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Parenting: Risk and protective factors for mothers with a history of exposure to family
violence

Shereen Moolla
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A minor dissertation submitted in partial fulfillment of the requirements for the award of the
degree of Master of Arts (Clinical Psychology)

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature:

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TABLE OF CONTENTS

List of Figures	5
List of Tables	6
Abstract	7
Chapter One: Introduction and Literature Review	8
Violence against women and children	9
Family Violence	9
Parenting within the context of violence	10
Risk Factors	10
Protective Factors	16
Child Conduct / Behaviour Problems	17
Conclusion	18
Chapter Two: Methodology	20
Specific aims and hypotheses	20
Hypotheses	20
Methods	21
Sample	21
Inclusion and exclusion criteria	21
Measures	22
Procedure	26
Data Analysis	27
Chapter Three: Results	30
Descriptive Statistics: Demographics	30
Descriptive Statistics: Risk Factors and Protective Factors	32
Descriptive Statistics: The Dependent Variable	40
Bivariate relations among study variables	41
Analyses of the relationships between the misuse of individual substances and child behaviour	44
Hypotheses Results	44
Likelihood Ratio Tests	45
Structural Equation Modelling	51
Chapter Four: Discussion	54
Family Violence is associated to child behaviour problems	57

Mediatory Factors	57
Child Behaviour	63
Structural Equation Model	65
General Summary	66
Limitations and Proposed Solutions	67
Conclusion	68
References.....	69
Appendix A: The Research Questionnaire	82
Appendix B: Letter to the Agencies	105
Appendix C: The Study Poster	107
Appendix D: The Consent Form.....	108
Appendix E: The Study Brochure.....	111
Appendix F: Results from the Parent-child Conflict Scales	112
Appendix G: Model Building and Analysis	117

LIST OF FIGURES

<i>Figure 1: Structural Equation Model</i>	52
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LIST OF TABLES

Table 1: <i>Internal Consistency Coefficients</i>	28
Table 2: <i>Conflict Tactics Scale</i>	32
Table 3: <i>Maternal History of Childhood Abuse</i>	34
Table 4: <i>Parent-Child Conflict (n = 203)</i>	35
Table 5: <i>Parental Stress</i>	37
Table 6: <i>Maternal Mental Health</i>	38
Table 7: <i>Substance Abuse</i>	39
Table 8: <i>Child Behaviour Scores</i>	41
Table 9: <i>Child Behaviour Scores - cut off points</i>	41
Table 10: <i>Correlation Matrix of Risk and Protective Factors</i>	43
Table 11: <i>Regression Analysis for H₁</i>	45
Table 12: <i>Regression Analysis for H₂</i>	46
Table 13: <i>Model Comparisons for H₁ and H₂</i>	46
Table 14: <i>Regression Analysis for H₃</i>	47
Table 15: <i>Model Comparisons for H₁ and H₃</i>	47
Table 16: <i>Regression Analysis for H₄</i>	48
Table 17: <i>Model Comparisons for H₁ and H₄</i>	48
Table 18: <i>Regression Analysis for H₅</i>	49
Table 19: <i>Model Comparisons for H₁ and H₅</i>	49
Table 20: <i>Regression Analysis for H₆</i>	50
Table 21: <i>Model Comparisons for H₁ and H₆</i>	50

ABSTRACT

Background and Objective: Abuse of women and children in South Africa is alarmingly high, and has serious implications for women's parenting. This study aimed to assess the influence of intimate partner violence and early childhood abuse on women's current parenting, and to identify other factors which aid or interrupt positive parenting and how these factors might affect their children's' behaviour.

Method: Women from the greater Cape Town region in South Africa who had a child between the age of 3 and 8 years, and who were concerned about the behaviour of that child, were recruited from agencies in low-income contexts serving battered women or providing child care. Interviews were conducted with 203 women, and measures included the Conflict Tactics Scale, the Parent-Child Conflict Tactics Scale, the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), the Parent Stress Index, the General Health Questionnaire, International Child Abuse Screening Tool, the Parenting Sense of Competence, the Duke Support Scales and the Eyberg Child Behaviour Index.

Results: Ninety-five percent of the participants had experienced intimate partner violence or had a history of childhood abuse. The regression analyses indicated that family violence (intimate partner violence and mother's history of child maltreatment) was significantly associated with child behaviour problems. Results also indicated that maternal mental health and maternal substance abuse were not significant mediators of child behaviour in the context of violence and that social support did not moderate the effects of family violence on child behaviour. Parental stress, parental incompetence and parent-child conflict were identified as the key mediators of child behaviour problems in the context of family violence.

Conclusion: Children of mothers who have suffered family violence are at high risk of behaviour problems. Mothers face challenges due to the risk factors associated with family violence such as parental stress, parent-child conflict, substance abuse, mental health difficulties, parental incompetence and inadequate social support. Significant relationships between child behaviour and a number of risk factors have been found. These risk factors in turn make parenting more challenging resulting in increased child behaviour problems. The findings overall indicate that family violence, parental stress, parent-child conflict and parental competence should be the overarching targets for parental interventions.

CHAPTER ONE

INTRODUCTION AND LITERATURE REVIEW

The abuse of women and children in South Africa is alarmingly high and continues to be a major social ill with which government and civil society grapple. Research has attempted to focus on the factors that permit and perpetuate the abuse of women and children. It has been argued that South Africa's Apartheid legacy is a major factor that continues to contribute to the violent nature of South African society, particularly violence against women. Apartheid's violent and discriminatory laws created violent, gangster-ridden, impoverished township areas in which women and children are particularly vulnerable (Richter & Dawes, 2008). Since the end of Apartheid in 1994 (as noted by Norman et al., 2007) there has been a significant decrease in political conflict, but levels of interpersonal violence (which include intimate partner violence, family violence and child abuse) continue to remain extraordinarily high. The authors cite South Africa's rapid urbanisation and its economic disparity as some of the reasons for the continued violence, stating further that there were an estimated 27 563 deaths relating to violence in South Africa in 2000, which is more than seven times the global average for the same period (Norman et al., 2007). Such figures make South Africa one of the most violent countries in the world.

There is strong evidence indicating that exposure to violence has severe and enduring physical and mental health consequences (Norman et al., 2007). These include anxiety disorders, eating disorders, increased incidence of depression, and substance abuse, as well as post-traumatic stress disorder (PTSD). Although a variety of studies have documented the effects of intimate partner violence and earlier childhood abuse on individuals and society at large, not many studies have focused attention on family violence with a particular interest in the risk and protective factors involved in parenting in such a context.

Caring for a child is difficult and requires an enormous amount of support and resources under the best of circumstances. It is important to acknowledge that a parent's task is made all the more difficult in the context of family violence. Therefore, an identification of potential risk factors and protective factors is necessary so that any interventions aimed at providing support, resources, or services for parents can be effectively and purposefully implemented.

This study aimed to assess the influence of intimate partner violence and early childhood abuse on women's current parenting, and to identify other factors which aid or interrupt positive parenting and how such factors might affect their children's behaviour.

This chapter will proceed with a literature review by first defining violence, and will outline its consequences on family and parenting. Following that, risk and protective factors for parenting in a context of violence are described.

Violence against women and children. Violence against women is defined as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women. This includes threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in a woman's public or private life. Intimate partner violence and sexual coercion are the most widespread and common types of violence affecting women and girls (World Health Organisation (WHO), 2002). The Convention on the Rights of a Child defines child abuse or maltreatment as: 'constituting all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power' (United Nations Children's Fund (UNICEF), 2010).

Family violence. Family violence is a term used to describe any form of violence against any member of a household or family by one of its members (Haile-Mariam & Smith, 1999). Violence in the family is a complex global problem that results from biological, social and cultural factors, and has psychological and social consequences (Ayinmode & Tunde-Ayinmode, 2008; Datner & Ferrogliaro, 1999; Moreno, 1999). Family violence occurs in all socio-economic groups. However, in areas where lower socio-economic groups reside, the violence is likely to be more severe and frequent (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Krug and colleagues (2002) argue that factors such as poverty, lack of education, substance abuse and socio-cultural norms facilitate the abuse of women and children.

This study has focused particularly on women's exposure to intimate partner violence and earlier childhood abuse. Therefore, for the purposes of this study, the term "family violence" will refer to intimate partner violence and childhood abuse.

The consequences of family violence are complex and many (Nangolo & Peltzer, 2003). In particular, women who have a history of exposure to either intimate partner violence or childhood abuse have been found to have increased maternal distress, depression (Cascardi & O'Leary, 1992; Gondolf, 1998), and anxiety disorders, and are more likely to abuse

substances (Maconachie, Angless, & van Zyl, 1993; McDonald, Jouriles, & Skopp, 2006). This may make them less successful as parents or less emotionally available to their children (Katz & Windecker-Nelson, 2006; Kelleher, et al., 2008). However, alongside this, there is substantial evidence that many mothers continue to be effective nurturing parents despite exposure to violence or earlier abuse (Kelleher et al., 2008; Sullivan, Nguyen, Allen, Bybee, & Juras, 2000).

Parenting within the context of violence. The spill-over hypothesis provides one theoretical explanation for how intimate partner violence is associated with poor parenting. This hypothesis suggests that the hostility and conflict in one family system, (i.e. the marital relationship) negatively influences another family system, in particular, the parent-child relationship (Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006). In terms of earlier exposure to childhood abuse, some theorists have hypothesised that the association between childhood abuse and subsequent poor parenting could be a result of an internalised model which is being enacted in the survivor's adult years (Roberts, O'Connor, Dunn, Golding, & the ALSPAC study team, 2004).

Clearly there is a multitude of factors that influence the parenting approach people employ because family life and experiences are so dynamic. International child abuse literature suggests that risk factors such as intimate partner violence, substance abuse, childhood abuse in the mothers' own childhood, parental mental illness, poverty and child misconduct increase the likelihood of negative outcomes in parenting, and that protective factors such as social support, higher maternal education, older maternal age, and maternal warmth buffer the effects of family violence and increase the likelihood of positive outcomes or adaptive parenting (Moreno, 1999; Seedat, van Niekerk, Jewkes, Suffla, & Ratele, 2009; Sullivan, et al., 2000; Wolfe, Edwards, Manion, & Koverola, 1988).

Risk Factors. Risk factors are defined as variables associated with a particular negative outcome (Barnett, 2007). For example, having been exposed to childhood abuse is considered a risk factor for perpetrating abuse in future. According to Banyard (1997), risk factors are not necessarily part of a causal process, but rather increase the likelihood of a particular outcome occurring. Risk factors can be directly compared by examining the incidence of the negative event in the population who do not have or experience the risk factor, with the incidence of the event in the population of those who have or experience the risk factor. Risk factors such as intimate partner violence, a history of childhood abuse, child conduct or behavioural problems, substance abuse, parental mental illness, parental stress, and poverty have been found to be associated with maltreating one's own child (Barth, 2009; Clément &

Chamberland, 2009; Cohen, 1995; Cole, Woolger, Power, & Smith, 1992; Levendosky, et al., 2006; Ondersma, 2002).

Intimate partner violence. A large body of research has demonstrated that conflict between parents is associated with negative outcomes for children (Grych & Fincham, 2001). For instance, research shows that about one-third of parents with low parenting skills have experienced intimate partner violence (Barth, 2009) and that these parents are more likely to use harsher parenting techniques such as spanking. Kelleher and colleagues (2008) found that women who experienced intimate partner violence engaged in more self-reported physically aggressive, psychologically aggressive and neglectful behaviours in attempts to discipline their children, than women who did not report a history of intimate partner violence. Kelleher and colleagues (2008) study is similar to McGuigan and Pratt's (2001) study in that both studies employed multivariate analyses to examine the independent effect of intimate partner violence on predicted abuse by controlling other risk factors such as maternal characteristics, child behaviour problems and neighbourhood factors. The results in both studies indicate that the parenting is indeed more problematic for any mother with a history of intimate partner violence and that this finding is consistent across all socio-economic groups. Furthermore the WHO's World Report on Violence and Health (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002) shows that intimate partner violence is linked to multiple immediate and long-term health consequences. In particular male violence and coercive sexual practices impact on women's capacity to protect themselves against STD's, HIV infection and unwanted pregnancies. The report declares that such abuse and its consequences impact on women's occupational performance, financial status and on their parenting abilities (Joyner, et al., 2007).

Maternal history of childhood abuse. Many abuse researchers have explored the relationship between childhood abuse particularly childhood sexual abuse (CSA), and later psychological distress in individuals. DiLillo, Tremblay and Petersen (2000) focussed their research on linking childhood sexual abuse and abusive parenting. Their research hypothesised that parental anger may be a mechanism through which a mother's history of CSA and physical abuse of her own child may be mediated. Abuse, particularly repeated childhood abuse, can severely impair the person's sense of efficacy, leaving survivors with a pervasive feeling of helplessness. These feelings of powerlessness manifest in later life when survivors display an increased sensitivity to issues of control in the context of interpersonal relationships (Briere, 1996; Finkelhor & Brown, 1985). The authors argue that abused mothers may not be able to regulate their anger and frustration, which may be triggered by

severe or even mild child misbehaviour. In such cases mothers may resort to harsh physical discipline methods such as smacking, spanking, punching or throwing objects at the child in an effort to regain interpersonal control and to establish mastery over the situation. Clément and Chamberland's (2009) study concurs with DiLillo and colleagues (2000) findings. Their data show that mothers who were victims of violence during their childhood are more likely to be in favour of corporal punishment than those who were not victims of such violence.

Furthermore, Banyard's (1997) study on the impact of childhood sexual abuse concurs with a number of studies such as those by Gladstone and colleagues (2004); Holden, Willis and Foltz (1989), and Schuetze and Das Eiden (2005) that sexual abuse is a risk factor for negative parenting. However, Clément & Chamberland's (2009) study points to other literature that indicates that very severe abusive experiences and severe forms of abuse can be associated with attitudes that oppose violence in parenting. However the overall finding with regard to a mother's own history of childhood abuse is that it is associated with negative parenting outcomes. Banyard (1997) in particular found that mothers who were themselves abused as children lacked self-esteem as parents and struggled with child discipline.

Demographics. There have been some discussions in the literature involving survivors of intimate partner violence that highlight maternal characteristics such as the age, education and social class that either aid or buffer their children from the effects of family violence. For instance, mothers who have a higher level of education tend to refrain from physical punishment as a discipline technique, while older parents approve of corporal punishment (Clément & Chamberland, 2009). Boyner and Fine (1992) found that teenage mothers were over-represented in child abuse cases as compared with any other age group. Lower maternal age of the mother was associated with less sensitive and communicative mothering, although other factors such as the mother's own history of abuse, social and demographic stress were found to be significant mediatory factors. Klebanov, Brooks-Gunn, and Duncan (1994), found that active parental coping was associated with maternal education; the researchers found that educated mothers engaged in more active forms of coping than less educated mothers.

Poverty. In South Africa, seventy-one percent of children live in households where no adults are employed and seventeen percent of South African families live in a single room (Richter & Dawes, 2008). The authors have argued that these living conditions set up situations in which children are at risk of abuse. High unemployment levels result in high numbers of men being at home with lots of time on their hands and cramped conditions allow

that sexually active adults and teenagers are not separated from children, which enables sexual abuse to occur (Richter & Dawes, 2008).

Living in poverty is also highly correlated with psychological manifestations of distress (Joyner et al., 2007). According to a national incidence study of child abuse and neglect in the U.S., poor families are disproportionately involved with child welfare services (Barth, 2009). It must be noted that intimate partner violence occurs in all socio-economic groups but in areas where a large percentage of lower economic groups reside, the violence tends to be more frequent and more severe, and this is true across diverse cultural settings (Ellsberg, Pena, Herrera, Liljestrand, & Winkvist, 1999; Krug et al., 2002; Martin, Tsui, Maitra, & Marinshaw, 1999). These authors argue that stress plays a major role in the context of poverty. They argue further that poorer men with limited resources (i.e., who are finding it difficult to provide for their families and are unable to live up to expectations of success) may be inclined to be violent toward their intimate partners. Jewkes (2002) concurs with previous literature regarding poverty and intimate partner violence. She suggests that that effects of poverty and economic inequality are mediated through their effect on the levels of conflict over resources, women's inability to leave relationships (based on financial dependence, etc) and men's inability to perceive themselves as successful men (based on masculine identity infused with honour and dignity) (Jewkes, 2002). Research on the effect of family violence (McLoyd, 1990) has argued that poor families have to deal with a greater number of daily stresses which over time weaken their ability to handle subsequent stress. The inability to control the source of the stress, coupled with stress itself, impacts on the individuals' psychological functioning. Psychological distress may then lead to poor parenting and even child abuse.

Parental stress. Parental stress is a complex construct involving behavioural, cognitive and affective components that manifest in a tense child-parent relationship (Kadesjö, Stenlund, Wels, Gillberg, & Hägglöf, 2002). Research has shown that parents who report higher levels of stress related either to their child's temperament or to a change in social status due to employment or income level are in favour of physical punishment (Clément & Chamberland, 2009). In addition, studies by Holden, Willis and Foltz (1989) and McCurdy (2005) show that parental stress is associated with a heightened risk of violence towards their children. Milner (1994) and Roberts and colleagues (2004), emphasise that the cognitions of abusive parents take root not only in their personal characteristics but also in the context of stress related to the child's behaviour or temperament. Reducing parental stress is one of the key components social agencies such as child welfare address when working

with parents in conflictual relationships. This typically involves assisting the families with basic needs or working to alleviate situational crises (Wolfe et al., 1988).

Substance abuse. Evidence from studies in the field of substance abuse as well as intimate partner violence and child abuse have indicated that a large number of cases reported to either child welfare or intimate partner violence shelters involve substance abuse (Barth, 2009; Richter & Dawes, 2008). The WHO report on Violence and Health shows that survivors of intimate partner violence are several times more likely to attend emergency services for misuse of alcohol or drugs than is the norm at such facilities (Joyner et al., 2007). Moreover, a recent study conducted in Cape Town indicated that although alcohol remains the substance most commonly abused by patients at a trauma clinic, there appears to be an increase in the use of illicit drugs (Bowley et al., 2004). In an epidemiological study conducted in the United States across five different communities, 40 % of parents who had abused their children and 56% who had neglected their children met the lifetime criteria for an alcohol or drug disorder (Kelleher, Chaffin, Hollenberg, & Fischer, 1994). Additionally, Jewkes (2002) found that alcohol consumption is associated with the increased risk of all forms of interpersonal violence and that heavy drinking in particular is associated with intimate partner violence. More recently Richter and Dawes (2008) noted that alcohol and substance abuse result in the loosening of inhibition and impulse control which in turn may result in child abuse.

Maternal mental health. There are a multitude of mental health problems associated with intimate partner violence. In their study Freshwater, Leach and Aldridge (2001) compared survivors of abuse and non-abuse along various dimensions. They found significant differences between these two groups concerning depression, perceived distress and self-esteem. Intimate partner violence survivors' scores on the Beck Depression Inventory were significantly higher than those of non-abused participants. In addition, the survivors had significantly lower self-esteem scores. Results showed that survivors had significantly higher levels of perceived stress than non-abused women. The authors suggest that depression, low self-esteem, increased stress levels and increased perceived distress are debilitating factors which could influence why survivors of abuse unconsciously seek and remain in abusive relationships later on in life. Although most survivors of domestic abuse do not develop psychiatric disorders, victimisation by an intimate partner does place women at much higher risk for depression, anxiety, PTSD, substance abuse and suicide attempts.

Jewkes and colleagues (1999) investigated the health consequences of violence against women in a study. The results show that injuries and death are the most visible and

immediate consequences of intimate partner violence, but that abused women attend services more frequently for a range of non-injury related medical problems including chronic pelvic pain, stomach pains, headaches and disability, relating to psycho-somatic conditions. In addition to physical abuse, the researchers also investigated associations between mental health problems and abuse. Thus the study inquired about women's experiences of suicidal thoughts and mental distress. Jewkes and colleagues (1999) concurred with Freshwater et al. (2001) that considerable mental distress is associated with abuse. PTSD is argued to be the most prevalent disorder in battered women (Johnson & Zlotnick, 2006). PTSD is an incapacitating disorder featuring symptoms that typically occur in three clusters: re-experiencing symptoms (intrusive memories and thoughts); avoidance behaviours; and hyper-arousal states (American Psychiatric Association, 1994). These symptoms could significantly impair the parents' ability to care effectively for themselves and their children.

Childhood sexual abuse is identified as a key risk factor for depression during and subsequent to childhood (Gladstone et al., 2004). The severity of the abuse is associated with higher rates of depression in adulthood. Women with a history of childhood sexual abuse were more likely to receive a diagnosis of lifetime panic disorder compared to women without this history, and have a strong propensity towards self-harm behaviours (Gladstone et al., 2004). Similarly Stein and colleagues (1996) showed that childhood abuse makes individuals more vulnerable for the development of anxiety disorders, panic disorders and generalised anxiety disorders. Literature on mental illness and parenting suggest that mental illnesses such as depression and PTSD are associated with problems in parenting which include increased parental stress and a decrease in the nurturing relationship between the parent and child (Kahng, Bybee, Oyserman, & Mowbray, 2008). The authors' findings showed that a decline in the mental illness symptoms was significantly associated with a decrease in parenting stress and an increase in nurturance even when other contextual risks such as demographic variables were partialled out.

Parent-Child Conflict/Child Maltreatment. Of all the risk factors of family violence discussed, child maltreatment is one of the most enduring and devastating. Child maltreatment takes many forms, including neglect, physical and mental abuse, sexual abuse, exploitative work and trafficking. The abuse may take place at home, at school or on the streets (Richter & Dawes, 2008). High rates of abusive parental behaviour have been found among both perpetrators of intimate partner violence and survivors of intimate partner violence. For instance Walker (1984) found that 63% of partners (perpetrators) and 56% of survivors at battered women shelters reported abusing their children. According to Boyner

and Fine (1992), abused women are about three times more likely than non-abused women to have children who are maltreated; furthermore abused women are more likely to have repeated unwanted pregnancies, to be pregnant by different men and to be a single parent with very little parental involvement in their child's rearing. These factors, argue Boyner and Fine (1992), may have their roots in earlier victimisation of the parent and then result in chronic environmental stress relating to child maltreatment.

McGuigan, Vuchinich and Pratt's (2000) study found that there is a significant association between intimate partner violence and the risk of child abuse. Their study demonstrated empirical evidence that this association involves a cognitive link. To exemplify this argument the authors argue that intimate partner violence promotes a negative view of the child for both parents, for example abused mothers find their infants' signals and cries for attention more aversive than do non-abused mothers. McGuigan and Pratt's (2001) longitudinal study found that intimate partner violence during the first six months of an infant's life significantly increased the likelihood of the child being abused during the next five years of the child's life.

The association between the mother's history of childhood abuse and the subsequent abuse of her own children has been well established (Cohen, 1995; Cole, Woolger, Power, & Smith, 1992; Di Lillo et al., 2000) and that maternal anger may be a pathway through which this association exists. The argument is that abused women may experience greater than expected difficulty in managing anger towards their children in a non-abusive manner.

