment was strongly associated with post-traumatic stress disorder, even after adjusting for age, schooling attainment, socio-economic status and exposure to conflict-related violence.

For women, after adjusting for age, education and socio-economic status, exposure to child maltreatment was significantly associated with disability status. Although among men, we found

no significant associations between child maltreatment and ability status.

This study shows that childhood trauma and violence against women intersect in a number of important ways. Men's experiences of childhood trauma were associated with their perpetration of all measured forms of intimate partner violence as well as non-partner sexual violence. Women who have experienced any type of childhood trauma are at increased risk of experiencing violence by men in adulthood.

Experiences of emotional abuse and neglect in childhood are important risk factors, independent of sexual or physical abuse, for men's perpetration of psychological, sexual and physical intimate partner violence, as well as women's victimisation.

Further, emotional child abuse on its own was found to be associated with both perpetration and experiences of violence later in life. This is consistent with other studies on childhood exposure to neglect and negative developmental environments,²⁹ and suggests that the environment in which a child grows up is very important for prevention of violence.

However, although emotional abuse is important, the study also showed that men who faced multiple types of child maltreatment, were even more likely to

Women have an increased risk

Women who have experienced any type of childhood trauma are at increased risk of experiencing violence by men in adulthood.

THE LINE BETWEEN PUNISHMENT AND CHILD MALTREATMENT HAS LONG BEEN CONTESTED.

perpetrate violence later in life than men who experienced only emotional abuse or neglect.

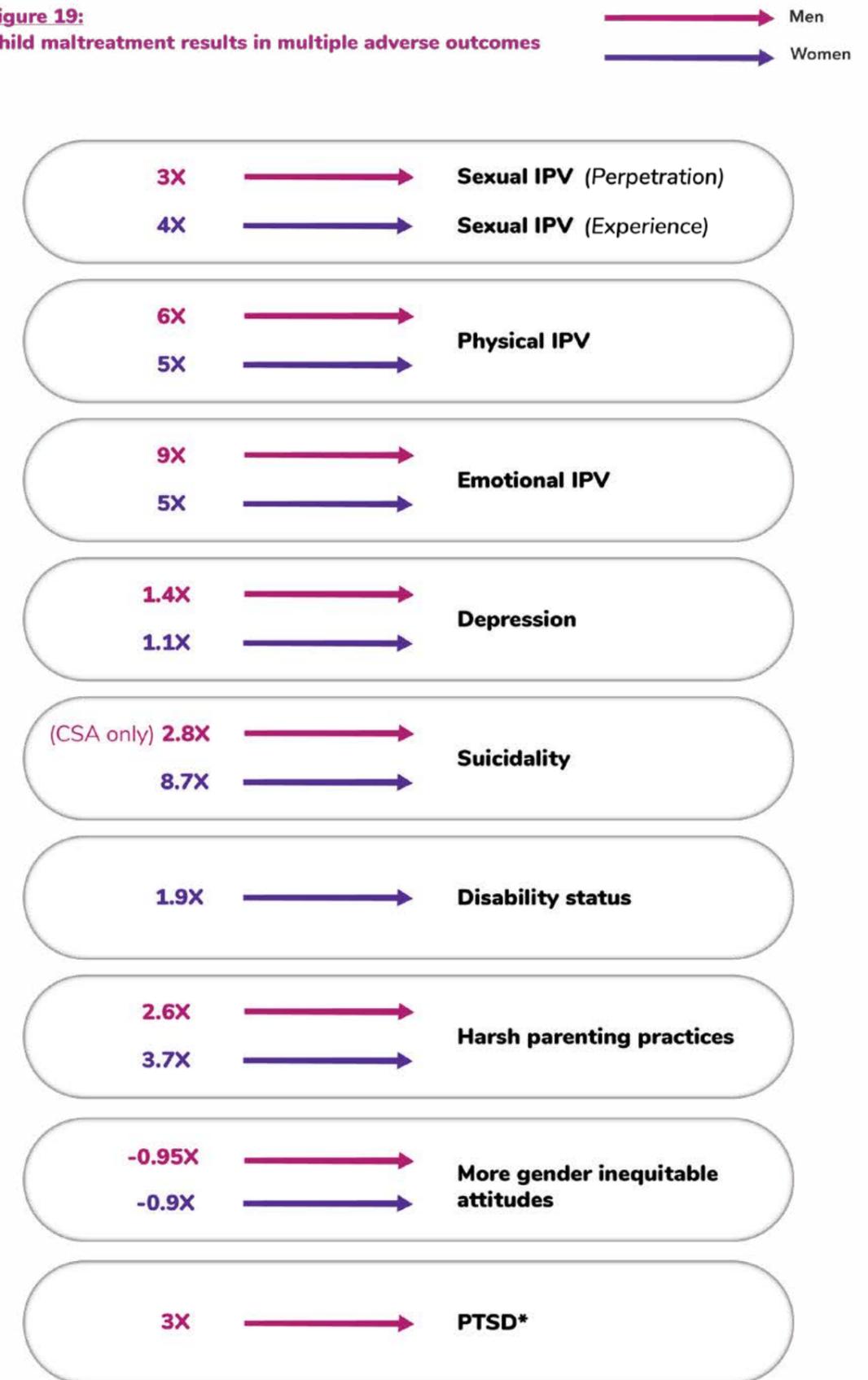
The study also found that harsh parenting is common in Timor-Leste. The line between punishment and child maltreatment has long been contested, and many argue that smacking a child as a form of discipline does not constitute physical child abuse or harsh parenting.

