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## Service-seeking behaviors among male victims of violence in five African countries: The effects of positive and adverse childhood experiences

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### Abstract

**Background:** Violence against boys and men is widely under-reported. Boys and men face unique and gendered barriers to accessing services following experiences of violence.

**Participants and setting:** The study is a secondary data analysis of five nationally representative population-based Violence Against Children and Youth Surveys (VACS) conducted in Kenya (2019), Côte d'Ivoire (2018), Lesotho (2018), Mozambique (2019), and Namibia (2019). Analysis was limited to males between 18 and 24 years who experienced lifetime physical or sexual violence.

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CDC disclaimer

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Declaration of competing interest

None.

**Objective and methods:** We analyzed the association between positive and adverse childhood experiences (PCEs and ACEs), and seeking post-violence services among males using bivariate chi-squared tests and multivariable logistic regression.

**Results:** 8.02 % (5.55–10.50 %) of male victims between the ages of 18 and 24 sought services for any lifetime physical or sexual violence. Witnessing interparental violence and experiencing death of one or both parents were each associated with increased odds of having sought post-violence services (aOR 2.43; 95 % CI: 1.25–4.79; aOR 2.27; 95 % CI: 1.14–4.50), controlling for education, violence frequency, and violence type. High parental monitoring was associated with increased odds of service seeking (aOR 1.79; 95 % CI: 1.02–3.16), while strong father-child relationship was associated with lower odds (aOR 0.45; 95 % CI: 0.23–0.89).

**Conclusion:** These findings contribute to limited research on service-seeking behaviors among men and boys. While some parent-youth relationship factors were associated with higher odds of service-seeking, the outcome remained rare. Age and gender-related barriers should be addressed where post-violence care services are offered.

### Keywords

Adverse childhood experiences; Sub-Saharan Africa; Service-seeking behaviors; Men; Boys; Males; Violence; Positive childhood experiences

## 1. Introduction

Violence, especially sexual violence, is under-reported regardless of gender and age (Alaggia et al., 2019; Pijlman et al., 2023). Adolescent boys and young men may face unique barriers to disclosure and help-seeking, including lack of validation of their experience as a victim from peers, family members, and providers. Multiple studies comparing service-seeking behaviors among males and females found that males were relatively less likely to seek post-violence services (Lachman et al., 2019; Malihi et al., 2021). Among victims who do seek post-sexual violence services, males make up a disproportionately low percentage, relative to estimated prevalence (Avegno et al., 2009; Buard et al., 2013). Negative and homophobic provider and community member attitudes toward male victims have also been documented in recent literature (Davies et al., 2001; Davies et al., 2011; Davies & Rogers, 2009); fears of being met with invalidating attitudes and homophobic bias are uniquely gendered barriers faced by male victims of violence (Chynoweth et al., 2020; Taylor et al., 2022).

### 1.1. Adverse childhood experiences

Physical, emotional, and sexual violence experienced during childhood are considered adverse childhood experiences (ACEs). The relationship between ACEs and negative health outcomes in adulthood has been well-documented since the original ACEs study was published in 1998 (Felitti et al., 1998). ACEs were conceptualized initially as abuse and household dysfunction experienced during childhood. The original ACE study focused on a predominantly white, middle-class population; subsequent research has re-examined and expanded the conceptualization (Karatekin & Hill, 2019). However, an emerging criticism of the study of ACEs is the emphasis on risk rather than resilience, strength, and protective

factors. More recently, researchers have assessed the categorization and impact of positive childhood experiences (PCEs), or “counter-ACEs” (Crandall et al., 2019; Wang et al., 2021) that may support the development of resilient adults. In the absence of a standardized framework of PCEs, a growing body of research has sought to define and understand these experiences, conceptualized beyond the mere absence of adversity. Examples of positive childhood experiences used in recent research are centered around positive parenting, safe, stable, and nurturing relationships and social connectedness (Dunne et al., 2009; Narayan et al., 2018).

An analysis of records from a community sample of young people followed from ages 14 to 31 combined with victimization records spanning birth to age 17 found a direct relationship between maltreatment victimization during childhood and maltreatment perpetration during adulthood, with no significant protective effect associated with measures of safe, stable, and nurturing relationships (Thornberry et al., 2013). Another recent study conducted among young adults in China found that the cumulative numbers of PCEs moderated the relationship between cumulative ACEs and adulthood flourishing (Yu et al., 2022). An analysis of a cross-sectional survey conducted with a group of adolescents in China found PCEs similarly provided a protective effect of cumulative ACEs exposure on risk of adolescent depression and anxiety (Qu et al., 2022). However, this consideration of the counteractive effect of PCEs on ACEs has largely been separate from the existing literature on the mitigating effect of service-seeking on future negative outcomes, including future victimization and perpetration.

## 1.2. Service-seeking behavior

Post-violence service-seeking behaviors may link survivors to services and supports that mitigate or prevent negative effects of victimization. Most existing theoretical frameworks for service-seeking are specific to the experiences of heterosexual women (Fleming & Resick, 2017; Liang et al., 2005; Waller et al., 2023). A 2005 document published by the World Health Organization proposed a conceptual framework through which to understand service-seeking decision-making by adolescents and young people, with “service-seeking” being inclusive of health-seeking behaviors (Barker, 2007). However, the literature largely converges on the importance of social support in service-seeking and preventing future negative impacts. A seminal publication by Liang et al. (2005) proposes a framework in which recognition of the problem, decision to seek help, and selection of support provider all interact with each other, and are all shaped in turn by individual, interpersonal, and sociocultural factors. Existence of services remains a salient factor; some research, primarily conducted among adult heterosexual women, has indicated that post-violence care services are less accessible in rural areas, associated with lower service-seeking behaviors by victims (Edwards, 2015; Handebo et al., 2021; Shannon et al., 2006).

## 1.3. ACES, service-seeking, and gender

While the linkage between violence victimization, other ACEs, and future perpetration for boys and men, has been well-established (Lee et al., 2021; Zietz et al., 2020), there is a dearth of research on the service-seeking behaviors and experiences of male victims of violence. Most of the research on service-seeking behavior and uptake of post-violence

care has focused on the experiences of adult women (Lucea et al., 2013), while the limited studies regarding the experiences of men have been largely based in the United States and other resource-rich settings. (Hine et al., 2022; Lysova et al., 2022; Machado et al., 2020; Taylor et al., 2022). Boys and men experience violence from family members, partners, peers, and community members, with gay and bisexual men and transgender men being disproportionately burdened by violence (Adjei & Saewyc, 2017; Josenhans et al., 2020). A growing body of research documents the prevalence and dynamics of sexual violence targeting men and boys living in conflict-affected settings or forced displacement (Christian et al., 2011; Chynoweth et al., 2017; Chynoweth et al., 2020). One study explored barriers to service uptake by male survivors of violence in refugee settings, including resettlement areas in Kenya, through mixed qualitative methods. They found that while services existed that were theoretically available to men, meaning that males seeking services would not be denied care, with few exceptions they were not intentionally inclusive of males and people with diverse gender expression, meaning that the specific needs and priorities of men and gender-diverse people were not considered or integrated. Their research found barriers to service uptake at all levels of the socio-ecological framework, reinforcing that men and boys were excluded from generally women-oriented policies, services, and indeed conceptualizations of violence (Chynoweth et al., 2022). Multiple studies considered “informal” versus “formal” service-seeking behaviors and categorized disclosure as an informal service-seeking behavior (Bundock et al., 2020). However, other studies have documented the relationship between disclosure and service-seeking, with the disclosure response being at times possible enabler or barrier to service-seeking (Ullman, 1996; Ullman & Peter-Hagene, 2014).

A systematic review of studies assessing barriers to service-seeking among adult male victims of domestic violence found emerging themes of 1) fear of disclosure, 2) challenge to masculinity, and 3) commitment to relationship with perpetrator (Huntley et al., 2019). However, all studies assessed were conducted in the United States and Europe and excluded males below the age of 18. A secondary analysis of a population-based study conducted in New Zealand assessed gender differences in post-violence service-seeking among men and women aged 16 years and older, and found that factors associated with increased odds of service-seeking among men included sense of social belonging and experiencing health or work-related impacts (Malihi et al., 2021).

There are additional barriers to disclosure and service-seeking for children and young people (Gulliver et al., 2010). An analysis of factors related to disclosure of physical and sexual violence experienced during childhood among females and males from the 2019 Namibia Violence Against Children and Youth Survey found that predictors of disclosure varied by sex: older age, sense of social support, and having experience multiple forms of violence were all associated with higher odds of disclosure among males. Among female victims, lower educational attainment and having witnessed violence were associated with higher odds of disclosure. Both males and females were more likely to disclose sexual violence if the perpetrator was an intimate partner as compared to a family member (Velloza et al., 2022).

