A SOUTH AFRICAN RETROSPECTIVE STUDY OF CHILDREN'S EXPOSURE TO DOMESTIC VIOLENCE AS A PREDISPOSING FACTOR FOR REVICTIMIZATION IN ADULTHOOD

JILL RYAN

A mini-thesis submitted in partial fulfilment of the requirements for the Degree of Magister Artium in Child and Family Studies, Department of Social Work, Faculty of Community and Health Sciences, University of the Western Cape

Supervisor: Dr. N. Roman

Co-supervisor: Edna Rich

NOVEMBER 2013

ABSTRACT

Domestic violence has reached epidemic proportions worldwide. Every year, 275 million children globally are exposed to domestic violence. Witnessing domestic violence during childhood has been linked to various risks such as potential health risks, unemployment, deviant behavior, susceptibility to other subsets of family violence, various psychopathologies, as well as potential perpetration and revictimization. Boys are twice as likely to become perpetrators of abuse in adulthood if they have witnessed domestic violence in comparison to boys from non-violent homes. Girls exposed to domestic violence were shown to be more accepting of abusive married life than girls from non-violent homes. The aim of the study was to describe the perceptions of childhood exposure to domestic violence as a predisposing factor for revictimization in adulthood. The study used a quantitative approach with a cross-sectional correlational design. The sample consisted of 77 female participants from shelters across Cape Town, Western Cape. The study employed an adapted version of The Child Exposure to Domestic Violence (CEDV) Scale. The questionnaire was divided into three sections, namely demographic details, types of exposure to domestic violence the adult may have experienced as a child, and lastly current adult experiences of domestic violence. The data was analyzed using the Statistical Package for Social Sciences V21 (SPSS). Results suggest that there is a significant positive relationship between past perceived experiences of domestic violence and present perceived experiences of domestic violence. Limitations and recommendations are stipulated for proposed intervention strategies and further study expansion on this topic

KEYWORDS

Domestic Violence (DV)

Intimate Partner Violence

Women

Childhood

Adulthood

Trauma

Intergenerational transference of trauma

Social cognitive learning theory

Shelter

DECLARATION

I declare that the current study *A South African retrospective study regarding the perceptions of children's exposure to domestic violence as a predisposing factor for revictimization in adulthood* has not been submitted before for any degree or examination in any university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

_____ November 2013

JILL RYAN **DATE**

DEDICATION

This thesis would not have been possible without the grace of God, who through his mercy has granted me the resilience and blessing in coming this far in my academic as well as life achievement. To my family and friends who through constant motivation and support, never allowed me to doubt myself and what I could achieve, and for that I am eternally grateful.

To all those who contributed to my enduring desire to complete this thesis, I thank you dearly.

ACKNOWLEDGEMENTS

- First and foremost, this would not have been possible without the mercy and grace God Almighty has granted me. Through the intellect, sincerity and patience He has granted me in this process, I hope that my efforts will bring positive outcomes to those who may benefit from the information found in this thesis. For what is a truly blessed mission than to improve the lives of others through the guidance God gives to our intentions? All praise and honour are due to Him, all mistakes are but my own.
- To my supervisor, Dr. Roman, who I know would follow, haunt and track me to the ends of the earth in making sure that this thesis would be a true reflection of my capability as a researcher and academic with no mental space allowed for doubt, I thank you. You are a woman of great expectations with a desire for excellence, only because this is the capacity in which you enrich your students. I am whole-heartedly grateful for your unconditional support and motivation, and have trusted you throughout this process as your belief in my potential has only ever brought out the best in me.
- To my God-given pillar of support and endurance, my parents Michael and Eleanor Ryan; God alone knows that I would not have seen any of my achievements come to fruition had it not been for both of you. Daddy, for making it possible for even conducting my study by getting everything I needed and taking me everywhere I needed to be. Mommy, for always checking if I had remembered to eat while getting lost in literature searches and reminding me that every now and again it is okay to take a breather, as I will complete this in time. I truly thank both of you for bringing me this far

on my journey. I doubt I will ever be able to acknowledge you properly for what you have done for me; I love you and always will. Sorry also for my moody days!

- To my siblings Mishka and Shaun, I owe you the world for the greatest amount of inspiration and motivation you have provided me. Always having been my parents' second in command both of you have always looked after me as your own child, more so than a sister, always wanting the best for me in all I do. There is no end to how much I love and appreciate you both for the contribution you have made.
- To my other half, Dani'yal Maneveld, You have taken the brunt of the pressure I felt in completing this and I am so sorry, but being the best boyfriend ever you have remained supportive, encouraging and motivating. You didn't understand half the time what I was doing but it didn't stop you from convincing me that whatever it was, no-one was more capable of handling it than me. You are my Godsend and I love you so much, especially in the role you played in helping me complete this.
- To my friends that over the years has become more like family: Eugene Davids, Gadija Khan, Ashley Muller, Waedi Issacs, Ashley Van Heerden, and Karin Daniels. Through this circle of trust and friendship it is safe to say that I have found the best in who I am, what I'm capable of and what that can bring to the world. You have motivated me even while enduring the same process respectively in your own academic streams. Without you and the upliftment you imparted this sure would have been a difficult and unfulfilling process.
- Lastly, this study would not at all have been possible without the assistance of the shelters used in this study, who through their love and dedication, sought to improve the lives of many young women suffering from domestic violence in becoming victors over

their own destiny. I thank you and especially all the participants who partook in this study, who if only briefly, allowed the academic world a peek into their most harrowing experiences, in hope that it would assist in bringing change to many women following generations to come.

TABLE OF CONTENTS

CHAPTER 1 CONTEXT 1

1.1 Introduction 1

1.2 Theoretical Framework 3

1.3 Problem statement 4

1.4 Research questions 5

1.5 Aim of the study 5

1.5.1 Objectives of the study 6

1.5.2 Hypothesis 6

1.6 Methodology 6

1.7 Significance of the study 7

1.8 Definition of terms 7

1.9 Summary of chapters 9

CHAPTER 2 LITERATURE REVIEW 11

2.1 Introduction 11

2.2 Defining domestic violence 11

2.3 Prevalence rates of domestic violence 14

2.3.1 Prevalence amongst women 14

2.3.2 Prevalence of children exposed to domestic violence 16

2.4 Factors linked to domestic violence 18

2.4.1 Inequality and domestic violence 18

2.4.2 Socio-economic status and domestic violence 19

2.5 Effects of domestic violence 21

2.5.1 Effects on children 21

2.5.2 Effects on women 23

2.6 Intergenerational transference of domestic violence 24
2.7 Revictimization 25
2.8 Theoretical Framework 26
2.9 Conclusion 28
CHAPTER 3 METHODOLOGY 30
3.1 Introduction 30
3.2 Methodological approach 30
3.3 Research design 31
3.4 Population and sample 32
3.4.1 Sample 32
3.5 Instrument 33
3.5.1 The Child Exposure to Domestic Violence Scale 33
3.5.2 Reliability and Validity 35
3.6 Pilot Study 36
3.6.1 Pilot study results 37
3.6.2 Changes made to instrument and process 37
3.7. Data collection for the main study 38
3.8 Data analysis 40
3.9 Ethical considerations 41
3.10 Conclusion 42
CHAPTER 4 RESULTS 43
4.1 Introduction 43
4.2 Description of sample 44
4.2.1 Socio-economic status of the participants 45
4.2.2 Types of abuse experienced 46
4.3 Childhood experience of domestic violence 47

4.3 Adult experiences of domestic violence 51

4.4 Relationship between past perceived experiences of domestic violence and present experiences of domestic violence 54

4.5 Conclusion 54

CHAPTER 5 DISCUSSION, LIMITATIONS, CONCLUSION, AND RECOMMENDATIONS 56

5.1 Introduction 56

5.2 Overview of domestic violence 56

5.3 Childhood experience of domestic violence 59

5.4 Adult experiences of domestic violence 60

5.5 Revictimization 61

5.6 Limitations 63

5.7 Conclusion 65

5.8 Recommendations 66

References: 70

List of tables

Table 4.1: Demographic details of sample

Table 4.2: Socio-economic status in childhood

Table 4.3: Socio-economic status in adulthood

Table 4.4: Types of abuse experienced in current relationship

Table 4.5: Abuse experienced by mother in a previous relationship

Table 4.6: Childhood onset of domestic violence

Table 4.7: Perceived childhood experience of domestic violence

Table 4.8: Types of exposure to childhood experiences of domestic violence

Table 4.9: Adult onset of domestic violence in current or recently ended relationship

Table 4.10: Current experiences of domestic violence

Table 4.11: Correlation between past perceived experiences of domestic violence and present perceived experiences of domestic violence

APPENDICES

Appendix I: Questionnaire

Appendix II: Information sheet

Appendix III: Consent form

CHAPTER 1

CONTEXT

1.1 Introduction

Domestic violence, as described by the United Nations Division of Advancement of Women (2004:2), is "any act of gender-based violence that may result in physical, sexual, or psychological harm or suffering to women, including threats of such acts of coercion or arbitrary deprivation of liberation, whether occurring in public or private life". The practice of domestic violence is condoned in society and tolerated by community elders as well as religious leaders, as this is seen as maintaining the balance of the home whereby husbands retain authority within the household (Rasool & Vermaak, 2002; Gumede, 2011). Violence against women can be attributed to the patriarchal nature of our society, where women are viewed as inferior to men, often as their possessions, and in need of being led and controlled (Jewkes, Penn-Kekana, Levin, Ratsaka & Schrieber, 2001). Domestic violence is tolerated because it is regarded as an 'open secret'. This 'open secret' happens behind closed doors and people living within the immediate environment such as neighbours, even cousins and aunts that stay within the home, are aware of what is happening (Gumede, 2011). This can be seen in the study conducted by Rasool and Vermaak (2002), where people had been frequently found to be present when abuse had occurred and when asked, 60.4% of women in rural areas, 58.9% in urban areas and 63% in metropolitan areas had stated that they had not been alone when abused. In majority of these cases, witnesses are family members such as parents, in-laws, siblings as well as children. Carlson (2000) found that 10% to 20% of American children are exposed to adult domestic violence each year, which

is approximately 7 to 14 million American children. These statistics had increased from 3.3 million children in a study 16 years previously (Carlson, 1984).

When it comes to domestic violence, South Africa has not been far behind in these endemic proportions. The Medical Research Council states that a woman is killed by her intimate partner every six hours in South Africa. This is the highest rate that has ever been reported anywhere in the world (Mathews, Abrahams, Martin, Vetten, Van der Merwe & Jewkes, 2004). However, it is also difficult to document as Human Rights Watch states that police do not keep separate statistics on assault cases perpetrated by husbands or boyfriends (Onyejekwe, 2004). The Department of Justice has estimated that one in four women have been subjected to domestic violence (South African Law commission, 1997) yet there are no exact figures or reports of domestic violence because it is not technically defined as a "crime" (Bendall, 2010). If violence is as prevalent as the statistics present, violence may be seen as a normative and normal manner in which to assert masculinity or authority within the home (Jewkes, 2002). These patriarchal societal norms tolerate and even condone physical violence against women, within unwritten boundaries of severity, in order to maintain the male-female union (Jewkes, 2002). This is further seen as a perpetuation of the cycle of violence through tolerance from community and the family, which is influenced by a cultural backdrop. For this reason, police do not take the matter of domestic abuse seriously and no urgency is felt to put protective legislation in place (Jewkes, 2002).

Children who witness inter-parental violence note this as a domestic strategy and this in turn increases their chances of revictimization (Jewkes 2002; Abrahams, et al, 2006). With this incredible number of abused women, yet no legitimacy in viewing domestic violence as a crime, it seems pertinent to understand this complacency in violence against women and why it has

reached such a 'normative' status. This study aimed to describe the perceptions of childhood exposure to domestic violence as a predisposing factor for revictimization in adulthood. Adult women who are currently abused were asked to recall if they had experienced domestic violence during their childhood. Domestic violence witnessed in childhood is established as a domestic strategy in adulthood to maintain the home or family (Jewkes, 2002). It is for this reason the perceptions of childhood exposure to domestic violence were examined as a predisposing factor for revictimization in adulthood.

1.2 Theoretical Framework

For this study social cognitive learning theory was used. It is focused on how children learn to behave by experiencing how others treat them and by observing how their parents treat each other. In other words, children would imitate or model what they see and feel within the home (Bevan & Higgins, 2002; Stith, et al, 2000; Alexander, Moore & Alexander III, 1991). Social cognitive learning theory is essentially about observational learning, a principle that the intergenerational model as well as other intergenerational studies draw on (Stith et al, 2000; Alexander et al, 1991). The principle stipulates that an individual's response is influenced by the observation of their model or person whose behavior is observed, with response tendencies seen as products of imitation of these observations (Weiten, 2010). It could then be said that the focus is on the influence of the models in the individual's life and in this instance the parental behavior modeled in the child's life and how the imitation of relationship patterns experienced in childhood, play out in adulthood.

In utilizing an intergenerational aspect of the theory, one generation places their children at risk for social, behavioral and health problems across childhood and adulthood. The outcome of this

risk is parenting conditions and environmental conditions that place a new generation at risk in terms of behavior and health which in turn may put them at a disadvantage in life (Serbin & Karp, 2003). In identifying the process, the developmental process is looked at which in turn may lead to areas of interest in accordance to the theory being used. Once this is identified, both generations can be compared and assessed at which similar points of development they experience a similarity in behavior (Serbin & Karp, 2003). This study focused on women who had experienced domestic violence and who had also been exposed to domestic violence within the home during childhood. Though exposure is commonly defined as being within sight or sound of the violence, other types have been identified. These additional types were: threatening the child while being in the arms of the mother, taking the child hostage in an attempt to force the mother to return home and using the child as a spy by interrogating him/her about the mother's activities (Edleson, Ellerton, Seagren, Kirchberg, Schmidt & Ambrose, 2007; Ganley & Schechter, 1996). For this reason, exposure to adult domestic violence was all inclusive of multiple experiences of the children who experience it in their homes, as violence is experienced as diversely as the different types of families that exist today (Edleson, et al, 2007).

1.3 Problem statement

Research suggests that the effect of violence witnessed by children and the trauma associated with it has been linked to various at risk challenges for developing children (Jewkes, et al, 2006). For women, the impact of domestic violence has resulted in poor health and general well-being (Campbell, et al, 2002; McGraw, Golding, Farley & Minkoff, 2007; Eberhard-Gran, Schei & Eskild, 2007). With the dawn of the Domestic Violence Act (Act 116 of 1998), the South African Police Services conducted a survey in 1998 and noted a surge of domestic violence cases with these cases constituting a significant proportion of violent crimes in South Africa.

Currently, in South Africa, the Medical Research Council reports the highest rate of intimate partner violence globally (Mathews, et al, 2004). A concern is when children are exposed to violence in the home. Research suggests that women who had been exposed to childhood violence were especially vulnerable to revictimization in adulthood (Jewkes & Abrahams, 2002; Seedat, et al, 2009). Much of the studies conducted had been done in developed countries with not much focus on developing countries, as female oppression is taken as a given or normative view (Messman & Long, 1996; Roodman & Clum, 2001; Jewkes, 2002). It is for this reason the study was conducted to determine if there is a relationship between childhood exposure to domestic violence and current experiences in their adult relationships.

1.4 Research questions

In light of the literature and theoretical framework, the following research questions were formulated:

1. What are women's current perceptions of domestic violence which had occurred in their childhood?

2. What are women's perceptions of domestic violence currently?

3. Is there an association between their perceptions of exposure to domestic violence during childhood and domestic violence during adulthood?

