



Original contributions

Perceived childhood exposure to domestic violence: The risk for adult revictimisation

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ABSTRACT

The prevalence of domestic violence is described as pervasive with a majority of victims being females and perpetrators being males. Often females who experienced domestic violence had been previously exposed to family violence during childhood. The aim of the study was therefore to investigate the perceived childhood exposure to domestic violence as a predisposing factor for revictimisation in adulthood. The study used a quantitative approach with a cross-sectional correlation 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 current adult experiences of domestic violence. The data was analysed 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, childhood exposure, revictimisation, adulthood, social learning theory.

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INTRODUCTION

Domestic violence has been described as any act of gender-based violence, which includes physical, sexual and psychological harm or suffering such as threats, coercion or deprivation within the private or public lives of women (United Nations Division for the Advancement of Women, 2004). This definition is similar to the South African legal definition of domestic violence detailing the types of abuse experienced as well as being all inclusive of abuse. This inclusivity denotes that abuse is not only gender-based, but any form of abuse taking place within the domestic setting. These are described in the Domestic Violence Act, 1998 (Act 116 of 1998), which describes abuse as physical, sexual, emotional, verbal and psychological abuse, including economic abuse, intimidation, harassment, stalking, damage to property and entry into the complainant's residence without consent (Vetten, 2005).

The prevalence of domestic violence is described as pervasive (Alhabib, Nur, & Jones, 2009) with a large portion of the prevalence rates reported as intimate partner violence (IPV) with mainly male perpetrators and female victims (Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2005; Williams et al., 2007). A systematic review of gender-based violence within complex emergency (humanitarian crisis) settings found that IPV rates were far higher than most rates of wartime rape or sexual violence perpetrated by an individual outside the home (Stark & Ager, 2011). In addition, female participants shown to encounter IPV had been exposed to family violence in childhood (Roman & Frantz, 2013; UNICEF, 2007).

With regard to domestic violence exposure, a South African study found that the majority of both urban and rural women were not alone at the time of being abused, and in fact a family member witnessed the abuse, namely parents, in-laws, siblings as well as children (Rasool & Vermaak, 2002). Globally, 275 million children are exposed to domestic violence in the home every year (UNICEF, 2007). According to UNICEF (2007), studies from 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 children and the consequences such as psychosocial challenges that span generations. 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 such as delinquency and psychological disorders (Jewkes et al., 2006). These psychological disorders include posttraumatic stress disorder (PTSD), as children exposed to domestic violence display similar brain patterns linked to PTSD as seen in soldiers in combat (McCrary et al., 2011).

Countries in conflict or post-conflict situations (as is the case with post-apartheid South Africa) have a propensity to have existing violence exacerbated or new forms introduced, as violence is seen as a strategy for not only resolving conflict but for gaining ascendancy



or maintaining the structure and function of the African home (Alio et al., 2011; Jewkes, Levin, & Penn-Kekana, 2002; World Health Organization (WHO), 2013). Africa is shown as having the highest rates for IPV, with a systematic review showing Zambia (48%) leading in prevalence rates and South Africa (26%) as having the highest mean lifetime prevalence rate amongst African countries (Alio, Nana, & Saihu, 2009; Roman & Frantz, 2013). Within the African patriarchal system, wife-beating is accepted by both men and women as a practice to curb or correct a woman's transgression of failing to do housework, neglecting childcare duties or sexual infidelity and is often justified by both males and females (Alio et al., 2011; Boonzaier, 2003; Gqola, 2007; Kim & Motsei, 2002; Morell, Jewkes, & Lindegger, 2012) with South Africa displaying the highest rate of femicide due to domestic violence in the world (Abrahams, Mathews, Jewkes, Martin, & Lombard, 2012). These prevalence rates, in conjunction with societal beliefs within the African context, suggest that women are considerably vulnerable to be victims of violence. Furthermore, those exposed to domestic violence, such as children, may be potentially vulnerable to revictimisation in adulthood (Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009).