The literature reviews conducted during the initial conceptualization of this analysis and subsequent triangulation of results failed to identify any studies in which the co-occurrence of additional ACEs among males who experienced violence during childhood and early adulthood, along with the presence of PCEs, were explicitly measured as predictors of service-seeking. This question is relevant: while service-seeking as a behavior indicates that an adverse experience has already occurred, the rarity of this outcome could indicate the presence of other, protective relationships or environments among those who do take the action to seek help.

#### 1.4. The present study

This study aims to contribute to the existing literature by studying predictors of service-seeking behavior among males who experienced physical or sexual violence in childhood or early adulthood, with a focus on the presence of adverse and positive childhood experiences. The intention of this analysis is to inform areas of intervention and to improve responsive programming for youth and child victims of violence.

The research questions, in summary, are:

1. What is the prevalence of service-seeking following lifetime experience of physical and/or sexual violence among males aged 18–24?
2. Among males between the ages of 18–24 who have experienced lifetime physical and/or sexual violence, does the distribution of the outcome of service-seeking vary significantly by the presence and absence of selected ACEs, PCEs, and sociodemographic factors?
3. Did the presence of additional ACEs and PCEs impact the odds that male survivors of violence sought services for any experience of lifetime physical and/or sexual violence?

**1.4.1. Background on setting**—This study is based on a combined dataset that includes males aged 18–24 years across five countries who participated in national Violence Against Children and Youth Surveys (VACS) (Instituto Nacional de Saúde (INS) et al., 2022; Ministry of Gender Equality, 2020; Ministry of Labour and Social Protection of Kenya, 2019; Ministry of Social Development of Lesotho, 2020; Ministry of Women et al., 2019). Male survivors of violence from Côte d’Ivoire, Lesotho, Kenya, Namibia, and Mozambique are represented in this study; the data discussed in this paper reflect real experiences of violence and trauma reported on the VACS, weighted to reflect population-level prevalence estimated across the five countries. All five countries were colonized and gained independence in the 20th century. The histories and present contexts of these diverse countries cannot be responsibly summarized in this paper but are acknowledged here as the colonial legacy continues to impact dynamics of violence, global health practice, and knowledge dissemination (Abimbola, 2019; Brooks et al., 2020; Hoosen et al., 2022; Shalhoub-Kervorkian & Daher-Nashif, 2013).

## 2. Methods

### 2.1. VACS methodology

**2.1.1. Survey design**—All surveys followed the same sampling, ethical review, and consent procedures. VACS in these five countries were supported with funding from the President’s Emergency Plan for AIDS Relief (PEPFAR) and technical support from the Centers for Disease Control and Prevention (CDC). The methodology for VACS has been largely standardized across countries, allowing for the analysis of a multi-country dataset (Nguyen et al., 2019). VACS uses a three-stage sample design: 1) random selection of primary sampling unites (PSU) within the country, 2) random selection of households within each selected PSU, and 3) random selection of one eligible individual from each selected household for interview. The study population in all VACS is limited to males and females between the ages of 13 and 24. Participant recruitment and informed consent has been described in detail (Nguyen et al., 2019). A split sample approach was used to ensure that males and females are not interviewed within the same geographic area (Nguyen et al., 2019).

**2.1.2. Responding to disclosures of violence**—In each country, survey implementation is preceded by a months-long, collaborative period of planning and adaptation led by an identified government ministry in-country and involving multiple stakeholders (Masseti et al., 2020). A key part of this process is the development of a response plan for responding to disclosures of violence, requests for services, or participant discomfort (Chiang et al., 2016). All survey participants are offered a list of free, local services. If a participant becomes upset during the interview, reports feeling unsafe, discloses past year violence, discloses transactional sex and is under the age of 18, requests services regardless of disclosure, or reports being in immediate danger, the interviewer offers the participant a direct referral to a counsellor or social worker. Participants who report being in immediate danger are offered a tailored response plan and are linked to support services within 24 h (Centers for Disease Control and Prevention, 2017).

**2.1.3. Language regarding gender and sex**—Surveys were conducted in local languages consistent with other national surveys in the respective country. Conceptualizations of gender and sex are known to vary across languages and cultures (Prewitt-Freilino et al., 2012). The term “male” is used throughout the paper; sex of participants was determined by the head of household at home at the time of consent, who was asked by data collection staff to identify the number and ages of males and females in the residence. The analysis is contextualized by a broader field of research which has studied gender and sex dynamics of violence and service-seeking; when referencing these external papers, we adopt the terminology that was used in the referenced manuscript. Victim and survivor are used interchangeably, with a preference for “person who has experienced violence” (Graham et al., 2021; Papendick & Bohner, 2017).

### 2.2. Measures

**2.2.1. Demographic characteristics and covariates**—Demographic information assessed included age at time of survey, residence type, marital status, and level of

education. Age categories were defined as 18–21 years and 22–24 years. Marital status was measured whether participants ever were married or lived with someone as if they were married. Residence types were categorized as rural versus urban or peri-urban at the time of the survey. Level of education was dichotomized as having completed primary school or less or attending or having completed secondary school at time of survey.

**2.2.2. Lifetime physical/sexual violence**—Survey participants were asked a series of questions regarding physically violent behavior (e.g., hitting, punching, kicking, or beating) perpetrated by parents and other adult caregivers/relatives, peers, intimate partners, and adults in the community/neighborhood. If respondent answered affirmatively to any of these questions, a variable reflecting a lifetime experience of physical violence was coded as “yes.” VACS questionnaire items assessing parental physical violence were adopted from the ISPCAN Child Abuse Screening Tool- Retrospective (Dunne et al., 2009); items assessing violence perpetrated by peers, intimate partners, and other adults were adopted from the Juvenile Victimization Questionnaire (Finkelhor et al., 2005). For each category of perpetrator, the respondent was asked about the number of times it occurred and age at which it first occurred. Participants were also asked about lifetime sexual violence, including: 1) unwanted sexual touching, 2) physically forced sex, 3) attempted forced sex, and 4) pressured or coerced sex.

The category “physical violence only” (PV only) excludes victims of sexual violence; the category “sexual violence only and/or sexual and physical violence” (SV only/SV and PV) is inclusive of victims of sexual violence who also experienced physical violence. The sexual violence category was collapsed with co-occurring lifetime physical violence due to limitations in sample size of males who experienced sexual violence only. An additional variable was calculated to allow understanding of the relationship between having experienced multiple instances of lifetime violence and having sought services. Within the variable “violence frequency,” having experienced violence “once” indicates a single lifetime experience physical or sexual violence, by any perpetrator. A frequency of “more than once” is inclusive of males who experienced multiple instances of lifetime physical or sexual violence regardless of perpetrator or subtype, or who experienced at least one instance of each. A male who experienced one instance of physical violence (any subtype) and one instance of sexual violence (any subtype) would be considered as having experienced violence “more than once.” Similarly, a male who experienced multiple instances of any subtype(s) of physical and/or sexual violence would also be considered as having experienced violence more than once.

**2.2.3. Service-seeking**—The outcome assessed was post-violence service-seeking behavior among males who had ever experienced PV and/or SV in their lifetime. Service-seeking questions were adapted based on country context, but all asked those who had experienced any lifetime or sexual violence whether they knew of a place to seek services. Among those who did, they were asked if they sought professional services for any experience of physical or sexual violence.

While young people who experience emotional violence, or witness violence in the community or home may require services, the VACS only includes questions about service-

seeking for experiences of physical and sexual violence. New variables were created to reflect responses related to characteristics of violence and service-seeking inclusive of either/and physical and sexual violence. Due to limitations in sample size, this analysis does not disaggregate by type of violence for which help was sought.

**2.2.4. Adverse and positive childhood experiences**—The predictors of interest fall under the categories of additional ACEs (excluding experiences of physical and/or sexual violence, which are a definitive experience of the sample population) and PCEs. VACS questionnaire items assessing violence witnessed in the home (interparental violence) or community violence were adopted from the Juvenile Victimization Questionnaire (Finkelhor et al., 2005). As stated above, service-seeking behaviors due to emotional violence are not assessed in the survey. For this reason, emotional violence experienced before the age of 18 was included in the analysis as an additional ACE. Items assessing parental emotional violence were adopted from the ISPCAN Child Abuse Screening Tool-Retrospective (Dunne et al., 2009)

The questions constructed for additional ACEs and PCEs as measured for this analysis are provided in Table 1.

Additional variables were calculated to quantify the relationship between experiencing multiple additional ACEs, multiple PCEs, and service-seeking. An ACE sum variable reflected three groupings: zero ACEs, one to two ACEs, and three to four ACEs. The aggregate variable is inclusive of 1) witnessed interparental violence; 2) witnessed community violence; 3) experienced death of one or both parents; 4) experienced emotional violence. The term “additional ACEs” is used to reflect that the near total of the analytic sample experienced at least one ACE, being physical and/or sexual violence prior to the age of 18. A PCE categorical variable was not generated, due to lack of evidence in the literature for categorical groupings of this variable.