1.5 Aim of the study

The aim of the study was to describe the perceptions of childhood exposure to domestic violence as a predisposing factor for revictimization in adulthood.

1.5.1 Objectives of the study

The **objectives** are to:

- Identify women's perceptions of exposure to domestic violence during childhood;
- Determine women's current perceptions of domestic violence in adulthood;
- Establish the relationship between the current perception of domestic violence during childhood and perceptions of domestic violence experienced in adulthood.

1.5.2 Hypothesis

The hypothesis of the study:

- Women who had been exposed to domestic violence during childhood have a predisposition to be in a domestic violent relationship in adulthood.

1.6 Methodology

This study used a quantitative methodological approach. A quantitative study can be defined as data collected in the form of numbers and using analysis through statistical measures (Terre Blanche, Durrheim & Painter, 2006). As defined by Creswell (1994), quantitative research sets about explaining certain phenomena by collecting numerical data that are analyzed using mathematically based methods. This study used a cross-sectional correlation design. In cross-sectional designs, the same variable is only measured on one occasion for each participant. A correlational design determines if there is a relationship between the variables. In this study the variables are perceived exposure to domestic violence in childhood and perceived current

domestic violence. The research design for this study is not to test effects or causality but rather possible relationships or associations between variables (Howitt & Cramer, 2008).

1.7 Significance of the study

Research on children who witness marital violence is not as extensive as research done on children who are directly affected by physical abuse, such as children who see, hear and intervene in episodes of marital violence (Fantuzzo, et al, 1997). NGO's or places that offer reactive services to abused women offer an optimal environment in psycho-education on this matter if a link is found that children in shelters for domestic abuse are more likely to be found to have adjustment problems than children in the community facing the same multiple stressors (Kitzmann, Gaylord, Holt & Kenny, 2003). The motivation for this study was to gain a contextualized understanding of this phenomenon tailored towards the South African population. This would become the basis for more informed programme planning and could be integrated into psycho-educational programmes towards domestic violence and children's exposure to it.

1.8 Definition of terms

Domestic Violence

"Any act of gender-based violence that may result in physical, sexual, or psychological harm or suffering to women, including threats of such acts of coercion or arbitrary deprivation of liberation, whether occurring in public or private life." (UN Division of Advancement of Women, 2004)

Intimate Partner Violence

"Physical, sexual, psychological and coercive forms of abuse to only occur between a woman and her intimate partner." (Ellsberg, et al, 2008)

Women

In this study, referring to females 18 and older.

Childhood

Childhood is the period between the ages 0-18 according to the law (Savahl, 2010).

Adulthood

Phase when one is 18 and older (Children's Act 38 of 2005).

Trauma

In the context of the study, trauma will refer to domestic violence as seen by the child, types of which were found to be threatening the child while being in the arms of the mother, taking the child hostage in forcing the mother to return home and using the child as a spy by interrogating him/her about the mother's activities (Edleson, Ellerton, Seagren, Kirchberg, Schmidt & Ambrose, 2007; Ganley & Schechter, 1996).

Intergenerational transference of trauma

The process whereby one generation places their children at risk for social, behavioral and health problems across childhood and adulthood; outcome being parenting conditions and

environmental conditions that place a new generation at risk in terms of behavior and health which in turn may put them at a disadvantage in life (Serbin & Karp, 2003)

Social cognitive learning theory

An individual's response is influenced by the observation of their model or person whose behavior is observed, with response tendencies seen as products of imitation of these observations; also known as observational learning (Weiten, 2010).

Shelter

A place of refuge for abused women and their children as shelters are havens for abused women and their children, with resources used to meet the needs of them and their children (Saathoff & Stoffel, 1999).

1.9 Summary of chapters

CHAPTER 1 introduced the concepts of domestic violence and the intergenerational transference of domestic violence. In addition, the background and rationale, problem statement, as well as aims and objectives were stipulated so as to illustrate what the study encompassed and why the study is significant. The methodological framework and design highlighted in this section provided insight to the method of inquiry used by the researcher.

CHAPTER 2 is the literature review on domestic violence. This chapter provides an overview of research trends on literature surrounding domestic violence, internationally as well as locally. Topics include a historical overview of domestic violence, revictimization due to childhood exposure to domestic violence, the effects of domestic violence on the women who experienced

it and the children who are exposed to it, and lastly the intergenerational transference of domestic violence. Additionally, a theoretical framework is provided in order to display the theoretical structure the study was grounded in.

CHAPTER 3 describes the research methodology and research design used for the study. Outlined in this chapter is information about the research setting, population and sample techniques implemented, the instrument used, the pilot study and changes that followed from this. Additionally, data collection for the main study and data analysis are included as well as the ethical considerations followed and maintained throughout the study.

CHAPTER 4 consists of the detailed analysis of findings with findings presented as tables. This chapter allows insight about the sample demographic and the data gathered from the sample in addressing research questions. The data obtained was expressed through descriptive and inferential statistics. Data collected was analyzed by the Statistical Package in Social Sciences (SPSS) version 21 and presented in tabular format.

CHAPTER 5 presents the concluding discussion of the main findings. This chapter examines the results in greater depth in linking past as well as present literature done on the intergenerational transference of domestic violence as well as domestic violence in order to gain a comprehensive understanding of the global trends of this phenomenon in comparison to the local context of Cape Town in the Western Cape. Limitations and recommendations are provided for insight for future study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter provides an outline of the literature available on the topic of domestic violence and the factors which contribute to it. Many attempts were made in defining domestic violence as different countries and cultures have different understandings of domestic violence with violence against women even being socially accepted or even sanctioned. Prevalence rates are provided to show the global as well as local impact of domestic violence on women and children. Many factors contribute to the prevalence of domestic violence such as inequality and socio-economic challenges, both of which are addressed in this chapter. Domestic violence is heterogeneous in its effect and is therefore examined in regards to women as well as children. It also becomes apparent that these effects have lasting consequences that span generations and may place children exposed to domestic violence at risk for future revictimization, both concepts explored in the chapter. Lastly, the theoretical framework is presented to allow insight into how the study was framed.

2.2 Defining domestic violence

The United Nations Division of Advancement of Women (2004: 2) defines domestic violence as "any act of gender-based violence that may result in physical, sexual, or psychological harm or suffering to women, including threats of such acts of coercion or arbitrary deprivation of liberation, whether occurring in public or private life". It was later when the United Nations further narrowed their definition of physical, sexual, psychological and coercive forms of abuse

to only be between a woman and her intimate partner. This was done to create a more specific perspective when examining women's physical and mental health, in a study conducted by the World Health Organization (WHO). Domestic Violence can include the elderly as well as children (Ellsberg, et al, 2008).

South Africa, on the other hand, has maintained the term domestic violence which includes a range of abusive and controlling behaviors, especially in the ambit of the law. These include "physical, sexual, emotional, verbal and psychological abuse, economic abuse, intimidation, harassment, stalking, damage to property and entry into the complainant's residence without consent"; which was the basis for the Domestic Violence Act (Act 116 of 1998) (Vetten, 2005). For the purpose of this study, domestic violence was used as a term deemed all-encompassing of the activities which women, particularly in South Africa, believed to represent the full onslaught of violence perpetrated against women (Seedat, et al, 2009). The definition, for the purpose of this study, includes abusive and controlling behaviors against women but also the effects it has on the children involved. Therefore, the term domestic violence encapsulates (SAPS, 1998):

(i) Physical abuse which entails pushing, shoving, grabbing, kicking, punching, choking, pinching, use of weapons for the purpose of injury, biting, actions leading to femicide, murder or suicide.

(ii) Sexual abuse pressuring or forcing partner to have sex, forcing partner to have sex after abusing them, forcing unwilling participant to engage in unpleasant or distasteful acts, intentionally causing pain during sex, preventing partner from using any form of contraception, exposing partner to STI's or HIV by having sex with multiple partners. (This applies in the case where the perpetrator is not married to the partner)

(iii) Emotional abuse which is refusing to talk to partner for periods at a time (silent treatment), partner has sex with multiple partners with or without the partner's knowledge yet accuses the partner of cheating, excessive jealousy and in so doing preventing the partner from joining social activities, work and visiting or communicating with family and friends and insulting the partner.

(iv) Verbal abuse includes the perpetrator swearing at the partner, shouting at the partner including shouting outside the partner's residence to get them out against their will.

(v) Psychological abuse includes public humiliation, for example the perpetrator shouting out a partner's HIV status in the street in front of the partner's residence, constant criticism, blaming the partner for causing the perpetrator to abuse them, and the perpetrator restricting the freedom of the partner.

(vi) Economic abuse is controlling all the financial means in the home by means of not allowing the partner to work, stealing money from their partner, perpetrator keeping the partner short of money for basic family needs; the perpetrator may also keep the money from their partner if the partner is receiving money from any sources of income, the perpetrator making major financial decisions without the consent of the partner such as spending money only on the perpetrator's wants and undermining attempts of the partner to improve on their education for economic advancement.

(vii) Intimidation, which is threats towards the partner, children or partner's family.

(viii) Harassment.

(ix) Stalking, which is following the partner as well as their children.

(x) Damage to the partner's property or anything the partner may value.

(xi) Entry into the partner's residence without their consent.

Emotional abuse was found to be the most prevalent type of abuse among pregnant women in Peru (Perales, et al, 2009). In South Africa, a study conducted across 3 provinces found physical abuse to be the most prevalent form of abuse (Jewkes, et al, 1999). Similar findings were found, with the addition of sexual violence as being the most prevalent type among women attending antenatal clinics in Soweto, South Africa (Dunkle, et al, 2004).

2.3 Prevalence rates of domestic violence

The prevalence of domestic violence has reached epidemic proportions (Alhabib, Nur & Jones, 2009). In a systematic review reviewing gender-based violence during emergency settings, it was shown that intimate partner rates are far higher than most rates of wartime rape or sexual violence perpetrated by an individual outside the home (Stark & Ager, 2011). It is therefore important to explore the prevalence of domestic violence especially amongst the most vulnerable of our society, namely women and children. Prevalence rates of domestic violence will be looked at in the context of women and children in order to extrapolate a clearer understanding of the severity of domestic violence.

2.3.1 Prevalence amongst women

A systematic review conducted by Alhabib, Nur and Jones (2009), reviewed international prevalence rates of domestic violence and found that the highest levels of physical violence were among Japanese Immigrants living in North America (48%). Additionally, these immigrants also displayed the highest prevalence of emotional violence (78%) followed by South America, Europe and Asia with rates ranging from 37% - 50% (Alhabib, Nur & Jones, 2009). The prevalence rates within Africa were investigated in a systematic review done by Roman and Frantz (2012), which revealed Zambia (48%) displaying the highest prevalence in intimate

partner violence amongst African studies. Kenya followed closely with prevalence rates of 46.2% (Roman & Frantz, 2012). Furthermore the review revealed a mean lifetime prevalence of intimate partner violence in South Africa was 25.70%, with the prevalence of intimate partner violence being more common for women than men (Roman & Frantz, 2012).

In 1991 international statistics showed that 97% of abusers were men and 92% of victims were young girls. 16 years later a report by United Nations Children's Emergency Fund (UNICEF) resonated the same sentiment that majority of abusers are still men and victims remain young girls (Vogelman & Eagle, 1991; UNFPA, 2005). The World Health Organization (WHO, 2013a) shows that on average, 30% of women have experienced physical abuse and/or sexual coercion by their partner with 35% of women worldwide having been sexually abused in their lifetime by a partner or non-partner. Women least likely to experience physical or sexual abuse were Japanese city women who accounted 15%, in comparison to rural parts of Bangladesh, Ethiopia, Peru and Tanzania, who reported the most violence against women (WHO, 2005). An example of this is 71% of Ethiopian women reported physical and/or sexual abuse by an intimate partner in their lifetime (WHO, 2005).

Female homicide, linked to an abusive relationship is another notable aspect in violence against women. On a global scale about 38 % of female homicides are committed by an intimate partner (WHO, 2013) with 40% - 70% of female homicide victims in Australia, Canada, Israel, South Africa and the United States killed by a boyfriend or husband, which was often found to be in the context of an ongoing abusive relationship (WHO, 2002). A recent study done in South Africa by the South African Medical Research Council (MRC), examined mortuary lists across the country on perpetrators of female homicides in 1999 and 2009 respectively (Abrahams, et al, 2012). What was found was that female homicide rates had gone down dramatically and that

presently, a woman is killed by an intimate partner every eight hours instead of every 6 hours as it was in 1999. Additionally, though there may be a decline in female murder rates nationally, there was an increase in perpetrators being shown as an intimate partner denoting that intimate partner violence had been the leading cause of female homicides. The statistics revealed that out of the 38 mortuaries sampled, 56% of femicide cases were committed by an intimate partner (Abrahams, et al, 2012)*).* This shows that deaths related to intimate partner violence are on the increase.

Yet in many of these cases, children get caught in the crossfire of domestic violence within the home and are often left at the mercy of those consequences.

2.3.2 Prevalence of children exposed to domestic violence

Every year, 275 million children are globally exposed to domestic violence in the home and deal with the consequences of a tempestuous home life as a result (State of the world's children, 2007). Studies from countries within the developing world such as China, Columbia, Egypt, India, Mexico, the Philippines and South Africa show a strong correlation between domestic violence against women and domestic violence against children, a consequence of which spans generations (State of the world's children, 2007). Consequences can be seen in a systematic review which revealed that exposure to intimate partner violence within childhood increased the likelihood of engaging in health risk behaviors later on in life and risks of under immunization (Bair-Meritt, Blackstone, & Feudtner, 2006).

A systematic review revealed than within South Africa, 25% of participants had witnessed their mothers being abused by their partners, the implications of which included anxiety disorders, stunting and being underweight, revictimization and perpetration (Roman & Frantz, 2012). Boys

are twice as likely to become perpetrators of abuse in adulthood if they had witnessed domestic violence in comparison to boys from non-violent homes, with girls exposed to domestic violence being more accepting of abusive married life than girls from non-violent homes (State of the world's children, 2007).

Witnessing domestic violence not only places an individual at risk in becoming a perpetrator or victim but a contributor to criminal activities. A life style study revealed that youth who had seen family members intentionally hurt one another were three times more likely to carry weapons, two times more likely to be in a fight and four times more likely to have threatened or injured someone with a weapon than youth from non-violent homes (Holborn & Eddy, 2011). Additionally, within South Africa, 27% of youth offenders stated that their family members would sometimes hit each other in comparison to 9% of non-offenders who claimed the same incident (Burton, Leoschut, & Bonora, 2009). This purports the fact that witnessing domestic violence in the home places those children at risk for future deviant behaviors. This is further emphasized in a systematic review revealing that witnessing intimate partner violence in childhood was positively associated with future intimate violence perpetration if antisocial behavior was present in the child (Capaldi, Knoble, Shortt & Kim, 2012).

Yet factors mainly contributing to these prevalence rates are circumstances that can, in the long run, be linked to environmental factors such as socio-economic status and inequality, which place women and children at a considerable vulnerability.

2.4 Factors linked to domestic violence

Factors such as inequality and socio-economic status have been notably linked to domestic violence and have been shown to contribute to the level of violence experienced and vulnerability one is susceptible to, on the basis of gender, race and class.