Protective Factors. Protective factors are variables that are associated with a decrease in the chances of a negative outcome occurring (Barnett, 1997). For example, good social support from family or neighbours for a mother (even if she is experiencing intimate partner violence) reduces the chances of parental stress (Hashima & Amato, 1994).

Parental competence. Being competent as a parent involves qualities that improve parent-child interactions, parental warmth and responsiveness. Parenting qualities play a significant role in the adjustment of children. Parenting competence specifically has been shown to be negatively related to externalising child behaviours, and authoritative parenting (defined as high in parental control and high in parental warmth) has been positively related to children's positive behaviour (Levendosky, Huth-Bocks, Shapiro, & Semel, 2003).

Confidence is another maternal characteristic singled out by researchers (Cole et al., 1992); feeling confident as a parent is a protective aspect reducing frustration in parenting. Additionally, supportive and consistent parenting is regarded as a protective factor as such

parental behaviour is noted to mediate the child or children's coping in the context of family conflict (Smith et al., 2006).

Social Support. Allen, Bybee and Sullivan (2004) investigated the multitude of needs they hypothesised that battered women may have. Their study provides evidence that women with abusive partners actively seek aid in a variety of community resources; one such need is social support. Social support may be defined as the person's own perception of the quantity and quality of support they receive which includes aspects such as companionship, advice, information and then practical and emotional support (Levendosky et al., 2003). Social support may alleviate parenting stress and buffer children from negative outcomes associated with parental stress in the context of intimate partner violence (Cochran & Niego, 1995).

Similarly Clément and Chamberland (2009), McCurdy (2005) and Rodriguez (2008) found that a level of social support diminishes the risk of physical abuse of the child, regardless of the family's ethnic origin. Interventions that increase the support the mother receives from either her partner or from a social network like friends and family, have a major positive impact for the mother. Additionally, Levendosky and colleagues argue that battered women are isolated by their abusive partners and that increasing their social support may be an important point of intervention. Furthermore they add that the lack of social support may cause women to feel more depressed and the depression coupled with being forced by violent men causes them to withdraw socially (Levendosky et al., 2003).

Child Conduct or Behavioural Problem. A number of studies have documented the devastating effects on children growing up in the context of family violence (Hughes & Graham-Berman, 1998; Levendosky, Graham-Berman, 2001; Levendosky et al., 2006). Children who witness violence exhibit problems in their social and emotional adjustment, including internalising and externalising conduct disorders (Ward, Martin, Theron, & Distiller, 2007). Child welfare services in South Africa typically work with two types of children: those without extraordinary behavioural problems who need protection from parental abuse or neglect, and children with extraordinary behavioural problems whose parents often need assistance in terms of treatment or intervention services (www.childwelfare.org.za).

Research has provided evidence that parenting behaviour is an important factor influencing child attachment styles which informs the child's development of appropriate social and emotional functioning (Levendosky et al., 2006). Levendosky and colleagues

found that intimate partner violence has a negative effect on observed child behaviour. They found that the children interacted less positively with their mothers; they showed less focussed attention, less positive affect, fewer verbal interactions and less proximity when their mothers were survivors of intimate partner violence. The authors hypothesised that it may be the additional stressors related to intimate partner violence such as lack of social support, parental stress and mental distress that have a negative impact on the children's behaviour. Similarly, Grych, Jourilles, Swank, McDonald and Norwood (2000) found that approximately one third or more of the children of intimate partner violence survivors are identified as exhibiting clinical levels of conduct problems. In addition researchers have pointed out that battered women may have the tendency to overstate their child's behaviour problems which may lead to an exaggeration of the child conduct problems rates amongst children of intimate partner violence survivors (Barth, 2009; Haskins, Wulczyn, & Webb, 2007).

The relationship between intimate partner violence and child behaviour is similar to the old adage, '*Which came first, the chicken or the egg?*' In their findings Levendosky and Graham-Bermann (2000) suggested that longitudinal studies are necessary to ascertain whether the child's behaviour predicts the mother's behaviour or whether the child's behaviours are in response to the experience of the mother's abuse over time. What their study did find was that in families where mothers experience psychological abuse, the children take on characteristics of the abuser in the interactions with their mothers, meaning that the mother's experience of psychological abuse is significantly related to children's antisocial behaviour. These findings suggest that intimate partner violence (physical and psychological) has a direct impact on the mother's parenting behaviours. Additionally, abused mothers struggle to establish control and authority over their children, which in turn puts their children at risk of developing antisocial behaviours.

Conclusion. It is clear, after having examined the intimate partner violence literature with particular interest in parenting, that mothers experience stress, mental health distress and vulnerability to substance abuse, which may impact their ability to be effective, nurturing parents. From additional studies by Rodgers (1993), Hashima and Amato (1994), and Banyard (1997), it appears that the relationship between abuse and parenting may be indirect through such factors as higher rates of depression or lack of social support.

Furthermore, children from families with a history of violence are at risk of having children with conduct and/or behavioural problems. However, Sullivan and colleagues (2000)

argue that researchers tend to highlight battered women's levels of parenting stress and use of corporal punishment and other forms of aggression against their children and fail to measure the women's positive feelings towards their children and their use of non-corporal discipline strategies. In other words, the authors insist that the parenting of women with a history of violence is not measured with the same standards as those women without a history of violence and therefore the rates of child abuse amongst battered women may be erroneously skewed.

It is clear that there is a high rate of violence in South Africa, including intimate partner violence and child maltreatment. What is not known is what risks violence sets up for later parenting and what protective resources women are able to access. This study aimed to determine which of the many risk and protective factors are associated with parenting in mothers with histories of victimisation in family violence and how these factors might be associated with each other.

CHAPTER TWO

METHODOLOGY

Specific aims and hypothesis

The research aimed to examine the risks and protective factors for mothers who were exposed to childhood abuse or intimate partner violence, who have a child between the ages of three and eight years, and whose conduct or behaviour was particularly of concern to them. We targeted this age group of children for a number of reasons. Firstly, the instruments we used all have this age group in common, secondly parents can usually manage the aggression of their younger children, and it is as infants grow older that parents begin to find defiance and aggression harder to manage. This age group is also early enough for a preventive intervention to have effect and it falls within the category addressed by legislation as ‘early child development’, currently a key priority for government (Children’s Act, 2005 <http://www.info.gov.za/view/DownloadFileAction?id=67892>). The following questions were asked:

- (1) What are the risk factors for the parenting of mothers with a history of family violence?
- (2) What are the protective factors for the parenting of mothers with a history of family violence?
- (3) What are the associations between these factors, parenting and child behaviour?
Ultimately we asked, where are the best points for intervention?

Hypotheses. In the literature reviewed in Chapter One risk factors such as parental stress, poor maternal mental health, substance abuse and parent-child conflict have been identified as the prominent factors associated with child behavior problems in the context of family violence. Similarly parental competence, social support, maternal age and other socio-demographic variables are said to decrease child behavior problems in the context of family violence.

Therefore in light of the research reviewed the following hypotheses were tested in this study:

- H₁: mother’s history of family violence is associated with child behaviour problems.

The association between mothers' history of family violence and child behaviour problems is mediated by

- H₂: increased parental stress
- H₃: increased maternal mental health difficulties
- H₄: increased in maternal substance abuse
- H₅: increased parent/child conflict
- H₆: social support and parental competence are associated with a decrease in child behaviour problems, even in the context of a maternal history of family violence.

In addition to these hypotheses, we used structural equation modelling to explore how these risk and protective factors were related to each other, and to mother's history of family violence and to child behaviour.

Methods. This study employed a cross-sectional quantitative research design. Interviews were conducted using a number of structured inventories.

Sample. Mothers were recruited via NGO centres and clinics around the greater Cape Town area, including Manenberg, Gugulethu, Lavender Hill, and Paarl (in Mbekweni and Weltevrede). We wanted to sample an adequate number of participants to ensure the power would be sufficient to detect the hypothesized relationships between variables. Sample size was calculated using two formulae from Tabachnick and Fidell (2000): $N \geq 50 + 8m$ (where m = number of independent variables), or $N \geq 104 + m$. According to Tabachnick and Fidell (2000), the larger of the two N values should be used as the sample size whilst ensuring that the study samples more cases than there are variables. This study had one dependent variable (child behaviour problems) and thirteen independent variables (intimate partner violence and history of childhood abuse, substance abuse, parental incompetence, parental stress, parent-child conflict, parental mental issues, social support, maternal education, maternal age, socio-economic status race and residential status). This suggested a minimum sample size of 154, and our final sample size of 203 was therefore more than adequate.

Inclusion and Exclusion Criteria. We wanted to recruit mothers who were exposed to childhood abuse or intimate partner violence, who have a child between the ages of three and eight years and whose conduct or behaviour was of particular concern to them. We approached organisations (either by telephone or personal visits) that are involved in

advocacy and education in the field of intimate partner violence, family or community violence. We were given permission to recruit participants from nine different organisations. These included shelters for abused women, NGO organisations, community clinics and community childcare facilities. Our sample, therefore, comprised of women who were affiliated to these organisations or received services from them.

Mothers whose children did not fall into the age category of three to eight years old as well as those who had already been through or were currently receiving parental support and interventions with regard to the particular child of concern in this study were excluded. Furthermore, participants must have been able to understand and speak Afrikaans, isiXhosa or English.

A total of 215 women were interviewed in this study. The results from four interviews were excluded on the basis that the participants' children were older than eight years old. Six were excluded because of incomplete data, and two others because of an apparent language barrier - the participants answers appeared to follow a response set (that is, they answered 'yes' to every question asked, or 'no' to every question asked). A final sample size of 203 complete interviews was used in this study.

Measures. All participants were required to complete the demographic section of the questionnaire, which gathered information regarding race, level of education, place of residence, medical history, the age of the mother, marital status, employment status and the mother's perception of her level of poverty (see Appendix A: The Study Questionnaire). In addition, further inventories were administered to the participants to measure the risk and protective factors of parenting. The questionnaires were developed in English and were translated into Afrikaans. We trained the interviewers to work with isiXhosa translators on the spot. The translations were checked by back-translation.

Intimate partner violence: mother's experience of abuse. The Revised Conflict Tactics Scale (CTS2) is an instrument that measures both the extent to which partners in a dating, cohabiting or marital relationship engage in psychological and physical attacks on each other and also their use of reasoning or negotiation to deal with conflicts. In this study we only tested women and their exposure to intimate partner violence: therefore, we used only the items which asked whether '*my partner did this to me*' and we excluded the ones that asked whether the participant abused her partner. We also excluded questions which tested the positive aspects about the relationship, for example, we excluded the question, "*My partner showed care for me even though we disagreed*". The scale had a good internal

consistency (Cronbach $\alpha = .89$) in the original validation study (Straus, Hamby, Boney-McCory, & Sugarman, 1996).

The CTS2 requires only a grade 6 reading ability and can be used within many cultural groups (Haile-Mariam, & Smith, 1999).

Maternal childhood abuse. The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) developed the Child Abuse Screening Tool, the retrospective version (ICAST-R). The ICAST-R was developed to collect data on the extent and depth of child abuse (Zolotor et al., 2009). We used 40 items from the scale accessing physical maltreatment and child sexual abuse the respondent experienced before they were 18 years old. Nguyen, Dunne, & Le (2008) used the ICAST in Vietnam to measure the prevalence of child maltreatment, and found that the scale had good internal consistency and reliability with a Cronbach's alpha coefficient of 0.81.

Parent-child conflict. The Parent-Child Conflict Tactics Scale was developed to measure psychological and physical abuse of a child by parents (Straus, 1979). Participants are required to respond to the number of times that have used a particular form of discipline in the past year. The PC-CTS has been found to have good test-retest reliability (Amato, 1991 as cited in Straus & Hamby, 1997). The PC-CTS is a useful inventory in that it is straightforward to administer and can be scored objectively. We used the parent-child conflict scales to assess maladaptive parenting.

Child behaviour/conduct. The *Eyberg Child Behaviour Inventory (ECBI)*; Eyberg & Pincus, 1999) is a 36-item questionnaire that was designed as a brief, focused paper-and-pen behaviour rating scale. The questionnaire can be used to rate externalising problems in children ages 2 through to 16 years of age. Each behaviour was rated on two scales: a 7-point Intensity scale that indicates how often the behaviours currently occur, and a Yes-No Problem scale that identifies whether the child's behaviour is problematic or not for the parent. High coefficients of reliability and construct validity have been previously established for children and adolescents across the entire age range of the ECBI (2 to 17 years) and normative samples have been shown to be consistent in the ECBI scores across age and socioeconomic levels (Burns, Patterson, Nussbaum, & Parker, 1991).

Parent competence. The Parenting Sense of Competence Scale (PSOC) is a 17-item scale originally developed for parents of infants (Gibaud-Wallston & Wandersman, 1978), but is now used with older children as well. The scale taps into two dimensions of parenting self-esteem (Johnston & Mash, 1989). These are Efficacy (competence, problem-solving ability and capability in the parenting role) and Satisfaction (parenting frustration anxiety and

motivation). The items are rated on 6-point scales ranging from 1 (*strongly agree*) to 6 (*strongly disagree*). The total score consists of 16 items. Evaluations of the questionnaire's reliability, test-retest reliability and internal reliability report moderately sized coefficients. The total score, satisfaction plus efficacy, showed a satisfactory level of internal consistency (Johnston & Mash, 1989). Conducting research evidence on the factor structure and validity, Ohan, Leung and Johnston (2000) and Rogers (2004) found that the PSOC had good factor analytic structure, and internal consistencies upward of .80 for both subscales.

Parental stress. The *Parenting Stress Index 3rd edition* (PSI; Abidin, 1995) is a clinical and research self-report instrument designed as a screening and diagnostic assessment technique to identify parent and child systems which are under stress, and in which deviant development of the child is likely to take place, or where dysfunctional parenting is likely to occur. The PSI is suitable for parents of school-aged and younger children. The PSI contains six subscales relating to characteristics of the child: adaptability, mood, distractibility/hyperactivity, demandingness, reinforces parent, and acceptability. There are seven subscales relating to characteristics of the parent: competence, isolation, attachment, health, role restriction, depression and spouse. All items are answered on a 5-point Likert-type scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The scores from the individual subscales within each of the Parent and Child Domains yield a stress score specific to that domain for each parent (Abidin, 1995).

The PSI has been used as a primary measure of parental stress in several studies in the context of family violence (Acton & During, 1992; Holden, & Ritchie, 1991; Holden, Willis & Foltz, 1989). In a study of mothers with children with diabetes, Hauenstein, Marvein, Snyder, & Clarke, (1989) found that the internal consistency for the 120 items of the PSI was high. The test-retest reliability on the subscales was substantial; .63 for the Child Domain, .91 for the Parent Domain and .96 for the Total Stress score. In this study the PSI- short form was used. The PSI Short Form was shown in empirical studies to be a valid and reliable measure when used with parents of typically developing children (Abidin, 1995) and also when examining parental stress of children who are HIV positive in South Africa (Potterton, Stewart, & Cooper, 2007). We used the shorter version as opposed to the full longer version due to time constraints. The total stress scores as measured by the shorter version were more than adequate for this study.

Parental mental health. The General Health Questionnaire (GHQ) was used to determine the participants' state of mental health. The GHQ is a screening questionnaire that was designed to detect diagnosable psychiatric disorders (Goldberg & Hillier, 1979). The

questionnaire concerns itself with two major classes of phenomena: inability to carry out normal healthy functions and the appearance of new phenomena of a distressing nature. The original questionnaire contains 60 items, but for the purpose of this study, one of the shorter forms, the GHQ-28, was used. We asked respondents whether they had experienced a particular symptom or behaviour recently. Each item was rated on a four-point scale (*less than usual, no more than usual, rather more than usual, or much more than usual*). The GHQ-28 has four sub-scales measuring somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression (Klebanov, Brooks-Gunn, & Duncan, 1994; Matud, 2007). Low scores are identified as total GHQ scores between 0 and 4: above that, it is likely that a mental health professional would diagnose a psychiatric disorder, or the interviewee would achieve ‘caseness’.

The GHQ is a well-validated instrument for measuring non-psychotic psychiatric disorders in both clinical and community settings. There are two methods of scoring the GHQ: the first is the GHQ scaling method (0, 0, 1, 1) and the second is the Likert scaling method (0, 1, 2, 3). The former is appropriate for recognising psychiatric cases (Swallow, Lindow, Masson, & Hay, 2003) and was therefore used in this study. In a measuring distress amongst aid workers in war-torn Darfur, the mean score on this scale was 5.2 ($SD = 5.2$, alpha reliability = 0.85 (Musa & Hamid, 2008)).

Substance abuse. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed for the World Health Organisation to screen for problem or risky use of tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants, sedatives, hallucinogens, inhalants, opioids and ‘other drugs’ that do not fall into the previous categories (Ali, et al., 2002). The ASSIST can be used across a range of countries and cultures and is used mainly in primary health care settings (Henry-Edwards, Humeniuk, Ali, Poznyak, & Monteiro, 2003). The ASSIST has the potential to detect patients with problems associated with drug use. It has previously been used in a South African study to detect the prevalence of substance use and misuse in a primary care clinic (Ward et al., 2008). Numerous test-retest reliability studies conducted in nine different countries (including Australia, Brazil, India, Thailand, United Kingdom, United States and Zimbabwe) found that ASSIST items were reliable (Henry-Edwards et al., 2003; Newcombe, Humeniuk, & Ali, 2005). Responses to questions were rated on a five-point Likert-like scale ranging from *never* (in the past three months) to *daily or almost daily*.

Social support. Social support was measured using the Duke Social Support Index (DSSI), a 35-item questionnaire designed to evaluate the size and utilization of a subject’s

social network. The four subscales of the DSSI are Social Network Size (SNS), Social Interaction Scale (SIS), Instrumental Social Support (ISS) and Subjective Social Support (SSS) (Broadhead, Gehlbach, de Gruy, & Kaplan, 1988). In this study, the subscales instrument social support (ISS) and subjective social support (SSS) were used. The ISS scale assessed the assistance a participant has with a variety of day-to-day activities (sick care, errands, chores, finances, transportation, shopping, fixing things around the house, financial advice, etc.). The SSS scale measured items that refer to the frequency the participant had of feeling understood, useful, listened to, etc., by family and friends, and whether or not the subject has a close confidant.

Higher scores on the two scales used signify more social support. The scales have been validated and established as reliable (Beyer, et al., 2003). The construct validity, concurrent validity, and discriminant validity have been demonstrated for each scale (Broadhead, et al., 1988).

Procedure. This study followed the ethical guidelines for research with human subjects outlined by the Health Professions Council of South Africa (HPCSA) and the University of Cape Town (UCT) Codes for Research. Ethical approval for this study was applied for from the Research Ethics Committee of the UCT Department of Psychology. Furthermore, permission was requested from the management committee of the various centres for permission to interview either their former, current or prospective clients, by way of an information letter (see Appendix B). Interviews took place only in organisations where the management committee had given us permission to conduct the study. Posters advertising the proposed study (see Appendix C) were placed at the participating centres. Clients and visitors to the organisations were referred to the social worker or administrator at these centres. The participants were then allocated an interview slot based on an interview schedule allotted to each organisation.

The English and Afrikaans interviews were conducted either by me or by one of the three research assistants. Three additional research assistants were employed to assist in the interviewing process in isiXhosa via the organisation REACH in the Paarl district. Research assistants were trained so as to ensure that a standardised method of interviewing was maintained, and that the ethical guidelines of the organisations and the University of Cape Town were upheld. The training ensured that all of the interviewers were familiar with the questionnaire so that the questions were asked as they appeared on the questionnaire and that

the participant's responses were recorded correctly. Training also included managing participants in distress in a calm, containing manner.

Interviews were conducted in private rooms at the offices of the ten participating organisations. Written informed consent to participate in the interview sessions was obtained from the clients (see Appendix D). Participants were notified that any reports of current child abuse would have to be reported to the relevant authorities. Participants were allowed to discontinue the interview at any time without this affecting in any way the services they were receiving from the organisation.

A list of frequently asked questions was drawn up with standardised responses to the questions. This ensured that the questions from participants were answered in a systematic and standardised manner. The participants were given the option of being interviewed in Afrikaans, isiXhosa or English. Five pilot interview sessions were conducted a week before the actual data collection process began. Coffee or tea and biscuits were provided for the participants during each interview. Interview sessions were conducted in one session with an optional midway break of five minutes. The interviews lasted approximately 90 minutes and the travelling costs of interviewees were reimbursed in the amount of R20 per interviewee. At the end of the interview, all participants were offered information brochures (see Appendix E) containing lists of contact details for aid organisations such as Childline and the Parents' Centre, in the event that the interviews brought up any issues for the participants.

Data analysis. Statistica 8 (Statsoft, 2008) and Stata (StataCorp, 2009. Stata Statistical Software: Release 11. College Station, TX: StataCorp LP) were used for descriptive, correlational and regression analyses. IBM SPSS AMOS version 20.0 was used for structural equation modeling. Each participant's data were captured on a spreadsheet directly from the interview questionnaires by the research team. The data on the spreadsheets were checked and cleaned. Prior to conducting any analyses, all data were examined for completeness and normality. Detailed descriptive analyses were conducted as part of the cleaning, and to ensure that the sample could be adequately described. For every inventory used, a single composite score was calculated for each participant. All scales had excellent internal reliabilities. Cronbach's alpha for the scales used in this study is tabulated here below in Table 1. The statistical significance level was set at $\alpha = 0.5$ for all tests.

Table 1
Internal Consistency Coefficients

Scale	α
Eyberg Child Behaviour Index	0.89
Conflict Tactics Scale	0.70
Parent-Child Conflict Tactic Scale	0.76
Parental Stress Index	0.90
Parent Sense of Competence	0.70
ASSIST- substance abuse	0.85
General Health Questionnaire	0.91
Duke Social Support	0.87

After all descriptive and correlational analyses were conducted, a series of regression analyses were carried out. Regression analysis was used to determine the effects of childhood abuse and intimate partner violence on child behaviour. Stepwise regression analysis was performed with the ECBI (child behaviour problems) as the dependent variable and all the demographic variables including age, marital status, home language, race, education status, number of children, income, residential information and socio-economic status as the independent variables.

The first regression analysis was used to assess which of the demographic variables had a significant effect on parenting, and therefore needed to be used in later models as control variables. Only three variables were found to be statistically significant: the age of participants, income and 'money for food'. Money for food was one of the items used from a hunger scale. The items from the hunger scale were used as an assessment of socio-economic status. From the regression analyses conducted, it seemed that the mother's age, income and whether or not the respondent had money to buy food was a significant predictor of child behaviour. Further stepwise regression analyses (both forward and backward), were conducted to substantiate the selection of predictor/explanatory variables. The demographic variables selected were included as control variables in all further hypothesis testing in order to determine accurately the effect of the remaining predictors.