### 2.3. Handling of missing data

The analytic dataset was largely complete, with missingness ranging from 0 % to 3.4 % for nearly all variables included in the model-building process. Notable exceptions were the variables measuring strong maternal and paternal relationships, which were 13 % and 26 % missing, respectively. A closer look at these variables found that nearly all missing observations were linked to the surveys conducted in Côte d’Ivoire which had an error in the questionnaire skip pattern for this question. We performed sensitivity analyses, using multiple approaches, including dropping the missing observations when building models that included those variables, excluding those variables completely from the analysis, and excluding surveys conducted in Côte d’Ivoire. However, none of these approaches impacted the findings or the conclusion of the models that included those variables. Therefore, all observations were included in the analysis, and missing values were dropped when the impact of those two variables were tested.



## 2.4. Data analysis

The total number of male interviews completed was 5321. Of these, 2732 respondents were between the ages of 18 and 24 years. The final analytic sample, subset to males between the ages of 18 and 24 who reported any lifetime experience of physical and/or sexual violence, included 1756 respondents. The survey data were weighted to generate population-level estimates for all analyses. All analyses were conducted in R version 4.2.1 (R Core Team (2022)). The “survey” package, designed for analyses of complex survey data, was used for descriptive statistics and logistic regression (Lumley, 2020).

To answer research questions one and two, distribution of selected sociodemographic variables, ACEs, and PCEs were assessed for difference in frequency among males who did and did not seek services post PV and/or SV, using Pearson’s chi-squared statistic with the Rao-Scott adjustment (Rao & Scott, 1981).

To respond to research question three, unadjusted odds ratios were generated for the associations between sociodemographic variables and characteristics of violence experience (age at first experience of violence, perpetrator type, violence frequency, and types of violence experienced) using the “svyglm” function. Covariates that demonstrated significance were used to adjust for the impact of individual ACEs and PCEs tested in the following component of the analysis.

## 3. Results

### 3.1. Prevalence of service-seeking

Among young adult males who experienced PV or SV, 72.63 % (95 % confidence interval [CI]: 68.60–76.65 %) experienced PV only and 27.38 % (95 % CI: 23.24–31.40 %) experienced SV only or both SV and PV in their lifetimes. The full distribution of selected predictors and covariates among this population is shown in Table 2.

Most males between the ages of 18 and 24 years who experienced PV and/or SV during childhood or young adulthood did not seek services (91.98 %; 95 % CI: 89.5–94.5).

**3.1.1. Distribution of ACEs, PCEs, and selected covariates by service-seeking**—Among male 18–21-year-olds, 7.25 % (95 % CI: 4.58–9.92 %) sought services for PV or SV, compared to 9.39 % (95 % CI: 4.69–14.08 %) of 22–24-year-olds. The difference in distribution was not statistically significant ( $P$ -value = 0.4003). Service-seeking varied significantly by level of education ( $p$ -value = 0.0322): 11.95 % (95 % CI: 6.61–17.29 %) of male victims of PV and/or SV who had completed primary school or less sought help, compared to 6.29 % (95 % CI: 3.70–8.89 %) of those who were attending or had completed secondary school by early adulthood. There was no statistically significant difference in service-seeking behaviors between males who were never married vs those who have ever been married or lived together as if married ( $p$ -value = 0.0516), nor between males who lived in an urban vs rural area ( $p$ -value = 0.9584). Service-seeking outcomes did vary significantly by frequency ( $p$  = 0.0208) and type of violence experienced ( $p$ -value = 0.0102). However, there was no statistically different distribution of service-seeking behaviors post

lifetime PV and/or SV by experience of emotional violence during childhood (prior to age 18) ( $p$ -value = 0.2487).

Approximately 6 % (5.99 %%, 95 % CI = 3.76–8.22 %) of males who did not witness interparental violence sought services for PV or SV, compared to 14.54 % (95 % CI: 7.77–21.31 %) of those who did witness interparental violence ( $p$ -value = 0.0027). There was no statistically significant different distribution of service-seeking among those who witnessed violence in the community during childhood and those who did not witness violence in the community ( $P$ -value = 0.8991). There were significant differences in the distribution of the outcome by orphan status: a larger proportion of males who had lost one or both parents during childhood sought services (13.68 %; 95 % CI: (7.03–20.34 %)) compared to males who did not (6.23 %; 95 % CI: (3.61–8.85 %)) ( $p$ -value = 0.0173). The outcome of service-seeking also differed significantly by number of additional ACEs experienced ( $p$ -value = 0.0046).

Significantly fewer males who had strong father-child relationships compared to those who did not sought services for any experience of PV or SV (5.79 % (95 % CI: 2.94–8.65 %) vs 11.65 % (95 % CI: 6.56–16.74 %);  $p$ -value = 0.0239). The distribution of the other three PCEs (strong mother-child relationship, high parental monitoring, and high peer support) were not significantly different by the outcome of service-seeking.

### 3.2. Relationship of additional ACEs and PCEs on service-seeking outcome

**3.2.1. Effect of demographics and violence characteristics**—Table 3 depicts the unadjusted odds ratios from logistic regression (accounting for clusters and strata from complex survey designs) for selected sociodemographic variables and characteristics of the instances of violence. In the bivariate models, the unadjusted relationship between each predictor and service-seeking was estimated. Demographic characteristics such as age (odds ratio (OR) 1.32; 95 % CI: 0.69–2.56), marital status (OR 1.95; 95 % CI: 0.98–3.87), and residence (OR 1.02; 95 % CI: 0.52–1.98) were not significantly associated with the odds of service-seeking for PV or SV. Attending or having completed secondary school was associated with lower odds of seeking services (OR 0.49; 95 % CI: 0.29–0.95) among males aged 18–24. Males who experienced violence (PV and/or SV) more than once had higher odds of seeking services (OR 2.02; 95 % CI 1.10–3.39) than males who had experienced violence once. Similarly, males who had experienced SV only/SV and PV had higher odds of seeking services (OR 2.17; 95 % CI 1.19–3.97) than males who experienced PV only.

**3.2.2. Effect of additional ACEs and PCEs**—Predictors of interest were tested for association, controlling for violence type, violence frequency, and level of education as these were found to have a significant association with service-seeking behavior (Table 3). In these multivariable analyses, having witnessed interparental violence (adjusted OR 2.43; 95 % CI 1.25–4.74), having experienced the death of one or both parents as a child (aOR 2.27; 95 % CI 1.14–4.50), and having an ACE score of three to four (aOR 4.90; 95 % CI 1.96–12.20), compared to males who experienced no additional ACEs, were all associated with higher odds of service-seeking. Having experienced high levels of parental monitoring was also associated higher odds of service-seeking (aOR 1.79; 95 % CI 1.02–3.16), though

having a strong father-child relationship was associated with lower odds of service-seeking (aOR 0.45; 95 % CI: 0.23–0.89).

Table 4 shows the adjusted odds ratios for a weighted logistic regression model incorporating additional ACEs and PCEs found to have a significant association with the odds of service-seeking behavior (witnessing parental IPV, one or both parents deceased, parental monitoring, ACE score, and strong father-child relationship), controlling for education level and violence frequency and type. In this model, males who witnessed interparental violence during childhood had significantly higher odds of seeking services for violence (aOR 2.76; 95 % CI 1.16–6.57) than males who had not. High levels of parental monitoring during childhood were associated with higher odds of service-seeking (aOR 2.29; 95 % CI: 1.22–4.30). In this final model, controlling for these covariates, the effects of the cumulative additional ACEs score, having experienced the death of one or both parents, and a strong father-child relationship were not statistically significant.

## 4. Discussion

This is the first multi-country study of the service-seeking behaviors of males who experienced physical or sexual violence during childhood or early adulthood. This analysis is a unique contribution to the literature as it focuses on a particularly vulnerable population that is often overlooked. Few studies have assessed factors associated with service-seeking behavior of male survivors of violence (Ansara & Hindin, 2010; Devries et al., 2023; Donne et al., 2018; Douglas & Hines, 2011; Huntley et al., 2019; Lysova et al., 2022; Lysova & Dim, 2022). This study also adds to the extremely limited research base on the experiences of male victims in countries with histories of colonization (Christian et al., 2011; Devries et al., 2023; Tenkorang et al., 2023; Velloza et al., 2022).

### 4.1. Prevalence of service-seeking

Our analysis detected several significant differences between boys and men who sought services as compared to those who did not. It is important to note in the context of the discussion of future research and programmatic directions that no sub-group of male victims was likely to seek post-violence services; the outcome assessed was rare. Certain predictors did have an association with relatively higher or lower odds of what remained a rare behavior among all males who experienced physical or sexual violence. This is in agreement with existing literature, which find that boys and men seek post-violence care services in disproportionately low numbers relative to the extent of violence perpetrated against this group (Christian et al., 2011; Ferreira et al., 2023; Lysova & Dim, 2022; Patterson et al., 2022; Taylor et al., 2022). An analysis of population-level survey data in Kenya found that most men do not seek help for intimate partner violence and, of those who do, the majority turn to informal support networks including friends, family, and coworkers (Tenkorang et al., 2023). However, the same analysis found that men who had attained higher levels of education (beyond secondary) were more likely to seek formal services. Tenkorang et al. (2023) limited their analysis to adult men who experienced physical, emotional, and/or sexual abuse from an intimate partner; our sample was inclusive of childhood experiences and included young men who may have experienced PV and/or SV by any perpetrator. Our

analysis did not include informal support sought from social networks due to limitations in measuring this outcome given the available dataset.