Women who had been exposed to violence in childhood were especially vulnerable to revictimisation in adulthood (Jewkes & Abrahams, 2002; Seedat et al., 2009). Revictimisation refers to one criminal victimisation followed by another at a higher rate than can be attributed to coincidence or chance, and mainly addresses the victims and their experiences (Kuipers, Van der Knaap, & Winkel, 2012). Revictimisation occurs due to emotional violence and neglect felt by a child who had witnessed domestic violence (Seedat et al., 2009). In a South African study, 35 to 45% of children witnessed their mother being beaten, of whom 15% reported both parents had also been too drunk to care for them (Seedat et al., 2009). Women who witnessed interparental violence in childhood were at a four-to-sixfold risk to experience physical violence (Bensley, Van Eenwyk, & Wynkoop Simmons, 2003). The highest risk factor for domestic violence is if both partners had experienced violence in their childhood (Abramsky et al., 2011).

The theoretical underpinning of social learning theory could be used to explain revictimisation, which takes places when exposed to domestic violence in childhood. According to the theory, children would essentially imitate or model what they see or feel within the home as they experience how others treat them and observe how their parents treat each other (Bevan & Higgins, 2002). This is illustrated by the main principle of social learning theory, which is modelling. In modelling, an individual's response is influenced or shaped by the model/person directly observed and now has response tendencies imitating what was directly observed (Weitan, 2010). In essence, modelling allows for revictimisation to take place as the observed behaviour (domestic violence exposure) provides the child with a perceived domestic strategy as well as relationship patterns of how families function (Jewkes, 2002).

Studies which have highlighted revictimisation, especially in a South African context, are limited, largely focused on men or childhood exposure to domestic violence (Abrahams & Jewkes, 2005; Abrahams, Jewkes, Hoffman, & Laubsher, 2004), are concurrent with neglect (Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008), and present inconsistent findings (Herrenkohl et al., 2008; Moylan et al., 2010), with some studies stating childhood exposure playing a role (Jewkes et al., 2002) and others saying it does not, in relation to domestic violence, due to other familial protective factors (Gewirtz & Endleson, 2007). Paradoxically, studies focusing on revictimisation, domestic violence, as well as health impacts of domestic violence were largely conducted in developed countries, with one view stating female oppression in an African setting is taken as a given or the norm (Abrahams & Jewkes, 2005; Gass, Stein, Williams, & Seedat, 2010; Gupta et al., 2008; Jewkes, 2002; Messman & Long, 1996; Roodman & Clum, 2001). This view may be problematic as domestic violence may then be seen as normative in African societies. This perspective may hinder a full understanding of domestic violence and its effect on victims, which are mainly women and children. Parallel to this normative view of domestic violence, many factors may also contribute to the exacerbating and enduring characteristics of domestic violence, such as socio-economic status and gender inequality (Boonzaier, 2003; Zielinski, 2009).

Research on childhood exposure to domestic violence has had mixed results, with it playing a role in future revictimisation and in some studies it does not, and propagates further investigation (Moylan et al., 2010). Furthermore, research on children exposed to violence in the home is not as extensively researched as children directly affected by this violence, such as partner physical abuse coupled with child abuse or child maltreatment (Fantuzzo et al., 1997; Herrenkohl et al., 2008). The term exposure is considered in this study instead of mere 'witnessing' or direct observation, as it is indicated in literature as being more comprehensive and all-encompassing of how a child experiences violence in the home, which includes hearing as well as being affected by the end result such as seeing the damage or injury of the victim or victim's property of each abuse event (Herrenkohl et al., 2008; Holt, Buckley & Whelan, 2008). However, perceived exposure will be the term utilised in the method section as this study made use of retrospective recall in terms of childhood exposure as well as adult experiences, which examined the recalled events and occurrences rather than immediate feelings and emotions of the domestic violence experienced. Thus the current study was conducted to investigate if childhood exposure to domestic violence may be a predisposing factor for revictimisation in adulthood, within a South African setting.

METHODOLOGY

In this quantitative, cross-sectional study, the variables identified were perceived exposure to domestic violence in childhood and perceived current domestic violence. Retrospective recall was implemented.