2.4.1 Inequality and domestic violence

One cannot speak about the gender disparities and unequal status of women and children unless one brings in the socio-political circumstances that institutionalized it. In South Africa, February 1990 was to be a beginning, where political processes were supposed to be "normalized" in the process of peace and apartheid liberation upon the release of Nelson Mandela (Simpson, 1993). Instead it showed to be a violent time as ideologies of the apartheid regime had to be confronted, as it became apparent that these ideologies would not disappear so easily. It was at this time that political culture was shown to be undoubtedly interwoven with themes of violence and political intolerance through decades of state legitimation of violence in order to maintain state power and control (Simpson, 1993*;* Boonzaier, 2003). As a result, violence became an apparent mechanism in resolving conflict which was socially sanctioned and even accepted. It seemed inevitable that this style of resolving conflict would ultimately spill into other dimensions of society where people sought to resolve their social, economic and domestic disputes (Simpson, 1993).

The trauma accompanying such an uncertain transition amongst political turmoil often leads to displaced aggression, an aggression that is often times directed towards society's most vulnerable which are women and children (Simpson, 1993). South African men, specifically non-white, had trouble reconciling definitions of masculinity and roles associated with it. The powerlessness, inferiority complex and emasculation of black men, created and maintained by

the apartheid regime by referring to them as "boys", added to the displaced aggression (Simpson, 1993*)*. With the dwindling economy and high unemployment rate unable to reconcile the masculine expectation of breadwinner, men applied this aggression to women who were ultimately victims of symbolic power reassertion (Simpson, 1993*)*.

Situations of conflict, post-conflict such as transition to democracy from a violent past, as well as displacement have the potential to exacerbate existing violence and even present new forms of violence against women (WHO, 2013a). Men as well as some women saw wife beating as acceptable under the African patriarchal system, as it was an acceptable and justifiable way to correct her for supposed transgressions against her gender role of either failing to do housework, neglecting childcare duties or partaking in sexual infidelity (Kim & Motsei, 2002)

Black women have ended up facing multiple forms of oppression on the basis of race, class and gender with the manifestation of violence against them a product of a complex dynamic of inequality and domination as part of the legacy of apartheid (Boonzaier, 2003). Women have been sidelined in opportunities for economic liberation as well as enjoyment of basic human rights. They have been at the mercy of severe levels of low socio-economic status and been made vulnerable through this circumstance of being victims of sexual exploitation and abuse.

2.4.2 Socio-economic status and domestic violence

Financial means have been known to be used as a form of abuse. Economic abuse involves the abuser withholding financial means from their partner, stealing from their partners (SAPS, 1998), even "pimping" out their partner, against the partner's will, to other men for financial gain (Council for Scientific and Industrial Research, 2008). Defiance on the part of the partner in not engaging in this sexual exploitation is met with severe beatings and rape (Council for Scientific

and Industrial Research, 2008). Men who abuse are twice as likely to withhold money from their partners (Abrahams, Jewkes & Laubscher, 1999).

Poorer communities are subject to increased instances of violence and have impaired resources to deal with it. As a result, women in these communities in low socio-economic status (SES) areas often experience frequent incidents of violence (Williams & Mickelson, 2004; Boonzaier, 2003). Historically, women have continually been marginalized within society when it comes to paid work and have been systematically disenfranchised in benefiting from socio-economic opportunities such as formal employment (Charles & Kerr, 1999; Social Development, 2012). This marginalization has continually kept women in the low SES bracket, vulnerable to exploitation in the form of abuse. In some African countries where women are sidelined in the local economy, little to no opportunities regarding economic sustainability are available to them (State of the World's Children, 2007). This vulnerability has made them susceptible to sexual exploitation in order for the women to obtain commodities to sustain their family and livelihood (State of the World's Children, 2007). South African findings stipulate that economic inequality within a relationship purports domestic violence (Jewkes, 2002). In terms of resources in dealing with domestic violence, middle to upper class women have options available to them as compared to women among the poor, who have little alternative than to seek help from public agencies or institutional support with minimal resources (Boonzaier, 2003). Public agencies or institutional support available to these women pose additional challenges. Public facilities such as public hospitals and clinics, social work caseloads as well as police, are incapable of providing ample support in dealing with domestic violence, due to limited staff, inundation of patients/clients and inadequate training in dealing with domestic violence cases (Council for Scientific and Industrial Research, 2008). Examples of inadequate training can be displayed by

the study limitations found on female murder rates by an intimate partner, where challenges were improper statements written by police and uninvestigated reports of female murder victims at the mortuaries rendering 20% of the cases from the sample non-usable as perpetrators were not identified (Abrahams, Mathews, Jewkes, Martin & Lombard, 2012). It is challenges such as this, where inadequate knowledge on handling cases regarding violence against women may lead to under reporting regarding prevalence of domestic violence. Such shortcomings within the structural framework of public institutions aimed at assisting women experiencing domestic violence, may lead to a lack of proper representation of the situation of domestic violence within South Africa. In essence it shows that more than just violence can be transferred via the cycle of violence. It can be seen that ethnic as well as socio-economic status disparities may be inherited when combined with factors such as domestic violence.

2.5 Effects of domestic violence

Effects of domestic violence manifest themselves as diversely as the violence is experienced. For this reason, effects will be explored in children as well as in women as effects are diverse according to each developmental stage.

2.5.1 Effects on children

The effects of violence witnessed by children and the trauma associated with it have been noted in affecting brain development, the ability to form strong emotional bonds and empathize, as well as creating a risk for psychological disorders, teenage delinquency and peer associations such as gangs and facilitating early antisocial behavior (Osofsky, 1995; Edleson,1999; Jewkes, et al, 2006). Additionally children exposed to intimate partner violence were more likely to develop violent and delinquent behavior and engage in risk-taking behavior later in adolescence (Roman

& Frantz, 2012). Even during childhood, when witnessing domestic violence, children are 15 times more likely to be physically abused and neglected than children without such exposure (Osofsky, 1999). The involvement in one form of violence becomes a risk factor for other types (Graham-Bermann & Edleson, 2001), as even perpetrators of domestic violence have at some time or another often been victims of some form of family violence in childhood or later (Tolan, Gorman-Smith & Henry, 2006). This shows that witnessing domestic violence allows children to be susceptible to other subtypes of family violence such as child abuse and even neglect, which can be just as detrimental as physical violence.

Children raised by parents who neglect them as a result of abuse, fail to develop basic trust and security, as even the trauma of witnessing one parent being struck or harmed by the other parent destroys the belief in the parent's ability to protect the child and make them feel secure (Osofsky, 1995; Dutton, 2000). At school going age children are noted to be withdrawn and develop an anxiety disorder as children exposed to domestic violence display symptoms similar to post-traumatic stress disorder (PTSD) (Osofsky, 1995). These findings regarding PTSD similarities were verified in a study done in 2011 by the University of California (UCLA) looking at brain activity of children exposed to domestic violence. Results reveal that children exposed to family violence showed similar brain patterns to soldiers who were exposed to violent combat situations (McCrory, et al, 2011). The reason for this showed that both children and soldiers had become "hyper-aware" of their environment, and the two areas stimulated in the brain when a perceived threat may be looming are also areas implicated in anxiety disorders, which may explain later development of this in children exposed to domestic violence (McCrory, et al, 2011). Furthermore, children who had been exposed to domestic violence were placed at risk for several leading causes of death later in adulthood (Roman & Frantz, 2012). These include ischemic heart

disease, cancer, chronic lung disease, skeletal fractures, and liver disease (Felitti, Anda, Nordenburg, et al, 1998).

2.5.2 Effects on women

Women experiencing domestic violence have been reported to have more symptoms of poor health than women who are not abused (Campbell, et al, 2002; McGraw, et al, 2007; Eberhard-Gran, et al, 2007). These symptoms include psychiatric symptoms such as depression, post-traumatic stress disorder (PTSD), suicide, and alcohol and drug problems (Plitcha & Falik, 2001; Campbell, 2002). Associated with psychological issues such as stress are physical symptoms such as chronic pain like headaches and back pain (McCauley, et al, 1995). Physical symptoms as a result of the violence are physical injuries to the head, face, neck, thorax, breasts and abdomen as well as loss of consciousness and neurological sequelae due to choking or incomplete strangulation (Grisso et al, 1999; Campbell, 2002).

In addition, women experiencing PTSD may turn to alcohol or drugs to calm or cope with the symptoms associated with it such as hyper arousal and avoidance (Campbell, 2002). This was found to also be a risk factor for all forms of violence, especially repeated violence and childhood trauma (Kilpatrick, et al, 1997). A mother's ability to parent during abuse can be drastically impaired. A mother may become so preoccupied with safety and survival that she cannot be totally mindful of her children's needs and may suffer from psychological pathologies such as depression which may render her unable to empathize and in turn also put the child at psychiatric risk such as antisocial behavior (Osofsky, 1995; Ehrensaft, et al, 2003; Serbin & Karp, 2003).

2.6 Intergenerational transference of domestic violence

Intergenerational transference of domestic violence encapsulates a process whereby one generation places their children at risk for social, behavioral and health problems across childhood and adulthood (Serbin & Karp, 2003). The predisposition of the intergenerational transference of domestic violence is hypothesized as 'violence begets violence' (Pollack, 2004). This hypothesis is postulated as males who experienced family violence in childhood later become abusers, or women who experience family violence are at risk for revictimization (Pollack, 2004). Pollack (2004) denotes the core assumptions of intergenerational transmission of domestic violence are:

(i) The probability of a man becoming an abusive husband depends on whether he grew up exposed to domestic violence in the home.

(ii) The probability that women will marry an abuser and stay with him, depends on whether she grew up exposed to domestic violence.

(iii) Individuals who grew up in a violent home will have a tendency to marry a partner who also grew up in a violent home and individuals who grew up in non-violent homes will tend to marry partners from non-violent homes.

Most literature dealing with the intergenerational transmission process had mixed results as shown in Hotaling and Sugarman (1990) who had done a comparison study of intergenerational studies concerning domestic violence. The reason for this was that when investigating violence in the home, different types of violence were taken into consideration.

When transmission was not found to be a factor in domestic violence they found that the limitation to this finding was that those studies were conducted with men whose parents were

violent and types of abuse taken into account had varied. This may also be a testament as to what researchers feel are 'important' types of violence that should be taken into account. An example of this is seen in the study by Bevan and Higgins (2002) who found that childhood neglect due to parent abuse had the biggest impact on perpetrating physical abuse. Ehrensaft, et al, (2003) on the other hand, found that exposure to parental violence was the most 'potent' in perpetrating partner violence. The variation in these results stems from the fact that Bevan and Higgins (2002) took into account psychological abuse instead of mostly focusing on physical abuse which Ehrensaft et al(2003) had done. Another discrepancy was observed in that when investigating transmission of violence, they failed to separate witnessing violence from experiencing violence, (Mihalic & Elliot, 1997). When done so, results yielded findings stating that regardless of gender, when respondents witnessed parents hit each other when they themselves were hit by parents, they were more likely to engage in severe marital aggression (Mihalic & Elliot, 1997). It is for this reason, as stated earlier, that the concept of domestic violence used in this study was inclusive of all types of violence that women felt subjected to and a greater insight was gained with this more holistic view of this phenomenon. Insight needed to be gained on being raised in a world of domestic violence and the assumption that female children who witness this soon follow a path of 'deterministic truism' where one finds themselves being abused later in adulthood (Straus & Gelles, 1995).

2.7 Revictimization

A factor to be taken into account under the umbrella of domestic violence is that of childhood exposure to violence and its potential for revictimization as well as the cycling of violence (Seedat, et al, 2009). Women who experienced witnessing violence directed against their mother harboured the potential risk of revictimization (Hotaling & Sugarman, 1986; Jewkes &

Abrahams, 2002). Results show that the reason for these risks of revictimization are that DV led to the emotional violence and neglect felt by children who witnessed these incidents (Seedat, et al, 2009). These results indicate 35-45% of children witnessed their mother being beaten, 15% reported that one or both parents were too drunk to care for them, 30% were moved from household to household during childhood, which also included 35% of children being orphaned having lost one or both parents (Seedat, et al, 2009).

Victimization and perpetration form part of the process in socializing children into adults who have a warped expectation of power and dysfunctional patterns of behavior displaying this (Seedat, et al, 2009). It was shown that 27% of intimate partner violence would not have occurred, if boys had not witnessed domestic violence against their mother (Abrahams & Jewkes, 2005). Women who report witnessing interparental violence in childhood were at a four – to – six fold risk of physical violence (Bensley, Van Eenwyk, & Wynkoop Simmons, 2003). Women who have experienced violence in childhood are at risk for revictimization, yet the highest form of risk for intimate partner violence is if both partners had experience of violence in their childhood (Abramsky, Watts, Garcia-Moreno, Devries, Kiss, Ellsberg, Jansen & Heise, 2011). A systematic review conducted in African countries, showed that implications of childhood exposure were indeed revictimization or perpetration of intimate partner violence (Roman & Frantz, 2012).

2.8 Theoretical Framework

For the purpose of this study, social cognitive learning theory was used. The basis is that learning occurs within a social context, such as people learning from other people by observing behavior

as well as the outcome, and imitating this action for expected consequence (Bandura, 1977). Some of the cognitive factors involved with the social learning process include (Ormond, 1999):

(i) Initially, learning can occur passively with no immediate change in behavior present.

(ii) Great attention is paid to the model exhibiting the behavior.

(iii) After observing the behavior and its outcome and seeing if the outcome is reinforced, the person begins to create expectations about possible consequences the future behavior may bring them.

(iv) Reciprocal causation, meaning the behavior begins to affect the person as well as their environment.

(v) Modeling where the person begins exacting observed behavior.

Yet children learn to behave by experiencing how others treat them and by observing how their parents treat each other. In other words, children imitate or model what they see and feel within the home (Bevan & Higgins, 2002; Stith, et al, 2000; Alexander, Moore & Alexander III, 1991). Social cognitive learning theory is essentially about observational learning, a principle that the intergenerational model as well as other intergenerational studies draw on (Stith et al, 2000; Alexander et al, 1991).

The principle stipulates that an individual's response is influenced by the observation of their model or person whose behavior is observed, with response tendencies seen as products of imitation of these observations (Weiten, 2010). It could then be said that the focus is on the influence of the models in the individual's life and in this instance the parental behavior modeled in the child's life and how the imitation of relationship patterns experienced in childhood plays out in adulthood.

In utilizing an intergenerational aspect of the theory, the process identified whereby one generation places their children at risk for social, behavioral and health problems across childhood and adulthood; outcome being parenting conditions and environmental conditions that place a new generation at risk in terms of behavior and health, which in turn may put them at a disadvantage in life (Serbin & Karp, 2003). In identifying the process, the developmental process is looked at, which in turn may lead to areas of interest in accordance to the theory being used. Once this is identified, both generations can be compared and assessed at which similar points of development they experience a similarity in behavior (Serbin & Karp, 2003).

For the purpose of this study, the assumptions and key focus were on women who had experienced domestic violence and who had also been exposed to domestic violence within the home during childhood. Though exposure is commonly defined as being within sight or sound of the violence, other types have been identified.

These additional types were: threatening the child while being in the arms of the mother, taking the child hostage in an attempt to force the mother to return home, and using the child as a spy by interrogating him/her about the mother's activities (Edleson, et al, 2007; Ganley & Schechter, 1996). For this reason, exposure to adult domestic violence will be inclusive of multiple experiences of the children who experience it in their homes, as violence is experienced as diversely as the different types of families that exist today (Edleson, et al, 2007).

2.9 Conclusion

This chapter aimed to highlight the complex dynamics that enfold domestic violence by means of the literature investigating domestic violence, the factors that influence it and the effects it potentiates in the lives of future generations that are exposed to it. The theoretical framework

gave insight as to how the interplay between domestic violence and domestic interactions is observed by the child and potentially lived out in adulthood.

CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter provides insight into the methodological process implemented. Methodology involves using research techniques, methods and epistemological or ontological assumptions. These factors are implemented in unison to ascertain knowledge that will answer research questions posed in the study. The study had a quantitative methodological approach in order to investigate the relationship between childhood exposure to domestic violence and revictimization of domestic violence in adulthood. This chapter renders information regarding the pilot study, sampling procedure, participants, instruments, data collection, data analysis and ethical considerations observed throughout the study's process.

3.2 Methodological approach

Quantitative approach refers to inferring evidence for a theory by means of measuring variables to produce numerical outcomes (Field, 2009). Quantitative methodology seeks to test a hypothesis or prediction of what is observed. The aim of the study was to describe the perceptions of childhood exposure to domestic violence as a predisposing factor for revictimization in adulthood. In order to test this relationship, numerical data was collected to test these variables and analyzed using mathematically based methods (Field, 2009; Creswell, 1994). The data analyzed assisted in either supporting or helping to modify the theoretical approach in answering the hypothesis (Field, 2009). In order for the study to address the aim, objectives which are sections leading to the aim, needed to be answered. This was required in

order to answer the posited research questions that would validate or falsify the hypothesis. The objectives of the study are as follows:

- Identify women's perceptions of exposure to domestic violence during childhood;
- Determine women's current perceptions of domestic violence in adulthood;
- Establish the relationship between the current perception of domestic violence during childhood and perceptions of domestic violence experienced in adulthood.

3.3 Research design

A research design can be described as a strategic framework that serves as a plan of action that bridges the research questions and the actual implementation of the research (Terre Blanche, Durrheim & Painter, 2006). The research methodology for this study was quantitative with a cross-sectional correlation research design. Cross-sectional design refers to the entire population or a subset of it that is selected for data collection, data which represents what is going on only at one point in time (Olsen & St. George, 2004). A correlational design is when we seek to determine a systematic relationship between two or more variables (Pretorius, 2007). In using a cross-sectional correlational design, a relationship was sought between two variables tested at one point in time. This study looked at women at one point in time, and at the relationship between the perception of domestic violence exposure in childhood and the domestic violence experienced in adulthood.

3.4 Population and sample

A population is defined as the sum total of all the cases that meet our definition of the unit of analysis (Mouton, 1996). The population of the research study was women experiencing DV. The population that was accessed included 13 shelters known to house women experiencing domestic violence as well as those who became destitute as a result of domestic violence. Women aged 18 and older were admitted into the shelter which subsequently determined the age of participants. No specific ethnic background focus was present in selecting shelters. Shelters are available to women from all areas, as well as other nationalities for safety reasons and due to limited shelters in the Western Cape. An average of 20 women are accommodated in these shelters, excluding their children, which allowed for a possibility of 260 potential participants.

3.4.1 Sample

A sample is selecting some of the elements that make up a population, with the intention of finding out something about the total population (Mouton, 1996). Known listed shelters based within the Cape Metropole were used as a sample frame for this study. The final sample consisted of 77 female participants. All women who completed consent forms were eligible for participation. The mean age of the women who participated was 36.41, (*S.D*= 11.45) years. Of the participants 9 (11.7%) were Black, 58 (75.3%) were Coloured, 9 (11.7%) were White and 1 (1.3%) was listed as “other”. In terms of employment, 18 (25.4%) participants were employed and 53 (74.6%) were unemployed.

3.5 Instrument

Self- reported questionnaires were used to collect data from the participants. The study employed an adapted version of The Child Exposure to Domestic Violence (CEDV) Scale. The questionnaire was divided in three sections: i) demographic details (such as age, gender, race and relation of the abuser); ii.) The types of exposure to domestic violence the adult may have experienced as a child, and lastly, iii.) If those same types of exposure to domestic violence were currently experienced in relationships.

3.5.1 The Child Exposure to Domestic Violence Scale

This instrument, from which the questionnaire used was adapted, was assembled from a number of existing surveys and interview guides based on key areas identified in an earlier review by Edleson, Ellerton, Seagren, Kirchberg, Schmidt, and Ambrose (2007). A panel of nine international expert judges working with children exposed to domestic violence was invited to review each item online and suggest revisions. When a revision was suggested, the expert judge was provided to specify what changes should be made as well as a separate space to make comments. At the end of the online review the judges were also provided space to suggest additional items or content that should be included in the measure. These development processes established both content and validity of the scale (Edleson, Shin & Armendariz, 2008). Child participants were assumed to be able to read and understand the CEDV. The developers of the CEDV scale analyzed the reading level of the measure and subsequently changed words and sentence structures to achieve a Flesch–Kincaid fourth grade readability level. The response provided on the questionnaire is a 4 point Likert Scale ranging between “Never”, “Seldom”, “Almost Always” and “Always”:

How often did your mother and her partner disagree with one another?	*Never*	*Seldom*	*Almost Always*	*Always*

The convergent questions used to discover types of exposure through *Things I've Heard and Seen (TISH)* permit respondents to respond to each item using a four-point Likert-type scale where more than one response can be chosen:

When your mother and her partner disagreed with one another, How did you experience it?	*I saw the end-result (e.g. she was hurt, something was broken, police came.)*	*I witnessed the incident.*	*I heard what was going on but did not see it (e.g. stayed in my room, hid near-by.)*	*I heard about it afterwards.*

These same questions were asked in the third section but adjusted to respondents' current situation by being asked in terms of frequency of occurrence with a 4 point Likert scale.

The changes of the adapted version of this scale for the purpose of this study included:

a) Questions were condensed and focused more on the mother of the participant and not the family as the female relationship was being examined.

b.) Likert scale responses to past frequency of abuse scenarios and present frequency of abuse scenarios were made the same as to allow for correlation of responses.

c.) The format of the Likert scale responses to abuse scenarios and the *Things I've heard and seen* had been changed into interconnected rows and columns to allow participants to read and answer the questions with ease.

d.) Sections of the questionnaire were shifted by placing demographics in the first section as to allow for better flow of the questionnaire.

e.) No illustrations were utilized to assist in understanding the weight of the answer as per Likert scale as seen in the original questionnaire.

f.) Questions relating to past and present abuse were made similar to allow for correlation to take place.

3.5.2 Reliability and Validity

The CEDV subscales showed fairly high Cronbach's alphas ranging from α = .50 to .76 and the overall α was .84 (first week of test). Test–retest reliability for each subscale was found to be ranging from .57 to .70 (second week of test), and all of them were statistically significant at $p <$ .001. Its convergent validity, scores compared with TISH (Things I Heard and Seen) (Richters &Martinez, 1990), which are designed to measure the same construct, were tallied to be statistically significant and positive correlation existed both at the level of home violence exposure (r = .494, p < .001) and community violence exposure (r = .397, p < .001) (Edleson, Shin & Armendariz, 2008). The CEDV scale had been used in South African studies such as Domestic Violence and the role it plays in adolescent identity formation by Idemudia and Makhubela (2011) and showed resonance to the South Africa population. For this reason, reliability and validity for this instrument have been shown to have been thoroughly investigated in an international as well as South African context and were not replicated in this study.

3.6 Pilot Study

A pilot study examines the feasibility of executing a study on a large scale and assesses procedures and implementation, as well as identifying possible modifications to the study (Leon, Davis & Kraemer, 2011). The pilot study for the purpose of this study was done to assess language used in the questionnaire, time, venue as well as overall appropriateness of the questionnaire. The research proposal was submitted to the Ethics Committee of the University of the Western Cape for ethical clearance. Once ethical clearance had been given, one shelter taken from the 13 identified shelters for abused women was contacted to ask permission to access their shelter residents to conduct the research. Once the shelter manager had granted permission, a meeting was set up with the shelter's social worker to inform her about the study. She then explained to the shelter residents what the study entailed. Information sheets (Addendum II) were given to residents that agreed to participate, with consent forms (Addendum III). Once these forms had been completed and collected, the questionnaire was completed at the shelter. Fifteen percent of the sample was intended to be used in a pilot study to test the reliability of the instrument. As part of the pilot study, the questionnaires were to be administered to a second group that is similar to the sample used before, to allow for a test-retest method. The test-retest assisted in proving the internal consistency of the questionnaire, as well as helping to establish limitations and challenges that may have occurred in administration of the questionnaires. The participants who had agreed to participate in the study were provided an opportunity to ask any questions, with the researcher going over the information sheet and consent form with the participants again. The administration of the tests was to be administered to 20 shelter residents in a group setting, subject to availability of all participants.

3.6.1 Pilot study results

The pilot study was conducted at the first shelter that provided permission. Originally, 6 participants volunteered to participate in the study. The participation criterion was for the participant to have been or currently in an adult relationship. Thus, one participant was not included in the sample as she had not had a previous nor current experience of domestic violence within a relationship. This concluded the final sample to consist of 5 participants. This indicated that 15% could not be attained for the pilot study as few participants had participated in the study which was due to reduced intake of clients into the shelters because of renovations, dilapidated sections of the building or constrained resources. In other instances, it was due to non-response from shelter managers or social workers.

The results of this study include one participant receiving bad news (death of a family member) just before questionnaire administration, of which potential risks such as uncomfortable memories and possibility of secondary trauma were re-iterated to this participant. The participant insisted on participating in the study. The social worker was then included in the data collection process to assist the participant in the completion of the questionnaire but also based on the participant's permission. This participant later received immediate debriefing by the shelter social worker, after the data collection session.

3.6.2 Changes made to instrument and process

Changes made to the instrument were a result of options not being made available where applicable, such as question seven of the demographics section 1, when no domestic violence had occurred during childhood. Changes to the instrument and process were as follows:

a.) One other participant had no incident of DV in childhood and question seven had not accommodated for this (Fig.1). For the main study, the option of "never" was later added as this participant was told to provide this answer in response.

When had your mother and her partner started fighting? (Years)

a.) 0-5 years □

b.) 6-11 years □

c.) 12-18 years□

d.) I don't know □

Fig. 1 Question seven within demographics section

(b.) Social workers were utilized in the case of urgent containment or debriefing of participants after data collection. They were also included in the data collection process in case assistance was required. This happened when more than one participant was unable to read the questionnaire or fill in the questionnaire due to illiteracy.

3.7. Data collection for the main study

Permission to conduct the study was granted by the Senate of the University of the Western Cape as well as the directors and/or board members of each shelter that agreed to participate. The pilot study as well as the main study showed that social workers and, in one instance, head counsellor, were the gatekeepers or intermediaries best to liaise with. The final decision as to whether the shelter would allow the study or not rested with them. The shelter relied on their clinical judgment to determine if the study was harmful or not to their residents. There was difficulty in securing dates to conduct the data collection as it was to take place during the months of July and

August. These months added greatly to the shelters' social calendar. July was "Mandela month" with many corporate stakeholders volunteering at these shelters, and August was "women's month". This meant that shelter residents were inundated with social activities and shelter staff were busy with awareness campaigns. This made it difficult to get hold of them. Nonetheless, it is for this reason that the social workers in most instances were best to be in contact with as they were at most times the ones in charge of the social events for the shelter residents. Through the social workers, a suitable time for data collection was negotiated which included time periods of either 9am-11am or 7pm-9pm

The procedure of data collection for the main study was maintained. Ten of thirteen identified shelters had participated in the study. Reasons for non-participation included the fact that studies of a similar nature had been conducted at the shelter within the year. Fear of overexposure of residents to secondary trauma caused shelters not to participate, as well as non-response from shelter managers in arranging time slots for data collection. The questionnaires were then administered at each shelter at the arranged date and time slot. The questionnaire completion by the residents took 15-20 minutes with the whole session being 30-45 minutes. This allowed for questions and answers in addition to having the researcher recap and explain what was stated in the information sheet as well as the consent form.

The questionnaires were completed in the presence of the researcher for clarification of the questions. Due to illiteracy and/or physical injuries related to the domestic violence, some participants were unable to complete the questionnaire on their own. In such cases the researcher would read the questionnaire to them, away from the rest of the group and they would respond with the researcher completing the questionnaire in that way. The only exception to only having the researcher present was when more than two participants presented with these challenges.

This would require the resident social worker, or whoever acted as their form of support in the shelter (shelter manager, case worker or counsellor), to assist in completing their questionnaire. This was done only after getting the participant's permission.

In the case of two participants being French, as they were from other African countries, the one participant who was able to read and understand English was able to explain the questionnaire to the other participant in French, which assisted the participant in completing her questionnaire. The researcher assisted in simplifying the questions as much as possible to allow non-English participants to easily understand the items. .

The questionnaires were completed on the day the researcher was present and were collected once all questionnaires were completed. The questionnaire was not left with any staff member of the shelters visited due the sensitive nature of the questionnaire and the anonymity assured through the consent form and information sheet. The questionnaires were then kept with the researcher until the data was to be coded, cleaned and checked for errors through analysis using the Statistical Package for Social Sciences (SPSS).

3.8 Data analysis

The raw data was entered into SPSS version 21 and was then coded, cleaned and checked for errors while data was being analyzed in checking if all the correct options were chosen (only options that were provided were entered into the data set). The statistical analysis included descriptive statistics such as mean scores and frequencies, as well as inferential statistics such as correlation. Mean scores are defined as all scores added together with frequency denoting the times each value occurs (Pretorius, 2007). As previously mentioned a correlational design is when we seek to determine a systematic relationship between two variables (Pretorius, 2007).

Demographic details such as age, ethnicity, employment status, and relation to perpetrator were analyzed using the descriptive method of means scoring. The rest of the demographic information was analyzed using the descriptive approach of frequencies. Furthermore, section 2 and section 3 of the questionnaire had been analyzed by means of frequencies as well. All question A's in section 2 and all questions in section 3 were correlated to determine if a significant relationship existed between past experience of domestic violence and current experience of domestic violence.

3.9 Ethical considerations

Ethical clearance was sought from the university's Ethics Senate committee in making sure that the study met ethics criteria. When approval was given, contact was made with the manager of the identified shelters and s/he was asked if permission could be granted to conduct questionnaire administration with the shelter residents. A meeting was held at the shelter with the managers as well as social workers followed by all residents who volunteered to participate, and all were informed of what the study entailed by being provided with an information sheet **(Appendix II)** and it being explained**.** Informed consent was obtained from the consent form **(Appendix III)** completed by the residents who were willing to participate. Participation was voluntary and residents were informed that they could stop participation at any time with no penalty held against them if they did so. Residents were informed that they will remain anonymous as all questionnaires will be numbered for identification purposes and all information obtained from the interviews will remain confidential, as this was stated in the consent form, and information regarding the questionnaires was only to be shared between the researcher and supervisor. All of these considerations had been extracted from the revised declaration of Helsinki (2002). As per the ethics in domestic violence research (Ellsberg & Heise, 2002), self-report questionnaires

were used as they optimized privacy and confidentiality so that respondents could complete at their own discretion. If any distress was experienced and debriefing or containment was required, even though the above precautions had been taken and re-iterated to participants, resource lists with counselling contacts were made available to respondents. Social workers and staff trained in debriefing were also available at the shelters. Sensitivity and respect were always maintained by the researcher so as to not undermine respondents' self-esteem and to show consideration towards such a sensitive topic, and it was therefore reiterated that the participant had the right to participate and even stop participation at any moment (Ellsberg & Heise, 2002).

3.10 Conclusion

The chapter explored the methodological approach and research design of the study in order to address the objectives. Additionally, sampling procedure, pilot study as well as pilot study results were also presented, as well as subsequent changes that followed. Data collection and data analysis were discussed with the results presented in the next chapter.