#### 4.2. Relationship of additional ACEs to help-seeking

Witnessing interparental violence and experiencing the death of one or both parents during childhood were each associated with higher odds of help-seeking among male victims of physical and/or sexual violence, when controlling for violence frequency, type, and level of education. Having experienced 3–4 additional ACEs also had a significant association with increased odds of help-seeking. This study is in limited direct conversation with existing research, particularly within similar contexts. A study conducted among predominantly white university students found that participants with higher numbers of ACEs were more likely to sought health-related services in the preceding two years than students with lower cumulative ACEs, but were less likely to have found them helpful and more likely to report persisting unmet needs (Karatekin, 2019). In addition, a previously published study on the predictors to disclosure and service-seeking among child survivors of violence found that among males, the absence of the biological father was significantly associated with higher odds of disclosure (Pereira et al., 2020). The authors theorized that perhaps the absence of the biological father increased the likelihood that the perpetrator was not a household member (such as the father himself) and therefore removed additional barriers to disclosure and help seeking. An alternative theory was perhaps variations in family dynamic influenced gender dynamics in the home, and thus the norms that were internalized by the children. In considering the relationship of the present study with the literature, it may also be hypothesized that the compounding impact of trauma contributed to external help-seeking behavior. Furthermore, the five countries represented in this analysis have made significant investments, with the support of PEPFAR and other donors, in programming for orphans and other vulnerable children; this may facilitate service-seeking behaviors and indicates potential for future research to understand the mechanisms of this relationship.

#### 4.3. Relationship of PCEs to service seeking

When controlling for violence frequency, type, and education level, high levels of parental monitoring were positively associated with increased odds of service-seeking, whereas a strong father-child relationship was negatively associated with the outcome. The latter lost its significance in the final model. However, each of these findings are worth contextualizing against the body of research on parental relationships, gender norms, and service-seeking. A stronger relationship with the father may be associated with internalization of ideas around masculinity that are understood barriers to service-seeking among males (Ferreira et al., 2023; Huntley et al., 2019; Lysova et al., 2022). However, this interpretation should be approached with caution, particularly within the wider body of research supporting the protective nature of strong parental relationships against a variety of health outcomes (Chen & Chan, 2016; Knerr et al., 2013; Rudgard et al., 2023). The perhaps counterintuitive finding that ACEs such as witnessing interparental violence and experiencing the death of one or both parents are associated with higher odds of service-seeking, in contrast with PCEs such as having a strong father-child relationship may indicate that external services are sought when internal resources are insufficient or unavailable. While level of education was not measured here as a PCE, its association with lower odds of service-seeking may also

support this logic. Existing research on the service-seeking behaviors of men indicates that men may prefer to engage informal sources of help, such as family and friends (Huntley et al., 2019). As such, a strong father-child relationship and higher level of education could be indicative with a more robust network of informal support. The presence of additional ACEs (and lack of PCEs) could also be associated with more severe experiences of PV and/or SV, requiring a response beyond what informal support networks could offer. The significant association between experiencing SV/SV and PV and increased odds of service-seeking as compared to males who experienced lifetime PV only may also be partly attributable to this and requires further analysis.

In the final model, one PCE (high parental monitoring) and one ACE (having witnessed interparental violence) retained their significant associations with increased odds service-seeking for PV or SV. Twenty-five percent of young men between the ages of 18 and 24 years who experienced lifetime PV or SV had witnessed interparental violence and had higher odds of seeking services compared with young men had not witnessed interparental violence during childhood. It may be that there are mediating associations between witnessing interparental violence and seeking services post violence that are not reflected in the dataset or included in this analysis. For example, an analysis of a population-based survey conducted in the United States found that witnessing parental intimate partner violence was associated with higher odds of precocious parenthood, marriage, and entry into full-time employment (Adhia et al., 2019). A meta-analysis of the relationship between parental intimate partner violence and parenting found that while intimate partner violence was associated with more negative and few positive parenting practices, the small effect sizes suggested mediating factors may be more meaningful, including mental health of the parents, community-level poverty, and whether the abusive relationship persists (Chiesa et al., 2018). It may also be the case that having witnessed violence during childhood increases a young person's ability to recognize dynamics of violence and sources of support.

#### 4.4. Directions for future research

Future research is needed to understand what boys and men require from services they seek following physical or sexual violence perpetrated by peers, partners, family members, or adults in the community, and the factors that guide them to helpful disclosure and formal services. A start would be incorporating awareness of gender and sexuality into data collection and seeking to understand the helpfulness of services sought. This study also begs the question of how these family-related childhood experiences impact likelihood of service-seeking for acts of violence perpetrated within and outside of the family. Additional research should also prioritize understand the experiences of service-seeking among adolescent boys, at an age where they may be missed by services targeting child and adult victims. Research for advocacy to understand the unmet needs and long-term impacts of violence experienced by men and boys in early or young adulthood is also needed.

#### 4.5. Implications for HIV programming

The centering of local ownership and community-led identification of solutions underpins the processes used in VACS. The governments of the countries identified in this dataset have each identified boys and men as key missed partners in the efforts to control and

sustain the HIV epidemic; financial support through PEPFAR to implement VACS is in large part motivated by the need to understand how violence and HIV interact to perpetuate the twin epidemics. Males are reached through PEPFAR-supported programs such as voluntary medical male circumcision, interventions for orphans and vulnerable children, and specific programming tailored to the needs of men who have sex with men. PEPFAR's DREAMS (Determined, Resilient, Educated, AIDS-Free, Mentored, Safe) initiative implemented in districts with high HIV incidence in sixteen countries offers layered prevention services to adolescent girls and young women, and links their male partners to key services. However, gaps persist in care and treatment outcomes for males, and new solutions are needed.

## 5. Limitations

Any analysis is subject to the limitations of the underlying dataset. Variations across country surveys may have introduced error to the way the outcome and covariates were defined. The dataset was limited to males between the ages of 18 and 24 years so the impact of the full accumulation of ACEs throughout childhood could be assessed. However, recall bias may be increased as participants are self-reporting experiences from childhood. Complications with survey skip patterns in the 2018 Côte d'Ivoire VACS contributed to non-random missingness patterns for the variables measuring strong parental relationships. The impact of this was mitigated, as all models were run with the full 5-country dataset and well as on a 4-country dataset that excluded Côte d'Ivoire.

It is also not possible to assess causal or even temporal relationships between the covariates included and service-seeking behaviors. Over half of male victims experienced violence multiple times; the survey questions on help seeking only assessed if help was sought for *any* of those experiences. We are unable to determine if they sought services for the first, most recent, or most severe instance. Furthermore, while the ACEs and PCEs measured were all experienced prior to age 18, the outcome is inclusive of lifetime violence, limiting our ability to assess temporality of relationships.

A notable limitation is that the structure of the dataset did not permit assessment of the impact of gender identity and sexual orientation, which are significant factors known to influence actual and perceived stigma, barriers to service, and types of violence experienced. LGBTQI+ (an acronym referring to lesbian, gay, bisexual, transgender and intersex people, as well as other identities) people are not granted the same legal protections across all five countries; in countries where LGBTQI+ persons are criminalized, male victims of violence report facing the additional fear of persecution and prosecution by service providers (Kiss et al., 2020). In general, the likelihood of service-seeking is almost certainly impacted by the presence, absence, and interaction of factors not measured in the analytical dataset or analysis.

## 6. Conclusion

Experiences of violence, particularly physical, are common among males in childhood and early adulthood, usually first occurring prior to the age of 18, and service-seeking is

rare. This is consistent with previous studies (Hedge et al., 2017). Each of these findings, independent of the analysis, has implications on violence prevention and response.

This exploratory secondary data analysis was inclusive of males who experienced either or both physical and sexual violence during childhood or early adulthood; forms of violence ranged from physical violence perpetrated by caregivers to sexual violence in intimate relationships. The findings suggest that positive and negative experiences during childhood are associated with odds of seeking post violence services; additional research is needed to assess the nuances and directionality of these relationships. The overwhelming majority of males who experienced lifetime physical or sexual violence also experienced additional ACEs, reflecting the need for investments in trauma-informed services (Bargeman et al., 2021).

Intensified efforts to remove barriers to help seeking for boys and men are needed. When violence is experienced during childhood or young adulthood, family members and other trusted adults may be vital in providing a compassionate response to victims and linking to support services. Parenting support programs are considered “promising” interventions to reduce violence against children (WHO, 2016), but there is limited evidence to support their effectiveness in low-to-middle income countries (Coore Desai et al., 2017). Victims and survivors of violence, regardless of sex, gender identity, or adherence to a gender binary, are deserving of richly contextualized services and programs to respond to their diverse needs.