SAMPLE

A list of shelters based within the Cape Metropole area was used as a sample frame for this study. Thirteen shelters known to house women experiencing domestic violence, as well as those who became destitute as a result of domestic violence, were part of the study. These shelters ensured a heterogeneous sample as the participants were from various backgrounds and from far-reaching areas due to safety reasons. Adult women (over the age of 18 years) were invited to participate in the study. On average, 20 women are accommodated in the shelters, excluding their children, which allowed for a possibility of 260 potential participants. However, due to circumstances such as reduced client intake as a result of safety risks of the shelter, renovations and constrained resources, this target sample was not achieved. In other instances, there was non-response from shelter managers or social workers as studies of a similar nature had used these shelters and social workers feared overexposure in relation to shelter residents. In total, 10 of the 13 shelters participated. The study was voluntary with confidentiality maintained and no compensation was offered, which allowed refusals and withdrawals from the study with no penalty imposed on participants. The final sample eventually consisted of 77 female participants after an informed consent form was provided and completed. The mean age of the participants was 36.41 ($SD=11.45$) years. Of the participants, nine (11.7%) were black, 58 (75.3%) were coloured, nine (11.7%) were white and one (1.3%) was listed as 'other' (see Table 1). In terms of employment, 18 (25.4%) participants were employed and 53 (74.6%) were unemployed of which the rest of the participants did not answer the question.

Table 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%)

INSTRUMENT

DEPENDENT VARIABLE

An adapted version of the Child Exposure to Domestic Violence (CEDV) scale, which is a self-reported questionnaire, was used to collect the data (Edleson, Shin, & Johnson Armendariz, 2008). The questionnaire was divided into 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 (iii) If those same types of exposure to domestic violence were current abusive experiences in relationships. The questionnaire was originally developed for children who had been exposed to domestic violence. The CEDV scale sought to determine the frequency of domestic violence scenarios taking place in the child's home and the way in which they were exposed to it. The responses to the given scenarios, for example "*How often did your mother and her partner disagree with one another?*" were measured on a four-point Likert scale of 'never', 'seldom', 'almost always' and 'always'. The convergent questions used to discover types of exposure through Things I've Seen and Heard (TISH) permit respondents to respond to each item using a four-point Likert-type scale where more than one response can be chosen. An example of the TISH contains follow-up statements such as "*When your mother and her partner disagreed with one another, how did you experience it?*", the response of which ranged from "*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 nearby) and "*I heard about it afterwards*" (Edleson et al., 2008). The CEDV subscales indicated Cronbach's alphas ranging from $\alpha=.50$ to $.76$ and the overall α was $.84$ (first week of test). Test-retest reliability for each subscale was found to range from $.57$ to $.70$ (second week of test), and all of them were statistically significant at $p<.001$.

INDEPENDENT VARIABLE

The same questions were asked in the third section, but were aligned to respondents' current situation in relation to domestic violence by enquiring about frequency of occurrence on a four-point Likert scale.

A study conducted in South Africa, which used the CEDV scale on an emerging adult population, looked at gender disparities in the influence of domestic violence on identity formation, with high alpha scores being obtained (Idemudia & Makhubela, 2011). As the questionnaire was formulated for children but was used on adults, the following adaptations were made: (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 seen and heard* were changed into interconnected rows and columns to allow participants to read and answer the questions with ease; (d) Sections of the questionnaire were rearranged by placing demographics in the first section as to allow for better flow of the questionnaire; (e) No illustrations were utilised to assist in understanding the weight of the answer as per the Likert scale, as seen in the original questionnaire; and (f) Questions relating to past and present abuse were made similar to allow for correlation to take place. These adaptations were further propagated from findings in the pilot study. The questionnaire was self-administered by participants who were able to read and write and was interviewer-administered with the assistance of the shelter social worker when more than one participant was not able to read and write.

A pilot study was conducted after the first shelter gave permission to conduct the study. Originally, six participants volunteered to participate in the study. The participation criterion was for the participant to have been in or to currently be 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 five participants. This indicated that 15% could not be attained for the pilot study as few participants had participated in the study. Reasons for non-participation are discussed in the section focusing on the sample. In the pilot study, the questionnaire was reviewed for functionality, such as simplicity of questions and whether the format of the questionnaire was easy enough to follow.