However, studies have found that corporal punishment is independently associated with increased risk of behavioural and cognitive developmental problems³⁰ and several adult physical health conditions including cardiovascular disease, arthritis, and obesity.³¹ Thus, **harsh parenting practices, not just severe forms of child maltreatment, need to be addressed as a strategy for preventing violence against children.**

The study found that women reported use of physical discipline more than men. This is consistent with other studies from the region³² and likely reflects that mothers take primary responsibility for child rearing, and that discipline is considered to be a part of that.

However, the structural equation models further show that harsh parenting practices reflect a culture in the home that normalises physical discipline of both children and women. That is, harsh parenting practices for both men and women are strongly associated with male intimate partner violence against women in the home, which can also be seen as disciplining women. Child maltreatment was associated with both women and men's use of harsh parenting practices against children younger than 18 living in their households, signalling patterns of intergenerational transmission of violence.

Figure 19:
Child maltreatment results in multiple adverse outcomes



*Not answered for women

The structural equation models also show that societal acceptance and normalisation of the use of violence against children is initially established within the family.

Men's and women's own use of physical discipline with their children is partly driven by their own experiences of child maltreatment, which suggests an element of social learning from childhood. However, social learning is compounded by other factors, such as experiences of physical intimate partner violence.

We found that the role of gender inequality is important in understanding the interconnections and pathways between these different forms of violence in the home. The association between a man's experiences of child maltreatment and perpetrating physical intimate partner violence is mediated by gender attitudes, which suggests that one effect of child maltreatment on men might be to contribute to more gender inequitable attitudes. This finding suggests that there are parallels in the existence of power inequalities between men and women, and parents and children, and violence is used as a means of asserting dominance in both cases.

Overall, violence against women and violence against children intersect in a number of important ways, and can no longer be understood as totally separate issues. This data has implications for prevention practices to end both forms of violence, which would benefit from a meaningful integrated approach. In particular, the data points to both a co-occurrence and a cycle of abuse, with violence during childhood leading to both experiences and perpetration of violence against women and further child maltreatment during adulthood. A comprehensive approach to address the home environment and violence-supportive culture as a whole, and to work with families to promote positive parenting practices, is needed. Particularly, there is a need for interventions that focus on addressing gender inequality, the normalisation of violence across the life course, and transforming men's

Further research on multiple forms of child maltreatment in families, communities, schools and other settings is needed in Timor-Leste.



power over women and children.