CHAPTER 4

RESULTS

4.1 Introduction

The results presented in this chapter were analyzed using the Statistical Package for the Social Sciences (SPSS) V21. The results are presented according to the following sections:

(i) Section 4.2: A description of the sample that is presented by means of descriptive information denoting age, ethnicity, employment status, relations to perpetrator, socio-economic status in childhood and adulthood, as well as types of abuse experienced within the current domestic violent relationship.

(ii) Section 4.3: Childhood experiences of domestic violence which includes onset of perceived childhood experiences of domestic violence, perceived childhood experiences of domestic violence as well as types of exposure to those experiences of domestic violence in childhood.

(iii) Section 4.4: Adult experiences of domestic violence which comprise of onset of domestic violence in adulthood as well as current domestic violence experiences.

(iv) Section 4.5: The relationship between past perceived experiences of domestic violence and present experiences of domestic violence which was sought by means of correlational statistics of a possible significant relationship between the two variables.

4.2 Description of sample

Table 4.1 outlines the demographic details amassed from the sample of this study. The study consisted of 77 participants from shelters within and around Cape Town, Western Cape.

Table 4.1: Demographic details of sample

		Total sample
Age	**Mean age**	***M*=36.41 (*SD*=11.45)**
Ethnicity	Black	9 (11.7%)
	Coloured	58 (75.3%)
	White	9 (11.7%)
	Other	1 (1.3%)
Employment status	Employed	18 (25.4%)
	Unemployed	53 (74.6%)
Relation to perpetrator	Family member	53 (77.9%)
	Non-family member	15 (22.1%)

Table 4.1 shows the demographics of the sample. The mean age was 36.41 (*SD*=11.45) years. The majority of participants identified themselves as Coloured [58 (75.3%)]. Of the participants, 53 (74.6%) stated that they were unemployed with 18 (25.4%) of the participants being employed. Participants were asked about their relation to the perpetrator. The term family member was indicated as the participant's partner, married or live-in, and family members related by blood or marriage. Non-family member was whoever the participant was boarding with as well as neighbour or friend to the participant. The majority of the participants characterized their perpetrator as a family member 53 (77.9%) in comparison to the 15 (22.1%) who listed the perpetrator as a non-family member.

4.2.1 Socio-economic status of the participants

Socio-economic status (SES) indicates having enough means to cover the basics such as food, clothes, access to housing via money for rent as well as access to education (money for school fees), which was explored in childhood and adulthood.

Table 4.2: Socio- economic status in childhood

When you were growing up, was there always enough money for the things you needed?	A = No. Sometimes there wouldn't even be money for clothes, food, bills, rent, and school fees.	30 (42.9%)
	B= Yes.	22 (31.4%)
	C= Yes. Even for the things we didn't need.	14 (20.0%)
	D=I can't remember	4 (5.7%)

SES in childhood shows that most of the participants 30 (42.9%) had no money towards basic needs such as food, clothes, access to housing and education.

Table 4.3: Socio-economic status in adulthood

At present, is there enough money to cover the things you need?	A = No. Sometimes there wouldn't even be money for clothes, food, bills, rent, and school fees.	51 (71.8%)
	B= Yes.	8 (11.3%)
	C= Yes. Even for the things we didn't need.	5 (7.0%)
	D=I can't remember	7 (9.9%)

In terms of SES in adulthood, 51 (71.8%) stated that currently they had no money towards basic needs such as food, clothes, access to housing and education. This shows a 28.9% increase in being poor, from childhood to adulthood.

4.2.2 Types of abuse experienced

Table 4.4: Types of abuse experienced in current relationship

Types of abuse experienced	Yes	No
Physical	48 (65.8%)	25 (34.2%)
Sexual	24 (32.9%)	49 (67.1%)
Emotional	60 (82.2%)	13 (17.8%)
Verbal	57 (78.1%)	16 (21.9%)
Psychological	40 (54.8%)	33 (45.2%)
Economic	35 (47.9%)	38 (52.1%)
Intimidation	33 (45.2%)	40 (54.8%)
Harassment	29 (39.7%)	44 (60.3%)
Stalking	15 (20.5%)	58 (79.5%)
Damage to property	32 (43.8%)	41 (56.2%)
Entry into your residence without consent	10 (13.7%)	63 (86.3%)
All of the above	5 (6.8%)	68 (93.2%)
Number of types of abuse experienced by a single participant	*M*= 5.10 (*SD*= 2.98)	

According to Table 4.4, the most prevalent form of abuse experienced was emotional abuse 60 (82.2%). Emotional abuse was followed by physical abuse 48 (65.8%). The least form of abuse experienced was deliberate entry into the participants' residence against their permission 10 (13.7%). Five participants (6.8%) experienced all forms of abuse within the relationship. The

majority of participants experienced on average 5 (SD= 2.98) types of abuse within an abusive relationship.

4.3 Childhood experience of domestic violence

In the second section, domestic violence witnessed in their childhood is examined. Tables include onset of perceived childhood experience of domestic violence, perceived childhood experiences of domestic violence as well as types of exposure to those experiences of domestic violence in childhood.

Table 4.5: Abuse experienced by mother in a previous relationship

	Yes	*No*	*I don't know*
Was your mother previously abused?	30 (40.5%)	24 (32.4%)	20 (27.0%)

Table 4.5 shows that most participants [30 (40.5%)] stated that their mother was abused in prior relationships.

Table 4.6: Childhood onset of domestic violence

Onset of domestic violence in childhood	**Years according to participant's developmental age**	**Total sample**
When had your mother and her partner started fighting?	A= 0-5 years	13 (21.0%)
	B= 6-11 years	13 (21.0%)
	C= 12-18 years	5 (8.1%)
	D= I don't know	22 (35.5%)
	E= Never	9 (14.5%)

Table 4.6 suggests that the majority of participants [22 (35.5%)] could not remember when the fighting had started between their mother and her partner. However, participants who could remember indicated the onset of domestic violence in different developmental stages. These were indicated as early childhood [13 (21.0%)], middle childhood [13 (21.0%)] and adolescence [5 (8.1%)].

Table 4.7: Perceived childhood experiences of domestic violence

	Past perceived experiences	**N**	***M***	***SD***
	How often did your mother and her partner disagree with one another?	72	2.22	1.01
	Has your mother's partner ever hurt her feelings by shouting at her, insulting her, accusing her of cheating, or threaten her life?	72	2.11	1.08
	How often did your mother's partner prevent your mother from doing certain things, such as go to the shop, go to work or even go to family or friends?	72	1.91	1.10
	How often did your mother's partner, hit, kick, punch, or choke her?	71	1.93	0.96
	How often had your mother's partner threatened her with a knife, gun or dangerous object?	73	1.51	0.80
	How often had your mother's partner actually hurt her with a knife, gun, or dangerous object?	72	1.42	0.67
	How often did you intervene in stopping your mother's partner from hurting her, emotionally or physically? (e.g. calling the police, calling a neighbour to help, shouting, or even physically stepping between your mother and her partner or even trying to pull the partner off your mother.)	73	1.74	1.08

Responses were indicated on a Likert Scale of 1=Never and 4=Always.

Table 4.7 shows that often disagreement between the participant's mother and her partner was found to be the most common experience of domestic violence in childhood (*M*=2.22, *SD*=1.01). Participants indicated similar responses for their mothers being threatened (*M*=1.51, SD=0.80) and actually (*M*=1.42, SD=0.67) being hurt with a weapon such as a knife, gun or dangerous object during childhood.

Table 4.8: Types of exposure to childhood experiences of domestic violence

Exposure scenario	Types of exposure	Yes	No
When your mother and her partner disagreed with one another, how did you experience it?	A= I saw the end-result (e.g. she was hurt, something was broken, police came)	16 (23.2%)	53 (76.8%)
	B= I witnessed the incident	22 (31.9%)	47 (68.1%)
	C= I heard what was going on but did not see it (e.g. stayed in my room, hid nearby.)	12 (17.4%)	57 (82.6%)
	D= I heard about it afterwards	7 (10.1%)	62 (89.9%)
When your mother's partner hurt her feelings by shouting at her, insulted her, accused her of cheating, or threatened her life, how did you experience it?	A= I saw the end-result (e.g. she was hurt, something was broken, police came)	10 (13.5%)	64 (86.5%)
	B= I witnessed the incident	25 (33.8%)	49 (66.2%)
	C= I heard what was going on but did not see it (e.g. stayed in my room, hid nearby.)	12 (16.2%)	62 (83.8%)
	D= I heard about it afterwards	6 (8.1%)	68 (91.9%)
When your mother's partner prevented your mother from doing certain things, such as go to work or even go to family or friends, how did	A= I saw the end-result (e.g. she was hurt, something was broken, police came)	8 (11.9%)	59 (88.1%)
	B= I witnessed the incident.	20 (29.9%)	47 (70.1%)

you experience it?	C= I heard what was going on but did not see it (e.g. stayed in my room, hid nearby.)	4 (6.0%)	63 (94.0%)
	D= I heard about it afterwards.	3 (4.5%)	63 (94.0%)
When your mother's partner, hit, kick, punch, or choke her, how did you experience it?	A= I saw the end-result (e.g. she was hurt, something was broken, police came)	11 (15.7%)	59 (84.35)
	B= I witnessed the incident	19 (27.1%)	51 (72.9%)
	C= I heard what was going on but did not see it (e.g. stayed in my room, hid nearby.)	12 (17.1%)	58 (82.9%)
	D= I heard about it afterwards.	3 (4.3%)	67 (95.7%)
When your mother's partner threatened her with a knife, gun or dangerous object, how did you experience it?	A= I saw the end-result (e.g. she was hurt, something was broken, police came)	8 (11.3%)	63 (88.7%)
	B= I witnessed the incident.	12 (16.9%)	59 (83.1%)
	C= I heard what was going on but did not see it (e.g. stayed in my room, hid nearby.)	2 (2.8%)	69 (97.2%)
	D= I heard about it afterwards	3 (4.2%)	68 (95.8%)
When your mother's partner actually hurt her with a knife, gun, or dangerous object, how did you experience it?	A= I saw the end-result (e.g. she was hurt, something was broken, police came)	6 (8.6%)	64 (91.4%)
	B= I witnessed the incident	13 (18.6%)	57 (81.4%)
	C= I heard what was going on but did not see it (e.g. stayed in my room, hid nearby.)	3 (4.3%)	67 (95.7%)

	D= I heard about it afterwards	3 (4.3%)	67 (95.7%)
When you intervened in stopping your mother's partner from hurting her, emotionally or physically (e.g. calling the police, calling a neighbour to help, shouting, or even physically stepping between your mother and her partner or even trying to pull the partner off your mother.), how did you experience it	A= I saw the end-result (e.g. she was hurt, something was broken, police came)	6 (8.6%)	64 (91.4%)
	B= I witnessed the incident.	13 (18.6%)	57 (81.4%)
	C= I heard what was going on but did not see it (e.g. stayed in my room, hid nearby.)	2 (2.9%)	68 (97.1%)
	D= I heard about it afterwards.	6 (8.6%)	64 (91.4%)

Table 4.8 shows that most participants [25 (33.8%)] witnessed their mother's partner hurt her feelings by shouting at her, insulting her, accusing her of cheating, or threatening her life. This was closely followed by participants [22 (31.9%)] who witnessed their mother and partner disagree with one another, which is shown in table 4.8, to be the most experienced incident in childhood experiences of domestic violence. Participants least experienced incident, was hearing their mother being threatened with knife, gun or dangerous object but not seeing it.

4.3 Adult experiences of domestic violence

This section outlines participants' current experiences of domestic violence. Onset of domestic violence in adulthood as well as current domestic violence experiences are outlined in the following tables.

Table 4.9: Adult onset of domestic violence in current or recently ended relationship

Onset of domestic violence in adulthood	Violence origination within relationship	Total sample
When did the fighting start between you and your partner?	A= As long as I've known him/her.	12 (19.7%)
	B= As soon as we got married.	19 (31.1%)
	C= As soon as we got into a relationship.	17 (27.9%)
	D= I can't remember	13 (21.3%)

Table 4.9 indicates that the majority of participants [19 (31.1%)] had stated that the onset of violence had begun as soon as they got married to their partner, followed by 19 (31.1%) indicating that the violence had started as soon as the relationship started. The least participants [12 (19.7%)] stated the violence had started since they had known the person.

Table 4.10: Current experiences of domestic violence

Item	N	*M*	*SD*
How often did you and your partner disagree with one another?	75	2.80	0.94
How often has your partner ever hurt your feelings by shouting at you or even accused you of cheating?	74	3.08	0.93
How often did your partner prevent you from doing certain things, such as go to the shop, going to family members and friends, or even going to work?	74	2.55	1.14
How often did your partner, hit, punch, kick, or choke her?	74	2.39	1.07
How often had your partner threaten you with a, knife, gun or dangerous object?	70	1.89	1.10
How often had your partner actually hurt you with a knife, gun, or dangerous object?	70	1.77	1.05
How often did your child/ren intervene in stopping your partner from hurting you, emotionally or physically? (e.g. calling the police, calling a neighbour to help, shouting, or even physically stepping between you and your partner or even trying to pull the partner off you.)	75	2.09	1.21
How often have you thought that you have been following a similar pattern of violence as you experienced in your childhood?	75	2.05	1.23

*Responses were on a 4 point Likert scale with 1 = Never and 4= Always

Table 4.10 shows that the majority of participants experienced having their feelings hurt by being insulted, shouted at or being accused of cheating by their partner (*M*=3.08, *SD*=0.93) in their relationships.

4.4 Relationship between past perceived experiences of domestic violence and present experiences of domestic violence

A possible significant relationship was sought by means of correlational statistics between the two variables.

Table 4.11: Correlation between Past perceived experiences of domestic violence and present perceived experiences of domestic violence

Variable	**Past experience of domestic violence**
Present experience of domestic violence	0.55**

**Correlation is significant at the 0.01 level

Results suggest that there is a significant positive relationship between past perceived experiences of domestic violence and present perceived experiences of domestic violence (r = 0.55, $p < 0.01$).

4.5 Conclusion

In observation of results shown, women perceived witnessing their mother and her partner disagree as the most experienced incident in childhood. Majority of participants experienced having their feelings hurt by being insulted, shouted at or being accused of cheating by their partner in their current experiences of domestic violence. Results suggest that there is a significant relationship between past perceived experiences of domestic violence and present perceived experiences of domestic violence.

Additional findings show that the most prevalent type of experience participants were exposed to in childhood reflects as the most prevalent current experience of domestic violence. All prevalent experiences of past and present incidents of domestic abuse are linked to factors which constitute emotional abuse. Emotional was found to be the most prevalent type of abuse experienced currently.

CHAPTER 5

DISCUSSION, LIMITATIONS, CONCLUSION, AND RECOMMENDATIONS

5.1 Introduction

The current study investigated the possible relationship between perceived childhood experiences of domestic violence and adult experiences of domestic violence. This chapter discusses the results of this investigation in relation to literature and theoretical framework used to better clarify the findings in relation to international and local trends. To conclude this chapter, limitations and recommendations are stipulated for proposed intervention strategies and further study expansion on this topic.

5.2 Overview of domestic violence

Black women have endured multiple forms of oppression as a by-product of the complex dynamic of the apartheid regime that purported inequality and disenfranchisement upon non-white females (Boonzaaier, 2003). This has left black women at a greater disadvantage and vulnerability to abuse and exploitation. In the current study, the majority of participants identified themselves as non-white which purports the idea that there are possibly more black than white female victims of domestic violence.