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## Data availability

Data will be made available on request.

## References

- Abimbola S (2019). The foreign gaze: Authorship in academic global health. *BMJ Global Health*, 4(5), Article e002068. 10.1136/bmjgh-2019-002068
- Adhia A, Drolette LM, Vander Stoep A, Valencia EJ, & Kernic MA (2019). The impact of exposure to parental intimate partner violence on adolescent precocious transitions to adulthood. *Journal of Adolescence*, 77, 179–187. 10.1016/j.adolescence.2019.11.001 [PubMed: 31760205]
- Adjei JK, & Saewyc EM (2017). Boys are not exempt: Sexual exploitation of adolescents in sub-Saharan Africa. *Child Abuse & Neglect*, 65, 14–23. 10.1016/j.chiabu.2017.01.001 [PubMed: 28110108]
- Alaggia R, Collin-Vezina D, & Lateef R (2019). Facilitators and barriers to child sexual abuse (CSA) disclosures: A research update (2000–2016). *Trauma Violence Abuse*, 20(2), 260–283. 10.1177/1524838017697312 [PubMed: 29333973]
- Ansara DL, & Hindin MJ (2010). Formal and informal help-seeking associated with women’s and men’s experiences of intimate partner violence in Canada. *Social Science & Medicine*, 70(7), 1011–1018. 10.1016/j.socscimed.2009.12.009 [PubMed: 20122774]
- Avegno J, Mills TJ, & Mills LD (2009). Sexual assault victims in the emergency department: Analysis by demographic and event characteristics. *The Journal of Emergency Medicine*, 37(3), 328–334. 10.1016/j.jemermed.2007.10.025 [PubMed: 18394848]

- Bargeman M, Smith S, & Wekerle C (2021). Trauma-informed care as a rights-based “standard of care”: A critical review. *Child Abuse & Neglect*, 119(Pt 1), Article 104762. 10.1016/j.chiabu.2020.104762
- Barker G (2007). Adolescents, social support and help-seeking behaviour: An international literature review and programme consultation with recommendations for action (9789241595711) <https://apps.who.int/iris/handle/10665/43778>.
- Brooks C, Martin S, Broda L, & Poudrier J (2020). “How many silences are there?” Men’s experience of victimization in intimate partner relationships. *Journal of Interpersonal Violence*, 35(23–24), 5390–5413. 10.1177/0886260517719905 [PubMed: 29294846]
- Buard V, Van den Bergh R, Tayler-Smith K, Godia P, Sobry A, Kosgei RJ, ... Pujades-Rodriguez M (2013). Characteristics, medical management and outcomes of survivors of sexual gender-based violence, Nairobi, Kenya. *Public Health Action*, 3(2), 109–112. 10.5588/pha.13.0012 [PubMed: 26393011]
- Bundock K, Chan C, & Hewitt O (2020). Adolescents’ help-seeking behavior and intentions following adolescent dating violence: A systematic review. *Trauma Violence Abuse*, 21(2), 350–366. 10.1177/1524838018770412 [PubMed: 29683049]
- Centers for Disease Control and Prevention. (2017). Critical Elements of Interviewer Training for Engaging Children and Adolescents in Global Violence Research: Best Practices and Lessons Learned from the Violence Against Children Survey. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/vacs/VACS-trainingwhitepaper.pdf>.
- Chen M, & Chan KL (2016). Effects of parenting programs on child maltreatment prevention: A meta-analysis. *Trauma Violence Abuse*, 17(1), 88–104. 10.1177/1524838014566718 [PubMed: 25573846]
- Chiang LF, Kress H, Sumner SA, Gleckel J, Kawemama P, & Gordon RN (2016). Violence Against Children Surveys (VACS): Towards a global surveillance system. *Injury Prevention*, 22 Suppl 1(Suppl. 1), i17–i22. 10.1136/injuryprev-2015-041820 [PubMed: 27044493]
- Chiesa AE, Kallechey L, Harlaar N, Rashaan Ford C, Garrido EF, Betts WR, & Maguire S (2018). Intimate partner violence victimization and parenting: A systematic review. *Child Abuse & Neglect*, 80, 285–300. 10.1016/j.chiabu.2018.03.028 [PubMed: 29665506]
- Christian M, Safari O, Ramazani P, Burnham G, & Glass N (2011). Sexual and gender based violence against men in the Democratic Republic of Congo: Effects on survivors, their families and the community. *Medicine, Conflict, and Survival*, 27(4), 227–246. 10.1080/13623699.2011.645144 [PubMed: 22416570]
- Chynoweth SK, Buscher D, Martin S, & Zwi AB (2020). A social ecological approach to understanding service utilization barriers among male survivors of sexual violence in three refugee settings: A qualitative exploratory study. *Conflict and Health*, 14, 43. 10.1186/s13031-020-00288-8 [PubMed: 32670397]
- Chynoweth SK, Buscher D, Martin S, & Zwi AB (2022). Characteristics and impacts of sexual violence against men and boys in conflict and displacement: A multicountry exploratory study. *Journal of Interpersonal Violence*, 37(9–10). 10.1177/0886260520967132. NP7470-NP7501.
- Chynoweth SK, Freccero J, & Touquet H (2017). Sexual violence against men and boys in conflict and forced displacement: Implications for the health sector. *Reproductive Health Matters*, 25(51), 90–94. 10.1080/09688080.2017.1401895 [PubMed: 29227205]
- Coore Desai C, Reece JA, & Shakespeare-Pellington S (2017). The prevention of violence in childhood through parenting programmes: A global review. *Psychology, Health & Medicine*, 22(sup1), 166–186. 10.1080/13548506.2016.1271952
- Crandall A, Miller JR, Cheung A, Novilla LK, Glade R, Novilla MLB, ... Hanson CL (2019). ACEs and counter-ACEs: How positive and negative childhood experiences influence adult health. *Child Abuse & Neglect*, 96, Article 104089. 10.1016/j.chiabu.2019.104089
- Davies M, Austen K, & Rogers P (2011). Sexual preference, gender, and blame attributions in adolescent sexual assault. *The Journal of Social Psychology*, 151(5), 592–607. 10.1080/00224545.2010.522617 [PubMed: 22017075]



- Davies M, Pollard P, & Archer J (2001). The influence of victim gender and sexual orientation on judgments of the victim in a depicted stranger rape. *Violence and Victims*, 16(6), 607–619. <https://www.ncbi.nlm.nih.gov/pubmed/11863061>. [PubMed: 11863061]
- Davies M, & Rogers P (2009). Perceptions of blame and credibility toward victims of childhood sexual abuse: Differences across victim age, victim-perpetrator relationship, and respondent gender in a depicted case. *Journal of Child Sexual Abuse*, 18(1), 78–92. 10.1080/10538710802584668 [PubMed: 19197616]
- Devries K, Cerna-Turoff I, Fabbri C, Turner E, Nyakuwa R, Nherera CM, ... Moyo R (2023). Exploring children’s formal help-seeking behaviour for violence in Zimbabwe: Analysis of national survey and routine service provider data. *BMJ Open*, 13(5), Article e067818. 10.1136/bmjopen-2022-067818
- Donne MD, DeLuca J, Pleskach P, Bromson C, Mosley MP, Perez ET, ... Frye V (2018). Barriers to and facilitators of help-seeking behavior among men who experience sexual violence. *American Journal of Men’s Health*, 12(2), 189–201. 10.1177/1557988317740665
- Douglas EM, & Hines DA (2011). The Helpseeking experiences of men who sustain intimate partner violence: An overlooked population and implications for practice. *Journal of Family Violence*, 26(6), 473–485. 10.1007/s10896-011-9382-4 [PubMed: 21935262]
- Dunne MP, Zolotor AJ, Runyan DK, Andrevia-Miller I, Choo WY, Dunne SK, ... Youssef R (2009). ISPCAN Child Abuse Screening Tools Retrospective version (ICAST-R): Delphi study and field testing in seven countries [article]. *Child Abuse and Neglect*, 33(11), 815–825. 10.1016/j.chiabu.2009.09.005 [PubMed: 19853301]
- Edwards KM (2015). Intimate partner violence and the rural-urban-suburban divide: Myth or reality? A critical review of the literature. *Trauma Violence Abuse*, 16 (3), 359–373. 10.1177/1524838014557289 [PubMed: 25477015]
- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, ... Marks JS (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. 10.1016/s0749-3797(98)00017-8 [PubMed: 9635069]
- Ferreira DG, Bortoli MC, Peixe-Machado P, Saggese GSR, & Veras MA (2023). Sexual violence against men in Brazil: Underreporting, prevalence, and associated factors. *Revista de Saúde Pública*, 57, 23. 10.11606/s1518-8787.2023057004523 [PubMed: 37075406]
- Finkelhor D, Hamby SL, Ormrod R, & Turner H (2005). The juvenile victimization questionnaire: Reliability, validity, and national norms [article]. *Child Abuse and Neglect*, 29(4), 383–412. 10.1016/j.chiabu.2004.11.001 [PubMed: 15917079]
- Fleming CJ, & Resick PA (2017). Help-seeking behavior in survivors of intimate partner violence: Toward an integrated behavioral model of individual factors. *Violence and Victims*, 32(2), 195–209. 10.1891/0886-6708.VV-D-15-00065 [PubMed: 28130895]
- Graham AC, Knopp AF, & Beers K (2021). I’m just a person: Self-labeling following sexual assault. *Journal of Forensic Nursing*, 17(4), 202–209. 10.1097/JFN.0000000000000343 [PubMed: 34561402]
- Gulliver A, Griffiths KM, & Christensen H (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*, 10, 113. 10.1186/1471-244X-10-113 [PubMed: 21192795]
- Handebo S, Kassie A, & Nigusie A (2021). Help-seeking behaviour and associated factors among women who experienced physical and sexual violence in Ethiopia: Evidence from the 2016 Ethiopia Demographic and Health Survey. *BMC Womens Health*, 21(1), 427. 10.1186/s12905-021-01574-0 [PubMed: 34953493]
- Hedge JM, Hudson-Flege MD, & McDonell JR (2017). Promoting informal and professional help-seeking for adolescent dating violence. *Journal of Community Psychology*, 45(4), 500–512. 10.1002/jcop.21862 [PubMed: 28584387]
- Hine B, Bates EA, & Wallace S (2022). “I have guys call me and say ‘I can’t be the victim of domestic abuse’”: Exploring the experiences of telephone support providers for male victims of domestic violence and abuse. *Journal of Interpersonal Violence*, 37(7–8). 10.1177/0886260520944551. NP5594-NP5625.