The first step in the analysis was to test the first hypothesis: that family violence would directly contribute to child behavior problems. Pearson's correlation coefficients were calculated between the CTS and ECBI scores (measuring the intimate partner violence and

child behaviour, respectively), and between the childhood abuse variable and the ECBI score. Both violence variables were then entered into a regression equation.

The next step in the analysis was to test the other set of hypotheses that family violence would directly contribute to child behaviour problems through each mediating variable, namely parental stress (PSI), maternal mental health (GHQ), substance abuse, (ASSIST) and parent-child conflict (PC-CTS). A series of regression models explored the relationships between intimate partner violence and childhood abuse as before, with each mediating variable mentioned above being entered separately. The aim of the analyses was to test whether family violence led to increased child behaviour problems through these mediating factors. For the last hypothesis, I intended to test whether social support and parental competence would mediate the effects of family violence on child behaviour. Intimate partner violence (CTS) scores and the childhood abuse variable were regressed against child behaviour (ECBI) scores, together with the social support and parental competence variables.

Finally we used structural equation modelling to explore how these risk and protective factors were related to each other, and to mother's history of family violence and to child behaviour. Structural equation modelling was used as a technique as it provided flexibility to model relationships among our multiple predictor and criterion variables. It was also useful in that it provides a greater interplay between the theory and the data we collected (Chin, 1998).

CHAPTER THREE

RESULTS

Descriptive Statistics: Demographics

A final sample size of 203 complete interviews was used in this study. The mean age of the participants interviewed was 32.4 years old ($SD = 10.96$). Fourteen (6.91%) women interviewed were over the age of 50 years. The older mothers in the sample were in fact the grandmothers of the children in this study: however, they were the primary caregivers of children concerned.

In terms of marital status, almost half of all the participants interviewed were single and had never married (46.80%). Forty participants were married representing 19.70% of the sample. A further 12 (5.91%) were separated from their partners, while nine (4.43%) were divorced and thirteen (6.40%) were widowed.

Afrikaans and isiXhosa were the most spoken languages of the participants (38.42 % and 42.37%) respectively. With regard to 'Other' (0.99%) languages spoken, Sotho and Zulu were the languages mentioned. The participants were roughly equally divided between Coloured¹ 49.26%) and Black women (47.29%). Three White and two Indian women were interviewed.

Sixty-five percent of the participants had more than one child. Twelve (5.91%) participants had five or more children. Of the twelve women who had five or more children, three participants were in their thirties, six were in their forties, one participant was aged 52, another was 65 years and the last of the twelve was 87 years old.

As far as the participants' employment status is concerned, one hundred and sixty-eight (82.76%) were unemployed. Twenty (9.85%) participants were employed in the formal sector while fifteen women (7.39%) worked in the informal sector, for example, running flea markets stalls, selling cigarettes or dressmaking.

¹ Coloured refers to the apartheid race classification of people from a 'mixed race' heritage. Black refers to people of Black African ancestry, Whites to those of European ancestry and Indian South Africans are people whose ancestry are from the Indian sub-continent. Race classifications are still largely used in the everyday life of South African citizens. Race categories are reproduced in current legal documents such as the Employment Equity Act of 1998 as a basis on which affirmative action is instituted and measured (Posel, 2001).

One hundred and sixty-four (80.78%) participants received child support grants. Sixty-seven (33%) received financial support from their family (such as parents), nine (4.43%) received government pensions and a further nine participants (4.43%) participants received disability grants.

In terms of education, 17 (8.37%) participants had some primary school education, while 13 (6.40%) had completed primary school. One hundred and twenty-seven (62.56%) of the participants had not completed high school, while 38 (18.72%) had matriculated. Six women (2.96%) had post-matric education and two (0.99%) had post-graduate qualifications. Concerning residential status, 78 (38.42%) of the participants lived in townships² and six (2.96%) participants lived in informal settlements. Forty-three (21.18%) lived in suburban areas, 66 (32.51%) in urban areas and 10 (4.93%) in rural areas. One hundred and eight (53.21%) participants lived in formal housing, 33 (16.26%) live in outbuildings in someone's backyard, 18 (8.87%) live in shacks in within an informal settlement or in someone's backyard and 41 (20.20%) reside in apartments (flats). Approximately 13% ($n = 26$) of the women interviewed were living in shelters for abused women at the time of the interview.

To assess socio-economic status, we asked whether participants had access to electricity, a phone, a television and a private motor-car. Approximately 2% ($n = 4$) of participants had no access to a television, electricity or a car. About 7% ($n = 15$) had access to only electricity, 0.99% ($n = 2$) had only a phone, and 19.7% ($n = 40$) had access to two of the following: electricity, a phone or a television. About 57% ($n = 117$) of the participants had televisions, electricity and either a cell phone or a landline, and 12.32% ($n = 25$) had access to all four commodities.

Maternal reports using the Hunger Scale showed the following: 72.91% ($n = 148$), of the participants said that 'they had run out of money to buy food at least once that year', and 62.07% ($n = 123$) of participants had 'run out of money for food in the 30 days prior to the interview'; 45.03% ($n = 92$) had 'no money for food for more than five days in the month prior to the interview'. Additionally 52.22% ($n = 106$) of the women interviewed had had either to 'cut the size of meals or skip meals in their households', furthermore 34.48% ($n = 70$) of the women or their children 'had to go to bed hungry sometimes' and for 22.66% ($n = 46$) participants (who went to bed hungry) this has happened 'more than 5 days in the past

² A township is a densely populated residential area reserved for black and coloured people by the Apartheid government. Townships were built on the outskirts of towns and cities and were historically under-resourced.

month' (prior to the day they were interviewed). The majority of women in this study therefore experienced direct stressors related to poverty.

Descriptive Statistics: Risk factors and Protective factors

Intimate partner violence. Table 2 (below) tabulates the results from the conflict tactics scales. The prevalence scores indicate the percentage of participants who reported this type of abuse.

Table 2

Conflict Tactics Scale

	%	<i>n</i>
Psychological Abuse-minor	83.74	170
Psychological Abuse- severe	66.51	135
Physical Abuse-minor	73.40	149
Physical Abuse- severe	53.69	109
Sexual Abuse- minor	43.35	88
Sexual Abuse- severe	22.17	45
Injury-minor	54.19	110
Injury-severe	39.41	80

One hundred and eighty-seven (92%) of the participants reported at least one form of abuse. Many of the participants reported more than one form of abuse. The majority of the participants reported minor psychological abuse, which meant a 'yes' response to questions such as, '*My partner insulted or swore at me*' or '*My partner shouted or yelled at me*'. Minor physical abuse included questions such as '*My partner threw something at me that hurt*' and severe physical abuse included questions such as '*My partner beat me up*' or '*My partner used a knife or gun on me*'.

Another form of abuse reported was Sexual Abuse - minor (43.35%, 88 women). An example of a question asked in this category was, '*My partner insisted on sex when I did not want to*'. Twenty-two percent ($n = 45$) of participants reported severe sexual abuse. An example of a question asked in this section was, for example, '*My partner used force (like hitting, holding down or using a weapon) to make me have sex*'. Results for the Injury Scale shows that 54% ($n = 110$) reported minor injury, for example, '*I had a sprain, bruise or small*

cut because of a fight with my partner and 39% ($n = 80$) reported severe injury e.g. *'I passed out from being hit on the head by my partner in a fight'*.

History of mother's childhood abuse. Table 3 below tabulates the results for the International Child Abuse Screening Tool, assessing maternal history of childhood abuse. The results show the number and percentages of participants who answered 'yes', 'no' or 'can't remember' for the eight main questions asked. When a participant answered 'yes', we then asked follow up questions regarding the incident such as *'How often did this happen?'*, *'What times in your life did this happen?'*, *'Which people did this to you?'*, *'Did you need to go to a doctor or miss school or stay in the house because of the incident?'* We also asked whether the beating (if any) caused bruises, broken bones or teeth or made the participant bleed.

Approximately 60% of the participants reported at least one form of abuse, which means they answered 'yes' to one of the first eight questions tabulated above ($M = 1.43$). Over a third of the participants (39.90%) reported no abuse. Close to half of the total participants (46.80%) reported between one and three abuse incidents, and 13.30% reported four to seven incidents. There were two participants who answered 'yes' to seven of the eight abuse questions and only answered 'no' to question number 5, which was; *'Before age 18, did anyone make you pose naked in front of other people or for photographs, video or internet webcam when you did not want to do this?'*

Cross tabulation of the intimate partner violence prevalence rates and the childhood abuse rates showed that 95.57% ($n = 194$) of the participants experienced intimate partner violence and had a history of childhood abuse.

Table 3

Maternal History of Childhood Abuse

		<i>n</i>	<i>%</i>
1.	When you were growing up (before age 18), did any person ever hit punch or kick you very hard so that they would hurt you?	Yes	81 39.90
		No	115 56.65
		Can't remember	7 3.45
2.	When you were growing up (before age 18), did any person ever beat you very hard with an object like a stick, cane or belt so that they would hurt you?	Yes	92 45.32
		No	111 54.68
		Can't remember	0 0.00
3.	Before you were 18, did anyone ever stab or cut you with a knife or sharp object so that they would hurt you?	Yes	20 9.85
		No	183 90.15
		Can't remember	0 0.00
4.	When you were growing up (before 18), did anyone expose their private parts (genitals) to you when you did not want them to?	Yes	30 14.78
		No	173 85.22
		Can't remember	0 0.00
5.	Before age 18, did anyone make you pose naked in front of other people or for photographs, video or internet webcam when you did not want to do this?	Yes	1 0.49
		No	202 99.51
		Can't remember	0 0.00
6.	Before age 18, did anyone touch your private parts (genitals), when you did not want them to?	Yes	30 14.78
		No	173 85.22
		Can't remember	0 0.00
7.	Before age 18, did anyone make you touch their private parts (genitals) when you did not want to do this?	Yes	18 8.87
		No	184 90.64
		Can't remember	1 0.49
8.	Before age 18, did anyone ever have sexual intercourse with you, when you did not want to? (By intercourse, we mean penis enters vagina or anus)	Yes	18 8.87
		No	185 91.13
		Can't remember	0 0.00
9.	Have you ever told any person about unwanted sexual experiences before now?	Yes	14 6.90
		No	33 16.26
		Can't remember	156 76.85

Parent- Child Conflict. Detailed results from the parent/child conflict subscales can be found in Appendix F. The results given in Table 4 (below) show the number and percentages of mothers who had engaged in a specific form of parent-child conflict in the

past year whether once, twice or three or more times that year. Table 4 tabulates the overall number and percentage of participants who reported a particular form of parent/child conflict and/ or parents who engaged in some form of non-violent form of discipline.

Table 4

Parent-Child Conflict (n = 203)

	<i>n</i>	<i>%</i>	<i>Mean</i>	<i>SD</i>
Non-Violent Discipline	194	95.57	6.07	3.09
Psychological Aggression	192	94.58	5.87	3.45
Minor Assault	190	93.60	5.22	3.36
Severe Assault	80	39.41	1.14	1.86
Very Severe Assault	34	16.75	0.37	1.01

Non-violent discipline includes using discipline techniques such as time-out, grounding or taking away of a child's privileges for bad behaviour. One hundred and ninety-four (95.57%) of the participants did engage in non violent forms of discipline. Results from the psychological aggression subscale reveal that 33 (16.26%) of participants reported that '*they have never shouted, yelled or screamed at their children in the past year*'. However, 28 (13.79%) said that they had done so once that year, 31 (15.27%) reported two incidents and 111 (54.68%) '*had shouted, yelled or screamed at their child at least three times that year*'.

In terms of the minor assault sub scale, 40% of participants '*had shaken their child*'; 33(16. 26%) '*had shaken their child three or more times in the past year*'. Eighty-three (40.89%) women '*had hit their child on the bottom with a belt, hairbrush, stick or something similar*' and 38 (18.72%) had done so at least three times that year. One hundred and fifty-nine (42.86%) '*had spanked their child on the bottom with a bare hand*' and 23 (11.33%) had '*pinched their child*' at least thrice in the past year.

Results from the severe assault subscale reveal that 171 participants (84.24%) '*had never hit their child with a fist or kicked their child hard*'; however 32 participants (15.76%) had done so. Similarly 43 (21.18%) participants '*had hit their child on other body parts beside their bottom with something like a belt, hairbrush, stick or some other hard object*'. Nine (4.43%) participants '*had thrown or knocked their child down in the past year*' and 39 (19.21%) '*had slapped their child on the face, head or ears in the past year*'.

In terms of the results from the very severe assault subscale, ten (4.93%) participants admitted to '*grabbing their child around the neck and choking him/her*'. Similarly 20 participants (almost 10%) had beaten their child '*over and over as hard as they could*'. Four participants (1.49%) reported that they '*had burned or scalded their child on purpose in the past year*', and one had done so more than three times in that year. Eight participants (almost 4%) '*had threatened their child with a knife or gun in the past year*', and one had done so twice in the past year.

Parental Stress. Parental stress was measured using all the sub-scales from the PSI-short form. Scores of all the scales were normally distributed. The frequencies, percentages, means, standard deviations, and minimum and maximum scores for each subscale can be found in Table 5, below.

The parental distress sub-scale determines the distress a parent is experiencing in his or her role as a parent as a function of personal factors that are directly related to parenting (Abidin, 1995). One hundred and nineteen (58.62%) participants were experiencing high levels of parental distress. For the parent-child dysfunction subscale (focussing on the parent's perception that her child does not meet her expectations and that the interactions with her child are not reinforcing her as a parent), one hundred and ninety-eight (97.54%) achieved high scores. One hundred and seventy (83.74%) of participants produced high scores in the difficult child sub-scale. This scale focuses on some of the basic behavioural characteristics of children that make them either easy or difficult to manage. Participants who scored below the 15th percentile (raw score of 10) in the defensive responding were 3.45% ($n = 7$) of the sample. According to Abidin (1995) parents who score extremely low are trying to portray the image of either (1) a very competent individual, free of emotional stresses or one not invested in the role of the parent or (2) a very competent individual who handles parenting responsibilities very well.

However this score can only be examined in relation to other information obtained about the individual participants. For instance, scores from the subscales, particularly the defensive responding scores, are handy for individual cases in clinical work with parents. Total parental stress scores were the only parental stress scores used for further analysis in this study.

In considering the total parental stress scores, high scores are considered to be at or above the 85th percentile. One hundred and ninety-six (96.55%) of participants had high total stress scores. Total stress scores above the 90th percentile show significantly high levels of parental stress. One hundred and fifty participants (73.89%) of participants were experiencing

clinically significant high levels of parental stress. Scores from the 15th to the 80th percentile are considered within the normal range. Six (2.96%) participants scored in the normal range.

Table 5

Parental Stress

	<i>n</i>	<i>%</i>	<i>Min</i>	<i>Max</i>	<i>Mean</i>	<i>SD</i>
Total Stress			52	176	116.98	20.49
85 th to 99 th percentile	196	96.55				
15 to 80 th percentile	6	2.96				
1 to 10 th percentile	1	0.49				
Difficult Child			12	57	39.26	7.82
85 th to 99 th percentile	170	83.74				
15 to 80 th percentile	32	15.76				
1 to 10 th percentile	1	0.49				
Parent Distress			16	60	35.55	8.38
85 th to 99 th percentile	119	58.62				
15 to 80 th percentile	79	38.92				
1 to 10 th percentile	5	2.46				
Parent-Child Dysfunctional Interaction			18	60	42.17	8.53
85 th to 99 th percentile	198	97.54				
15 to 80 th percentile	5	2.46				
1 to 10 th percentile	0	0.00				
Defensive Responding			8	35	20.01	5.36
85 th to 99 th percentile	151	74.38				
15 to 80 th percentile	45	22.17				
1 to 10 th percentile	7	3.45				

General Health. Table 6 below tabulates the results from the general health questionnaire. The results are an indicator of the state of participants' mental health. Low scores are identified as total GHQ scores between 0 and 4: above that, it is likely that a mental health professional would diagnose a psychiatric disorder, or 'caseness' for further

psychiatric evaluation. Close to a third ($n = 64$, 31.53%) of the participants had low total GHQ scores. On the other hand two-thirds of the participants *met* ‘caseness’ for mental distress. However the ‘caseness’ criteria have not been established in South Africa, only in the United Kingdom, nonetheless the results are suggestive of a group of women who are highly stressed

Table 6

Maternal Mental Health

	<i>n</i>	%	<i>Mean</i>	<i>SD</i>
High Scores			8.51	6.71
12 – 28	62	30.54		
6 – 11	53	26.11		
5	24	11.82		
Low Scores				
0 - 4	64	31.53		

Scores above 4 are identified as achieving caseness. One hundred and thirty-nine participants (68.46%) achieved caseness for mental distress ($M = 8.51$, $SD = 6.71$). The means and standard deviation for the subscales are as follows: Scale A: somatic system ($M = 2.6$, $SD = 2.21$); Scale B: anxiety/insomnia ($M = 2.78$, $SD = 2.42$); Scale C: social dysfunction ($M = 1.36$, $SD = 1.64$) and Scale D: severe depression ($M = 1.7$, $SD = 2.26$). Sub-scales are useful for individual diagnostic profiles. Overall, sub-scale B: anxiety/insomnia achieved the highest mean score followed by somatic system, severe depression and lastly social dysfunction.

Substance Abuse. Table 7 reflects the results from the ASSIST questionnaire regarding maternal substance use. The results show the number and percentages of participants who are at low, moderate or high risk in each category of drug. Low risk means that the participant is at low risk of health and other problems from current patterns of use of that particular substance. Moderate risk means the participants are at risk of health and other problems from current patterns of substance use High risk means the participant is at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of current pattern of use and the participant is likely to be dependent on the substance (ASSIST manual, 2003). Tobacco use, alcohol, amphetamine, cannabis and then sedatives/sleeping pills seemed to be the most concern in order of highest to least abused.

One participant (0.49%) is at moderate risk for inhalants. One participant is at moderate risk for 'other' substance the client called 'diet stuff'.

Table 7

Substance Abuse

	Low Risk	Moderate risk	High Risk
Tobacco	96 (47.29%)	101 (49.75%)	6 (2.96%)
Alcohol Beverages	156 (76.85%)	40 (19.70%)	7 (3.45%)
Cannabis	188 (92.61%)	15 (7.3%)	0 (0%)
Cocaine	202 (99.51%)	1 (0.49%)	0 (0%)
Amphetamine type stimulants	186 (91.63%)	13 (6.40%)	4 (1.97%)
Inhalants	202 (99.51%)	1 (0.49%)	0 (0%)
Sedatives or sleeping pills	191 (94.09%)	10 (4.93%)	2 (0.99%)
Hallucinogens	203 (100%)	0 (0%)	0 (0%)
Opioids	203 (100%)	0 (0%)	0 (0%)
Other	202 (99.51%)	1 (0.49%)	0 (0%)

The Duke Support Scales. The mean total score for the Duke Support Scale was ($M = 50.85$, $SD = 20.48$) with most of the support coming from family ($M = 49.44\%$, $SD = 20.64$) rather than friends and other community members ($M = 42.66$, $SD = 26.55$). The higher the Duke Social Support scores are, the better the support the participants are experiencing. Basic descriptive calculations revealed that 62% ($n = 126$) of the participants were experiencing moderate support from their family, friends and community members.

The Duke Functional Support Scale administered to the participants revealed the following total functional scores ($M = 47.43$, $SD = 14.23$). Quantity Support ($M = 10.04$, $SD = 3.76$) reflects the perceived amount of time spent with those who provide the participants with support for example "Invitations to go out and do things with other people". Confidante Support ($M = 13.23$, $SD = 5.39$) reflects a confidante relationship where important matters in life can be shared and discussed. Affective support ($M = 11.30$, $SD = 3.55$) reflects an emotional form of support and caring. Instrumental Support ($M = 12.86$, $SD = 5.02$) is about

the type of support received, for example ‘Help when I’m sick in bed’ (Broadhead et al., 1988). More than 80% of the participants reported to moderate to good functional support.

Parenting Sense of Competence. The *Parent Sense of Competence Scale* (PSOC) was used to assess parents’ views of their competence on two dimensions: (a) satisfaction with their parenting role (reflecting the extent of parental frustration, anxiety and motivation); and (b) feelings of efficacy as a parent (reflecting competence, problem-solving ability and capability in the parenting role) (Gibaud-Wallston & Wandersman, 1978). Lower scores indicate parental competence whereas high scores indicate incompetence. To enable ease and readability in the data analysis section, we refer to high scores and therefore parental incompetence. The mean total score for parenting incompetence was ($M = 49.64$, $SD = 8.19$). Scoring for some items is reversed so that for all items lower scores indicate greater parenting competence. Twelve percent ($n = 25$) of the participants reported parental competence, 81% ($n = 165$) reported moderate parental incompetence whereas 6.40% ($n = 13$) reported high sense of parental incompetence.

Descriptive Statistics: The Dependent Variable

The Eyberg Child Behaviour Inventory. The gender of the children of participants referred to when administering the *ECBI* was roughly divided between girls, 51% ($n = 104$) and boys 49% (or $n = 99$). The table below tabulates the child behaviour intensity raw scores and child behaviour problem raw scores as well as the T-scores for both the *ECBI* Intensity and Problem scales. Scores for the *ECBI* scales were normally distributed.

The intensity scale is used to evaluate potentially significant conduct dis-ordered behaviour in children. The problem score helps determine whether parents are significantly troubled by their child’s behaviour. High positive correlations between the two scores are expected to help clinicians determine whether the parents have a realistic view of their child’s behaviour and that they have realistic expectations of their children’s behaviour.

The mean scores of the *ECBI* Intensity scales and the Problem scales were ($M = 109.82$, $SD = 33.83$) and ($M = 13.73$, $SD = 7.88$) respectively.

Table 8

Child Behaviour Scores

	<i>Raw Scores</i>		<i>T Scores</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Intensity	109.82	33.83	53.73	9.62
Problem	13.73	7.88	58.63	10.25

Table 9

Child Behaviour Scores-cut off points

	<i>Intensity</i>		<i>Problem</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Above cut-off point	56	27.59	85	41.87
Below cut off point	147	72.41	118	58.13

In this sample the intensity scores ranged from 42 to 207 and the problem scores ranged from 0 to 81. A cut-off point of 131 on the Intensity scale is recommended by Eyberg & Pincus (1999) to evaluate potentially significant psychopathology. Fifty-seven participants scored their children (27.59%) above the intensity cut-off point. One hundred and forty-seven (72.41%) were below the cut-off of 131. However, the overall scores were high; the mean score was 109.82 ($SD = 33.8$).

A small majority of participants ($n = 118$, or 58.13%) were below the problem score cut-off point. A cut-off of 15 on the ECBI Problem score indicates that parents are significantly troubled by their child's behaviour. There were 85 (41.87%) participants who reported a higher score than the ECBI Problem score cut-off of 15. In our sample the percentage of participants' problem scores above the cut-off is 41.87%, while 27.59% are above the cut-off of the intensity scores.