Majority of the participants indicated that their abuser had been someone who was listed as a family member. Family member was described to participants as an intimate partner, marriage related family or blood related family. According to international trends as well as nationally, the

perpetrator had been known to the victim in majority of cases. A study conducted by the World Health Organization, London School of Hygiene and Tropical Medicine as well as the South African Medical Research Council found that most of the violence against women was committed by an intimate partner (WHO et al, 2013b). Of female homicide cases investigated in Australia, Canada, Israel, South Africa and the United States, 40% - 70% of the cases found that the perpetrator had been a boyfriend or husband within the context of an ongoing abusive relationship (WHO, 2002). Within South Africa alone, out of 38 mortuaries sampled across the country, 56% of female murder cases revealed the perpetrator to be an intimate partner (Abrahams et al, 2012).

The current study revealed that a vast majority of participants were unemployed as well as below poverty level in childhood as well as adulthood. In addition, the poverty level had increased by 28.9% from childhood to adulthood. A probable explanation for this may lie in the fact that being exposed to or involved in one form of violence leaves you vulnerable to other forms of family violence (Graham-Bermann & Edleson, 2001). Children who witness domestic violence are 15 times more likely to be physically abused or neglected than children who have not witnessed domestic violence (Osofsky, 1999). Risks for revictimization are that domestic violence leads to emotional violence and neglect felt by children who witnessed these incidents (Seedat, et al, 2009).

Adults who experienced child neglect, physical, sexual or emotional abuse in childhood were more likely to be unemployed, living below the poverty line or using social services more than people who had not endured maltreatment in childhood (Zielinski, 2009). Adults who had experienced physical abuse in childhood were at a 140% increased risk for unemployment and a 190% increased risk of unemployment if they had experienced multiple forms of maltreatment in

childhood (Zielinski, 2009). As aforementioned, in the increased usage of social services which are majorly provided by the public sector, there is an inadequacy in addressing issues associated with violence.

Public facilities such as public hospitals and clinics, social work caseloads as well as police are incapable of providing ample support in dealing with domestic violence, due to limited staff/resources, inundation of patients/clients and inadequate training in dealing with domestic violence cases (Council for Scientific and Industrial Research, 2008). Nonetheless, with limited options available to women that fall within the low socio-economic bracket, most seek help from public agencies or institutional support (Boonzaier, 2003).

The most reported type of abuse currently experienced as reported amongst participants was emotional abuse. Emotional abuse was found to be the most prevalent type of abuse among pregnant women in Peru (Perales, et al, 2009). In South Africa, a study conducted across 3 provinces found physical abuse to be the most prevalent form of abuse (Jewkes, et al, 1999). Similar findings were found, with the addition of sexual violence as being the most prevalent type among women attending antenatal clinics in Soweto, South Africa (Dunkle, et al, 2004).

A systematic review done on the prevalence rates of intimate partner violence and its effect on youth risk behaviors found that physical abuse was found to be most prevalent form of domestic violence in Africa (Roman & Frantz, 2012). The results of this study indicate that it aligns with international trends regarding prevalence of types of domestic abuse; more so than what is presented within Africa and South Africa.

5.3 Childhood experience of domestic violence

Majority of participants, to their knowledge, report their mother having been abused in prior relationships. As reported in Stover (2005), research has shown that domestic violence recidivism (recidivism meaning returning to past behaviour) cases are high, and when followed longitudinally, victims in 40% - 80% of cases, find themselves in repeat situations of domestic violence. Majority of participants could not remember when the onset of domestic violence occurred during adulthood. Yet of those who could remember, majority had stated that the onset of the domestic violence witnessed in childhood occurred in early to middle childhood. This is the opposite in what appears to be purported in literature which stated that if onset of domestic violence coincided with onset of sexual activity during adolescence, there is a strong association for adult revictimization (Dunkle, et al, 2004). It was stated that this holds a more profound impression than experience of domestic violence witnessed in childhood (Dunkle, et al, 2004). Yet results later show if the participant had their first domestic violent relationship coinciding with sexual debut it held high-risk potential for future adult relationships in regards to physical and sexual violence (Dunkle, et al, 2004).

In investigating experiences of domestic violence that occurred during childhood, the experience the adult participants had of domestic violence in childhood, and in what way this event was experienced, were looked at separately. The difference in the way of investigating domestic violence in this manner is evident in the results shown. The study discovered that the most experienced event of domestic violence was often disagreement between the participant's mother and the mother's partner. On the other hand, most participants witnessed their mother's partner hurting her feelings by shouting at her, insulting her, accusing her of cheating or threatening her life.

The relevance in investigating how an incident of domestic violence was experienced in terms of exposure can be seen in a study by Lepistö, Luukkaala and Paavilainan (2011), where adolescents had experienced 55% mild violence and 9% severe violence during their childhood yet those who had witnessed the incidents of domestic violence had more pervasive risks becoming more evident in adolescence. These risks included poor familial relations, as abuse witnessed between parents was played out between siblings, increase of sexual activity at an early age leading to onset of sexual abuse, more acceptance of corporal punishment, showing therefore a significant relationship to being bullied at school as well as revictimization leading into adulthood (Lepistö, Luukkaala & Paavilainan, 2011). In looking at experience solely it was linked to adolescent depression (Lepistö, Luukkaala & Paavilainan, 2011). The relevance in investigating exposure in addition to experience of domestic violence, in regards to this study, will be later explored in the section relating to adult experiences of domestic violence.

5.4 Adult experiences of domestic violence

Majority of participants stated that the onset of domestic violence began as soon as they got married. Most literature dealing with onset of domestic violence within a relationship does not investigate it in terms of relationship stage but more in terms of which developmental stage the onset occurred. This can be seen in Lepistö, Luukkaala and Paavilainan (2011), Dunkle, et al (2004), and Werkerle (1999) who all had investigated onset of domestic violence during adolescence and specifically around sexual debut. Reason being that adolescence is an important developmental stage in which the developmental pathway of adult violent relationships is becoming established (Werkerle, 1999). Adolescence is the transition between self-focused, dependant relationships of childhood into the more reciprocal, equality based relationships

desired in adulthood (Werkerle, 1999). It is for this reason that adolescence is seen as a window opportunity for effective prevention programmes regarding domestic violence (Werkerle, 1999).

In terms of current domestic violence being experienced currently in adulthood, majority of participants experienced having their feelings hurt by being insulted, shouted at or being accused of cheating by their partner. The relevance of this finding is that it is similar to the incident which participants were most exposed to in childhood (way in which the incident was experienced) in comparison to only looking at what incident they experienced the most. This resonates with literature linking witnessing domestic violence to adult revictimization. Young people who had lived in households in which they had been exposed to parental violence were at 158% likelihood to experience violence victimization in comparison to individuals from non-violent homes (Mitchell & Finkelhor, 2001). Of these cases, there was a 115% higher risk for boys and 229% higher risk for girls for future involvement in inter-partner violence (Mitchell & Finkelhor, 2001). This resonates with the basic principles of intergenerational transference of the risks associated with domestic violence, with findings postulating that the ways in which past experiences of domestic violence are experienced are an important factor to be considered in terms of adult experiences of domestic violence.

5.5 Revictimization

The results of the study reveal a significant relationship between childhood experiences of domestic violence and adult experiences of domestic violence. This resounds with literature depicting this significant relationship to produce negative outcomes in childhood as well as in adulthood. This is seen in the report on the State of the World's Children (2007); boys are twice as likely to become perpetrators of abuse in adulthood if they had witnessed domestic violence in

comparison to boys from non-violent homes, with girls exposed to domestic violence being more accepting of abusive married life than girls from non-violent homes. The involvement in one form of violence becomes a risk factor for other types (Graham-Bermann & Edleson, 2001), as even perpetrators of domestic violence have at some time or another often been victims of some form of family violence in childhood or later (Tolan, Gorman-Smith & Henry, 2006). This shows that witnessing domestic violence allows children to be susceptible to other subtypes of family violence, such as child abuse and even neglect, which can be just as detrimental as physical violence.

Furthermore, childhood exposure to violence has its potential for revictimization as well as the cycling of violence (Seedat, et al, 2009). A systematic review conducted in African countries, showed that implications of childhood exposure were indeed revictimization or perpetration of intimate partner violence (Roman & Frantz, 2012). It was shown that 27% of intimate partner violence would not have occurred, if boys had not witnessed the domestic violence against their mother (Abrahams & Jewkes, 2005). Women who report witnessing interparental violence in childhood were at a four – to – six fold risk of physical violence (Bensley, Van Eenwyk, & Wynkoop Simmons, 2003).

Essentially, these findings reflect that domestic violence may be transferred via generational risks. Social learning theory stipulates that children adopt behaviors through active observational learning of models which may well be the caregivers within the home. As literature has explored, these violent behaviors are used to not only resolve conflict but enforce gender roles in reflection of the perceived male-female union, which may explain the potential reinforcement of such behaviors. Children may in all likelihood adopt this as not only a domestic strategy but a strategy throughout life when dealing with daily issues. This may be seen in literature relating to probable

deviant behavior in children who have witnessed domestic violence, especially those at risk of antisocial behavior. As noted in the theory, learning may occur passively with no immediate change in behavior taking place, which may account for the different effects that may manifest throughout an individual's life per developmental stage upon experiencing domestic violence. The reciprocal causation effect of behavior influencing the person as well as the environment, may explain the reason why children who witness domestic violence are at more risk for unemployment, health risks and potential for revictimization or perpetration.

If these behaviors are not challenged or assessed by means of early intervention, the cycle of violence will continue to expand its hazardous consequences into generations to follow, entrapping society's most vulnerable, mostly women and children. This will in turn solidify the disadvantage women and children have been placed in by means of social complacency towards domestic violence.

5.6 Limitations

This section presents the limitations of the study as well as challenges encountered. The limitations are as follows:

(i) There was misunderstanding towards inclusion criteria as women were asked to join the study that had no history of domestic violence, which had been stated as a prerequisite for inclusion.

(ii) Few participants had participated in the study which was due to reduced intake of clients into the shelters because of renovations or dilapidated sections of the building. In other instances, it was due to non-response from shelter managers or social workers.

(iii) In some cases, gatekeepers such as social workers or shelter managers had questioned the integrity of the questionnaire out of their own raw experiences of domestic violence which led to delayed response in data collection. In reality, women in the shelters are more accommodating in sharing their experiences due to their regular attendance of resilience programmes and counselling sessions. In addition, potential participants were reminded that the study was voluntary and they could stop at any time.

(iv) Miscommunication between house mothers on different shifts regarding which days were for data collection. By the house mother not knowing, fewer participants pitched for data collection and rushed through the questionnaire as they had not planned to be in the session, although they had agreed to participate.

(v) Busy schedules as a result of months data collection occurred (July which is Mandela month and August regarded as women's month), resulted in slow response rate.

(vi) In terms of the questionnaire, when looking at onset of violence within adult relationships, the questionnaire did not accommodate incidents of stressors that occurred later in marriage or once off incidences of violence. These stressors could be unemployment or abuse only occurring in the last 2 years of marriage. Once off incidents include no events of domestic violence until a trigger, such as suspicion of cheating, presents itself, resulting in a single act of violence such as acid attacks or other acts of brutality that occurred once off yet leaving lasting effects and an urgency to leave the relationship immediately.

(vii) Regarding the study, the sample had only been abused women, and if another population had been used results might not reflect the same. For this reason results may not be generalizable.

(viii) Additionally, the study implemented a cross-sectional design as it was a time and resource-efficient way to address the research questions posed in this study and eliminate the need for follow-up data and loss of participant through attrition (Harris, Sutherland & Hutchinson, 2013). Yet a longitudinal study would have provided more pervasive results. Longitudinal studies offer information regarding onset, discontinuance, continuity, prediction as well as within-individual change (Farrington, 1991).

(ix) Furthermore, the fact that retrospective recall was used may hold implications. Retrospective recall used with individuals over 18 years eliminates the need for parental consent and the sample bias of parental consent (Harris, Sutherland & Hutchinson, 2013). Additionally, recall becomes less problematic when asked to recall important events and occurrences rather than feelings or emotions (Hutchinson, 2007). The concern with this method is accuracy of recall memory regarding these experiences (Harris, Sutherland & Hutchinson, 2013).

5.7 Conclusion

Domestic violence shows to have many factors contributing to its prevalence but also its enduring nature that spans into generations. It has been explored in this study as a consequence of racial, class as well as gender inequalities. Inadvertently it has also been shown to be tolerated within society for the longest time by means of cultural adherence. Yet over the past few years the social cost of this phenomenon has left millions of women and children globally at a direct

disadvantage that manifests itself through transmission of risk. In addressing domestic violence through effective interventions and awareness raising as well as buy in from public agencies to address this issue effectively, therein lies the potential to not only inhibit domestic violence but the many consequences that follow suit.

5.8 Recommendations

The following recommendations are directed towards intervention and further study expansion:

(i) Culture of violence needs to be taken into account when exploring domestic violence. Many of the women who seek refuge at shelters are foreign African nationals as well. When completing the questionnaire with one of them, domestic violence in childhood had to be explained as this was deeply entrenched into their culture and even seen as necessary for the husband to "correct" his wife, as divorce was even sought when this had not been done, as it was equated to love.

(ii) This study had shown that a significant relationship does exist between childhood exposure of domestic violence and adult experience of domestic violence. It is for this reason that early intervention is recommended within shelters regarding children who are taken in with the mother.

(iii) Additionally, the most prevalent form of domestic violence was shown to be emotional abuse. This can be a guide for shelters and other organizations in terms of programme outcomes in targeting factors associated with emotional efficacy.

(iv) Yet in essence when looking at factors such as onset of domestic violence relationship, literature would propose that adolescence is the best time for

intervention. Adolescence is noted to be the phase when emotional maturity is forged in creating a desired situation for adult relationships to develop and flourish. It is important to note this phase of emotional transition as the most prevalent type of abuse found within the study was emotional abuse. If at this time resilience can be forged via factors contributing to one's emotional make-up, such as self-esteem and self-efficacy, positive outcomes are a probable result.

(v) Yet in order for this to occur, public institutions or any publicly available source of support need upliftment in their resources and human resource. The public agencies included hospitals, social services as well as police. This owed to the fact that they are still the most predominant means of assistance to women battered by domestic violence and are unable to effectively assist them due to structural inefficiencies. The inadequacies are reflected in the high femicide rates within South Africa and the increase of intimate partners as perpetrators of these crimes. Domestic violence needs to be reflected as a crime. Only being liable for prosecution in terms of physical and sexual violence via assault charges deters from the other factors which lead up to these attacks such as threats, stalking and harassment. In addition, by placing different aspects of domestic violence under other categories such as assault, rape or intent to do grievous bodily harm, under reporting of domestic violence rates occurs as separate statistics are not kept.

(vi) In South Africa, domestic violence statistics are not kept under a separate category in government agencies such as hospitals or police. These statistics are kept more so in a piecemeal fashion by various NGO's who can only use their own cases as a reflection of domestic violence rates. Additionally, children of domestic violent homes are not

documented by these NGO's and can only be found within child welfare stats if they had endured child abuse or neglect. To introduce domestic violence as a separate category in recoding domestic violence related cases would assist in creating a clearer picture regarding the prevalence of domestic violence in South Africa.