- Hoosen P, Adams S, Tiliouine H, & Savahl S (2022). Youth and adolescents' perceptions of violence in post-apartheid South Africa: A systematic review of the literature. *Child Indicators Research*, 15(3), 885–911. 10.1007/s12187-021-09890-5 [PubMed: 35069928]
- Huntley AL, Potter L, Williamson E, Malpass A, Szilassy E, & Feder G (2019). Help-seeking by male victims of domestic violence and abuse (DVA): A systematic review and qualitative evidence synthesis. *BMJ Open*, 9(6), Article e021960. 10.1136/bmjopen-2018-021960
- Instituto Nacional de Saúde (INS), M. o. H. M, Ministry of Gender, Child and Social, Action (MGCAS), I. N. d. E. I, & the U.S. Centers for Disease Control, & (CDC), a. P. (2022). Violence Against Children and Youth survey in Mozambique, (VACS 2019). <https://www.togetherforgirls.org/wp-content/uploads/2021/12/Mozambique-VACS-Primary-Indicator-Report-EN-edited-2021.pdf>.
- Josenhans V, Kavenagh M, Smith S, & Wekerle C (2020). Gender, rights and responsibilities: The need for a global analysis of the sexual exploitation of boys. *Child Abuse & Neglect*, 110(Pt 1), Article 104291. 10.1016/j.chiabu.2019.104291
- Karatekin C (2019). Adverse childhood experiences (ACEs) and help-seeking for health-related interventions in young adults. *The Journal of Psychology*, 153(1), 6–22. 10.1080/00223980.2018.1476316 [PubMed: 30265849]
- Karatekin C, & Hill M (2019). Expanding the original definition of adverse childhood experiences (ACEs). *Journal of Child and Adolescent Trauma*, 12(3), 289–306. 10.1007/s40653-018-0237-5 [PubMed: 32318200]
- Kiss L, Quinlan-Davidson M, Pasquero L, Tejero PO, Hogg C, Theis J, ... Hossain M (2020). Male and LGBT survivors of sexual violence in conflict situations: A realist review of health interventions in low-and middle-income countries. *Conflict and Health*, 14, 11. 10.1186/s13031-020-0254-5 [PubMed: 32127913]
- Knerr W, Gardner F, & Cluver L (2013). Improving positive parenting skills and reducing harsh and abusive parenting in low- and middle-income countries: A systematic review. *Prevention Science*, 14(4), 352–363. 10.1007/s11121-012-0314-1 [PubMed: 23315023]
- Lachman P, Zweig J, Dank M, & Yahner J (2019). Patterns of help-seeking behavior among victims of teen dating violence and abuse: Variations among boys and girls. *The Journal of School Health*, 89(10), 791–799. 10.1111/josh.12816 [PubMed: 31418170]
- Lee KA, Sacco P, & Bright CL (2021). Adverse childhood experiences (ACEs), excessive alcohol use and intimate partner violence (IPV) perpetration among Black men: A latent class analysis. *Child Abuse & Neglect*, 121, Article 105273. 10.1016/j.chiabu.2021.105273
- Liang B, Goodman L, Tummala-Narra P, & Weintraub S (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology*, 36(1–2), 71–84. 10.1007/s10464-005-6233-6 [PubMed: 16134045]
- Lucea MB, Stockman JK, Mana-Ay M, Bertrand D, Callwood GB, Coverston CR, ... Campbell JC (2013). Factors influencing resource use by African American and African Caribbean women disclosing intimate partner violence. *Journal of Interpersonal Violence*, 28(8), 1617–1641. 10.1177/0886260512468326 [PubMed: 23295377]
- Lumley T (2020). survey: analysis of complex survey samples". R package version 4.0.
- Lysova A, & Dim EE (2022). Severity of victimization and formal help seeking among men who experienced intimate partner violence in their ongoing relationships. *Journal of Interpersonal Violence*, 37(3–4), 1404–1429. 10.1177/0886260520922352 [PubMed: 32469671]
- Lysova A, Hanson K, Dixon L, Douglas EM, Hines DA, & Celi EM (2022). Internal and external barriers to help seeking: Voices of men who experienced abuse in the intimate relationships. *International Journal of Offender Therapy and Comparative Criminology*, 66(5), 538–559. 10.1177/0306624X20919710 [PubMed: 32463322]
- Machado A, Hines D, & Douglas EM (2020). Male victims of female-perpetrated partner violence: A qualitative analysis of men's experiences, the impact of violence, and perceptions of their worth. *Psychology of Men & Masculinity*, 21(4), 612–621. 10.1037/men0000285 [PubMed: 34366716]

- Malihi Z, Fanslow JL, Hashemi L, Gulliver P, & McIntosh T (2021). Factors influencing help-seeking by those who have experienced intimate partner violence: Results from a New Zealand population-based study. *PLoS One*, 16(12), Article e0261059. 10.1371/journal.pone.0261059
- Masseti GM, Chiang L, Mercy J, Fernandez B, Ligiero D, & Hart C (2020). Linking violence against children and youth surveys to coordinated and effective action: cdc and the together for girls partnership. <https://files.mutualcdn.com/tfg/assets/files/VACS-Process-Paper-2021.pdf>.
- Ministry of Gender Equality, P. E. a. S. W., Namibia Statistics Agency and International Training and Education Center for Health at the University of Washington. (2020). Violence against children and youth in Namibia: Findings from the violence against children and youth survey, 2019 (full report). <https://www.togetherforgirls.org/wp-content/uploads/2021/09/Namibia-VACS-Report-2020.pdf>.
- Ministry of Labour and Social Protection of Kenya, D. o. C. s. S. (2019). Violence against children in Kenya: Findings from a national survey, 2019. <https://www.togetherforgirls.org/wp-content/uploads/2020-7-16-TfG-Kenya-VACS-report.pdf>.
- Ministry of Social Development of Lesotho, I., and the Centers for Disease Control and Prevention. (2020). Violence against children and youth survey, 2018. [https://www.togetherforgirls.org/wp-content/uploads/2020/09/Lesotho-VACS-2019\\_Final-Report-1.pdf](https://www.togetherforgirls.org/wp-content/uploads/2020/09/Lesotho-VACS-2019_Final-Report-1.pdf).
- Ministry of Women, F. a. C. o. C. d. I, National Program for the Care of Orphans and, Other Children made Vulnerable by HIV/AIDS, N. I. o. S, & the U.S. Centers for, & Prevention., D. C. a. (2019). Violence against children and youth in Côte d'Ivoire: Findings from a national survey, 2018. <https://www.togetherforgirls.org/wp-content/uploads/2020/10/RAPPORT-VACS-CI-ANGLAIS-final-06-10-2020.pdf>.
- Narayan AJ, Rivera LM, Bernstein RE, Harris WW, & Lieberman AF (2018). Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale. *Child Abuse & Neglect*, 78, 19–30. 10.1016/j.chiabu.2017.09.022 [PubMed: 28992958]
- Nguyen KH, Kress H, Villaveces A, & Massetti GM (2019). Sampling design and methodology of the Violence Against Children and Youth Surveys. *Injury Prevention*, 25(4), 321–327. 10.1136/injuryprev-2018-042916 [PubMed: 30472679]
- Papendick M, & Bohner G (2017). “Passive victim - strong survivor”? Perceived meaning of labels applied to women who were raped. *PLoS One*, 12(5), Article e0177550. 10.1371/journal.pone.0177550
- Patterson T, Hobbs L, Treharne GJ, & Beres M (2022). Seeking of help and support after experiencing sexual harm: Considerations for cisgender women, cisgender men and gender-diverse people. *The New Zealand Medical Journal*, 135(1562), 56–62.
- Pereira A, Peterman A, Neijhoft AN, Buluma R, Daban RA, Islam A, ... Palermo T (2020). Disclosure, reporting and help seeking among child survivors of violence: A cross-country analysis. *BMC Public Health*, 20(1), 1051. 10.1186/s12889-020-09069-7 [PubMed: 32616007]
- Pijlman V, Eichelsheim V, Pemberton A, & de Waardt M (2023). “Sometimes it seems easier to push it away”: A study into the barriers to help-seeking for victims of sexual violence. *Journal of Interpersonal Violence*. 10.1177/08862605221147064, 8862605221147064.
- Prewitt-Freilino JL, Caswell TA, & Laakso EK (2012). The gendering of language: A comparison of gender equality in countries with gendered, natural gender, and genderless languages [article]. *Sex Roles*, 66(3–4), 268–281. 10.1007/s11199-011-0083-5
- Qu G, Ma S, Liu H, Han T, Zhang H, Ding X, ... Sun Y (2022). Positive childhood experiences can moderate the impact of adverse childhood experiences on adolescent depression and anxiety: Results from a cross-sectional survey [article]. *Child Abuse and Neglect*, 125, Article 105511. 10.1016/j.chiabu.2022.105511
- Rao JN, & Scott AJ (1981). The analysis of categorical data from complex sample surveys: Chi-squared tests for goodness of fit and independence in two-way tables. *Journal of the American Statistical Association*, 76(374), 221–230.
- R Core Team (2022). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL <https://www.R-project.org/>.