ANALYSIS

Data was analysed using Statistical Package for Social Sciences (SPSS) version 21. The analysis included frequencies and means. A correlation was conducted between the independent and dependent variables.

RESULTS

Table 1 shows the demographics of the sample. 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 a neighbour or friend to the participant. The majority of the participants characterised 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.

In Table 2, 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 without their permission 10 (13.7%). Five participants (6.8%) experienced all forms of abuse within the relationship. The majority of participants experienced on average five ($SD=2.98$) types of abuse within an abusive relationship, which included forty-one percent (41%) of participants stating that their mothers had been abused in previous relationships.

Table 2: 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	$M= 5.10 (SD= 2.98)$	

EXPOSURE TO DOMESTIC VIOLENCE IN CHILDHOOD

A larger percentage of participants (35.5%) who answered could not remember the onset of domestic violence in childhood, yet those who could remember indicated that the onset of domestic violence occurred at different developmental stages. These stages were indicated as early childhood (21%), middle childhood (21%) and adolescence (8.1%). The most frequently occurring scenario of domestic violence and the most common form of exposure were investigated separately. The most frequent scenario of domestic violence was often disagreement between the participant's mother and her partner ($M=2.22$, $SD=1.01$). The most common type of exposure was witnessing the mother's partner hurt her feelings by shouting at her, insulting her, accusing her of cheating or threatening her life (33.8%).

CURRENT EXPERIENCES OF ABUSE

Participants indicated that the onset of domestic violence in their adult relationship began as soon as they got married to their partner (31.1%), closely followed by participants who indicated that the abuse started as soon as their relationship commenced (27.9%). The

results revealed that the majority of the participants experienced having their feelings hurt, being insulted, shouted at or being accused of cheating by their partner ($M=3.08$, $SD=0.98$). The results of a correlation between past perceived experiences of domestic violence and current experiences of domestic violence suggest that there is a significant positive relationship between past perceived experiences of domestic violence and current experiences of domestic violence ($r=0.55$, $p<0.01$).

DISCUSSION

The most reported type of abuse experienced amongst participants was emotional abuse in adulthood. These results are similar to a study conducted with pregnant women in Peru (Perales et al., 2009) but contrary to previous research, which found that physical abuse is the most prevalent form of abuse in South Africa as well as in Africa and often in conjunction with sexual violence (Dunkle et al., 2004; Jewkes, Penn-Kekana, Levin, Ratsaka, & Schrieber, 1999; Roman & Frantz, 2013).

CHILDHOOD EXPERIENCE OF DOMESTIC VIOLENCE

The majority of participants reported that their mothers had been abused in previous relationships. Stover (2005) indicates that domestic violence recidivism (returning to past behaviour) cases are high, and when followed longitudinally, victims in 40% to 80% of cases found themselves in repeat situations of domestic violence. In the current study, the majority of participants could not remember when the onset of domestic violence occurred during adulthood. Yet of those who could remember, the majority stated that the onset of the domestic violence witnessed in childhood occurred in early to middle childhood. This is in contrast to previous research, which suggests that if the onset of domestic violence coincided with the onset of sexual activity or sexual debut during adolescence, there is a strong association for adult revictimisation (Dunkle et al., 2004) and it potentially holds a high risk for future adult relationships in terms of physical and sexual violence. Findings suggest that the earlier the trauma (such as being exposed to domestic violence) takes place, which would be in early to middle childhood rather than adolescence, the more pervasively severe the adverse outcomes are leading into adulthood (Abramsky et al., 2011; Ford, 2010). As stated, this is linked to the current study's finding in which most of the participants had first experienced domestic violence in their early to middle childhood.