Bivariate relations among study variables. Pearson's correlations investigating the relationship between the ECBI Intensity Score and a number of the risk and protective factors

was conducted. Table 10 below tabulates the correlation coefficients between the variables. Inspection of the correlation matrix shows that significant correlations exist between the ECBI Intensity and all the variables, except for SES, and the Duke Social and Instrumental Support Scales. There was a strong significant positive correlation between the ECBI Intensity and Problem Scores ($r = 0.807, p = 0.000$). The significant positive associations between ECBI Intensity score and Parental Stress ($r = 0.504, p = 0.000$), ECBI Intensity and intimate partner violence ($r = 0.297, p = 0.000$), ECBI Intensity and History of Childhood Abuse ($r = 0.281, p = 0.000$) and ECBI Intensity and Parent Child Conflict ($r = 0.247, p = 0.000$) suggest that as these scores increase, the ECBI Intensity scores increases as well.

Similarly correlations between the ECBI Intensity and Maternal Mental Health ($r = 0.197, p = 0.005$) and Parent Incompetence and the ECBI Intensity ($r = 0.373, p = 0.00$) infer that as Maternal Mental Health scores and Parental Incompetence scores increase, the ECBI scores (child misbehaviour) increases. The association on a bivariate level shows that the lower the Duke Support and the Duke Instrumental scores, the higher the ECBI Intensity score: however, these correlations were not significant. Parental Stress was also significantly correlated to a number of variables, including intimate partner violence, parent/child conflict, maternal mental health, parental incompetence and the ECBI Intensity and Problem scores.

Table 10

Correlation Matrix of Risk and Protective Factors

	IPV	Child hood Abuse	Parent Stress	Parent Child Conflict	SES	Subs tance Abuse	Mental Health	Parent Incomp	Social Support	Instru- mental Support	Child behaviour Intensity
IPV	1.00										
Childhood Abuse	0.220*	1.00									
Parental Stress	0.328*	0.136	1.00								
Parent/Child Conflict	0.031	0.210*	0.197*	1.00							
SES	0.011	-0.016	-0.070	-0.043	1.00						
Substance Abuse	0.376*	0.450*	0.278*	0.115	-0.070	1.00					
Mental Health	0.339*	0.311*	0.375*	0.162*	-0.047	0.346*	1.00				
Parental Incomp.	0.183*	0.017	0.578*	0.052	0.055	0.097	0.321*	1.00			
Social Support	-0.066	-0.172*	-0.122	-0.084	0.183*	-0.144*	-0.249*	-0.178*	1.00		
Instrumental Support	-0.094	-0.203*	-0.134	-0.194*	0.269*	-0.099	-0.347*	-0.578	0.483*	1.00	
Child Behaviour- Intensity	0.297*	0.281*	0.504*	0.247*	0.065	0.216*	0.197*	0.373*	-0.057	-0.023	1.00

* $p < 0.05$

Analyses of the relationships between the misuse of the individual substances and child behaviour.

Significant relationships between child behaviour problems and alcohol abuse, ($r = 0.203$, $p = 0.004$), sedative abuse ($r = 0.215$, $p = 0.002$), and cocaine abuse ($r = 0.139$, $p = 0.049$) were noted. Interestingly, there was no significant relationship between tobacco use and child behaviour problems, but there were significant positive correlations between tobacco and parental stress, alcohol use and parental stress, and amphetamine use and parental stress scores.

Hypotheses Results

- **H_1 :** mother's history of childhood abuse and intimate partner violence is associated with *child behaviour* problems.

We ran a multiple regression analysis with the selected control demographic variables (see Appendix G for model building analysis) and childhood abuse and intimate partner violence (as measured by the CTS score) as the independent variables and child behaviour problems as the dependent variable. In terms of diagnostic testing of the H_1 model, we ran the Shapiro Wilkes test. The results showed that the residuals were normal ($p = 0.29$): however, the Cooks d statistics revealed that observation 35 (who happened to be the oldest participant at age 87) highly influenced the results. Therefore the model (and all subsequent analysis) were run without observation 35. The overall model was significant ($R^2 = .22$, $Adj. R^2 = 0.19$, $F [7,193] = 7.85$, $p < 0.000$).

Intimate partner violence and childhood abuse accounted for 22% of the variance in child behavior, when controlling for the socio-demographic variables. Intimate partner violence and childhood abuse significantly predicted child behavior problems, $\beta = .835$, $p < 0.001$ and $\beta = 3.53$, $p < .01$ respectively. See table 11 below for complete results.

Table 11

Regression Analysis for H₁

	β	$SE \beta$	p	<i>95% confidence Interval</i>	
Age	0.143	0.289	0.622	-0.427	0.713
Squared Age*	-0.043	0.015	0.004	-0.0072	-0.014
Money for Food	11.330	5.063	0.026	1.343	21.316
Income from Work	13.913	6.182	0.026	1.721	26.106
Income from Family	8.677	4.915	0.079	-1.012	18.370
Intimate Partner Violence	0.835	0.255	0.001	0.333	1.337
Childhood Abuse	3.525	1.347	0.01	0.879	6.182
constant	87.117	5.606	0	76.061	98.173

*Since the relationship between childhood abuse and age is not precisely linear- it is slightly curved - the age variable used here is the centered age, age squared. So for every 1 unit increase in age, the ECBI score increases by between 0.143 and 0.043.

- **H₂**: The association of mother's history of childhood abuse and intimate partner violence with child behaviour problems is mediated by parental stress.

Regression results for H₂ show that the overall model is still significant ($R^2 = .37$, $F [8,192] = 13.92$, $p < 0.000$). This model accounted for 37% of the variance in the child behaviour problems. However, the influence of intimate partner violence was no longer significant, $\beta = 0.34$, $SE (B) = 0.24$, $p = 0.162$.

Likelihood Ratio Tests. After the regression analyses were conducted, the Akaike information criterion (AIC) and the Bayesian information criterion (BIC) scores were computed. The AIC and BIC are measures of the relative goodness of fit of a statistical model. It is useful in that several models may be ranked according to their AIC values and is used as a tool for model selection.

The BIC is stricter than AIC as it accounts for the number of observations and the number of variables. Both the AIC and the BIC were used to select the best model (see below table 13 for comparisons). Lower AIC and BIC scores for subsequent models compared to the initial model means a better-fit model (Tabachnick & Fidell, 2000). Regression results for H² can be found below in table 12, followed by the results from the Likelihood ratio test, that is model comparison between H¹ and H².

Table 12
Regression Analysis for H₂

	β	$SE \beta$	p	<i>95% Confidence Interval</i>	
Age	0.207	0.2614	0.429	-0.309	0.723
Squared Age	-0.034	0.014	0.013	-0.061	-0.007
Money for Food	8.181	4.602	0.077	-0.90	17.257
Income from Work	15.536	5.594	0.006	4.502	26.569
Income from Family	8.582	4.443	0.055	-0.181	17.346
Intimate Partner Violence	0.340	0.242	0.162	-0.137	0.817
Childhood Abuse	3.391	1.218	0.006	0.989	5.793
Parental Stress	0.679	0.102	0.000	0.478	0.881
Constant	26.545	10.430	0.012	5.971	47.119

Table 13
Model Comparisons for H₁ and H₂

Model	obs	11(null)	11 mode	df	AIC	BIC
H ₁	201	-991.7724	-966.6072	8	1949.214	1975.641
H ₂	201	-991.7724	-945.811	9	1909.622	1939.352

The inclusion of parental stress as a mediating factor has improved the H₁ model and therefore H₂ can be accepted. In the context of family violence child behaviour was significantly affected by parental stress.

- **H₃**: the mother's history of childhood abuse and intimate partner violence is associated with child behaviour problems, which is mediated by increased maternal mental health problems.

To test the H₃ we included the maternal mental health variable in the H₁ regression analysis. Regression results can be found below in table 14.

Table 14

Regression Analysis for H₃

	β	$SE \beta$	p	95% Confidence Interval	
Age	0.130	0.289	0.653	-0.440	0.701
Squared Age	-0.042	0.015	0.005	-0.072	-0.012
Money for Food	11.648	5.074	0.023	1.641	21.66
Income from Work	14.087	6.185	0.024	1.887	26.285
Income from Family	9.222	4.946	0.064	-0.534	18.979
Intimate Partner Violence	0.754	0.268	0.005	0.226	1.282
Childhood Abuse	3.176	1.393	0.024	0.428	5.924
Maternal Mental Health	0.346	0.353	0.328	-0.349	1.042
Constant	85.063	5.984	0	73.260	96.866

The overall regression analysis is significant ($R^2 = .23$, $F [8,192] = 6.98$, $p < 0.000$). The influence of maternal mental health is not significant in the context of maternal childhood abuse and intimate partner violence ($\beta = 0.35$, $SE (\beta) = 0.35$, $p = -0.328$).

Table 15

Model Comparisons for H₁ and H₃

Model	observations	11(null)	11 mode	df	AIC	BIC
H ₁	201	-991.7724	-966.6072	8	1949.214	1975.641
H ₃	201	-991.7724	-960.1042	9	1950.208	1979.938

The inclusion of maternal mental health as a mediating factor has not improved the H₁ model and therefore H₃ can be rejected. In the context of family violence child behaviour is not significantly affected by maternal mental health.

- **H₄**: the mother's history of childhood abuse and intimate partner violence is associated with child behavior problems, which is mediated by increased maternal substance abuse.

To test H_4 we included the substance abuse variable. The regression analysis is significant ($R^2 = .22$, $F [8,192] = 6.83$, $p < 0.000$). The influence of maternal substance abuse on child behaviour in the context of maternal childhood abuse and intimate partner violence is not significant ($\beta = 0.022$, $SE (\beta) = 0.14$, $p = 0.868$). See results tables 16 and 17 below:

Table 16

Regression Analysis for H_4

	β	$SE \beta$	p	<i>95% Confidence Interval</i>	
Age	0.146	0.291	0.615	-0.426	0.720
Squared Age	-0.043	0.015	0.005	-0.073	-0.014
Money for Food	11.247	5.100	0.029	1.188	21.306
Income from Work	13.949	6.201	0.026	1.728	26.181
Income from Family	8.569	4.969	0.086	-1.232	18.371
Intimate Partner Violence	0.821	0.269	0.003	0.292	1.351
Childhood Abuse	3.434	1.46	0.019	0.559	6.309
Substance Abuse	0.022	0.135	0.868	-0.244	0.289
Constant	87.074	5.626	0	75.978	98.171

Table 17

Model Comparisons for H_1 and H_4

Model	obs	11(null)	11 mode	df	AIC	BIC
H_1	201	-991.7724	-966.6072	8	1949.214	1975.641
H_4	201	-991.7724	-966.5928	9	1951.186	1980.915

The inclusion of maternal substance use as a mediating factor has not improved the H_1 model and therefore H_4 can be rejected. In the context of family violence child behaviour is not significantly associated with maternal substance use.

- **H₅**: the mother's history of childhood abuse and intimate partner violence is associated with child behaviour problems, which is mediated by increased parent/child conflict.

To test H₅, we included the parent/child conflict variable. The results are tabulated below:

Table 18

Regression Analysis for H₅

	β	$SE \beta$	p	95% Confidence Interval	
Age	0.129	0.283	0.649	-0.430	0.688
Squared Age	-0.038	0.015	0.011	-0.067	-0.009
Money for Food	10.804	4.968	0.031	1.005	20.604
Income from Work	14.151	6.063	0.021	2.192	26.109
Income from Family	9.649	4.831	0.047	0.121	19.177
Intimate Partner Violence	0.822	0.250	0.001	0.331	1.315
Childhood Abuse	2.874	1.340	0.033	0.232	5.515
Parent/child Conflict	0.817	0.277	0.004	0.270	1.363
Constant	80.526	5.934	0	68.821	92.230

The regression analysis is significant ($R^2 = .26$, $F [8,192] = 8.22$, $p < 0.000$). The results show that the influence of parent/child conflict is significant in this model $\beta = 0.82$, $SE (\beta) = 0.28$, $p = 0.004$.

Table 19

Model Comparisons for H₁ and H₅

Model	obs	11(null)	11 mode	df	AIC	BIC
H ₁	201	-991.7724	-966.6072	8	1949.214	1975.641
H ₅	201	-991.7724	-962.1568	9	1942.314	1972.043

The inclusion of parent-child conflict as a mediating factor has improved the H₁ model and therefore H₅ cannot be rejected. In the context of family violence child behaviour is significantly affected by parent-child conflict.

- **H₆:** *Social Support* and *Parental Competence* are associated with a decrease in child behaviour problems, even in the context of childhood abuse and intimate partner violence.

To test H₆, we included the instrumental support, social support and parent incompetence variables. However the results show that only parental incompetence is significant and neither the instrumental nor the social support variables are influentially significant. The inclusion of social and instrumental support also does not improve the model fit. Thus removing these two variables the results, regression analysis is significant ($R^2 = .31$, $F [8,192] = 10.89$, $p < 0.000$). The results for adjusted model is tabulated below see table 20.

Table 20

Regression Analysis for H₆

	β	$SE \beta$	p	95% Confidence Interval	
Age	0.275	0.274	0.317	-0.265	0.814
Squared age	-0.032	0.014	0.028	-0.060	-0.003
Money for Food	10.519	4.775	0.029	1.101	19.936
Income from Work	17.258	5.864	0.004	5.691	28.825
Income from Family	8.037	4.633	0.084	-1.103	17.176
Intimate partner violence	0.578	0.245	0.019	0.095	1.062
Childhood Abuse	4.088	1.274	0.002	1.574	6.601
Parent incompetence	1.325	0.264	0.000	0.805	1.845
Constant	22.463	13.904	0.108	-4.962	49.889

Table 21

Model Comparisons for H₁ and H₆

Model	obs	11(null)	11 mode	df	AIC	BIC
H ₁	201	-991.7724	-966.6072	8	1949.214	1975.641
H ₆ *	201	-991.7724	-954.181	9	1926.362	1956.092

H₆* = adjusted to include only parental incompetence

The inclusion of parental incompetence as a mediating factor has improved the H₁ model and therefore H_{6*} cannot be rejected.

Structural Equation Modelling (SEM)

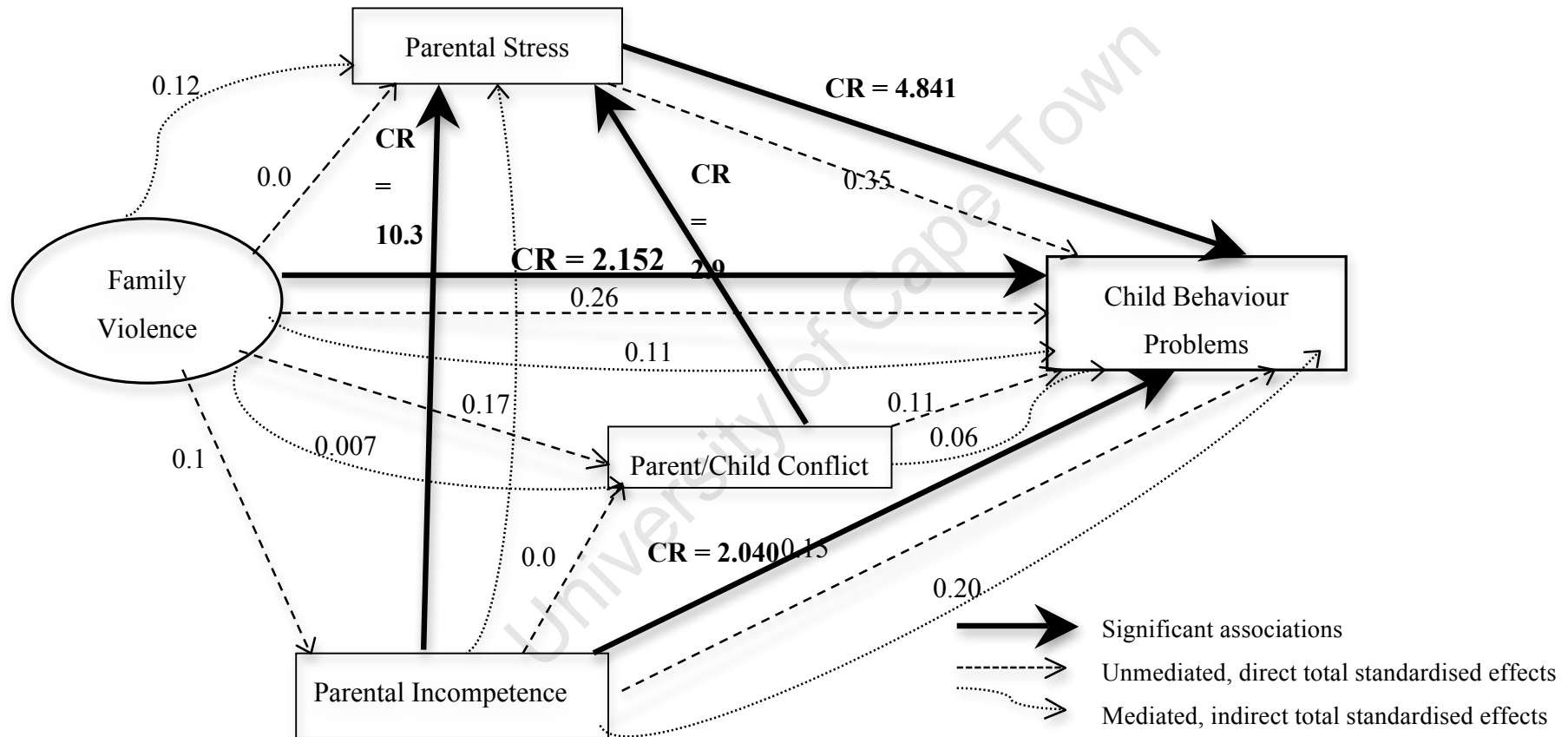
A number of models were tested on the basis of the findings from the correlational and regression analyses. The combination of the significant mediators provided a better fit for the data than did the models that included all the risk and protective factors. Overall the final SEM (see figure 1) depicts both the direct and indirect effects of maternal childhood abuse and intimate partner violence on child behaviour. The model also clearly indicates the significant associations between the various factors and child behaviour. There are significant associations between family violence and child behaviour, between parental stress and child behaviour, between parental incompetence and child behaviour. There are also significant associations between parental incompetence and parent-child conflict and parental stress.

Assessing model fit. To determine the suitability of the models, four SEM fit indices were used: The Tucker-Lewis index (TLI), comparative fit index (CFI), AIC, and root mean square error of approximation (RMSEA). For models with good fit, TLI and CFI values are close to 1, and RMSEA values are 0.06 or less (Hu and Bentler, 1999). When assessing the overall model in SEM, large *p*-values suggest better models. A statistically significant chi-square result suggests a poor model. However, χ^2 is sensitive to sample size: therefore, almost any model with a large sample size offers a statistically significant result.

The model shown in Figure 1 below was tested using IBM AMOS 20. Initially, the model was tested without any covariances. The chi-square test ($\chi^2 = 20.597$, *df* = 7 and *p* = 0.004), CFI = 0.93 TLI = 0.843, RMSEA = 0.098 (0.051,0.149) suggested the model fit the data poorly. Model modification was used to obtain a better-fitting model. AMOS allows for the use of modification indices to generate the expected reduction in the overall model fit chi-square for each possible path that can be added to the model. Hence, using modification indices, the fit for the final model below was very good. The results for the model are as follows: the chi-square test had a large *p*-value ($\chi^2 = 8.683$, *df* = 6, *p* = 0.192), other fit indices were in the acceptable ranges (CFI = 0.964, TLI = 0.986, RMSEA = 0.047 [0.000, 0.110]).

Figure 1: Structural Equation Model

Parental Risk Factors in the Context of Family Violence



$\chi^2 = 8.683$; $df = 6$; $p = 0.192$; CFI = 0.964; TLI = 0.986; RMSEA = 0.047 (0.000, 0.110)

The Critical Ratio statistics suggests significant association (critical ratios are significant when they are greater than 1.96). The R-square suggests that the hypothesised model accounts for 36% of the variation in child behaviour scores ($R^2 = 0.359$).

Family violence was positively, directly and significantly associated to child behaviour problems (C.R.= 2.152). Parental incompetence and parental stress were also positively, directly and significantly associated with child behaviour problems with critical ratio scores of 2.040 and 4.841 respectively. Parental incompetence was positively, directly and significantly associated with parental stress (CR = 10.308). Parent-child conflict was positively and significantly associated with parental stress with critical ratio scores of 2.992.

Direct, indirect and total effects. The total direct, indirect and total standardised effects between the variables in the model in a tabular format can be found in Appendix G. The standardised total (direct and indirect) effect of family violence on child behaviour problems was 0.37 (0.26 + 0.11). Thus, due to both direct (unmediated) and indirect (mediated) effects of family violence on child behaviour problems, when family violence increases by 1 standard deviation, child behaviour problems increases by 0.37 points on the ECBI.

The direct effects seem to be much larger than the indirect ones, except for parental stress where family violence has a larger indirect than direct effect. In this case, due to the indirect (mediated) effect of family violence on parental stress, when family violence goes up by 1 standard deviation, parental stress goes up by 0.12 (as opposed to 0.065 for the direct effect). This is in addition to any direct effect that family violence may have on child behaviour scores. Parent incompetence has a large total effect on parental stress and a medium effect on child behaviour. The indirect effect of parental incompetence on child behaviour is relatively higher than the direct effect. Parent-child conflict has small and mainly direct effects on parental stress and child behaviour intensity. Parental stress has an almost entirely direct effect (of medium magnitude) on child behaviour problems.

CHAPTER FOUR

DISCUSSION

This study aimed to examine the risk and protective factors for the parenting of mothers who were themselves exposed to childhood abuse and/or intimate partner violence. The results from the measures of child behaviour problems generally did support the research hypotheses, particularly if the data are interpreted according to our essential hypothesis: that a mother's history of family violence is associated with child behaviour problems. In addition, results from regression analyses conducted showed that parental stress, parent-child conflict and parental incompetence were significantly associated with child behaviour problems in the context of maternal childhood abuse and intimate partner violence. Conversely maternal mental health and social support were not significantly associated with child behaviour problems in this particular context of maternal childhood abuse and intimate partner violence. Results from the structural equation modelling show a significant association of family violence and child behaviour problems, but this relationship is also influenced by both the direct and indirect effects of parental stress, parental incompetence and parent-child conflict. The results have taken into account a number of demographic factors that research literature has alluded to having a direct effect on child behaviour. These demographic variables and results from the risk and protective factors investigated are discussed below.

The participants interviewed in this study were women who responded to our research posters, which called for mothers who had a child between the ages of three and eight whose behaviour was of concern to them. Research posters were primarily located at non-profit organisations that are involved with either intimate partner violence or community health and violence advocacy. Therefore, based on the wording and location of the research posters, it was expected that a large number of women were going to be either currently, or previously, in abusive relationships.