- Rudgard WE, Saminathen MG, Orkin M, Banougnin BH, Shenderovich Y, & Toska E (2023). Protective factors for adolescent sexual risk behaviours and experiences linked to HIV infection in South Africa: A three-wave longitudinal analysis of caregiving, education, food security, and social protection. *BMC Public Health*, 23(1), 1452. 10.1186/s12889-023-16373-5 [PubMed: 37516833]
- Shalhoub-Kervorkian N, & Daher-Nashif S (2013). Femicide and colonization: Between the politics of exclusion and the culture of control. *Violence Against Women*, 19(3), 295–315. 10.1177/1077801213485548 [PubMed: 23676446]
- Shannon L, Logan TK, Cole J, & Medley K (2006). Help-seeking and coping strategies for intimate partner violence in rural and urban women. *Violence and Victims*, 21(2), 167–181. 10.1891/vivi.21.2.167 [PubMed: 16642737]
- Taylor JC, Bates EA, Colosi A, & Creer AJ (2022). Barriers to men's help seeking for intimate partner violence. *Journal of Interpersonal Violence*, 37(19–20). 10.1177/08862605211035870. NP18417-NP18444.
- Tenkorang EY, Zaami M, Kimuna S, Owusu AY, & Rohn E (2023). Help-seeking behaviors of male survivors of intimate partner violence in Kenya [article]. *Journal of Family Issues*, 44(1), 187–202. 10.1177/0192513X211042847
- Thornberry TP, Henry KL, Smith CA, Ireland TO, Greenman SJ, & Lee RD (2013). Breaking the cycle of maltreatment: The role of safe, stable, and nurturing relationships. *The Journal of Adolescent Health*, 53(4 Suppl), S25–S31. 10.1016/j.jadohealth.2013.04.019 [PubMed: 24059936]
- Ullman SE (1996). Do social reactions to sexual assault victims vary by support provider? *Violence and Victims*, 11(2), 143–157. <https://www.ncbi.nlm.nih.gov/pubmed/8933710>. [PubMed: 8933710]
- Ullman SE, & Peter-Hagene L (2014). Social reactions to sexual assault disclosure, coping, perceived control and PTSD symptoms in sexual assault victims. *Journal of Community Psychology*, 42(4), 495–508. 10.1002/jcop.21624 [PubMed: 24910478]
- Velloza J, Davies L, Ensminger A, Theofelus FM, Andjamba H, Kamuingona R, ... O'Malley G (2022). Disclosure and help-seeking behaviors related to sexual and physical violence in childhood and adolescence: Results from the Namibia Violence Against Children and Youth Survey. *Child Abuse & Neglect*, 128, Article 105624. 10.1016/j.chiabu.2022.105624
- Waller BY, Joyce PA, Quinn CR, Hassan Shaari AA, & Boyd DT (2023). "I am the one that needs help": The theory of help-seeking behavior for survivors of intimate partner violence. *Journal of Interpersonal Violence*, 38(1–2). 10.1177/08862605221084340. NP288-NP310.
- Wang D, Jiang Q, Yang Z, & Choi JK (2021). The longitudinal influences of adverse childhood experiences and positive childhood experiences at family, school, and neighborhood on adolescent depression and anxiety. *Journal of Affective Disorders*, 292, 542–551. 10.1016/j.jad.2021.05.108 [PubMed: 34147966]
- WHO. (2016). INSPIRE: Seven strategies for ending violence against children. <https://www.who.int/publications/i/item/9789241565356>.
- Yu Z, Wang L, Chen W, Zhang J, & Bettencourt AF (2022). Positive childhood experiences associate with adult flourishing amidst adversity: A cross sectional survey study with a national sample of young adults. *International Journal of Environmental Research and Public Health*, 19(22). 10.3390/ijerph192214956
- Zietz S, Kajula L, McNaughton Reyes HL, Moracco B, Shanahan M, Martin S, & Maman S (2020). Patterns of adverse childhood experiences and subsequent risk of interpersonal violence perpetration among men in Dar es Salaam, Tanzania. *Child Abuse & Neglect*, 99, Article 104256. 10.1016/j.chiabu.2019.104256

Table 1

Definition of additional adverse and positive childhood experiences (ACE and PCE) variables as measured in Cote d'Ivoire, Kenya, Lesotho, Mozambique, and Namibia Violence Against Children and Youth Surveys.

	Survey question	Indicator definition
Additional Adverse Childhood Experiences (ACEs)		
Witnessed interparental violence	"How many times [before the age of 18] did you see or hear your parent or step-parent being hit, punched, kicked or beaten by your other parent or step-parent? Would you say: never, once, or more than one time?"	Witnessed any parental physical violence prior to age 18
Experienced emotional violence	"Has a parent, adult caregiver or other adult relative ever: 1) told you that you were not loved, or did not deserve to be loved? 2) said they wished you had never been born or were dead? 3) ever ridiculed you or put you down, for example said that you were stupid or useless?"	Experienced emotional violence by a parent, adult caregiver or other adult relative prior to age 18
Experienced death of one or both parents (orphan status)	<b>Biological father:</b> "Is your biological father still alive?" <b>If no,</b> "How old were you when he died?" <b>Biological mother:</b> "Is your biological mother still alive?" <b>If no,</b> "How old were you when she died?"	One or both parents died prior to the age of 18
Witnessed violence in the community	"Outside of your home and family environment, how many times did you see anyone get attacked? Would you say never, once, or more than one time?"	Reported witnessing physical violence in the community prior to age 18
PCEs		
Parental monitoring	"How much does/did your father, mother or caregiver really know the following things – does/did he/she know a lot, a little, or nothing?: [Who your friends are/were?; how you spent your money; where you went after school; where you went at night; what you did with your free time]"	Responses to questions were scored, with a maximum score of 15 (if participant replied "nothing" to all questions). Mean scores by country was calculated across all male respondents between ages 18–24. Participants with scores lower than the country average were coded as having "high" parental monitoring
High peer support	"How much did you talk to friends about important things: a lot, some, not very much, not at all?"	Responded "a lot" or "some"
Strong mother-child or father-child relationship	"How easy or difficult was it to talk to your biological [mother or father] individually about things that really bothered you? Would you say very easy, easy, difficult, very difficult, or you never had a relationship with [her or him]?" AND How close <i>did you</i> feel to your biological mother? Would you say very close, close, not close, or you <i>never had</i> a relationship with her?"	Responded "very easy" or "easy" AND "very close" or "close"

**Table 2**

Prevalence of demographic characteristics, positive and adverse childhood experiences, and distribution by service-seeking among adult males (18–24) who experienced lifetime physical or sexual violence, Cote d'Ivoire, Kenya, Lesotho, Mozambique, and Namibia, Violence Against Children and Youth Surveys.