The study still has a number of limitations. The study was cross-sectional and therefore does not demonstrate causality. The men's data is not nationally representative and cannot be generalised to all men aged 18-49 in Timor-Leste. Further, the measures of child abuse in the Nabilan study focus largely on child abuse in the home. In high-income countries we know that a high proportion of child abuse is perpetrated by peers or outside of the household. Therefore, further research on multiple forms of child maltreatment in families, communities, schools and other settings is needed in Timor-Leste.

Further research is also needed to expand how violence against women and violence against children intersect in adolescence. Adolescence is an age of elevated vulnerability to key forms of VAW and VAC, and a period when perpetration and experiences of some forms of VAW begin. Helping adolescents manage risks and challenges is important for preventing VAC, and adolescence is an important life stage to influence attitudes and behaviours related to gender equality and violence.

Further, we need to expand our understanding of patterns of susceptibility. For example, what promotes resilience among children who have experienced abuse, but do not go on to perpetrate or experience violence during adulthood? Regarding child sexual abuse, more information is needed about risk factors and their variance by age group and by gender.

RECOMMENDATIONS

Reduction in child maltreatment and promoting healthy, stable and safe childhoods is integral to reducing violence in adulthood in Timor-Leste.

Holistic programs that are developmentally appropriate or age and gender-specific are needed. Global evidence on what works to prevent child maltreatment, as outlined in the INSPIRE framework can be adapted to the Timor-Leste context.



Based on this study, the following priority areas should be addressed.

1. Develop interventions that take a comprehensive approach to address the home environment and violence-supportive environment as a whole, and work with families to promote positive parenting practices. Interventions targeted at parents or caregivers can disrupt intergenerational cycles of physical child abuse.
2. Focus on interventions specifically to address sexual violence against children, both boys and girls. A recent review of the evidence outlines effective interventions that could be adapted.³³
3. Develop and implement interventions that focus on addressing gender inequality, the normalisation of violence across the life course, and transforming men's power over women and children. Evidence-based and feminist-informed interventions are recommended,
4. adapting interventions that have been identified to be effective (for example, in the RESPECT Framework) to the Timor-Leste context. This could include:
 - i. Supporting feminist movements and leaders
 - ii. Community-based mobilisation programs such as SASA!
 - iii. Faith-based interventions
 - iv. School-based respectful relationships interventions and comprehensive sexuality education
 - v. Working with men and boys to challenge stereotypes, toxic masculinity, and norms that justify violence

ENDNOTES

¹ Fulu, E., Miedema, S., Roselli, T., McCook, S., Chan, K. L., Haardörfer, R., & Jewkes, R. (2017). Pathways between childhood trauma, intimate partner violence, and harsh parenting: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*, 5(5), e512-e522.

² Fry, D., McCoy, A., & Swales, D. (2012). The consequences of maltreatment on children's lives: a systematic review of data from the East Asia and Pacific Region. *Trauma, Violence, & Abuse*, 13(4), 209-233.

³ Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Global prevalence of past-year violence against children: a systematic review and minimum estimates. *Pediatrics*, 137(3).

⁴ Fry, D., (2012). Child maltreatment, prevalence, incidence and consequences in the East Asia and Pacific region. *New York: UNICEF*.

⁵ Ibid.

⁶ Rumble, L., Febrianto, R. F., Larasati, M. N., Hamilton, C., Mathews, B., & Dunne, M. P. (2020). Childhood sexual violence in Indonesia: a systematic review. *Trauma, Violence, & Abuse*, 21(2), 284-299.

⁷ Jewkes, R., Fulu, E., Roselli, T., & Garcia-Moreno, C. (2013). Prevalence of and factors associated with non-partner rape perpetration: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*, 1(4), e208-e218.

⁸ Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: a global review of intersections of violence against women and violence against children. *Global Health Action*, 9(1), 31516.

⁹ Namy, S., Carlson, C., O'Hara, K., Nakuti, J., Bukuluki, P., Lwanyaga, J., ... & Michau, L. (2017). Towards a feminist understanding of intersecting violence against women and children in the family. *Social Science & Medicine*, 184, 40-48.