The final sample of 203 women interviewed can be described as follows: fifty-four percent of the participants were younger than 30 years old, twenty percent were married and the rest were either single (46 %) or divorced or widowed. Close to sixty percent had more than one child. All participants could speak either English or Afrikaans. The sample was roughly equally divided between Coloured and Black women. Most women were unemployed (82%) and approximately eighteen percent had completed high school. The

majority of the participants lived in a township area, about three percent lived in informal settlements, and close to five percent resided in rural areas.

Twenty six participants were (at the time of the interview) living in a shelter for abused women. The rest lived in either a formal house, an apartment, or an outbuilding in someone's yard or in a shack (9%). Only twenty-five of participants had access to electricity, a phone, a television and private motor vehicle. Most women confirmed that they did sometimes run out of money to buy food and also more than fifty percent of participants reduced the size of food portions in their households or skipped meals entirely because of a lack of money to buy enough food.

We found that ninety-two percent of women in the sample reported at least one form of intimate partner abuse. Forms of abuse included psychological, physical and sexual abuse. More than fifty percent of participants reported severe physical abuse. Joyner and colleagues (2007) found that sixty-nine percent of women survivors of intimate partner violence had been 'hit, punched or kicked' and sixteen percent were threatened with a weapon by their partners. Similarly the same authors found that seventeen percent of participants were forced by their partners to 'have sex when they did not want to'. In our study, we found that fourteen percent of participants reported that their partners 'forced them to have sexual intercourse'.

Results show that at least sixty percent of women had experienced childhood abuse. Forty-five percent of abused participants were 'beat up very hard with belts, stick or canes'; twenty percent reported 'being stabbed before 18 years of age'. One participant was forced to 'pose naked in front of a camera before the age of 18'. Most alarming of the childhood abuse findings is that eight percent of women reported 'being forced to have sex before they turned 18' and thirty-three women had never told anyone about the abuse incident/s before this study. A report by the Medical Research Council of South Africa indicates that almost all South African children are subject to physical violence at home and that more than a third of girls have experienced sexual violence before the age of 18 (e.g. unwanted touching, forced sex or being exploited into sex by much older men (Jewkes et al., 2009).

In this study only nine (4.43%) of participants reported no form of abuse. Importantly, this correspondingly means that ninety-five percent of participants in this study did experience either childhood abuse, intimate partner violence or both. It was expected that the twenty-three participants we interviewed at a shelter for abused women would report intimate partner violence, but the abuse findings overall, for a population also recruited via agencies providing other services to women with children, seem high.

Descriptive statistics and findings from the abuse scales show that the average participant in this study is a single woman younger than 30 years old with two children. She has a history of both childhood abuse and recent intimate partner abuse. She most probably resides in a township, has not completed school, is unemployed and is largely dependant on the child support grant she receives from government (which is R260.00 per child) for food, rent, electricity, clothes and other basic essentials.

The initial regression analyses conducted to control for extraneous variables indicate that the demographic variables such as maternal education, number of children a participant had, socio-economic status, type of residential area and dwelling lived in, and perceived levels of poverty were not strong predictors of child behaviour problems. These finding suggests that intimate partner violence and childhood abuse have a stronger and more direct effect on child behaviour problems than demographic variables. Many researchers have argued that poverty, levels of income, and socio-economic inequality of poor neighbourhoods are powerful antecedents of violent behaviour (Fajzylber et al., 1997; Seedat, et al., 2009) and as such may provide the context of childhood abuse and intimate partner violence, which in turn is associated with child behaviour problems.

Conversely, the association of childhood abuse and intimate partner violence to child behaviour was significant even after controlling for factors such as maternal age, having money for food and receiving an income from either work or family. These particular factors may influence child behaviour as additional stressors through indirect paths due to work-related stresses or relational stress due to financial dependence on family members. In terms of maternal age, we found that seven percent of the sample were grandmothers (included in this sample as older-aged mothers) who were the primary caregivers of the children concerned. Our results show that a higher maternal age was positively correlated to child behaviour problems. Daly and Glenwick (2000) and Mackintosh, Myers and Kennon (2006) found that grandparents who undertake parental roles in the absence of parents (for various reasons including incarceration, death from HIV and teen pregnancies) may do so with some reluctance and at a substantial cost for both grandparents and child. The researchers found that grandparents experience significant levels of stress relating to the difficulty of raising a grandchild. Furthermore Baker, McHale, Strozier, and Cecil (2010) found that an over-directiveness in grandparenting was associated with their grandchildren's behaviour problems. It must be said, though, that the finding in terms of grandmothers caring for grandchildren in this study occurred in the context of family violence and it may be the chronic nature of the abuse that had a larger impact of the parenting ability of older mothers

rather than their reluctance to care for or the over-directiveness of their parenting that had a negative outcome on the children's behaviour.

Family Violence is Associated with Child Behaviour Problems

The regression analyses' results indicate that the mother's history of family violence was significantly positively associated with child behaviour. Moreover, both maternal childhood abuse and intimate partner violence were independently associated with child behaviour problems. This finding is consistent with previous studies (Levendosky, Graham-Bermann, 2001; Miranda, de la Osa, Granero, & Ezpeleta, 2011; Moylan, et al., 2009).

Prior studies related to intimate partner violence have found similarly to this study that intimate partner violence was directly related to child behaviour problems. In fact Wolfe and colleagues (2003) analysed 27 studies examining the effects of children's exposure to domestic violence and found unequivocally that these children have more negative emotional and behavioural problems than do their peers. However many studies have suggested that it is the direct effects of witnessing intimate partner violence (the exposure to violence) that has a detrimental effect on child behaviour. Police records of intimate partner violence cases in the USA revealed that in 43% of the cases the children were present and either heard or saw the violence (Kelley et al., 2010). Finkelhor, Turner, Ormolen and Hamby (2009) found that children who are exposed to violence in their homes or communities are at risk of developing a range of behavioural problems such as conduct disorder, delinquency and violence, creating in turn subsequent difficulties for themselves, their families and their communities.

Mediatory factors

Parental stress. Results show that parental stress of mothers who participated in this study was extremely high. The parental stress investigation indicated the overall stress the mothers were experiencing in her role as a parent. Parental stress does not include stresses related to other life role or events. It is a stress derived from the parent's interaction with their child and stresses that result from the child's behavioural characteristics (Abidin, 1995). Total parental stress scores of the majority of participants were above the 85th percentile, which according to Abidin (1995) is very high. Furthermore seventy-three percent of the participants were experiencing clinically significant levels of stress. The large number of parents experiencing severe parental stress in this study is consistent with findings from prior research in clinical samples. For instance, Perilla, Bakeman and Norris (1994) found that parental stress was significantly and positively related to domestic violence.

It is worth noting that parental stress included scores from the PSI; Difficult Child subscale. In this category eighty-three percent of the participants felt that it was their child's difficult-to-manage behavioural characteristics that caused them to feel stressed in their roles as parents.

Results indicate that the mother's history of family violence was significantly associated with child behaviour, which was mediated through parental stress. Moreover the independent effects of parental stress showed significant results for child behaviour problems. Holden and Ritchie (1991), for instance, and Holden, Willis and Foltz (1989), have reported that the context of intimate partner violence and maternal childhood abuse creates stress in parenting which in turn negatively impacts children's behaviour. Results from correlational analysis between parental stress and all other risk factors found that parental stress was significantly positively correlated to parent-child conflict, substance abuse and maternal mental health.

Parent-child Conflict. Findings from parent-child conflict scales showed that ninety-four percent of participants engaged in psychological aggression in attempts to discipline their children, ninety-three percent reported acts of "minor assault" (corporal punishment). Thirty-nine percent reported severe assault (physical maltreatment) and sixteen percent engaged in acts of very severe assault towards their children. In terms of acts of assault, mothers reported 'having sworn at, kicked, fisted, and hit (as hard as they could) their children'. Some had 'threatened their children with a gun or knife' and in two incidents had 'deliberately burned their children'. In the US the rate of physical violence against children in violent families was estimated to be around forty percent (Appel & Holden, 1998). Hazen, Connelly, Kelleher and Barth, (2006) found that 35.4% of their participant's children aged between 0 and 14 years were victims of maltreatment in the context of intimate partner violence and child behaviour problems.

In developing countries figures are somewhat higher: for instance, a Chilean study conducted by Larrain, Vega and Delgado in 1997 as mentioned in Arón, & Lorian (2003) found that 63% of a national sample of grade eight children reported being physical abuse in their homes and 34% indicated that they suffered severe physical abuse.

It is challenging to compare rates of violence against children from study to study as definitions and coding of acts of maltreatment and assault vary from study to study and for that matter from country to country, due to cultural understanding of disciplinary techniques. However, a Western Cape survey conducted found that forty-nine percent of mothers smacked their children and twenty percent of mothers reported using corporal punishment

(Dawes, Long, Alexander, & Ward, 2006). Kelleher and colleagues (2008) found that women who reported intimate partner violence were ten times more likely than women who reported no intimate partner violence to report also using physical aggression towards their children. It can be surmised, then, that in families where intimate partner violence occurs, the rates of parent-child conflict would be high.

Higher rates of parent-child conflict in families reporting intimate partner violence have also been attributed to women who employ harsher discipline strategies to regulate their children's behaviour so that their abusive partners have less reason to become angry (Levendosky & Graham-Bermann, 2000). Moreover, in her study of child sexual abuse in South Africa drawing from intimate partner violence cases from five welfare district offices, Bandi (2003) found that the children regarded their parents' style of discipline as physically and verbally punitive or both.

Regression analyses conducted indicate that the effect of mother's history of family violence on her child's behaviour was mediated through parent-child conflict. The mediation of parent-child conflict occurred when the direct effect between maternal childhood abuse and intimate partner violence and the outcome variable (child behaviour) increased after controlling for parent-child conflict. Correlational results show additionally the significant positive relationship between parent-child conflict and child behaviour problems. Lewis, Mallouh and Webb (1989) found that twenty percent of maltreated children become delinquent teenagers and Widom (1989) found that abused children accrued more juvenile and adult arrests by the age of 25 than children who were not abused.

Maternal mental health. Results indicate that a substantial number of participants in this study were experiencing significant levels of mental distress which included measures of anxiety, insomnia, somatic symptoms, depression and social dysfunction. Specifically sixty-eight percent of participants achieved 'caseness' for mental distress. As mentioned earlier the 'caseness' criteria have not been established in South Africa, only in the United Kingdom, nonetheless the results are suggestive of a group of women who are highly stressed. This finding is constant with many other studies: for example, prevalence rates for maternal depressive symptoms across developed and developing countries range from 3% to 60%, with rates significantly higher in developing countries (Affonso, De Horowitz, & Mayberry, 2000). In South Africa, in one study of low-income women in Cape Town 34.7% of mothers were diagnosed with major depression (Cooper, et al., 1999).

Results indicate that the mother's history of family violence was significantly associated with child behaviour: however, this was not mediated through maternal mental

health. Correspondingly, maternal mental health did not affect child behaviour problems, i.e., the mental state of the participants did not have a direct effect on their children's behaviour, at least, not more so than did the context of family violence. Studies conducted relating to maternal mental health and child behaviour in the context of family violence have had results consistent with our findings. For instance Huang, Wang and Warrener (2010) found that intimate partner violence had a direct effect on maternal health and in turn on child behaviour when the child was aged one, but found no such direct effect for mental health when the child was three or five years old (within the age range of this study's sample). Similarly Levendosky and colleagues (2003) found no direct effect of maternal mental health on their children's reported behaviour. However the authors noted that there was a negative effect on the children's observed behaviour. In their study children interacted less positively with their mothers, showed less focused attention, displayed less positive affect and had fewer verbal interactions when their mother's reported lower psychological functioning in the context of intimate partner violence.

Maternal substance abuse. Findings from maternal substance abuse showed that almost half of all participants were at moderate risk for tobacco related problems such as health and financial problems (having money for cigarettes) and two percent of participants were at high risk for tobacco abuse. For alcohol use, results showed that almost twenty percent were at moderate risk and three percent were at high risk. Fifteen percent of participants were at moderate risk for cannabis use. One participant was at moderate risk for cocaine use whereas six percent were at risk of methamphetamine use (known locally as "tik") and four others were at high risk for methamphetamine abuse. Sleeping pills also seemed to be a problem for four percent of participants who were at moderate risk, and two (0.99 %) others at high risk for sleeping pill abuse.

The findings suggest that tobacco and alcohol seem to be the most widely used substances, followed by cannabis. This may be that cigarettes and alcohol are readily accessible and are cheaper than other substances. Research conducted by Shisana and Simbayi (2002), and by Peltzer and Ramlagan (2007), confirms that alcohol and cannabis use are the most prevalent in the Western Cape, compared to other South African provinces. Despite the current fears of a tik epidemic in the Western Cape, relatively few were using tik Plüddemann, Myers, & Parry, 2008). This finding may reflect the fact that the women in shelters and those using NGO services had to be "clean" of substances or they would be refused services, so they may either truly not be using substances, or may have under-

reported their substance use. Also, this study used self report measures, therefore a social desirability bias may have influenced disclosure of substance use.

Correlational analyses conducted showed significantly positive relationships between substance abuse and intimate partner violence as well as between substance abuse and maternal childhood abuse. Jewkes (2002) and Fals-Stewart, Golden and Schumacher (2003) found that substance abuse was a risk factor for interpersonal violence and mention alcohol as a risk factor of increased interpersonal violence.

The independent effects of maternal substance abuse did not show significant results for child behaviour problems. Nor did the results related to our fourth hypothesis indicate that the mother's history of family violence was significantly associated with child behaviour, which was mediated through maternal substance abuse.

It may be that the rates of substance abuse in this study were not high enough to capture the mediational relationship of substance abuse to child behaviour problems. In a US study measuring prevalence of aggressive, anxious, depressed and inattention/hyperactivity behaviours of 2 756 children, Whitaker, Orzol and Kahn (2006) found that 40% of mothers reported both substance abuse and intimate partner violence. The findings in a study investigating parental drug use and intimate partner violence in the United States suggests that parental drug use and intimate partner violence were independently associated with child behaviour (Hanson, et al. 2006).

Social support. In terms of social support, sixty two percent of participants felt that they received moderate support from their friends and families and community members. In terms of functional support, such as getting help to care for children when participants fell ill or getting invitations to socialise with friends, eighty percent of participants felt moderately supported.

Results indicate that the mother's history of family violence was significantly associated with child behaviour, which was not mediated through social support. The independent effects of social support also did not show significant results for child behaviour problems. Levendosky and colleagues (2003), similarly to our findings, did not find social support to be a moderator of child behaviour problems in the context of intimate partner violence; however, the authors found that social support was negatively associated to the mother's mental state. In addition they found that it was the mother's mental state that played an important part in the mothers' parental effectiveness and hence on the child's functioning.

Parental incompetence. In this study we found that eighty percent of participants felt moderately incompetent as parents. Women reported that they did not feel that they

accomplished much in their roles, nor did they feel that were good mothers. Many participants felt that they didn't know whether they were doing a good job or not; many more felt that they did not have the necessary skills to be good parents. Familiarity with parental roles, managing and solving problems were also areas in which participants felt inadequately equipped.

Regression analysis results indicate that the mother's history of family violence was significantly associated with child behaviour, which was mediated through parental incompetence. The independent effects of parental incompetence showed significant results for child behaviour problems. The mediation of parental incompetence occurred when the direct effect between maternal childhood abuse and intimate partner violence and the outcome variable, child behaviour, increased after controlling for parental incompetence. Similar results were found by Patterson, DeGarmo and Forgatch (2004): in their parenting intervention trials, they found positive significant paths between changes in parenting and changes in the boys' antisocial behaviour.

In studies from Chile, Colombia, India, and South Africa, maternal thoughtfulness (or sensitive parenting) and receptiveness was associated with more secure infant attachment, higher levels of cognitive ability and reduced levels of behaviour problems in preschool children (Posada et al., 1999; Agarwal et al., 1992). Furthermore Levendosky and Graham-Bermann (2000) found that living with abusive partners may result in women functioning in a state of hyper-arousal, restrained emotion, irritability, and exhaustion, all of which can weaken a woman's parenting capacity. Parenting intervention programmes that provided information to mothers about sensitivity and responsivity in Brazil and South Africa showed short-term improvements in maternal behaviour (Cooper et al., 2002; Shannon & Escamilla, 1999). Even though the former study involved intervention for mothers with infants, parenting programmes on the whole have been found to improve parental competence, reduce reports and reinvestigation of child abuse and neglect, and improve child behaviour (Chaffin, Silovsky et al., 2004; Small, Reynolds, O'Connor, & Cooney, 2005).

Bronfenbrenner's ecological model of child development (1986) theory defines complex layers of environment (including self, family, community, school, culture, religion), with each layer having an effect on a child's development. The model theorises that the interaction between factors in the child's maturing biology, his immediate family/community environment, and the societal landscape fuels and steers his development. Furthermore, changes or conflict in any one layer will ripple throughout other layers. In this study we found that family violence co-occurred with other risk factors, such as poverty, maternal

mental health and maternal substance abuse. Inferring from Bronfenbrenner's (1986) model, we note the importance of including other psychosocial and environmental risk factors, such as parents' mental health, unemployment, poverty, social support, parent-child interaction, stress as well as family violence as affecting a child's development in our study. It is the combination of these factors, rather than any one specific risk factor, that overwhelms and disrupts the family system and parenting and in turn a child behaviour (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997).

Child behaviour

The results from the ECBI show that the majority of children scored very highly on the behaviour index, indicating that the participants found their child's behaviour problematic. In fact, close to a third of the children's scores suggested that further evaluation for conduct-disorder may be appropriate, meaning their scores were above the cut-off point for a potential diagnosis of conduct disorder, particularly the childhood onset subtype characteristic of children's behaviour under the age of ten years. In this study, mothers reported the following in terms of their child's behaviour: 'lies, acts defiantly, gets angry when doesn't get their own way, hits parents, steals, provokes other children, verbally fights with friends, with siblings, physically fight with friends, with siblings, refuses to obey until threatened with punishment, destroys toys or other objects, refuses to do chores, argues with parents'. These findings concur with a study conducted in Chile which found that children who were victims of serious parental physical violence also had poor interpersonal relationships with their parents and other children (Arón & Lorian, 2003). Furthermore, children who witness violence and who are abused are at greater risk of behaving violently themselves than children without such experiences (Finkelhor et al., 2010; Saunders, 2003).

Studies of young South African children who were exposed to violence record greater levels of behavioural problems, particularly displaying symptoms of post-traumatic stress disorder, aggression, attention problems, and depression (Kaminer, Grimsrud, Myer, Stein, Williams, 2008; Liddell, Kvalsvig, Qotyana, Shabalala, 1994; Magwaza, Killian, Petersen, Pillay, 1993). Levendosky and colleagues (2000) hypothesise that women who live with batterers operate in a state of hyperarousal, constricted emotions, irritability, and exhaustion, all of which can diminish a their parenting capacity, resulting in poor behaviour outcomes for children. Additionally, DiLillo and Damshek (2003) argue that women who have experienced abuse as children may have more permissive parenting style and avoid the use of authority due to their own experience of abuse by an adult. As parents, abused women may then have

difficulties in establishing boundaries with their children, which could explain increased behaviour problems (Miranda, et al., 2011).

A large number of mothers reported (in terms of the ECBI) that their children were easily distracted, had a short attention span, failed to finish tasks or projects and had difficulty concentrating on one thing. These factors for children aged three to eight years could later result in difficulties in their school career. Children of mothers who are intimate partner violence survivors or witness intimate partner violence are more likely to have disciplinary problems in school, may also be more likely to repeat grades, may drop out of school or do poorly at school (Herrenkohl et al., 2008; Morrison & Orlando, 1997). In our sample the percentage of participants' ECBI problem scores above the cut-off was 41.87% compared to 27.59% above the cut-off of the intensity scores. In situations where problem scores are high and intensity scales are low, Eyberg and Pincus (1999) explain the scores as follows (p. 18):

1. parents may have a low tolerance for normal behaviours of the child
2. parents may have unrealistic expectations for the child or an authoritarian style
3. parents may have limited understanding of the child's behaviour and the kinds of behaviour that are developmentally appropriate
4. parents may be attempting to cope with chaotic and difficult circumstances and be overwhelmed by the stressors of child rearing".

The findings from this study suggest that the behaviour of many of the children in this sample is a cause for concern. The behaviour scores suggest that these children are behaving inappropriately, to the point of being at risk for later delinquency, conduct disorders and crime. The transgenerational theory of violence argues that once a child is exposed to violence, he or she may begin to exhibit violent behaviour and this carry this violence into adulthood in form of intimate partner violence and other violent acts, thereby continuing the cycle of violence to the next generation (Widom, 1989).

The findings also show that alarming rates of child abuse were being perpetrated by the mothers in this sample. The results indicate that these women are reporting astonishingly high rates of intimate partner violence and that they have a traumatic history of childhood abuse. The participants are experiencing enormous levels of parental stress and significantly high levels of mental distress. Mothers feel that they lack parental competence in dealing with their children's behaviour. Therefore the overall picture derived from this study suggests that the discrepancy between the intensity and problems scores of the ECBI might be explained by the fact that the mothers interviewed are indeed attempting to cope in their

difficult and chaotic circumstances and are overwhelmed by the stressors of rearing their children.

Structural Equation Model

The results from the structural equation model indicate that a mother's history of family violence has a direct and significant association with her child's behaviour problems. This finding is supported by research by Miranda and colleagues (2011), Levendosky and colleagues (2003) and DiLillo (2001). Research suggests that family violence affects a child's emotional security, which in turn impacts on their ability to regulate emotion and behaviours (El-Sheikh et al., 2008). The results indicate also that parent-child conflict, parental stress and parental incompetence mediate the effects of family violence on child behaviour. In addition we found that parental stress, parent-child conflict and parental incompetence was significantly associated with child behaviour problems.

This finding suggests that family violence sets up the context in which child behaviour problems develop, which increases the stress the parent experiences. The dynamic between the difficult-to-manage child, increased parental stress and a lack of parental competence to deal effectively with child behaviour problems results in physically and psychologically abusive parent-child interaction, which in turn may fuel even more child behaviour problems, creating a vicious cycle. Miranda and colleagues (2011), Holt (2008) and Wolfe and colleagues (2003) found similar results, suggesting that the experience of violence suffered by mothers adds to the overall burden of parenting, leading to negative psychological and behavioural functioning in children. Additionally Collishaw, Dunn, O'Connor and Golding (2007) found that women with a history of family violence experience greater stress and are less able to deal with the children's behavioural problems.

Although this study did not take into account the independent effect of childhood abuse and intimate partner violence on child behaviour, nor did we compare child behaviour of abused mothers to children of non-abused mothers, several other studies have done so. For instance, Miranda and colleagues (2011), Clément and Chamberland (2009), DiLillo, (2001) and Cole and colleagues (1992) found that childhood abuse is related to child behaviour problems, whereas Huang, Wang and Warrener (2010) and Kelley and colleagues (2010) found that intimate partner violence is related to disruptive behaviour problems. Furthermore Banyard (1997) found that abused mothers reported more behavioural problems in their children than did non-abused mothers.