In the current study, abuse in childhood was assessed on two different levels. Abuse in childhood was assessed in terms of frequency (how often a type of abuse occurred) and exposure (how the participant was exposed to the type of abuse). This made for an interesting find when compared to the adult experiences of domestic violence. Firstly,

the most prevalent type of abuse identified was not the most prevalent type of abuse the participants had witnessed. Secondly, the most prevalent type of abuse which participants had witnessed was the same type of abuse participants experienced in adulthood. The most experienced event of domestic violence during childhood was often disagreement between the participant's mother and the mother's partner. The majority of participants witnessed their mother's partner hurting her feelings by shouting at her, insulting her, accusing her of cheating or threatening her life, which had also been the most experienced form of the adult experience of domestic violence amongst participants. In the current study, what was witnessed and what had currently been experienced in adulthood, had a significant positive relationship. It is for this reason that investigating domestic violence had to go beyond merely looking at the frequency of abuse in order to examine how exposure may play a much greater role in long-term pervasive negative outcomes (Herrenkohl et al., 2008; Holt et al., 2008). Examining abuse on these two levels is seen illustrated in a study by Lepistö, Luukkaala and Paavilainan (2011).

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 (Lepistö et al., 2011). These risks included poor familial relations, as abuse witnessed between parents was re-enacted between siblings, and an increase in sexual activity at an early age leading to the onset of sexual abuse (Lepistö et al., 2011). Furthermore, risks included more acceptance of revictimisation in adulthood (Lepistö et al., 2011). In looking at experience of abuse solely, it was linked to adolescent depression (Lepistö et al., 2011). It is not only important to understand how domestic violence influences an individual when occurring during childhood, but also the depth of impact when witnessing it. This in essence shows that the frequency of any form of domestic violence holds significance, yet the way it is experienced holds a more profound effect.

ADULT EXPERIENCES OF DOMESTIC VIOLENCE

In the current study, the majority of participants stated that the onset of domestic violence began as soon as they were married. The focus of previous research in examining the onset of domestic violence does not investigate in terms of relationship stage, but more in terms of the developmental stage such as adolescence (Abramsky et al., 2011; Dunkle et al., 2004; Ford, 2010; Lepistö et al., 2011; Wekerle, 1999). The type of domestic violence experienced during adulthood (in the current study) was having their feelings hurt by being insulted, shouted at or being accused of cheating by their partners. This was similar to the most prevalent type of incidents which participants were most exposed to in childhood. This was similar to a study linking witnessing domestic violence to adult revictimisation (Seedat et al., 2009).

REVICTIMISATION

A significant positive relationship between childhood experiences of domestic violence and adult experiences of domestic violence was found in the current study, which is similar to previous research (Graham-Bermann & Endleson, 2001; Seedat et al., 2009). In 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. Young people who had lived in households in which they had been exposed to parental violence were at a 158% likelihood to experience violence victimisation 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, postulating that the ways in which past experiences of domestic violence are experienced is an important factor to be considered in terms of adult experiences of domestic violence (Abramsky et al., 2011; Bevan & Higgins, 2002; Ford, 2010).

The involvement in one form of violence becomes a risk factor for other types of violence (Graham-Bermann & Edleson, 2001), as 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 could mean that witnessing domestic violence allows children to be susceptible to other sub-types of family violence, such as child abuse and neglect, which can be just as detrimental as physical violence. Furthermore, childhood exposure to violence has its potential for revictimisation (or perpetration) as well as the cycling of violence (Roman & Frantz, 2012; Seedat et al., 2009). Similarly, Abrahams and Jewkes (2005) found that 27% of intimate partner violence would not have occurred if boys had not witnessed the domestic violence against their mother. Women who report witnessing interparental violence in childhood were at a four-to-sixfold risk of physical violence (Bensley, Van Eenwyk, & Wynkoop Simmons, 2003).

Social learning theory provides a basis for understanding how these generational behaviours or risks could [re]occur (Bevan & Higgins, 2002). A possible explanation could be that children adopt behaviours through active observational learning of models which may well be the caregivers within the home. Violent behaviours are used to not only resolve conflict, but to enforce gender roles in reflection of the perceived male-female union, which may explain the potential reinforcement of such behaviours. Children may in all likelihood adopt this approach as not only a domestic strategy, but a strategy throughout life when dealing with daily issues. This may be seen in research relating to probable deviant behaviour in children who have witnessed domestic violence, especially those at risk of antisocial

behaviour (Jewkes et al., 2006). Social Learning Theory indicates that learning may occur passively with no immediate change in behaviour 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 behaviour 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 revictimisation or perpetration.

PREVENTION IMPLICATIONS

If these behaviours 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 people, 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. The motivation for this study was to gain a contextualised understanding of this phenomenon tailored towards the South African population. This in future could 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.