(vii) Factors such as documenting domestic violence under its own category as well as assessing public resources that assist abused women and children, are important to consider. The aforementioned aspects are needed in planning the implementation of effective interventions regarding domestic violence as specific key areas of need can be identified. This allows for more focused energies in achieving optimal outcomes in a prescribed space of time. These interventions hold the potential to not only address domestic violence but prevent future deviant behavior which had been documented in contributing to crime. This is seen in literature addressing youth exposed to domestic violence later contributing to criminal activity such as assault and assault with a deadly weapon.

(viii) Recommendations for further expansion on the topic of intergenerational transference of domestic violence are that a bigger sample be used within a longitudinal design. This may provide an adequate opportunity in gaining insight into onset as well as predicting factors relating to domestic violence.

(ix) A mixed method approach would be more informative in gaining insight into events leading up to onset as well as how the participant grew up understanding domestic violence and how that compares to their current understanding of domestic violence. This in turn would help unpack notions around cultural acceptance of domestic violence and factors that perpetuate the cycle of violence.

(x) Furthermore, when exploring onset of domestic violence within adult relationships, trigger events as well as once-off acts of brutality should be incorporated. As revealed in limitations, domestic violence is not totally rigid in its onset yet can be attributed to special circumstances as well, such as sudden unemployment or suspicion of infidelity.

References

Abrahams, N., Jewkes,R., Laubscher, R., & Hoffman, M.(2006). Intimate Partner Violence: Prevalence and Risk Factors for Men in Cape Town,South Africa. *Violence and Victims*, 21(2), 247-264.

Abrahams, N., Mathews, S., Jewkes, R., Martin, L.J., & Lombard, L. (2012). Every 8 hours: Intimate femicide in South Africa 10 years later! South African Medical Research Council, Research Brief (August). Retrieved from http://www.mrc.ac.za/policybriefs/everyeighthours.pdf.

Abrahams, N., Jewkes, R., & Laubscher, R. (1999). "I don't believe in democracy in the house": Men's Relationship with and abuse of women. *Medical Research Council*, 1-27.

Abramsky, T., Watts, Ch. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H., & Heise, L. (2011). What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health*, 11, 109.

Alexander, P.C, Moore, S., & Alexander III, E.R. (1991). What is transmitted in the intergenerational transmission of violence. *Journal of Marriage and the Family*, 53, 657-668.

Alhabib, S., Nur, U., & Jones, R. Domestic violence against women: systematic review of prevalence studies. *Journal of Family Violence*, 25, 369-382.

Bair-Merrit, M.H., Blackstone, M., & Feudtner, C. (2006). Physical health Outcomes of Childhood exposure to Intimate partner violence. *PEDIATRICS*, 117(2), 278-290.

Bandura, A.J. (1977). *Social Learning Theory*. New Jersey : Prentice Hall.

Bendall, C. (2010). The domestic violence epidemic in South Africa: Legal and practical remedies. *Women's Studies,* 39, 100-118.

Bensley, L., Van Eenwyk, J., & Wynkoop Simmons, K. (2003). Childhood family violence history and women's risk for intimate partner violence and poor health. *American Journal of Preventive Medicine*, 25(1), 38- 44.

Bevan, E. & Higgins, D.J. (2002). Is domestic violence learned? The contribution of five forms of child maltreatment to men's violence and adjustment. *Journal of Family Violence*, 17(3), 223-245.

Boonzaier, F. (2003). Women Abuse: A Critical Review. In R. Kopano & N. Duncan (eds.), *Social Psychology: Identities and Relationships*. Lansdowne: UCT Press.

Burton, P., Leoschut, L., & Bonora, A. (2009). Walking the tightrope: Youth resilience to crime in South Africa. *Centre for Justice and Crime Prevention, 7*, 1-119.

Campbell, J.C. (2002). Health Consequences of Intimate partner violence. *The Lancet, 359*, 1331-1336.

Campbell, J., Jones, A.S. Dienemann, J.,Kub, J., Schollenberger, J., O'Campo ,P., Carlson Gielen, A., & Wynne, C. (2002). Intimate partner violence and physical health consequences. *Archives of Internal Medicine*, 162, 1157-1163.

Capaldi, D.M., Knoble, N.B., Shortt, J.W. & Kim, H.K. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse*, 3(2), 231-280.

Carlson, B.E.(1984). Children's observations of interparental violence. In A.R. Roberts (ed.), *Battered Women and their families*. New York: Springer.

Carlson, B.E. (2000). Children exposed to intimate partner violence: Research findings and implications for intervention. *Trauma, Violence and Abuse*, 1(4), 321-342.

Charles, N. & Kerr, M. (1999). Women's Work. In G. Allen (ed.), *The Sociology of the Family: A reader*. Oxford, UK: Blackwell Publishers Ltd.

Council for Scientific and Industrial Research. (2008). *Consolidated report on the nature and prevalence of domestic violence in South Africa*. Report commissioned by Social Development.

Creswell, J.W. (1994).*Research Design: Qualitative & Quantitative Approaches.* London: SAGE Publications.

Dunkle, K. L., Jewkes, P. K., Brown, H. C., Yoshihama, M., Gray, G. E., McIntyre, J. A., &

Harlow, S.D. (2004). Prevalence and patterns of gender-based violence and revictimization among women attending antenatal clinics in Soweto, South Africa. *American Journal of Epidemiology*, 160(3), 230-239.

Dutton, D.G. (2000). Witnessing Parental Violence as a Traumatic Experience Shaping the Abusive Personality. *Journal of Aggression, Maltreatment & Trauma,* 3(1), 59-67.

"Domestic Violence: Submission to the South African Law Commission in the Light ofInternational and Constitutional Human Rights Jurisprudence." Part 1. May 1997. Retrieved on the 16 October 2012 from http://www.womeninaction.co.za/social-affairs/statistics-on-domestic-violence-in-south-africa/

Eberhard-Gran, M., Schei, B., & Eskild, A. (2007). Somatic symptoms and diseases are more common in women exposed to violence. *Journal of General Internal Medicine,* 22(12), 1668-1673.

Edleson, J.L., Ellerton, A.L., Seagren, E.A., Kirchberg, S.L., Schmidt, S.O., & Ambrose, A.T. (2007). Assessing child exposure to adult domestic violence. *Children and Youth Review*, 29, 961-971.

Edleson, J. L.,Shin, N., & Johnson Armendariz, K.K. (2008). Measuring children's exposure to domestic violence: The development and testing of the Child Exposure to Domestic Violence (CEDV) Scale. *Children and Youth Services Review*, 30, 502-521.

Edleson, J.L. (1999). Children's witnessing of Adult Domestic Violence. *Journal of Interpersonal Violence*, 14(8), 839-870.

Ehrensaft, M.K, Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J.G. (2003). Intergenerational Transmission of Partner Violence: A 20-Year Prospective Study. *Journal of Consulting and Clinical Psychology*, 71(4), 741-753.

Ehrensaft, M.K., Wasserman, G.A., Verdelli, L., Greenwald, S., Miller, L.S., & Davies, M. (2003). Maternal antisocial behavior, parenting practices and behavior problems in boys at risk for antisocial behavior. *Journal of Child and Family Studies*, 12, 27-40.

Ellsberg, M., & Heise, L. (2002). Bearing witness: ethics in domestic violence research. *The Lancet, 359,* 1599-1604.

Ellsberg, M., Jansen, H.A.F.M., Heise, L., Watts, C.H., & Garcia-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: An observational study. *The Lancet, 371*, 1165-1172.

Fantuzzo, J.W., Boruch, R., Beriama, A., Atkins, M., & Marcus, S. (1997). Domestic violence and children: Prevalence and risk in major U.S. cities. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 116-122.

Fantuzzo, J.W., & Mohr, W.K. (1999). Prevalence and Effects of Child Exposure to Domestic Violence. *Domestic Violence and Children*, 9(3), 21-32.

Farrington, D.P. (1991). Longitudinal research strategies: Advantages, problems and prospects. *Journal of the American Academy of Child and Adolescent Psychiatry*, 30(3), 367-374.

Field, A. P. (2009). *Discovering statistics using SPSS* (3rd ed.). London, England : SAGE.

Ganley, A.L., & Schechter, S. (1996). *Domestic violence: a national curriculum for child protective services*. San Francisco: Family Violence Protection Fund.

Graham-Bermann, S.A., & Edleson, J.L. (2001). *Domestic violence in the Lives of Children*. Washington, DC: American Psychology Association.

Grisso, J.A., Schwarts, D.F.,Hirschinger, N., Sammel, M., Brensinger, C., Santanna, J., Lowe, R.A., Anderson, E., Shaw, L.M., Bethel, C.A.,& Teeple, L. (1999). Violent injuries among women in an urban area. *The New England Journal of Medicine, 341,* 1899-1905.

Gumede, Z. (2011). Abuse is no secret in South Africa. *Nursing Update,* 35(11), 38-39.

Harris, A.L., Sutherland, M.A., & Hutchinson, M.K. (2013). Parental Influences of sexual risk among urban African American adolescent males. *Journal of Nursing Scholarship*, 45(2). 141-150.

Holborn, L., & Eddy, G. (2011). Broken families breaking youth. *First Steps to Healing the South African Family,* South African Institute of Race Relations

Hotaling, G.T. & Sugarman, D.B. (1986). An analysis of risk markers in husband to wife violence: the current state of knowledge. *Violence and Victims, 1,* 101-124.

Hotaling, G.T. & Sugarman, D.B. (1990). A Risk Marker Analysis of Assaulted Wives. *Journal of Family Violence*, 5(1): 1-13.

Howitt, D. & Cramer, D. (2008). *Introduction to Statistics in Psychology (4th Edition).* Essex: Pearson Education Limited.

Hutchinson, M. K. (2007). The parent-teen sexual risk communication scale (PTSRC-III). *Nursing Research*, *56*, 1–8.

Idemudia, E.S. & Makhubela, S. (2011). Gender Difference, Exposure To Domestic Violence And Adolescents' Identity Development. *Gender & Behavior, 9(1),* 3443-3465.

Jewkes, R., Penn-Kekana, L., Levin, J., Ratsaka, M., & Schrieber, M. (1999). "He must give me money, he mustn't beat me": *Violence against women in three South African provinces. Pretoria, South Africa:* Centre for Epidemiological Research in South Africa, Medical Research Council.

Jewkes, R., Penn-Kekana, L., Levin, J., Ratsaka,M., & Schrieber, M. (2001). Prevalence of Emotional, Physical And Sexual Abuse Of Women In Three South African Provinces. *South African Medical Journal,* 91(5), 423-428.

Jewkes, R., & Abrahams, N. (2002). The epidemiology of rape and sexual coercion in South Africa: An overview. *Social Science and Medicine, 55,* 153-166.

Jewkes, R. (2002). Intimate partner violence: causes and prevention. *The Lancet*, 349: 1423-1429.

Jewkes, R., Dunkle, K., Koss, M.P.,Levin, J.B., Nduna, M., Jama, N., & Sikweyiya, Y.(2006). Rape perpetration by young rural South African men: prevalence, patterns and risk factors. *Social Science and Medicine*, 63, 2949- 2961.

Johnson, M.P., &Ferraro, K.J. (2000). Research on Domestic Violence in the 1990s: Making Distinctions. *Journal of Marriage and Family*, 62(4), 948-963.

Kilpatrick, D.G., Acierno, R., Resnick, H.S., Saunders, B.E., & Best, C.L. (1997). A two-year longitudinal analysis of the relationship between assault and substance use in women. *Journal of Consulting and Clinical Psychology*, *65*, 834-847.

Kim, J. Y., & Motsei, M. (2002). "Women enjoy punishment": Attitudes and experiences of gender-based violence among PHC nurses in rural South Africa. *Social Science and Medicine*, 54, 1243-1254.

Kitzmann, K.M., Gaylord, N.K., Holt, A.R., & Kenny, E.D. (2003). Child witnesses to Domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71(2), 339-352.

Leon, A. C., Davis, L. L., & Kraemer, H. C. (2011). The role and interpretation of pilot studies in clinical research. *Journal of Psychiatric Research*, 45, 626–629.

Lepistö, S., Luukkaala, T., & Paavilainan, E. (2011). Witnessing and experiencing domestic violence: Descriptive study of adolescents. *Scandinavian Journal of Caring Sciences*, 25, 70-80.

Margolin, G., & Gordis, E.B. (2000). The Effects of Family and Community Violence on Children. *Annual Review Psychology*, 51, 445-479.

Mathews S, Abrahams N, Martin L, Vetten L, van der Merwe L,& Jewkes, R. (2004). *"Every six hours a woman is killed by her intimate partner: A National Study of Female Homicide in South Africa".* [Report No.5]. Cape Town: Medical Research Council

McCauley, J., Kern, D.E., Kolodner, K.,Dill, L., Schroeder, A.F., DeChant, H.K.,& Ryden, J. (1995). The "battering syndrome": prevalence and clinical characteristics of domestic violence in primary care internal medicine practices. *Annals of Internal Medicine, 123*, 737-746.

McCrory, E.J., De Brito, S.A., Sebastian, C.L., Mechelli, A., Bird, G., Kelly, P.A., & Viding, E. (2011). Heightened neural reactivity to threat in child victims of family violence. *Current Biology*, 21(23), R947-R948.

McGraw, B., Golding, J.M., Farley, M., & Minkoff, J.R. (2007). Domestic violence and abuse, and health status, and social functioning. *Women Health*, 45, 1-23.

Messman, T.L., & Long, P.J. (1996). Child sexual abuse and sexual revictimization. *Clinical Psychology: Science and Practice, 9,* 135-164.

Mihalic, S.H. & Elliot, D. (1997). A social learning theory model of marital violence. *Journal of Family Violence*, 12, 21-47.

Mitchell, K. & Finkelhor, D. (2001). Risk of crime victimization among youth exposed to domestic violence. *Journal of Interpersonal Violence,* 16, 944-964.

Mouton, J. (1996). *Understanding social research*. Pretoria: J.L. van Schaik Publishers.

Olsen, C., & St. George, D. M. M. (2004*). Cross-sectional study design and data analysis*. Retrieved from http://www.collegeboard.com/prod_downloads/yes/4297_module_05.pdf

Onyejekwe, C.J.(2004). The Interrelationship Between Gender-based Violence and HIV/AIDS in South Africa. *Journal of International Women's Studies*, 6(1), 34-40.

Ormond, J.E. (1999). *Human Learning* (3rd ed.). Upper saddle river, NJ: Prentice-Hall.

Osofsky, J.D. (1995).Children who witness domestic violence: The invisible victims. *Social Policy Report*, 9, 1–18.

Osofsky, J,D. (1999). The impact of violence on children. *Domestic Violence and Children*, 9(3), 33-49.

Perales, M.T., Cripe, S.M., Lam, N., Sanchez, S.E., Sanchez, E., & Williams, M.A. (2009). Prevalence, types, and pattern of intimate partner violence among pregnant women in Lima, Peru. *Violence against women,* 15(2), 224-250.

Plitcha, S.B., & Falik, M. (2001). Prevalence of violence and its implications for women's health. *Women's Health Issues, 11,* 244-258.

Pollak, R. (2004). An Intergenerational Model of Domestic Violence. *Journal of Population Economics*,17(2), 311-329.

Pretorius, T. (2007). *Inferential Data Analysis: Hypothesis Testing and Decision-Making*. Wandsbeck, SA: Reach Publishers.

Rasool, S., & Vermaak, K. (2002). *Violence against Women: A national survey*. Pretoria: Institute for Security Studies.

Richters, J. E., & Martinez, P. E. (1990). Things I Have Seen and Heard: an interview for young children about exposure to violence. Rockville, MD:Child and Adolescent Disorders Research Branch, *National Institute of Mental Health*.