Limitations and Proposed Solutions

This research was based on a cross-sectional design, therefore the mediational analyses should not be viewed as predictions, but rather as associations between the different factors. Only women served by agencies such as women and child abuse centres and women's right advocacy organisations in the Western Cape were interviewed. It is unlikely that the results are representative of South Africa as a whole. However, we anticipate that the results and discussions in this study will be helpful to agencies in other provinces involved in parenting education programmes.

Another limitation was that the study used only maternal reports of intimate partner violence and child behaviour. All risk and protective factors were also assessed through maternal reports. Therefore, caution should be taken in the interpretation of the results, as maternal characteristics and social desirability bias may have influenced the results. However a number of scales had overlapping items or subscales where the results could corroborate each other. For instance, the results from parental stress subscale 'difficult child', suggested that parents felt stress in their roles as parents because their children were difficult to manage. This finding substantiates results from the ECBI which suggests that a large number of mothers reported their children's behaviour to be problematic.

Future studies in this area could benefit from a multi-informant and a multi-method approach. For instance, a teacher's account of the child's behaviour could be sought or observed child behaviour could be considered. As far as a multi-method approach is concerned, sampling by way of police cases of reported intimate partner violence could be beneficial as comparison to a non-IPV control group could be possible.

General summary and conclusion

The findings of this study, supported by research literature on mother's exposure to intimate partner violence and childhood abuse, suggest that the context of family violence is associated with child behavioural problems. Mothers face challenges due to factors such as increased parental stress, increased parent-child conflict, increased substance abuse, increased mental health difficulties, increased parental incompetence and a lack of social support. The risk factors such parental stress, parent-child conflict and parental incompetence were found to be significantly associated with child behaviour, these risk factors in turn make parenting more challenging resulting in increased child behaviour problems.

The aim of this study was to investigate hypothesised relationships between intimate partner violence, childhood abuse, parental risk factors as well as various socio-demographic

variables and measures of child conduct. Mothers in the sample were mostly Coloured and Black and the majority of the mothers lived in townships in the Western Cape. Most of the mothers were low in socio-economic status and had a low level of education.

In general, the sample of mothers in this study reported high levels of intimate partner abuse and childhood abuse. On average, high levels of parental stress, parent-child conflict, mental health distress and parental incompetence was reported by participants. Mothers scored moderately on social support measures used in this study and, contrary to the high methamphetamine abuse statistics reported in the Western Cape (Plüddemann, Myers, & Parry, 2008); they did not report facing problems with tik. Alcohol, tobacco and cannabis use among the participants were more prevalent. On average, children of participants scored very highly in the scale measuring conduct problems.

Regression analyses were conducted to investigate which of the risk factors mediated the effects of family violence on child behaviour problems. The results of the regression analyses indicated that family violence was significantly and positively related to child behaviour problems. The results indicated, contrary to hypothesis, that maternal mental health and maternal substance abuse were not mediators of child behaviour problems in the violent contexts of these women's lives. However, parental stress was the strongest mediator of child behaviour problems in the context of family violence. The results also indicated that parent-child conflict and parental incompetence were significant mediators of child behaviour problems in the context of family violence. Contrary to our hypothesis the finding that the protective factors such as social and instrumental support were not significant moderators of child behaviour problems is an important finding which suggests that the social support a mother gets from her friends and family does not buffer the impact of family violence on child behaviour.

The results highlight that counsellors and clinicians working with survivors of family violence need to be mindful that these mothers may have children who are more difficult to manage than are children of non-abused mothers, and that any parental education needs to consider the direct effects of family violence on the children's behaviour. Additionally Barth (2009) highlights that parenting of women currently suffering interpersonal partner violence is significantly worse than that of women who have faced it in the past, suggesting that the context of the violence is creating the problems in parenting and that stopping the violence may be more important than parental education programmes

We know that there is a high rate of violence in South Africa. South Africa rates amongst the most violent countries in the world (Norman et al., 2007). In the face of the

limited resources for interventions directed at intimate partner violence, or therapy related to past abuse and trauma, we wanted to know what risks the South African context sets up for parenting and what protective resources women are able to access. This study was able to identify the significant factors associated with child behaviour problems in the context of family violence. We found that family violence is associated with child behaviour problems and that this association is mediated by parental stress, parent-child conflict and parental incompetence. It is hoped that our findings indicate potential targets for parental interventions for women who are survivors of intimate partner violence and/ or childhood abuse.

University of Cape Town

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APPENDIX A THE RESEARCH QUESTIONNAIRE



INTERVIEW QUESTIONNAIRE

□ QUESTIONNAIRE
NO.

All questions contained in this questionnaire are strictly confidential. The Questionnaire has a few different sections. Each section asks about a different area of your experience as a parent. We will also be asking about your children's behaviour as well as your exposure to violence and abuse. We are also interested in the ways that you cope as a parent.

You can ask for a break at any time during the interview session, although we will have a formal break session after 45 minutes. After a 5-10 minutes break we will continue the rest of the interview which should not take more than another 30 minutes. The whole interview should not take more than an hour and a half.

The first part of this questionnaire is asking about general demographic information such as your age, education, marital status and the place where you live.

So if you are ready and wish to continue, let's begin:

Date:	Interview venue:	Interview no:
Instructions: (to the interviewer). Please check the boxes (<input type="checkbox"/>) or tick (<input checked="" type="checkbox"/>) where they are provided. Otherwise follow the instructions that precede each section.		
1	Mother's date of Birth:	
2	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
3	Home language: <input type="checkbox"/> English <input type="checkbox"/> Afrikaans <input type="checkbox"/> isiXhosa <input type="checkbox"/> other	
4	Race: <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> other	
5	No. of children: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> More than 4 children	
6	Education: <input type="checkbox"/> some primary schooling <input type="checkbox"/> completed primary school <input type="checkbox"/> some high school <input type="checkbox"/> completed high school <input type="checkbox"/> Post-Matric: Degree / Diploma <input type="checkbox"/> Post-Grad	
7	Employment Status: <input type="checkbox"/> working or <input type="checkbox"/> not working <input type="checkbox"/> part-time or <input type="checkbox"/> full time <input type="checkbox"/> formal e.g. company <input type="checkbox"/> full time <input type="checkbox"/> informal e.g. flea- market stall	
8	Source/s of Income: (Tick all that applies) <input type="checkbox"/> work <input type="checkbox"/> government pension <input type="checkbox"/> partner/spouse <input type="checkbox"/> child support grant <input type="checkbox"/> disability grant <input type="checkbox"/> money from family <input type="checkbox"/> no income <input type="checkbox"/> other (Specify):	

Hunger Scale		Yes	No
9	Does your household ever run out of money to buy food?	<input type="checkbox"/>	<input type="checkbox"/>
10	a. Has it happened in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
11	b. Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
12	Do you ever cut the size of meals or skip any meals because there is not enough food in the house?	<input type="checkbox"/>	<input type="checkbox"/>
13	a. Has it happened in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
14	b. Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
15	Do you or any of your children ever go to bed hungry because there is not enough money to buy food?	<input type="checkbox"/>	<input type="checkbox"/>
16	a. Has it happened in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
17	b. Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
18	How would you describe the area in which you live?	<input type="checkbox"/> suburb	<input type="checkbox"/> township
		<input type="checkbox"/> urban	<input type="checkbox"/> informal settlement
		<input type="checkbox"/> rural	<input type="checkbox"/> other
19	How would you describe the dwelling in which you live?	<input type="checkbox"/> formal house	<input type="checkbox"/> outbuilding in someone's backyard
		<input type="checkbox"/> a shack	<input type="checkbox"/> an apartment
		<input type="checkbox"/> other	specify
20	During past for weeks, you have lived:	<input type="checkbox"/> at home – where you normally live	<input type="checkbox"/> with your parents
		<input type="checkbox"/> at shelter	<input type="checkbox"/> at a boarding house
		<input type="checkbox"/> with a friend	<input type="checkbox"/> other specify:
21	Which of the following do you or your family have at home? Please mark as many as necessary	<input type="checkbox"/> television	<input type="checkbox"/> electricity
		<input type="checkbox"/> motor car	<input type="checkbox"/> telephone
End of this section. Interviewer notes/comments:			
THIS SECTION WILL FOCUS PARTICULARLY ON CHILDREN'S BEHAVIOUR THAT TENDS TO WORRY PARENTS.			

22	Child Age:	23	Child's gender:	24	Child's DOB:
			<input type="checkbox"/> Female <input type="checkbox"/> Male		

ECBI EYBERG CHILD BEHAVIOUR INVENTORY
Parent Rating Form by Sheila Eyberg, PHD

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Read to interviewee and show the answer chart:

Below are a series of phrases that describe children's behaviour. Please

- (1) circle the number describing **how often** the behaviour **currently** occurs with your child, and
- (2) circle either "yes" or "no" to indicate whether the behaviour is **currently a problem for you**.

For example, if seldom, you would circle the 2 in the response to the following statement:

1. Refuses to eat vegetables	Never	Seldom	Sometimes	Often	Always	Is this a problem for you?
	1 2	3 4	5 6	7	YES NO	4

Circle only one response for each statement, and respond to all statements. **DO NOT ERASE!** If you need to change an answer, make an "X" through the incorrect answer and circle the correct response. For example:

1. Refuses to eat vegetables	1	2	3	4	5	6	7	YES	NO	4
------------------------------	---	---	---	---	---	---	---	-----	----	---

How often does this occur with your child?									Is this a problem for you?	
		Never	Seldom	Sometimes	Often	Always			YES	NO
25	Is slow in getting dressed	1	2	3	4	5	6	7	YES	NO
26	Eats slowly at mealtimes	1	2	3	4	5	6	7	YES	NO
27	Has poor table manners	1	2	3	4	5	6	7	YES	NO
28	Refuses to eat food presented	1	2	3	4	5	6	7	YES	NO
29	Refuses to do chores when asked	1	2	3	4	5	6	7	YES	NO
30	Slow in getting ready for bed	1	2	3	4	5	6	7	YES	NO
31	Refuses to go to bed on time	1	2	3	4	5	6	7	YES	NO
How often does this occur with your child?									Is this a problem for you?	
		Never	Seldom	Sometimes	Often	Always			YES	NO

32	Does not obey our family rules on own	1	2	3	4	5	6	7	YES	NO
33	Refuses to obey until threatened with punishment	1	2	3	4	5	6	7	YES	NO
34	Acts defiant when told to do something	1	2	3	4	5	6	7	YES	NO
35	Argues with parents about rules	1	2	3	4	5	6	7	YES	NO
36	Gets angry when doesn't get own way	1	2	3	4	5	6	7	YES	NO
37	Has temper tantrums	1	2	3	4	5	6	7	YES	NO
38	Cheeks adults	1	2	3	4	5	6	7	YES	NO
39	Whines	1	2	3	4	5	6	7	YES	NO
40	Cries easily	1	2	3	4	5	6	7	YES	NO
41	Yells or screams	1	2	3	4	5	6	7	YES	NO
42	Hits parents	1	2	3	4	5	6	7	YES	NO
43	Destroys toys or other objects	1	2	3	4	5	6	7	YES	NO
44	Is careless with toys and other objects	1	2	3	4	5	6	7	YES	NO
45	Steals	1	2	3	4	5	6	7	YES	NO
46	Lies	1	2	3	4	5	6	7	YES	NO
47	Teases or provokes other children	1	2	3	4	5	6	7	YES	NO
48	Verbally fights with friends own age	1	2	3	4	5	6	7	YES	NO
49	Verbally fights with sisters and brothers	1	2	3	4	5	6	7	YES	NO
50	Physically fights with friends own age	1	2	3	4	5	6	7	YES	NO
51	Physically fights with sisters and brothers	1	2	3	4	5	6	7	YES	NO
52	Constantly seeks attention	1	2	3	4	5	6	7	YES	NO
53	Interrupts	1	2	3	4	5	6	7	YES	NO
54	Is easily distracted	1	2	3	4	5	6	7	YES	NO
55	Has short attention span	1	2	3	4	5	6	7	YES	NO
56	Fails to finish tasks or projects	1	2	3	4	5	6	7	YES	NO
57	Has difficulty entertaining self alone	1	2	3	4	5	6	7	YES	NO
58	Has difficulty concentrating on one thing	1	2	3	4	5	6	7	YES	NO
59	Is overactive or restless	1	2	3	4	5	6	7	YES	NO
60	Wets the bed	1	2	3	4	5	6	7	YES	NO

Read to interviewee: We are starting the next section now.

Duke –UNC Functional Social Support Questionnaire

Here is a list of some things that other people do for us or give us that may be helpful or supportive. Please listen carefully and tell me the answer that is closest to your situation (Interviewer: show prompt card here)

	Here is an example: I get Enough vacation time	As much as I would like				Much less than I would like
			√			

Interviewer: Explain the choice that the participant has made. For instance, "If you put a check where we have, it means that you get almost as much vacation time as you would like, but not quite as much as you would like".

ANSWER EACH ITEM AS BEST YOU CAN. THERE ARE NO RIGHT OR WRONG ANSWERS.

	I get	As much as I would like				Much less than I would like
61	Visits with friends and relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	Help around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	Help with money in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Praise for a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	People who care what happens to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	Love and affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	Telephone calls from people I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	Chances to talk to someone about problems at work or with mu housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Chances to talk about my personal and family problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	Chances to talk about money matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	Invitations to go out and do things with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	Useful advice about important things in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	Help when I need transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	Help when I'm sick in bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	Help with taking care of my child/children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Duke Social Support Scale

People who give support

(A *supportive person* is one who is helpful, will listen to you or who will back you up when you are in trouble.)

Instructions: Please look at the following list and decide how much each person (or group of persons) is supportive for you at this time in your life. (Interviewer: Show the prompt card).

A. Family Members

		None	Some	A lot	There is no such person
76	Your husband or significant other person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	Your children or grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	Your parents or grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	Your brothers or sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	Your other blood relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	Your relatives by marriage (for example: in-laws, ex-husband)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Non Family Members

		None	Some	A lot	There is no such person
82	Your neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	Your co-worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	Your church/ mosque members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	Your other friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	Your child's teacher or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Special Supportive Person

87	Do you have one particular person whom you can trust and to whom you can go with personal difficulties?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
----	---	------------------------------	-----------------------------

The next section is about the way you feel as a parent in terms of your capabilities.

Parent Sense of Competence (PSC)

Listed below are a number of statements. Please respond to each item, indicating your agreement or disagreement. Please answer the questions using the following scale (Interviewer: show prompt card):

Strongly Agree **Agree** **Slightly Agree** **Slightly Disagree** **Disagree** **Strongly Disagree**
1 **2** **3** **4** **5** **6**

88	The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.	1	2	3	4	5	6
89	Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.	1	2	3	4	5	6
90	I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.	1	2	3	4	5	6
91	I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.	1	2	3	4	5	6
92	My mother/father was better prepared to be good a mother/father than I am.	1	2	3	4	5	6
93	I would make a fine model for a new mother/father to follow in order to learn what she/he would need to know in order to be a good parent.	1	2	3	4	5	6
94	Being a parent is manageable, and any problems are easily solved.	1	2	3	4	5	6
95	A difficult problem in being a parent is not knowing whether you're doing a good job or bad one.	1	2	3	4	5	6
96	Sometimes I feel like I'm not getting anything done.	1	2	3	4	5	6
97	I meet my own personal expectations for expertise in caring for my child.	1	2	3	4	5	6
98	If anyone can find the answer to what is troubling my child, I am the one.	1	2	3	4	5	6
99	My talents and interests are in other areas, not in being a parent.	1	2	3	4	5	6
100	Considering how long I have been a parent, I feel thoroughly familiar with this role.	1	2	3	4	5	6
101	If being a parent of a child were only more interesting, I would be motivated to do a better job as a parent	1	2	3	4	5	6
102	I honestly believe I have all the skills necessary to be a good parent to my child.	1	2	3	4	5	6
103	Being a parent makes me tense and anxious.	1	2	3	4	5	6

This section is about the style of child discipline parents may use (Interviewer: show prompt card)

Parent-Child Conflict Tactics Scale (CTS)

Tick the number of times (the question) has happened

		Scale	
104	In the past year, have you explained to (Child X) why something was wrong?	Once in the past year	<input type="checkbox"/> 01

		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
105	In the past year, have you put him/her in time out or sent to his/her room?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
106	In the past year, have you shaken him/her?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
107	In the past year, did you hit him/her on the bottom with something like a belt, hairbrush, a stick or some hard object?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
108	Have you substituted a positive activity for whatever he/she was doing wrong?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
109	In the past year, have you shouted, yelled, or screamed at him/her?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
110	In the past year, have you hit him/her with a fist or kicked him/her hard?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
	In the past year, have you spanked him/her on the bottom with a bare hand?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02

111		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
112	In the past year, have you grabbed him/her around the neck and choked him/her?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
113	Has any adult sworn or cursed at him/her?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
114	In the past year, did you beat him/her up, that is hit him/her over and over as hard as you could?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
115	In the past year, has anyone said they would send him/her away or kick him/her out of the house?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
116	In the past year, have you burned or scalded him/her on purpose?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
117	In the past year, have you threatened to spank or hit him/her but did not actually do it?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
118	In the past year, have you hit him/her on some other part of the body besides the bottom with something like a belt, hairbrush, stick, or some other hard object?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07

		This has never happened	<input type="checkbox"/> 00
119	Has any adult slapped him/her on the hand, arm, or leg?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
120	In the past year, have you taken away privileges or grounded him/her?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
121	In the past year, have you pinched him/her?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
122	In the past year, have you threatened him/her with a knife or gun?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
123	In the past year, have you thrown or knocked him/her down?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
124	In the past year, have you called him/her dumb or some other name like that?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07
		This has never happened	<input type="checkbox"/> 00
125	In the past year, have you slapped him/her on the face or head or ears?	Once in the past year	<input type="checkbox"/> 01
		Twice in the past year	<input type="checkbox"/> 02
		Three or more times in the past year	<input type="checkbox"/> 03
		Not this past year but happened before	<input type="checkbox"/> 07

		This has never happened	<input type="checkbox"/> 00					
The next section is about parenting stresses (Interviewer: Show prompt card).								
Parenting Stress Index Short Form Psychological Assessment Resources, Inc.								
	SA = Strongly Agree	A = Agree	NS = Not sure	D = Disagree	SD = Strongly Disagree			
126	I often have the feeling that I cannot handle things very well.			SA	A	NS	D	SD
127	I find myself giving up more of my life to meet my children's needs than I ever expected.			SA	A	NS	D	SD
128	I feel trapped by my responsibilities as a parent.			SA	A	NS	D	SD
129	Since having this child, I have been unable to do new and different things.			SA	A	NS	D	SD
130	Since having this child, I feel that I am almost never able to do things that I like to do.			SA	A	NS	D	SD
131	I am unhappy with the last purchase of clothing I made for myself.			SA	A	NS	D	SD
132	There are quite a few things that bother me about my life.			SA	A	NS	D	SD
133	Having a child has caused more problems than I expected in my relationship with my spouse/partner.			SA	A	NS	D	SD
134	I feel alone and without friends.			SA	A	NS	D	SD
135	When I go to a party, I usually expect not to enjoy myself.			SA	A	NS	D	SD
136	I am not as interested in people as I used to be.			SA	A	NS	D	SD
137	I don't enjoy things as I used to.			SA	A	NS	D	SD
138	My child rarely does things for me that make me feel good.			SA	A	NS	D	SD
139	Sometimes I feel my child doesn't like me and doesn't want to be close to me.			SA	A	NS	D	SD
140	My child smiles at me much less than I expected.			SA	A	NS	D	SD
141	When I do things for my child, I get the feeling that my efforts are not appreciated very much.			SA	A	NS	D	SD
142	When playing, my child doesn't often giggle or laugh.			SA	A	NS	D	SD
143	My child doesn't seem to learn as quickly as most children.			SA	A	NS	D	SD
144	My child doesn't seem to smile as much as most children.			SA	A	NS	D	SD
145	My child is not able to do as much as I expected.			SA	A	NS	D	SD
146	It takes a long time and it is very hard for my child to get used to new things			SA	A	NS	D	SD
147	For the next statement, choose your response from the choices "1" to "5" below (Interviewer: show prompt card). I feel that I am: <ol style="list-style-type: none"> 1. Not very good at being a parent. 2. a person who has some trouble being a parent 3. an average parent. 4. a better than average parent. 5. a very good parent. 			1	2	3	4	5
148	I expected to have closer and warmer feelings for my child than I do and this bothers me.			SA	A	NS	D	SD
149	Sometimes my child does things that bother me just to be mean.			SA	A	NS	D	SD
150	My child seems to cry or fuss more often than most children.			SA	A	NS	D	SD
151	My child generally wakes up in a bad mood.			SA	A	NS	D	SD
152	I feel that my child is very moody and easily upset.			SA	A	NS	D	SD

153	My child does a few things which bother me a great deal.	SA	A	NS	D	SD
154	My child reacts very strongly when something happens that my child doesn't like.	SA	A	NS	D	SD
155	My child gets upset easily over the smallest thing.	SA	A	NS	D	SD
156	My child's sleeping or eating schedule was much harder to establish than I expected.	SA	A	NS	D	SD
157	For the next statement, choose your response from the choices "1" to "5" below (Interviewer: Show prompt card). I have found that getting my child to do something or stop doing something is: 1. Much harder than I expected 2. Somewhat harder than I expected 3. About as hard as I expected 4. Somewhat easier than I expected	1	2	3	4	5
158	For the next statement, choose your response from the choices "10+" to "1-3". Think carefully and count the number of things which your child does that bothers you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc.	10+	8-9	6-7	4-5	1-3
159	There are some things my child does that really bother me a lot.	SA	A	NS	D	SD
160	My child turned out to be more of a problem than I had expected.	SA	A	NS	D	SD
161	My child makes more demands on me than most children.	SA	A	NS	D	SD

Now I would like to ask you about the conflict you might have experienced with your partner.

Conflict Tactics Scale

Adapted from Strauss, Hamby, Boney-McCoy, & Sugarman, 1979.

Relationship Behaviours

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please circle how many times you did each of these things in the past year, and how many times your partner did them in the past year. If you or your partner did not do one of these things in the past year, but it happened before that, circle "7".