LIMITATIONS AND RECOMMENDATIONS

Limitations of the study include the use of a sample which consisted of abused women only, which could render a different result if women who had only experienced childhood exposure had participated in the study. Furthermore, though retrospective recall was used, there is a chance that the accuracy of recall memory may be a challenge. In addition, the study utilised a cross-sectional design as this was time- and resource-efficient to align with the research questions and eliminate the need for follow-up data and attrition (Harris, Sutherland, & Hutchinson, 2013), yet a longitudinal study could have more pervasive results. Lastly, when considering the onset of domestic violence within the adult relationship, it is not confined to developmental stages as research purports. The questionnaire did not accommodate for incidents of stressors which occurred during the marriage (such as unemployment) or single acts of violence triggered by the suspicion of cheating which resulted in acid attacks when no acts of violence were present before.

CONCLUSION

The results show women perceived their mother and her partner disagreeing as the most experienced incident in childhood, yet the most witnessed incident was the participant's mother having had her feelings hurt by being insulted, shouted at or being accused of

cheating by the mother's partner. In adulthood, the majority of participants experienced having their feelings hurt by being insulted, shouted at or being accused of cheating by their partners, which is similar to the most witnessed incident in childhood. The significant positive relationship between past perceived experiences of domestic violence and what was experienced was found in the current study. Recommendations for further research would be for further expansion on the topic of intergenerational transference of domestic violence on a larger sample within a longitudinal design. This may provide an adequate opportunity to gain an insight into the onset as well as predictive factors relating to domestic violence.

DECLARATION OF CONFLICTING INTERESTS

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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REFERENCES

- Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H. A. F. M., & 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*(1), 109.
- Abrahams, N., Jewkes, R., Hoffman, M., & Laubsher, R. (2004). Sexual violence against intimate partners in Cape Town: Prevalence and risk factors reported by men. *Bulletin of the World Health Organization*, *82*(5), 330-337.
- Abrahams, N., & Jewkes, R. (2005). Effects of South African men's having witnessed abuse of their mothers during childhood on their levels of violence in adulthood. *American Journal of Public Health*, *95*(10), 1811.
- Abrahams, N., Mathews, S., Jewkes, R., Martin, L. J., & Lombard, C. (2012). Every eight hours: Intimate femicide in South Africa 10 years later! *South African Medical Research Council Research Brief*, 1-4.
- Alhabib, S., Nur, U., & Jones, R. (2010). Domestic violence against women: Systematic review of prevalence studies. *Journal of Family Violence*, *25*, 369-382.
- Alio, A. P., Clayton, H. B., Garba, M., Mbah, A. K., Daley, E., & Salihu, H. M. (2011). Spousal concordance in attitudes toward violence and reported physical abuse in African couples. *Journal of Interpersonal Violence*, *26*(14), 2790-2810.
- Alio, A. P., Nana, P. N., & Salihu, H. M. (2009). Spousal violence and potentially preventable single and recurrent spontaneous fetal loss in an African setting: Cross-sectional study. *The Lancet*, *373*(9660), 318-324.

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* (pp.177-197). Lansdowne: UCT Press.

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.

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.

Fantuzzo, J., Boruch, R., Beriama, A., Atkins, M., & Marcus, S. (1997). Domestic violence and children: Prevalence and risk in five major US cities. *Journal of the American Academy of child & Adolescent Psychiatry*, 36(1), 116-122.

Ford, J. D. (2010). Complex adult sequelae of early life exposure to psychological trauma. In R.A. Lanius, E. Vermetten, & C. Pain (Eds.), *The impact of early life trauma on health and disease: The hidden epidemic* (pp. 69-76). Cambridge, UK: Cambridge University Press.

García-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. (2005). WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses. Geneva: World Health Organization.

Gass, J. D., Stein, D. J., Williams, D. R., & Seedat, S. (2010). Intimate partner violence, health behaviours, and chronic physical illness among South African women. *South African Medical Journal*, 100(9), 582-585.

Gewirtz, A. H., & Edleson, J. L. (2007). Young children's exposure to intimate partner violence: Towards a developmental risk and resilience framework for research and intervention. *Journal of Family Violence*, 22(3), 151-163.