	Overall		Weighted distribution by outcome		Pearson's Chi-squared (Rao & Scott Adjustment)
	Unweighted n	Weighted prevalence % (95 % CI)	Did not seek services post-PV and/or SV	Did seek services post-PV and/or SV	
Sought services post-PV <sup>a</sup> only, SV <sup>b</sup> only, or PV and SV					
No	1593	91.98 % (89.50–94.45 %)			
Yes	163	8.02 % (5.55–10.50 %)			
Age					
18–21	1100	63.84 % (58.14–69.55 %)	92.74 % (90.08–95.41 %)	7.25 % (4.58–9.92 %)	<i>P-value = 0.4003</i>
22–24	656	36.16 % (30.45–41.86 %)	90.62 % (85.92–95.31 %)	9.39 % (4.69–14.08 %)	
Level of education					
Primary or less	539	30.61 % (26.71–34.51 %)	88.05 % (82.71–93.39 %)	11.95 % (6.61–17.29 %)	<i>P-value = 0.0322</i>
Attending or completed secondary school	1217	69.39 % (65.49–73.29 %)	93.71 % (91.11–96.30 %)	6.29 % (3.70–8.89 %)	
Marital status					
Never married	1460	83.49 % (80.34–86.64 %)	92.91 % (90.45–95.36 %)	7.09 % (4.64–9.55 %)	<i>P-value = 0.0516</i>
Ever married or living together	288	16.51 % (13.35–19.66 %)	87.03 % (80.07–94.00 %)	12.97 % (6.00–19.93 %)	
Residence					
Rural	903	52.45 % (43.07–61.83 %)	92.04 % (88.23–95.85 %)	7.96 % (4.15–11.77 %)	<i>P-value = 0.9584</i>
Urban	853	47.55 % (38.17–56.93 %)	91.91 % (88.84–94.98 %)	8.09 % (5.02–11.16 %)	
Lifetime frequency of PV and/or SV					
Once	947	53.67 % (48.90–58.43 %)	94.35 % (91.57–97.13 %)	5.65 % (2.87–8.43 %)	<i>P-value = 0.0208</i>
More than once	809	46.34 % (41.57–51.10 %)	89.22 % (85.43–93.02 %)	10.79 % (6.98–14.57 %)	
Type(s) of violence ever experienced					
PV only	1300	72.63 % (68.60–76.65 %)	93.73 % (91.22–96.25 %)	6.27 % (3.75–8.78 %)	<i>P-value = 0.0102</i>
SV only/SV and PV	456	27.38 % (23.24–31.40 %)	87.31 % (82.07–92.55 %)	12.69 % (7.45–17.93 %)	
Childhood emotional violence					
No	1515	90.27 % (87.59–92.96 %)	92.81 % (90.35–95.27 %)	7.19 % (4.73–9.65 %)	<i>P-value = 0.2487</i>

	Overall		Weighted distribution by outcome		Pearson's Chi-squared (Rao & Scott Adjustment)
	Unweighted n	Weighted prevalence % (95 % CI)	Did not seek services post-PV and/or SV	Did seek services post-PV and/or SV	
Yes	199	9.72 % (7.04–12.41 %)	88.99 % (82.09–95.87 %)	11.01 % (4.12–17.91 %)	
Witnessed interparental violence					
No	1298	74.95 % (69.79–80.10 %)	94.01 % (91.78–96.24 %)	5.99 % (3.76–8.22 %)	<i>P-value = 0.0027</i>
Yes	428	25.05 % (19.90–30.21 %)	85.46 % (78.69–92.23 %)	14.54 % (7.77–21.31 %)	
Witnessed violence in community					
No	702	35.64 % (30.40–40.88 %)	92.20 % (88.02–96.37 %)	7.80 % (3.63–11.98 %)	<i>P-value = 0.8991</i>
Yes	1041	64.36 % (59.12–69.60 %)	91.89 % (89.12–94.66 %)	8.11 % (5.34–10.88 %)	
Experienced death of one or both parents					
No	1142	75.57 % (71.53–79.58 %)	93.77 % (91.15–96.39 %)	6.23 % (3.61–8.85 %)	<i>P-value = 0.0173</i>
Yes	554	24.43 % (20.41–28.47 %)	86.32 % (79.66–92.97 %)	13.68 % (7.03–20.34 %)	
Sum of Additional ACEs					
0 ACEs	342	22.65 % (17.46–27.84 %)	95.37 % (92.35–98.38 %)	4.63 % (1.62–7.65 %)	<i>P-value = 0.0046</i>
1–2 ACEs	1250	70.26 % (64.45–76.07 %)	92.36 % (89.57–95.15 %)	7.65 % (4.65–10.43 %)	
3–4 ACEs	164	7.09 % (5.01–9.17 %)	77.34 % (60.99–93.69 %)	22.66 % (6.31–39.01 %)	
Strong mother-child relationship					
No	562	32.15 % (31.02–40.79 %)	91.15 % (86.82 %–95.48 %)	8.85 % (4.52–13.18 %)	<i>P-value = 0.7499</i>
Yes	963	67.85 % (59.21–68.98 %)	91.98 % (88.67–95.30 %)	8.02 % (4.70–11.33 %)	
Strong father-child relationship					
No	673	51.88 % (46.03–58.88 %)	88.35 % (83.27–93.44 %)	11.65 % (6.56–16.74 %)	<i>P-value = 0.0239</i>
Yes	622	48.12 % (41.12–53.97 %)	94.21 % (91.35–97.06 %)	5.79 % (2.94–8.65 %)	
Parental monitoring					
No	858	49.07 % (42.80–55.34 %)	93.64 % (90.69–96.58 %)	6.36 % (3.42–9.31 %)	<i>P-value = 0.1249</i>
Yes	884	50.93 % (44.66–57.20)	90.27 % (86.76–93.78 %)	9.73 % (6.22–13.24 %)	
High peer support					
No	441	26.44 (22.02–30.86 %)	93.72 % (90.61–96.82 %)	6.28 % (3.18–9.39 %)	<i>P-value = 0.2866</i>
Yes	1313	73.56 (69.14–77.98 %)	91.44 % (88.41–94.47 %)	8.56 % (5.53–11.59 %)	

<sup>a</sup>PV: physical violence.

<sup>b</sup>SV: sexual violence.

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**Table 3**

Unadjusted odds ratios of associations between sociodemographic factors, violence characteristics, and service-seeking behaviors among adult males (18–24) who experienced lifetime physical or sexual violence, Cote d’Ivoire, Kenya, Lesotho, Mozambique, and Namibia, Violence Against Children and Youth Surveys.

Sociodemographic variable	Unadjusted odds ratio
Age at survey	
18–21	–
22–24	1.32 (0.69–2.56)
Marital status	
Never married (ref)	–
Ever married or living together	1.95 (0.98–3.87)
Residence	
Rural (ref)	–
Urban	1.02 (0.52–1.98)
Level of education	
Primary or less (ref)	–
Attending or completed secondary school	0.49 (0.26–0.95)*
Lifetime frequency of PV and/or SV	
Once (ref)	–
More than once	2.02 (1.10–3.39)*
Violence type(s)	
Physical violence only (ref)	–
Sexual violence and/or sexual and physical violence	2.17 (1.19–3.97)*

\* Denotes significance of p-value <0.05.

**Table 4**

Adjusted odds ratios of associations between ACEs, PCEs, and service-seeking behaviors for violence among adult males (18–24) who experienced lifetime physical or sexual violence, Cote d'Ivoire, Kenya, Lesotho, Mozambique, and Namibia, Violence Against Children and Youth Surveys.

Independent variables	Model 1 Adjusted Odds Ratios (95 % CI) <sup>a</sup>	Model 2 Adjusted Odds Ratios (controlling for covariates found significant in adjacent column) <sup>b</sup>
ACEs		
Witnessed interparental violence		
No (ref)	–	
Yes	2.43 (1.25–4.74) **	2.76 (1.16–6.57) **
Childhood emotional violence		
No (ref)	–	
Yes	1.31 (0.53–3.93)	
Witnessed violence in the community		
No (ref)	–	
Yes	1.03 (0.53–2.00)	
Experienced death of one or both parents		
No (ref)	–	
Yes	2.27 (1.14–4.50) **	1.82 (0.83–3.96)
Sum of additional ACEs		
0 (ref)	–	–
1–2	1.70 (0.82–3.62)	1.20 (0.38–3.77)
3–4	4.90 (1.96–12.20) **	1.08 (0.21–5.39)
PCEs		
Strong mother-child relationship		
No (ref)	–	
Yes	1.12 (0.55–2.29)	
Strong father-child relationship		
No (ref)	–	
Yes	0.45 (0.23–0.89) **	0.52 (0.24–1.12)
Parental monitoring		
No (ref)	–	–
Yes	1.79 (1.02–3.16) **	2.29 (1.22–4.30) **
High peer support		
No (ref)	–	
Yes	1.46 (0.76–2.79)	

<sup>a</sup>Adjusted for violence frequency (1 time vs >1 time) and violence type (only physical, only sexual or sexual with physical violence), level of education.

<sup>b</sup>This model adjusted for violence frequency (1 time vs >1 time) and violence type (only physical, only sexual, physical and sexual), level of education, witnessing parental IPV, death of one or both parents, ACEs score, strong father-child relationship, presence of high levels of parental monitoring.

\*\* Denotes significance of  $p$ -value  $< 0.05$ .

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