How often did any of the following happen? (Interviewer: show prompt card)

0 = never happened

1 = once in the past year

7 = Happened before but not in the past year

2 = twice in the past year

3 = More than 3 times in the past year

162	My partner insulted or swore at me.	0	1	2	3	7
163	My partner threw something at me that hurt.	0	1	2	3	7
164	My partner twisted my arm or hair.	0	1	2	3	7
165	I had a sprain, bruise, or small cut because of a fight with my partner.	0	1	2	3	7
166	My partner made me have sex without a condom.	0	1	2	3	7
167	My partner shoved or pushed me.	0	1	2	3	7
168	My partner used force (like hitting, holding down, or using a weapon) to make me have oral or anal sex.	0	1	2	3	7
169	My partner used a knife or gun on me.	0	1	2	3	7

170	I passed out from being hit on the head by my partner in a fight.	0	1	2	3	7
171	My partner called me fat or ugly.	0	1	2	3	7
172	My partner punched me with something that could hurt.	0	1	2	3	7
173	My partner destroyed something that belonged to me.	0	1	2	3	7
174	I went to the doctor because of a fight with my partner.	0	1	2	3	7
175	My partner choked me.	0	1	2	3	7
176	My partner shouted or yelled at me.	0	1	2	3	7
177	My partner slammed me against a wall.	0	1	2	3	7
178	I needed to see a doctor because of a fight with my partner, but I didn't.	0	1	2	3	7
179	My partner beat me up.	0	1	2	3	7
180	My partner grabbed me.	0	1	2	3	7
181	My partner used force (like hitting, holding down, or using a weapon) to make me have sex.	0	1	2	3	7
182	My partner stomped out of the room or house during a disagreement	0	1	2	3	7
183	My partner insisted on sex when I did not want to (but did not use physical force).	0	1	2	3	7
184	My partner slapped me.	0	1	2	3	7
185	I had a broken bone from a fight with my partner.	0	1	2	3	7
186	My partner used threats to make me have oral or anal sex.	0	1	2	3	7
187	My partner burned or scalded me on purpose.	0	1	2	3	7
188	My partner insisted me to have oral or anal sex (but did not use physical force).	0	1	2	3	7
189	My partner accused me of being a lousy lover.	0	1	2	3	7
190	My partner did something to spite me.	0	1	2	3	7
191	My partner threatened to hit or throw something at me.	0	1	2	3	7
192	I felt physical pain that still hurt the next day because of a fight we had.	0	1	2	3	7
193	My partner kicked me.	0	1	2	3	7
194	My partner used threats to make me have sex.	0	1	2	3	7

0 = never happened

1 = once in the past year

7 = happened before but not in the past year

2 = twice in the past year

3 = More than 3 times in the past year

Thank you we are starting a new section.

**INTERNATIONAL CHILD ABUSE SCREENING TOOL (ICAST)
(For Young Adults 18-24)**

Read to interviewee: We would like to ask you questions about your early life, from when you were a small child to before you were 18 years old. The questions are about violent or upsetting things that can happen to children and young people. Everything you say is private. No one in your family, your neighborhood, or the authorities will know what you tell us. We need to learn about the lives of many people in this country. Please answer all of the questions even if you think some of them do not apply to you.

195	When you were growing up (before age 18), did any person ever hit, punch or kick you very hard so they would hurt you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to Question 201)	<input type="checkbox"/> Cannot remember (Go to Question 201)
196				

	If yes, how often did this happen		<input type="checkbox"/> 1 or 2 times	<input type="checkbox"/> Between 3 – 10 times	<input type="checkbox"/> More than 10 times
197	If yes, at what <u>times in your life</u> did this happen to you? (<i>put X I one or more boxes</i>)	<input type="checkbox"/> Before I was 5 yrs	<input type="checkbox"/> Between age 5-9	<input type="checkbox"/> Between age 10 -13	<input type="checkbox"/> Between age 14-17
198	Which people did this to you? (<i>put X in one or more boxes</i>)				
Female Adult (or female 5 or more years older than you at the time)			Male Adult (or male 5 or more years older than you at the time)		
<input type="checkbox"/> Mother			<input type="checkbox"/> Father		
<input type="checkbox"/> Step Mother			<input type="checkbox"/> Step Father		
<input type="checkbox"/> Foster Mother/Adopted Mother			<input type="checkbox"/> Foster Father/Adopted Father		
<input type="checkbox"/> Grandmother			<input type="checkbox"/> Grandfather		
<input type="checkbox"/> Older Sister (includes step/foster)			<input type="checkbox"/> Older Brother (includes step/foster)		
<input type="checkbox"/> Older relatives (e.g. aunt, cousin)			<input type="checkbox"/> Older relatives (e.g. uncle, cousin)		
<input type="checkbox"/> Older Female friend of family			<input type="checkbox"/> Older male friend of family		
<input type="checkbox"/> Other (please specify and age) (domestic worker, baby-sitter, youth leader, police etc)			<input type="checkbox"/> Other (please specify and age) (domestic worker, baby-sitter, youth leader, police etc)		
199	When you were hit or punched, did this cause bruises, broken bones or teeth or make you bleed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
200	Were you ever hit, punched or kicked so badly that you : (<i>put X in one or more boxes</i>)				
<input type="checkbox"/> Needed to go to a doctor, hospital, clinic or traditional healer <input type="checkbox"/> Missed school or work because of injury <input type="checkbox"/> Had to stay in the house because of injury <input type="checkbox"/> Had a permanent injury (like loss of hearing, missing teeth, kin scars, difficulty walking) <input type="checkbox"/> I was never hit, punched or kicked so badly that it caused these problems					
201	When you were growing up (before age 18), did any person ever beat you <u>very hard</u> with an object like a stick, cane, whip or belt so they so they would hurt you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to Question 207)	<input type="checkbox"/> Cannot remember (Go to Question 207)
202	If yes, how often did this happen		<input type="checkbox"/> 1 or 2 times	<input type="checkbox"/> Between 3 – 10 times	<input type="checkbox"/> More than 10 times
203	If yes, at what <u>times in your life</u> did this happen to you? (<i>put X I one or more boxes</i>)	<input type="checkbox"/> Before I was 5 yrs	<input type="checkbox"/> Between age 5-9	<input type="checkbox"/> Between age 10 -13	<input type="checkbox"/> Between age 14-17
204	Which people did this to you? (<i>put X in one or more boxes</i>)				
<input type="checkbox"/> Mother			<input type="checkbox"/> Father		
<input type="checkbox"/> Step Mother					

		<input type="checkbox"/> Step Father		
	<input type="checkbox"/> Foster Mother/Adopted Mother	<input type="checkbox"/> Foster Father/Adopted Father		
	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather		
	<input type="checkbox"/> Older Sister (includes step/foster)	<input type="checkbox"/> Older Brother (includes step/foster)		
	<input type="checkbox"/> Older relatives (e.g. aunt, cousin)	<input type="checkbox"/> Older relatives (e.g. uncle, cousin)		
	<input type="checkbox"/> Older Female friend of family	<input type="checkbox"/> Older male friend of family		
	<input type="checkbox"/> Other (please specify and age) (e.g. teacher, police, religious leader)	<input type="checkbox"/> Other (please specify and age)		
205	When you were beaten this way, did this cause bruises, broken bones or teeth or make you bleed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
206	Were you ever beaten with a stick, cane, whip or other object so badly that you : <i>(put X in one or more boxes)</i>			
	<input type="checkbox"/> Needed to go to a doctor, hospital, clinic or traditional healer <input type="checkbox"/> Missed school or work because of injury <input type="checkbox"/> Had to stay in the house because of injury <input type="checkbox"/> Had a permanent injury (like loss of hearing, missing teeth, kin scars, difficulty walking) <input type="checkbox"/> I was never hit, punched or kicked so badly that it caused these problems			
207	Before you were 18, did anyone ever stab or cut you with a knife or sharp object so they would hurt you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to Question 212)	<input type="checkbox"/> Cannot remember (Go to Question 212)
208	If yes, how often did this happen	<input type="checkbox"/> 1 or 2 times	<input type="checkbox"/> Between 3 – 10 times	<input type="checkbox"/> More than 10 times
209	If yes, at what <u>times in your life</u> did this happen to you? <i>(put X in one or more boxes)</i>	<input type="checkbox"/> Before I was 5 yrs	<input type="checkbox"/> Between age 5-9	<input type="checkbox"/> Between age 10 -13
210	Which people did this to you? <i>(put X in one or more boxes)</i>			
	Female Adult (or female 5 or more years older than you at the time)	Male Adult (or male 5 or more years older than you at the time)		
	<input type="checkbox"/> Mother	<input type="checkbox"/> Father		
	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Step Father		
	<input type="checkbox"/> Foster Mother/Adopted Mother	<input type="checkbox"/> Foster Father/Adopted Father		
	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather		
	<input type="checkbox"/> Older Sister (includes step/foster)	<input type="checkbox"/> Older Brother (includes step/foster)		
	<input type="checkbox"/> Older relatives (e.g. aunt, cousin)	<input type="checkbox"/> Older relatives (e.g. uncle, cousin)		
		<input type="checkbox"/> Older male friend of family		

	<input type="checkbox"/> Older Female friend of family			
	<input type="checkbox"/> Other (please specify) (domestic worker, baby-sitter, youth leader, police etc)	<input type="checkbox"/> Other (please specify) (domestic worker, baby-sitter, youth leader, police etc)		
211	Were you ever hit stabbed or cut so badly that you : <i>(put X in one or more boxes)</i>			
	<input type="checkbox"/> Needed to go to a doctor, hospital, clinic or traditional healer <input type="checkbox"/> Missed school or work because of injury <input type="checkbox"/> Had to stay in the house because of injury <input type="checkbox"/> Had a permanent injury (like loss of hearing, missing teeth, kin scars, difficulty walking) <input type="checkbox"/> I was never hit, punched or kicked so badly that it caused these problems			
212	Many children have experiences where someone hurts their body on purpose, by hitting, beating or doing other acts. This might have happened to you. In general, how do you think about your childhood now?			
	<input type="checkbox"/> I was never hurt on purpose by anyone <input type="checkbox"/> When people hit or beat me, mostly it was discipline and it was reasonable and justified <input type="checkbox"/> When people hit or beat me, mostly it was discipline but it was NOT reasonable and justified <input type="checkbox"/> When I was hit or beaten, mostly it was NOT discipline and it was not justified			
213	In general before you were 18, how often were you physically hurt (beaten, hit, or other acts) compared with other children around your age at the time?			
	<input type="checkbox"/> A lot less than most children <input type="checkbox"/> A little less than most children <input type="checkbox"/> About the same as most children <input type="checkbox"/> A little more than most children <input type="checkbox"/> Much more than most children			
<p>Sometimes things happen that make children feel very frightened or worried. They may also be made to feel embarrassed or ashamed, or unloved. Please answer each of these questions about events that may have happened to you before you were 18.</p>				
214	When you were growing up (before age 18), did anyone expose their private parts (genitals) to you when you did not want them to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to Question 218)	<input type="checkbox"/> Cannot remember (Go to Question 218)
215	If yes, how often did this happen	<input type="checkbox"/> 1 or 2 times	<input type="checkbox"/> Between 3 – 10 times	<input type="checkbox"/> More than 10 times
216	If yes, at what <u>times in your life</u> did this happen to you? <i>(put X I one or more boxes)</i>	<input type="checkbox"/> Before I was 5 yrs	<input type="checkbox"/> Between age 5-9	<input type="checkbox"/> Between age 10 -13
217	Which people did this to you? <i>(put X in one or more boxes)</i>			
	Female Adult (or female 5 or more years older than you at the time)	Male Adult (or male 5 or more years older than you at the time)		
	<input type="checkbox"/> Mother	<input type="checkbox"/> Father		
	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Step Father		
	<input type="checkbox"/> Foster Mother/Adopted Mother	<input type="checkbox"/> Foster Father/Adopted Father		
		<input type="checkbox"/> Grandfather		

	<input type="checkbox"/> Grandmother			
	<input type="checkbox"/> Older Sister (includes step/foster)	<input type="checkbox"/> Older Brother (includes step/foster)		
	<input type="checkbox"/> Older relatives (e.g. aunt, cousin)	<input type="checkbox"/> Older relatives (e.g. uncle, cousin)		
	<input type="checkbox"/> Older Female friend of family	<input type="checkbox"/> Older male friend of family		
	<input type="checkbox"/> Other (please specify) (domestic worker, baby-sitter, youth leader, police etc)	<input type="checkbox"/> Other (please specify) (domestic worker, baby-sitter, youth leader, police etc)		
218	Before age 18, did anyone make you pose naked in front of other people or for photographs, video or internet webcam when you did not want to do this?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to Question 222)	<input type="checkbox"/> Cannot remember (Go to Question 222)
219	If yes, how often did this happen	<input type="checkbox"/> 1 or 2 times	<input type="checkbox"/> Between 3 – 10 times	<input type="checkbox"/> More than 10 times
220	If yes, at what <u>times in your life</u> did this happen to you? (<i>put X in one or more boxes</i>)	<input type="checkbox"/> Before I was 5 yrs	<input type="checkbox"/> Between age 5-9	<input type="checkbox"/> Between age 10-13
			<input type="checkbox"/> Between age 14-17	
221	Which people did this to you? (<i>put X in one or more boxes</i>)			
	Female Adult (or female 5 or more years older than you at the time)	Male Adult (or male 5 or more years older than you at the time)		
	<input type="checkbox"/> Mother	<input type="checkbox"/> Father		
	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Step Father		
	<input type="checkbox"/> Foster Mother/Adopted Mother	<input type="checkbox"/> Foster Father/Adopted Father		
	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather		
	<input type="checkbox"/> Older Sister (includes step/foster)	<input type="checkbox"/> Older Brother (includes step/foster)		
	<input type="checkbox"/> Older relatives (e.g. aunt, cousin)	<input type="checkbox"/> Older relatives (e.g. uncle, cousin)		
	<input type="checkbox"/> Older Female friend of family	<input type="checkbox"/> Older male friend of family		
	<input type="checkbox"/> Other (please specify) (domestic worker, baby-sitter, youth leader, police etc)	<input type="checkbox"/> Other (please specify) (domestic worker, baby-sitter, youth leader, police etc)		
222	Before age 18, did anyone touch your private parts (genitals), when you did not want them to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to Question 226)	<input type="checkbox"/> Cannot remember (Go to

				Question 226)
223	If yes, how often did this happen	<input type="checkbox"/> 1 or 2 times	<input type="checkbox"/> Between 3 – 10 times	<input type="checkbox"/> More than 10 times
224	If yes, at what <u>times in your life</u> did this happen to you? (<i>put X1 one or more boxes</i>)	<input type="checkbox"/> Before I was 5 yrs	<input type="checkbox"/> Between age 5-9	<input type="checkbox"/> Between age 10 -13 <input type="checkbox"/> Between age 14-17
225	Which people did this to you? (<i>put X in one or more boxes</i>)			
	Female Adult (or female 5 or more years older than you at the time)	Male Adult (or male 5 or more years older than you at the time)		
	<input type="checkbox"/> Mother	<input type="checkbox"/> Father		
	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Step Father		
	<input type="checkbox"/> Foster Mother/Adopted Mother	<input type="checkbox"/> Foster Father/Adopted Father		
	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather		
	<input type="checkbox"/> Older Sister (includes step/foster)	<input type="checkbox"/> Older Brother (includes step/foster)		
	<input type="checkbox"/> Older relatives (e.g. aunt, cousin)	<input type="checkbox"/> Older relatives (e.g. uncle, cousin)		
	<input type="checkbox"/> Older Female friend of family	<input type="checkbox"/> Older male friend of family		
	<input type="checkbox"/> Other (please specify) (domestic worker, baby-sitter, youth leader, police etc)	<input type="checkbox"/> Other (please specify) (domestic worker, baby-sitter, youth leader, police etc)		
226	Before age 18, did anyone make you touch their private parts (genitals) when you did not want to do this?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to Question 230)	<input type="checkbox"/> Cannot remember (Go to Question 230)
227	If yes, how often did this happen	<input type="checkbox"/> 1 or 2 times	<input type="checkbox"/> Between 3 – 10 times	<input type="checkbox"/> More than 10 times
228	If yes, at what <u>times in your life</u> did this happen to you? (<i>put X1 one or more boxes</i>)	<input type="checkbox"/> Before I was 5 yrs	<input type="checkbox"/> Between age 5-9 <input type="checkbox"/> Between age 10 -13	<input type="checkbox"/> Between age 14-17
229	Which people did this to you? (<i>put X in one or more boxes</i>)			
	Female Adult (or female 5 or more years older than you at the time)	Male Adult (or male 5 or more years older than you at the time)		
	<input type="checkbox"/> Mother	<input type="checkbox"/> Father		
	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Step Father		
	<input type="checkbox"/> Foster Mother/Adopted Mother	<input type="checkbox"/> Foster Father/Adopted Father		
	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather		
	<input type="checkbox"/> Older Sister (includes step/foster)	<input type="checkbox"/> Older Brother (includes step/foster)		
	<input type="checkbox"/> Older relatives (e.g. aunt, cousin)	<input type="checkbox"/> Older relatives (e.g. uncle, cousin)		
	<input type="checkbox"/> Older Female friend of family	<input type="checkbox"/> Older male friend of family		
	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Other (please specify)		

	(domestic worker, baby-sitter, youth leader, police etc)	(domestic worker, baby-sitter, youth leader, police etc)			
230	Before age 18, did anyone ever have sexual intercourse with you, when you did not want them to? (By 'intercourse', we mean penis enters vagina or anus)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to Question 234)	<input type="checkbox"/> Cannot remember (Go to Question 234)	
231	If yes, how often did this happen	<input type="checkbox"/> 1 or 2 times	<input type="checkbox"/> Between 3 – 10 times	<input type="checkbox"/> More than 10 times	
232	If yes, at what <u>times in your life</u> did this happen to you? (<i>put X in one or more boxes</i>)	<input type="checkbox"/> Before I was 5 yrs	<input type="checkbox"/> Between age 5-9	<input type="checkbox"/> Between age 10 -13	<input type="checkbox"/> Between age 14-17

233	Which people did this to you? (<i>put X in one or more boxes</i>)	
	Female Adult (or female 5 or more years older than you at the time)	Male Adult (or male 5 or more years older than you at the time)
	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Step Father
	<input type="checkbox"/> Foster Mother/Adopted Mother	<input type="checkbox"/> Foster Father/Adopted Father
	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather
	<input type="checkbox"/> Older Sister (includes step/foster)	<input type="checkbox"/> Older Brother (includes step/foster)
	<input type="checkbox"/> Older relatives (e.g. aunt, cousin)	<input type="checkbox"/> Older relatives (e.g. uncle, cousin)
	<input type="checkbox"/> Older Female friend of family	<input type="checkbox"/> Older male friend of family
	<input type="checkbox"/> Other (please specify) (domestic worker, baby-sitter, youth leader, police etc)	<input type="checkbox"/> Other (please specify) (domestic worker, baby-sitter, youth leader, police etc)

**Now, please answer the next question if any of the unwanted sexual experiences happened to you.
If no unwanted sexual things happened, then you have completed all questions.**

234	Have you ever told any person about unwanted sexual experiences before now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
The next section has questions regarding your health.					
GENERAL HEALTH QUESTIONNAIRE (GHQ)					
<p>Have you recently:</p> <p>We would like to know if you have had any medical complaints, and how your health has been in general, <i>over the past four weeks</i>. Please answer ALL the questions on the following pages. Interviewer: (show prompt card). Remember that we want to know about the present and recent complaints, not those that you had in the past. It is important that you try to answer ALL the questions. Thank you very much for your cooperation.</p>					
235	Been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
236	Been feeling in need of a good tonic? (aka vitamins, energiser, booster, pick-me-upper)	Not at all	No more than usual	Rather more than usual	Much worse than usual
237	Been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much worse than usual
238	Felt that you were ill?	Not at all	No more than usual	Rather more than usual	Much worse than usual
239	Been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much worse than usual
University of Cape Town					
240	Been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much worse than usual
241	Been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much worse than usual
242	Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much worse than usual
243	Had difficulty in staying asleep once you are off?	Not at all	No more than usual	Rather more than usual	Much worse than usual
244	Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much worse than usual
245	Been getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much worse than usual
246	Been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much worse than usual
247	Found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much worse than usual
248	Been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much worse than usual
249	Been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
250	Been taking longer over the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
251	Felt on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much less well
252	Been satisfied with the way you've carried out your tasks?	More satisfied	About same as usual	Less satisfied than usual	Much less satisfied
253	Felt that you were playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
254	Felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
255	Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
256	Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual

257	Felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
258	Felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
259	Thought of the possibility that you might make away with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have
260	Found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
261	Found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
262	Found that the idea of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely have

The final section is about substances people might take to cope with their stresses and difficulties.

Substance Abuse –ASSIST

Notes to interviewer: For questions 264 to 270.

Never: refers to not used in the last 3 months.

Once or twice: refers to using 1-2 times in the last 3 months.

Weekly: refers to using 1-4 times per week.

Monthly: refers to using 1-3 times in 1 month.

Daily or almost daily: refers to using 5-7 days a week.

263	In your life, which of the following substances have you ever used?	0 = NO	1 = YES			
	a. Tobacco (dried leaves of tobacco plant e.g cigarettes, snuff)	0 = NO	1 = YES			
	b. Alcoholic beverages	0 = NO	1 = YES			
	c. Cannabis (aka dagga, marijuana, grass, pot, ganja, hash etc)	0 = NO	1 = YES			
	d. Amphetamine-type stimulants (e.g.s MDMA, ecstasy, E, Tik, Meth , crystal meth, ice, speed)	0 = NO	1 = YES			
	e. Inhalants (e.g.s sniffing glue, petrol, nail polish, poppers, etc)	0 = NO	1 = YES			
	f. Sedatives, sleeping pills or prescription drugs (e.g.s benzos, mandrax, buttons etc)	0 = NO	1 = YES			
	g. Cocaine (aka coke, snow, chang, crack etc)	0 = NO	1 = YES			
	h. Hallucinogens (e.g.s acid, LSD, mushrooms, shrooms, angel dust, DMT)	0 = NO	1 = YES			
	i. Opiates (e.g.s heroin, opium , morphin)	0 = NO	1 = YES			
	j. Other drugs (tranquilisers, rohypnol, roofies, date rape drug, downers)	0 = NO	1 = YES			
264	In the past 3 months, how often have you ever used the substances you mentioned above?	0 = Never	1 = once or twice	2 = weekly	3 = monthly	4 = daily or almost daily
	a. Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Cannabis (dagga, marijuana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Amphetamine-type stimulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	f. Sedatives or sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i. Opiates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j. Other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
265	During the past 3 months, how often have you had a strong desire or urge to use (1st drug, 2nd drug etc)?	0 = Never	1 = once or twice	2 = weekly	3 = monthly	4 = daily or almost daily
	a. Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Cannabis (dagga, marijuana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Amphetamine-type stimulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Sedatives or sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i. Opiates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j. Other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
266	During the past 3 months, how often has your use of (1st drug, 2nd drug etc) led to health, social, legal or financial problems?	0 = Never	1 = once or twice	2 = weekly	3 = monthly	4 = daily or almost daily
	a. Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Cannabis (dagga, marijuana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Amphetamine-type stimulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Sedatives or sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i. Opiates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j. Other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
267	During the past 3 months, how often have you failed to do what was normally expected of you because of your use of (1st drug, 2nd drug, etc)	0 = Never	1 = once or twice	2 = weekly	3 = monthly	4 = daily or almost daily
	a. Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Cannabis (dagga, marijuana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Amphetamine-type stimulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Sedatives or sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	g. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i. Opiates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j. Other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
268	Has a friend or relative or anyone else ever expressed concern about your use of (1st drug, 2nd drug etc)	0 = Never	1 = once or twice	2 = weekly	3 = monthly	4 = daily or almost daily
	a. Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Cannabis (dagga, marijuana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Amphetamine-type stimulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Sedatives or sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i. Opiates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j. Other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
269	Have you ever tried to control, cut down or stop using (1st drug, 2nd drug, etc)	0 = Never	1 = once or twice	2 = weekly	3 = monthly	4 = daily or almost daily
	a. Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Cannabis (dagga, marijuana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Amphetamine-type stimulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Sedatives or sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i. Opiates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j. Other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
270	Have you ever used any drugs by injections? (non-medical use only)	0 = Never	1 = yes but not in the past 3 months	2 = yes, in the past 3 months	3 = monthly	4 = daily or almost daily
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We have come to the end of the interview session.