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

Gqola, P. D. (2007). How the 'cult of femininity' and violent masculinities support endemic gender-based violence in contemporary South Africa. *African Identities*, 5(1), 111-124.

Gupta, J., Silverman, J. G., Hemenway, D., Acevedo-Garcia, D., Stein, D. J., & Williams, D. R. (2008). Physical violence against intimate partners and related exposures to violence among South African men. *Canadian Medical Association Journal*, 179(6), 535-541.

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.

Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child abuse & neglect*, 32(8), 797-810.

Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R. C., & Moylan, C. A. (2008). Intersection of child abuse and children's exposure to domestic violence. *Trauma, Violence, & Abuse*.

- Idemudia, E. S., & Makhubela, S. (2011). Gender difference, exposure to domestic violence and adolescents' identity development. *Gender & Behavior*, 9(1), 3443-3465.
- Jewkes, R. (2002). Intimate partner violence: Causes and prevention. *The Lancet*, 349, 1423-1429.
- 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., 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.
- Jewkes, R., Levin, J., & Penn-Kekana, L. (2002). Risk factors for domestic violence: Findings from a South African cross-sectional study. *Social science & medicine*, 55(9), 1603-1617.
- 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, South African Medical Research Council.
- Kuijpers, K. F., Van der Knaap, L. M., & Winkel, F. W. (2012). Risk of revictimization of intimate partner violence: The role of attachment, anger and violent behavior of the victim. *Journal of Family Violence*, 27(1), 33-44.
- 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.
- Lepistö, S., Luukkaala, T., & Paavilainen, E. (2011). Witnessing and experiencing domestic violence: Descriptive study of adolescents. *Scandinavian Journal of Caring Sciences*, 25, 70-80.
- 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.
- Messman, T. L., & Long, P. J. (1996). Child sexual abuse and sexual revictimization. *Clinical Psychology: Science and Practice*, 9, 135-164.
- Mitchell, K., & Finkelhor, D. (2001). Risk of crime victimization among youth exposed to domestic violence. *Journal of Interpersonal Violence*, 16, 944-964.
- Morrell, R., Jewkes, R., & Lindegger, G. (2012). Hegemonic masculinity/masculinities in South Africa: Culture, power, and gender politics. *Men and Masculinities*, 1097184X12438001.
- Moylan, C. A., Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R. C., & Russo, M. J. (2010). The effects of child abuse and exposure to domestic violence on adolescent internalizing and externalizing behavior problems. *Journal of Family Violence*, 25(1), 53-63.
- 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.
- Rasool, S., & Vermaak, K. (2002). *Violence against Women: A national survey*. Pretoria: Institute for Security Studies.
- Roman, N. V., & Frantz, J. M. (2013). 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.

- 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.
- 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.
- 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.
- Tolan, P., Gorman-Smith, D., & Henry, D. (2006). Family Violence. *Annual Review of Psychology*, *57*, 557-583.
- UN Division for the Advancement of Women. (2004). *Domestic violence in the demographic and health surveys: The history and challenges*. Switzerland: Group Expert Meeting
- UNICEF. (2007). *State of the world's children*. New York, NY: 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.
- Wekerle, C. (1999). Dating violence in mid-adolescence: Theory, significance and emerging prevention initiatives. *Clinical Psychology Review*, *19*(4), 435-456.
- Weitan, W. (2010). *Psychology: Themes & variations* (8th ed.). California: Wadsworth,
- Williams, S. L., Williams, D. R., Stein, D. J., Seedat, S., Jackson, P. B., & Moomal, H. (2007). Multiple traumatic events and psychological distress: The South Africa stress and health study. *Journal of Traumatic Stress*, *20*(5), 845-855.
- World Health Organization (WHO). (2013). *Violence against women: Intimate partner and sexual violence against women*. [Fact sheet No. 239]. Retrieved from <http://www.who.int/mediacentre/factsheets/fs239/en/>
- Zielinski, D. S. (2009). Child maltreatment and adult socio-economic wellbeing. *Child Abuse and Neglect*, *33*, 666-678.