¹⁰ Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: a global review of intersections of violence against women and violence

against children. *Global Health Action*, 9(1), 31516.

¹¹ Fulu, E., Miedema, S., Roselli, T., McCook, S., Chan, K. L., Haardörfer, R., & Jewkes, R. (2017). Pathways between childhood trauma, intimate partner violence, and harsh parenting: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*, 5(5), e512-e522.

¹² Fry, D., McCoy, A., & Swales, D. (2012). The consequences of maltreatment on children's lives: a systematic review of data from the East Asia and Pacific Region. *Trauma, Violence, & Abuse*, 13(4), 209-233.

¹³ Fulu, E., Jewkes, R., Roselli, T., & Garcia-Moreno, C. (2013). Prevalence and risk factors for male perpetration of intimate partner violence: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*, 1(4), e187-e207.

¹⁴ Fry, D., McCoy, A., & Swales, D. (2012). The consequences of maltreatment on children's lives: a systematic review of data from the East Asia and Pacific Region. *Trauma, Violence, & Abuse*, 13(4), 209-233.

¹⁵ Fulu, E., Miedema, S., Roselli, T., McCook, S., Chan, K. L., Haardörfer, R., & Jewkes, R. (2017). Pathways between childhood trauma, intimate partner violence, and harsh parenting: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*, 5(5), e512-e522.

¹⁶ The Asia Foundation. (2016). *Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study – Main Report*. The Asia Foundation: Dili.

¹⁷ Ibid.

¹⁸ General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. *Timor-Leste Demographic and Health Survey 2016*. Dili, Timor-Leste and Rockville, MD, USA: GDS and ICF.

¹⁹ Ibid.

²⁰ García-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. (2005). *WHO multi-country study on women's health and domestic violence against women*. World Health Organization.

²¹ Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T., & Lang, J. (2013). Why do some men use violence against women and how can we prevent it? Quantitative findings from the United

Nations multi-country study on men and violence in Asia and the Pacific.

²² The Asia Foundation. (2016). *Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study – Main Report*. The Asia Foundation: Dili.

²³ Ibid.

²⁴ All multivariable logistic and regression models are restricted to women aged 18-49, in order to establish temporal ordering of child maltreatment variables and adult violence and health outcomes.

²⁵ Fulu, E., Miedema, S., Roselli, T., McCook, S., Chan, K. L., Haardörfer, R., & Jewkes, R. (2017). Pathways between childhood trauma, intimate partner violence, and harsh parenting: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*, 5(5), e512-e522; Chan, K. L., Yan, E., Brownridge, D. A., & Ip, P. (2013). Associating child sexual abuse with child victimization in China. *The Journal of pediatrics*, 162(5), 1028-1034.

²⁶ Hilton, A. (2008). I Thought It Could Never Happen to Boys: Sexual Abuse and Exploitation of Boys in Cambodia, An Exploratory Study. *Phnom Penh: Social Services of Cambodia, Hagar, and World Vision*.

²⁷ Luo, Y., Parish, W. L., & Laumann, E. O. (2008). A population-based study of childhood sexual contact in China: Prevalence and long-term consequences. *Child abuse & neglect*, 32(7), 721-731.

²⁸ Ferragut, M., Ortiz-Tallo, M., & Blanca, M. J. (2021). Prevalence of child sexual abuse in Spain: A representative sample study. *Journal of interpersonal violence*, 08862605211042804.

²⁹ Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Poly-victimization: A neglected component in child victimization. *Child abuse & neglect*, 31(1), 7-26.

³⁰ Ibid.

³¹ MacKenzie, M. J., Nicklas, E., Waldfogel, J., & Brooks-Gunn, J. (2013). Spanking and child development across the first decade of life. *Pediatrics*, 132(5), e1118-e1125.

³² Fulu, E., Miedema, S., Roselli, T., McCook, S., Chan, K. L., Haardörfer, R., & Jewkes, R. (2017). Pathways between childhood trauma, intimate partner violence, and harsh parenting: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*, 5(5), e512-e522.

³³ Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. (2019). *What Works to Prevent Sexual Violence Against Children*. Together for Girls.