Roman, N.V. & Frantz, J. M. (2012). The prevalence of intimate partner violence in the family: a systematic review of the implications for adolescents in Africa. *Family Practice*, 30(3). 256-266.

Roodman, A.A., & Clum, G.A. (2001). Revictimization rates and method variance: A meta-analysis. *Clinical Psychology Review, 21,* 183-204.

Saathoff, A.J., & Stoffel, E.A. (1999). Community-based domestic violence services. *The Future of Children*, 9. 97-110.

SAPS. (1998). "Domestic Violence: The New Approach". Retrieved from: http://www.saps.gov.za/docs_publs/legislation/dom_violence/dom_violence.htm

Savahl, S. (2010). Ideological Constructions of Childhood. *Unpublished doctoral dissertation*, University of The Western Cape, Bellville, South Africa.

Seedat, M., Van Niekerk, A., Jewkes, R., Suffla, S., & Ratele, K. (2009). Violence and injuries in South Africa: Prioritising an agenda for prevention. *The Lancet, 374,* 1011-1022.

Serbin, L., & Karp, J. (2003). Intergenerational studies of parenting and the transfer of risk to child. *Current directions in Psychological Science*, 12(4), 138-142.

Simpson, G. (1993). Women and Children in Violent South African Townships. In M. Montshekga & E. Delport (eds.), *Women and Children's Rights in a Violent South Africa.* Pretoria West: Institute for Public Interest, Law and Research.

Social Development. (2012). White Paper on Families in South Africa. Draft. Department of Social Development.

Stark, L. & Ager, A. (2011). A systematic review of risk prevalence studies of gender-based violence in complex emergencies. *TRAUMA, VIOLENCE & ABUSE*, 12(3), 127-134.

Sterba, S.K. & Foster, E.M. (2008). Self-Selected Sample. In P.J. Lavrakas (Ed.), *Encyclopedia of Survey Research Methods* (pp 675-873). Thousand Oaks, California: Sage Publications, Inc.

Stith, S.M., Rosen K.H., Middleton, K., Busch, A.L., Lundeberg, K. & Carlton R.P. (2000). The Intergenerational Transmission of Spouse Abuse: A Meta-Analysis. *Journal of Marriage and the Family*, 62: 640-654.

Stover, C.S. (2005). Domestic Violence Research : What have we learned and where do we go from here? *Journal of Interpersonal Violence*, 20(4), 448-458.

Straus, M.A., & Gelles, R.J. (1995). *Physical Violence in American Families*. New Jersey: Transaction.

Terre Blanche, M., Durheim, K., & Painter, D. (2006). *Research in Practice: Applied Methods for Social Sciences*. Cape Town: University Of Cape Town Press.

Tolan,P., Gorman-Smith, D., & Henry, D. (2006). Family Violence. *Annual Review of Psychology, 57,* 557-583.

UN Division for Advancement of Women. (2004). *Domestic violence in the demographic and health surveys: The history and challenges*. Group Expert Meeting: Switzerland.

United Nations Population Fund (UNFPA). (2005). *The state of world population*. UNFPA, New York.

UNICEF. (2007). State of the world's children. New York: UNICEF.

Vetten, L. (2005). Addressing domestic violence in South Africa: Reflections on Strategy and practice. Expert Group Meeting in Vienna, Austria: *United Nations Division for the Advancement of Women.*

Vogelman, L. & Eagle, G. (1991). Overcoming endemic violence against women in South Africa. *Social Justice*, 18, 209-229.

Weitan, W. (2010). *Psychology: Themes & variations (8th ed.).* California: Wadsworth

Wekerle, C. (1999). Dating violence in mid-adolescence: Theory, significance and emerging prevention initiatives. *Clinical Psychology Review*, 19(4), 435-456.

Williams, S.L. & Mickelson, K.D. (2004). The nexus of Domestic Violence and Poverty: Resilience in Women's Anxiety. *Violence against Women.* 10(3), 283-293.

WORLD MEDICAL ASSOCIATION DECLARATION OF HELSINKI: *Ethical Principles For Medical Research Involving Human Subjects* (2002).WMA General Assembly, Washington.

World Health Organization (WHO). (2013a). Violence against women: Intimate partner and sexual violence against women. [*Fact sheet No. 239*]. Retrieved from http://www.who.int/mediacentre/factsheets/fs239/en/

World Health Organization, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, & South African Medical Research Council .(2013b). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization. Retrieved from http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf

WHO. (2005). *WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence health outcomes and women's responses*. Geneva: World Health Organization.

World Health Organization. (2002). *The World Report on Violence and Health*. Geneva: World Health Organization.

Zielinski, D.S. (2009). Child maltreatment and adult socio-economic well-being. *Child abuse and neglect*, 33, 666-678.

APPENDIX I

Instructions: There are 3 parts to the questionnaire

Part 1:

This is just general information about you. Please do not write your name on this sheet.

Part 2:

There are two parts to each question:

- Firstly, answer how often the incident had taken place by ticking in the box ☑ below the question.
- Secondly, answer all the ways you had experienced the incident by ticking in the box below the question.
- If you had answered **'Never'** in the first question, skip the second part of the question and move on to the next question.

Part 3:

Tick the box ☑ that best describes the frequency of the statement in relation to your current life situation.

Demographic Information (Part 1)

1. How old are you? _____

2. What race or ethnicity do you consider yourself? (Please tick where appropriate or specify if "d")

a.) Black ☐

b.) Coloured ☐

c.) White ☐

d.) Other _____

3. Employed (E)/Unemployed (U)? _____

4. Relation to perpetrator?

a.) Family member ☐

b.) Non-family member ☐

5. Description of abuse you have experienced recently in your relationship? (Tick as many as experienced)

a.) Physical ☐

b.) Sexual ☐

c.) Emotional ☐

d.) Verbal ☐

e.) Psychological abuse ☐

f.) Economic abuse ☐

g.) Intimidation ☐

h.) Harassment ☐

i.) Stalking ☐

j.) Damage to property ☐

k.) Entry into the your resident without consent ☐

l.) All of the above ☐

6. Was your mother previously abused?

a.) Yes ☐

b.) No ☐

c.) I don't know ☐

7. When had your mother and her partner started fighting? (Years)

a.) 0-5 years □

b.) 6-11 years □

c.) 12-18 years□

d.) I don't know □

(Tick only one answer for the questions below)

8. When did the fighting start between you and your partner?

a.) As long as I've known him/her. ☐

b.) As soon as we got married. ☐

c.)As soon we got into a relationship. ☐

d.) I can't remember. ☐

9. When you were growing up, was there always enough money for the things you needed?

a.) No. Sometimes there wouldn't even be money for clothes, food, bills, rent, and school fees.
☐

b.) Yes.
☐

c.) Yes. Even enough money for the things we didn't need.
☐

d.) I can't remember.
☐

10. At present, is their enough money to cover the things you need?

a.) No. Sometimes there wouldn't even be money for clothes, food, bills, rent, and school fees.
☐

b.) Yes.
☐

c.) Yes. Even enough money for the things I don't need.
☐

d.) I don't know.
☐

Past (Part 2)

These are short questions about your childhood relating to the relationship between your mother and her partner. The word 'mother' will relate to any female who you grew up with and was your primary caregiver e.g. mother, grandma, aunt, foster mother; with partner referring to your father, step father or your mother's boyfriend or girlfriend.

1.a) How often did your mother and her partner disagree with one another?	Never	Seldom	Almost Always	Always

1b.) When your mother and her partner disagreed with one another, how did you experience it?	I saw the end-result (e.g. she was hurt, something was broken, police came.)	I witnessed the incident.	I heard what was going on but did not see it (e.g. stayed in my room, hid near-by.)	I heard about it afterwards.

2. a.) Has your mother's partner ever hurt her feelings by shouting at her, insult her, accuse her of cheating, or threaten her life?	Never	Seldom	Almost Always	Always

2. b.) When your mother's partner hurt her feelings by shouting at her, insulted her, accused her of cheating, or	I saw the end-result (e.g. she was hurt, something was broken, police came.)	I witnessed the incident.	I heard what was going on but did not see it (e.g. stayed in my room, hid near-by.)	I heard about it afterwards.

threatened her life, how did you experience it?				

3. a.) How often did your mother's partner prevent your mother from doing certain things, such as go to the shop, go to work or even go to family or friends?	Never	Seldom	Almost Always	Always

3.b.) When your mother's partner prevented your mother from doing certain things, such as go to the shop, go to work or even go to family or friends, how did you experience it?	I saw the end-result (e.g. she was hurt, something, something was broken, police came.)	I witnessed the incident.	I heard what was going on but did not see it (e.g. stayed in my room, hid near-by.)	I heard about it afterwards.

4.a.)How often did your mother's partner, hit, kick, punch, or choke her?	Never	Seldom	Almost Always	Always

4.b.) When the above-mentioned incident had happened, how did you experience it?	I saw the end-result (e.g. she was hurt, something, something was broken, police came.)	I witnessed the incident.	I heard what was going on but did not see it (e.g. stayed in my room, hid near-by.)	I heard about it afterwards.

5.a.)How often had your mother's partner *threaten* her with a knife, gun or dangerous object?	Never	Seldom	Almost Always	Always

5.b.) When your mother's partner *threatened* her with a knife, gun or dangerous object, how did you experience it?	I saw the end-result (e.g. she was hurt, something, something was broken, police came.)	I witnessed the incident.	I heard what was going on but did not see it (e.g. stayed in my room, hid near-by.)	I heard about it afterwards.

6.a.) How often had your mother's partner *actually* hurt her with a knife, gun, or dangerous object?	Never	Seldom	Almost Always	Always

6.b.) When your mother's partner	I saw the end-result (e.g. she was hurt,	I witnessed the incident.	I heard what was going on but did not see it (e.g.	I heard about it afterwards.

actually hurt her with a knife, gun, or dangerous object, how did you experience it?	something, something was broken, police came.)		stayed in my room, hid near-by.)	

7.a.) How often did you intervene in stopping your mother's partner from hurting her, emotionally or physically? (e.g. calling the police, calling a neighbour to help, shouting, or even physically stepping between your mother and her partner or even trying to pull the partner off your mother.)	Never	Seldom	Almost Always	Always

7.b.) When you intervened in stopping your mother's partner from hurting her, emotionally or physically(e.g. calling the police, calling a neighbour to help, shouting, or even physically stepping between your mother and her partner or even trying to pull the partner off your	I saw the end-result (e.g. she was hurt, something, something was broken, police came.)	I witnessed the incident.	I heard what was going on but did not see it (e.g. stayed in my room, hid near-by.)	I heard about it afterwards.

mother.), how did you experience it?				

Present (Part 3)

This relates to your current relationship that you experiencing or even if it had been recently ended, as well as your current state of emotional well-being. 'Your partner' in this regard relates to male or female.

1. How often had you and your partner disagreed, yet it soon turned into aggressive argument?	**NEVER**	**SELDOM**	**ALMOST ALWAYS**	**ALWAYS**
2. How often has your partner hurt your feelings by insulting, shouting at you or even accusing you of cheating?				
3. How often did your partner prevent you from doing things such as going to the shop, going to family members and friends or even going to work?				
4. How often did your partner hit, punch, kick or choke you?				
5. How often did your partner *threaten* you with a knife, gun or dangerous object?				
6. How often did				

your partner *actually* injure you with a knife, gun or dangerous object?				
7. How often did your child/ren intervene in stopping your partner from hurting you, emotionally or physically? (e.g. calling the police, calling a neighbour to help, shouting, or even physically stepping between you and your partner or even trying to pull the partner off you.)				
8. How often have you thought that you have been following a similar pattern of violence as you experienced in your childhood?				

(Format and instructions adapted from Edleson, Shin, Johnson Armendariz, 2008)

APPENDIX II

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959, Fax: 27 21-959

E-mail: nroman@uwc.ac.za

Private Bag x 17, Bellville, 7535

Telephone: 021 – 959 9486

Fax: 021 – 959 2845

Email:nroman@uwc.ac.za

SUPERVISOR

INFORMATION SHEET

Project title: **A descriptive study of children's exposure to domestic violence as a predisposing factor for revictimization in adulthood**

What is this study about?

This is a research project being conducted by Jill Ryan at the University of the Western Cape. We are inviting you to voluntarily participate in this research project we are seeking women who have endured abusive relationships and are willing to share their experiences in that regard. The purpose of this study is firstly, to determine women'sbeing exposed to domestic violence in their childhood are predisposed to a domestic violent relationship in adulthood. Secondly to determine if witnessing domestic violence in childhood further establishes a norm of violence within intimate relationships.

What will I be asked to do if I agree to participate?

You will be asked to fill in a questionnaire pertaining to types of domestic violence exposed to in childhood and how you were exposed to them. The second section of the questionnaire, you will be asked about your current situation regarding domestic abuse, which is very similar to the questions asked in the first section. The last section will ask demographical details such as age, gender etc.

Would my participation in this study be kept confidential?

The utmost will be done to keep your personal information confidential. In aiding the protection of your identity, the information provided will be private; no names or any other descriptors will be used to ensure that you will not be able to be identified in participating in this study. In this way you will remain anonymous and confidentiality will be maintained. This would entail that:

- Your name will not be included in the report.
- A pseudonym will be used in the report.

If an article or report is written about this research study, your identity will remain anonymous as best is possible. The reports will be kept in a locked compartment with only the researcher and research supervisor having access to the information. The research findings will not include any of your personal details.

What are the risks of this research?

There are no known risks in participating in this study. However clients may be exposed to some uncomfortable moments in regards to their childhood and present issues being dealt with. If however, this causes some difficulty, a resource list will be made available to participants to contact if the need arises.

What are the benefits of this research?

Information regarding the intergenerational transmission of domestic violence is limited with not a lot of new information coming to the fore especially in South Africa. This study will provide a contextualised picture of this phenomenon and may be used to inform programmes as well as counselling strategies used to assist women who have experienced domestic violence. The research that may emerge will bring about a renewed awareness of domestic violence and the role it plays in early exposure.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

Is any assistance available if I am negatively affected by participating in this study?

Every effort has been taken to protect you from any harm in this study. If however, you may feel affected you can be referred to your nearest community resource for assistance. This has been described earlier in risks relating to this study.

What if I have questions?

If you are unsure about anything relating to this study please make use of the question and answer session at the initial meeting as well as before or even after the interview. If you have any questions about the research study itself, please contact Dr. N. Roman (Supervisor) at: Department of Social Work, tel. 021 959 2277/2970, email: nroman@uwc.ac.za.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department: Prof.C. Schenk.

Dean of the Faculty of Community and Health Sciences: Prof. José Frantz

University of the Western Cape

Private Bag X17

APPENDIX III

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959, Fax: 27 21-959

E-mail: nroman@uwc.ac.za

DEPARTMENT OF SOCIAL WORK

Letter of consent

Title: A descriptive study of children's exposure to domestic violence as a predisposing factor for revictimization in adulthood

The letter serves to grant my consent to complete and participate in an individual interview with the interviewer. It is a self-reported questionnaire regarding my experience of domestic violence in childhood (if any) as well as currently experienced. The objective of the study is to explore if women who were exposed to domestic violence in their childhood are predisposed to a domestic violent relationship in adulthood. I am aware that I may withdraw from the study at any time should I not feel comfortable discussing the topic. I understand that the information is private and will be managed by the interviewer, confidentially and anonymously.

I understand that I give consent that the information gathered during the interviews will be typed and anonymously presented in research reports and publication articles.

This letter was and signed on …….day of ……..month of the year……..

Signature of interviewee……