Thank you for your patience with answering all the questions.

I have a brochure for you that has information about the things that I have asked you today. The brochure also has contact numbers of organisations that focus on the issues we have explored today.

APPENDIX B

LETTER TO THE AGENCIES

UNIVERSITY OF CAPE TOWN



Department of Psychology
University of Cape Town Rondebosch 7701 South Africa
Catherine L. Ward, Ph.D.
Senior Lecturer
Phone: +27-21-650-3422
Fax: +27-21-650-4104
E-mail: Catherine.Ward@uct.ac.za

Dear Director

PARTICIPATION IN A STUDY OF PARENTING

Your organisation has been selected to participate in a study of parenting behaviours. Specifically, we are examining the relationship between a woman's history of Intimate partner violence or her own child abuse leads to problems parenting her children as well as she could have. This research will be used to develop a parenting programme for the group of mothers who have had difficulties in their past, such as intimate partner violence or child maltreatment. There are three components to this study. In the first and largest, we seek to interview approximately 200 women from agencies like yours, about their own past and about their current parenting struggles. Women will be reimbursed for transport if they need to make a special visit to the agency for this interview, and will also be provided with refreshments while we interview them. In the second part, two smaller groups of women will be interviewed about the ways in which they cope with parenting stresses. Finally, another two groups of women will be asked to view a DVD in which positive parenting strategies are modelled, and asked to comment on the DVD's suitability in this context.

What we ask of your agency is some help with advertising the study to your clients, and with arranging interviews for us – we may ask your receptionist to make appointments for our fieldworkers. Fieldworkers will also need private rooms in which to do these interviews. If the smaller group meetings involve

women from your agency, we may also ask you to provide us with a room that can accommodate a discussion group of around 10 women.

In addition, if any woman discloses that she is currently abusing her child, we may seek your agency's assistance in supporting her as the necessary reports are made. We attach the study materials that will be given to the women. As you can see, if any problems are detected during the interview, we do provide referral advice.

If you have any questions, please contact me. My office telephone number and e-mail address are provided above, and my cell phone number is 084 601 2244.

Yours sincerely

Dr Catherine L. Ward

Senior lecturer

University of Cape Town

APPENDIX C

THE STUDY POSTER



DO YOU HAVE A CHILD AGED BETWEEN 3 AND 8 YEARS OLD?

A TEAM FROM **UCT'S** DEPT OF
PSYCHOLOGY IS CONDUCTING A STUDY
INTO PARENTAL STRESS



Please speak to the receptionist
about participating in this study.

A light refreshment will be offered
for your time.

For more information please contact:
Shereen Moola at 082 846 7375



APPENDIX D

THE CONSENT FORM



Consent Form to join a Research Study

University of Cape Town

Dear Participant

Invitation and Purpose

You are being asked to take part in a research study about parenting and child behaviour. We are researchers from the University of Cape Town (UCT). The purpose of the study is to find out how stresses in your own life may affect your parenting.

Procedures

If you decide to take part in this study, a researcher will interview you. This should not take longer than one and a half hours. All information obtained from you will be kept strictly confidential.

Risks, Discomforts & Inconveniences

Some of the questions we ask may cause you to remember sad or difficult things from your own past, or cause you some embarrassment. Please remember that we keep this information absolutely anonymous: your name will not be put on the questionnaire, and this consent form will be stored separately from the questionnaire.

As a result of the questions we will ask, there may be some concern about the relationship between you and your child. In the event that such concerns arise we may have to refer you to the appropriate organisation. We will assist you through this process.

Benefits

There are no direct benefits to you in participating in this study. The knowledge we will gain from it, however, will be used to help improve future parenting programs.

Alternatives

You may choose not to participate in this study and this decision will not affect your relationship with this centre or any other shelter or care facility. If we ask you a question that you do not wish to answer, you may skip that question.

Voluntary Participation

Participation in this study is completely voluntary. You are free to refuse to answer any question. Your decision regarding participation in this study will not affect your relationship

with the centre and or services you might access at the centre. If you decide to participate, you are free to change your mind and discontinue participation at any time during the interview.

Privacy and Confidentiality

We will take strict precautions to safeguard your personal information throughout the study. Your information will be kept without your name or other personal identifiers, in a locked file cabinet. Study data will be kept on a password-protected, secure computer. Only the researchers will be able to access your personal information.

We will conduct the interviews in a private room at the centre. Any reports or publications about the study will not identify you or any other study participant.

Questions

If you have questions, concerns, or complaints about the study or questions about a research-related query, please contact

1. Shereen Moolla 082 846 7375
2. Dr Cathy Ward 021 650 3422

If you have any other questions or concerns about this study, please feel free to contact the Department of Psychology on 021 650 3438.

11. **Signatures**

{Subject's name}_____ has been informed of the nature and purpose of the procedures described above including any risks involved in its performance. She has been given time to ask any questions and these questions have been answered to the best of the investigator's ability. A signed copy of this consent form will be made available to the subject if requested.

Investigator's Signature

Date

I have been informed about this research study and understand its purpose, possible benefits, risks, and discomforts. I agree to take part in this research as a subject. I know that I am free to withdraw this consent and stop participating in this project at any time, and that doing so will not cause me any penalty or loss of benefits that I would otherwise be entitled to enjoy.

Subject's Signature (verbal consent)

Date

APPENDIX E

THE STUDY BROCHURE



The questions you were asked in the interview may have sparked your interest regarding positive parenting. Here is some information:



Conflict between parents is associated with child misconduct and misbehaviour

Research has shown that:

Effective communication is essential. To gain confidence parents can learn new skills and get information about parenting.

Also, being consistent in the way you respond to your child helps him or her cope, even in the midst of family conflict.

Parental stress creates a tense parent-child relationship. Stress may come from worries about food, money, housing, your child's behavior, school/colleges or fights with your partner. Research has shown that parents who report higher levels of stress may resort to physical punishment of their children more easily than parents who are less stressed.

Reducing parental stress is one of the key components of parenting programmes. Reducing parental stress typically involves assisting the families with basic needs or working to alleviate current crises.



Social support for parents may reduce parenting stress and make it less likely that children will develop problems associated with parental stress. For instance, social support diminishes the risk of physical abuse of children.

Talking to friends, supportive family members, or your partner, about the problems you face as a parent, will help you become a better parent.

Factors to be male parenting easier:

- Domestic violence
- Drug abuse
- Alcohol abuse
- Lack of social support
- Disrespect and other stressful factors
- Financial stress

Even parents in relatively secure circumstances feel unsure when they find themselves facing the normal and common problems of children growing up at various stages (Ref: The Parents' Centre, online, 2010).

Factors to be male parenting easier:

- Good social support from friends and family
- Better communication between parents
- Access to social services such as health care and social child support
- Communicating with your child's teacher
- Seeking help and information about your parenting concerns

POINTS TO REMEMBER



It is important to recognise that caring for a child who has some sort of behavioural problem is difficult for many parents to cope with and if support and resources are inadequate, parents are at risk for increased health problems, depression or feelings of incompetence.

PARENTING AND VIOLENCE

The rates of violence against women and children in South Africa remain alarmingly high. There is strong evidence to indicate that exposure to violence has severe and enduring health and mental health consequences. It is important to acknowledge that a parent's task is made all the more difficult in the context of family violence.



Organisations that can offer support and aid for women and children

Help with domestic abuse

The Saartjie Baartman Centre for Women and Children is a one-stop service for women and children who are survivors of abuse.

The centre provides the following services to women and their children who experience domestic and/or sexual violence:

1. A 24-hour emergency shelter (with accommodation)
2. Short and medium-term residential care
3. Children services
4. Counselling
5. Mental Health Services
6. Legal and Forensic
7. Employment Services
8. Research and Gender Based Violence
9. Life Skills Training
10. Legal advice

Contact Mary at 021 522 5297
www.womenandchildren.org.za
 100 Victoria Rd,
 7800 Cape Town

Parental Guidance

The Parent Guide provides education and training modules, home-visiting programmes, community talks, support groups as well as parental counselling.

They have special groups for those areas in the following communities: Bonteheuwel, Mitchell's Plain, Hout Bay, Simon's Bay, Scarborough, Claremont, Constantia, Woodstock, and Philippi.

Contact Cathy at:
 021 762 8176
 021 762 8176
 Fax: 021 762 9167
www.parentguide.org.za
 122 Main Road 5,
 7800 Cape Town

Drugs and Alcohol Abuse

\$6850, The South African National Council on Alcoholism and Drug Dependence is a non-governmental organisation which may assist in the prevention and treatment of alcohol and drug dependence. The first of these objectives is to identify and assist the prevention and treatment of alcohol and drug dependence. The first of these objectives is to identify and assist the prevention and treatment of alcohol and drug dependence.

Contact Cathy at:
 0864 545624
 Cape Town
 021 945 4383

More useful numbers

<p>0800 800 800 (toll free) 021 462 7982</p> <p>0800 777 777 Family and Marriage Therapy SAs 1001 York, 021 467 7271</p> <p>0800 777 777 1001 York, 021 467 7271</p> <p>021 462 7982 Western Cape Helpline on Violence against Women 021 462 8180</p> <p>021 462 7982 Western Cape Helpline on Violence against Women 021 462 8180</p> <p>021 462 7982 Western Cape Helpline on Violence against Women 021 462 8180</p> <p>021 462 7982 Western Cape Helpline on Violence against Women 021 462 8180</p>	<p>021 762 8176 021 762 8176 Fax: 021 762 9167 www.parentguide.org.za 122 Main Road 5, 7800 Cape Town</p> <p>0864 545624 Cape Town 021 945 4383</p>
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Parenting Issues and Child Behavior Difficulties

Thank you for participating in this study.

PARENTING IS NOT EASY

CHILDREN DO NOT COME WITH AN INSTRUCTION MANUAL

You have taken part in a research study about Parenting and Child Behaviour that is being carried out by the Department of Psychology at UCT. The purpose of the study was to find out about those things that male parents regard as more difficult.

Benefits: There are no direct benefits to you in participating in this study. The knowledge we will gain from it, however, will be used to help improve future parenting programs.

Privacy and Confidentiality
 We will take strict precautions to safeguard your personal information throughout the study. Your information will be kept without your name or other personal identifiers, in a locked file cabinet. Study data will be kept on a password-protected, secure computer. Only the researchers will be able to access your personal information.

Any reports or publications about the study will not identify you or any other study participant with any personal details.

CONTACT US

Questions
 If you have questions, concerns, or complaints about the study or questions about a research-related query, please contact:

1. Sheron **0800 800 800**, Masters Student, 082 844 7173
2. Dr. Cathy Ward, Research Supervisor, 021 650 3422

APPENDIX F

RESULTS PARENT/CHILD CONFLICT TACTIC SCALES

Table 5.

*Parent-Child Conflict Tactics Scale
Non Violent Discipline*

	Never		Once		Twice		3 or more times	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
1. In the past year, have you explained to Child X why something was wrong?	26	12,81	39,00	19,21	31,00	15,27	107,00	52,71
2. In the past year, have you put him/her in a time out or sent to his/her room?	73	35,96	31,00	15,27	23,00	11,33	76,00	37,44
3. Have you substituted a positive activity for whatever he/she was doing wrong?	89	43,84	19,00	9,36	24,00	11,82	71,00	34,98
4. In the past year, have you taken away privileges or grounded him/her?	104	51,23	22,00	10,84	28,00	13,79	49,00	24,14

Table 6.

*Parent-Child Conflict Tactics Scale
Psychological Aggression*

	Never		Once		Twice		3 or more times	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
1. In the past year, have shouted, yelled, or screamed at him/her?	33	16,26	28	13,79	31	15,27	111	54,68
2. Has any adult sworn or cursed at him/her?	122	60,10	32	15,76	11	5,42	38	18,72
3. In the past year, has anyone said they would send him/her out of the house?	157	77,34	20	9,85	9	4,43	17	8,37
4. In the past year, have you threatened to spank or hit him/her but did not actually do it?	47	23,15	31	15,27	19	9,36	106	52,22
5. In the past year, have you called him/her dumb or some other name like that?	139	68,47	23	11,33	22	10,84	19	9,36

Table 7.***Parent-Child Conflict Tactics Scale
Minor Assault- Corporal Punishment***

	Never		Once		Twice		3 or more times	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
1. In the past year, have you shaken him/her?	121	59,61	30	14,78	19	9,36	33	16,26
2. In the past year, did you hit him/her on the bottom with something like a belt, hairbrush, a stick or some hard object?	120	59,11	28	13,79	17	8,37	38	18,72
3. In the past year, have you spanked him/her on the bottom with a bare hand?	44	21,67	36	17,73	36	17,73	87	42,86
4. Has any adult slapped him/her on the hand, arm, or leg?	97	47,78	31	15,27	27	13,30	48	23,65
5. In the past year, have you pinched him/her?	145	71,43	21	10,34	14	6,90	23	11,33

Table 8.***Parent-Child Conflict Tactics Scale
Severe Assault***

	Never		Once		Twice		3 or more times	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
1. In the past year, have you hit him/her with a fist or kicked him/her hard?	171	84,24	14	6,90	8	3,94	10	4,93
2. In the past year, have you hit him/her on some other part of the body besides the bottom with something like a belt, hairbrush, stick, or some other hard object?	160	78,82	14	6,90	10	4,93	19	9,36
3. In the past year, have you thrown or knocked him/her down?	194	95,57	6	2,96	1	0,49	2	0,99
5. In the past year, have you slapped him/her on the face or head or ears?	164	80,79	20	9,85	10	4,93	9	4,43

Table 9.***Parent-Child Conflict Tactics Scale
Very Severe Assault***

	<i>Never</i>		<i>Once</i>		<i>Twice</i>		<i>3 or more times</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
1. In the past year, have you grabbed him/her around the neck and choked him/her?	193	95,07	4	1,97	4	1,97	2	0,99
2. In the past year, did you beat him/her up, that is hit him/her over and over as hard as they could?	183	90,15	5	2,46	8	3,94	7	3,45
3. In the past year, have you burned or scalded him/her on purpose?	199	98,03	3	1,48	0	0,00	1	0,49
4. In the past year, have you threatened him/her with a knife or gun?	195	96,06	7	3,45	1	0,49	0	0,00

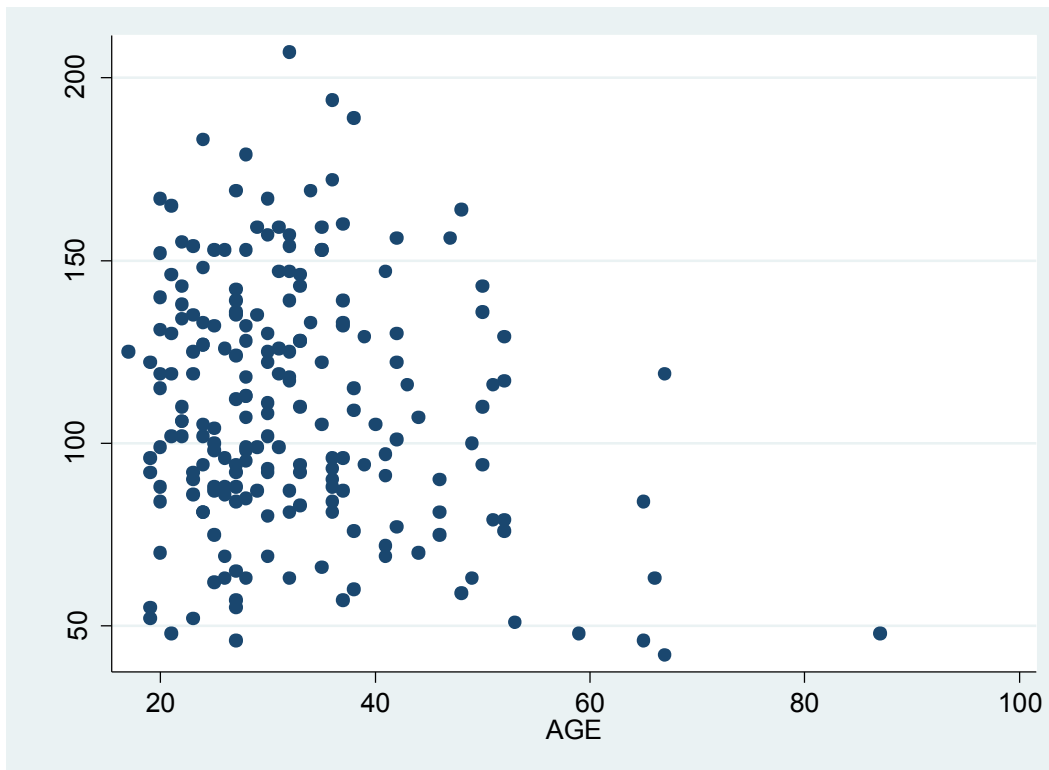
University of Cape Town

Appendix G

Model Building and Analysis

Demographics

Graphical exploration of demographic variables in relation to the ECBI: indicate possibly non-linear relationship with age, (although may be led by particular observation).



No relationship indicated for: marital status (as is or as single vs. not single), income from partner, income from child support, income from disability, size of food portions, going to bed hungry.

Stepwise regression of demographics indicates that possible model given by:

*basic demographic model: age, money for food, income from work, income from family, number of children.

Including age squared in the model (to account for curvilinear relationship) improves model fit.

FINAL DEMOGRAPHICS MODEL:

ecbiintens~e	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]
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age2	-0.03224	0.011336	-2.84	0.005	-0.0546	-0.00989
incworknew	17.76371	6.440436	2.76	0.006	5.06186	30.46557
mnyfoodnew	14.51632	5.282402	2.75	0.007	4.098348	24.9343
incfamnew	11.58149	5.111202	2.27	0.025	1.501157	21.66183
age	2.066751	0.963351	2.15	0.033	0.166826	3.966676
_cons	63.18345	19.61568	3.22	0.001	24.49733	101.8696

Hypothesis 1: ctsweighted and compscore abuse:

ecbiintens~e	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]
age	1.396124	1.026889	1.36	0.176	-0.62944	3.421693
age2	-0.02531	0.011586	-2.18	0.03	-0.04816	-0.00245
mnyfoodnew	12.04394	5.156773	2.34	0.021	1.872064	22.21582
incworknew	16.13102	6.298694	2.56	0.011	3.70667	28.55537
incfamnew	9.022274	4.926544	1.83	0.069	-0.69547	18.74002
new_numchld2	5.619438	5.669748	0.99	0.323	-5.5643	16.80318
new_numchld3	10.41923	7.366728	1.41	0.159	-4.11185	24.95031
new_numchld4	3.37873	9.284687	0.36	0.716	-14.9356	21.69304
new_numchld5	16.80099	11.30198	1.49	0.139	-5.49248	39.09446
ctsweighted	0.775663	0.255318	3.04	0.003	0.27204	1.279285
compscorea~e	3.505158	1.362415	2.57	0.011	0.817756	6.192559
_cons	61.40974	20.10734	3.05	0.003	21.74745	101.072

Note: inclusion of marital status/single vs. not does not improve the model fit, despite now having abuse in the model.

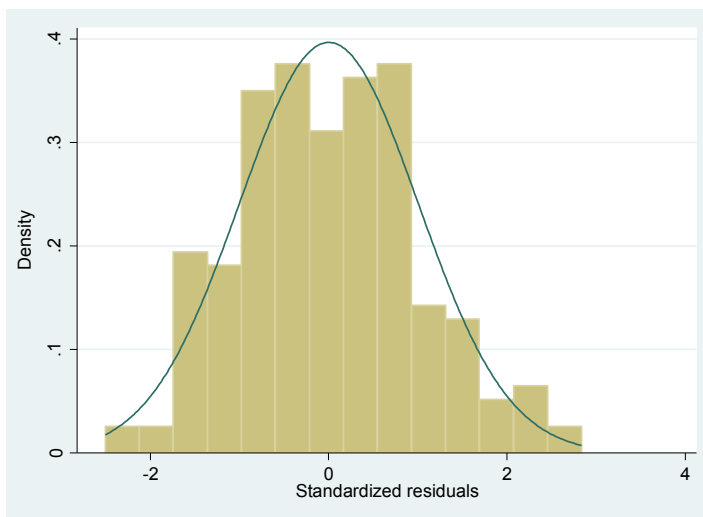
Refining the above model:

ecbiintens~e	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]
age	1.951252	0.915874	2.13	0.034	0.144903	3.7576
age2	-0.02928	0.010793	-2.71	0.007	-0.05056	-0.00799

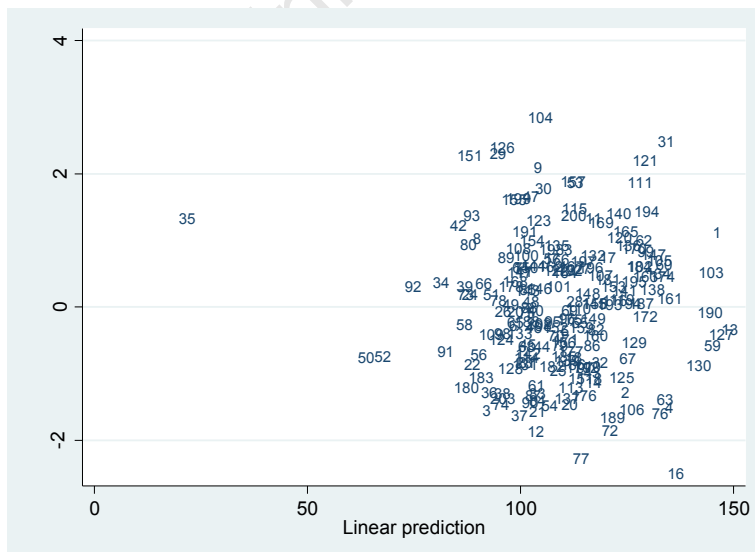
mnyfoodnew	11.23782	5.072521	2.22	0.028	1.233451	21.24219
incworknew	14.77771	6.159631	2.4	0.017	2.629268	26.92615
incfamnew	9.046101	4.916428	1.84	0.067	-0.65041	18.74261
ctswweighted	0.793897	0.253115	3.14	0.002	0.294686	1.293107
compscorea~e	3.696615	1.343343	2.75	0.006	1.047183	6.346047
_cons	53.29234	18.75535	2.84	0.005	16.30176	90.28292

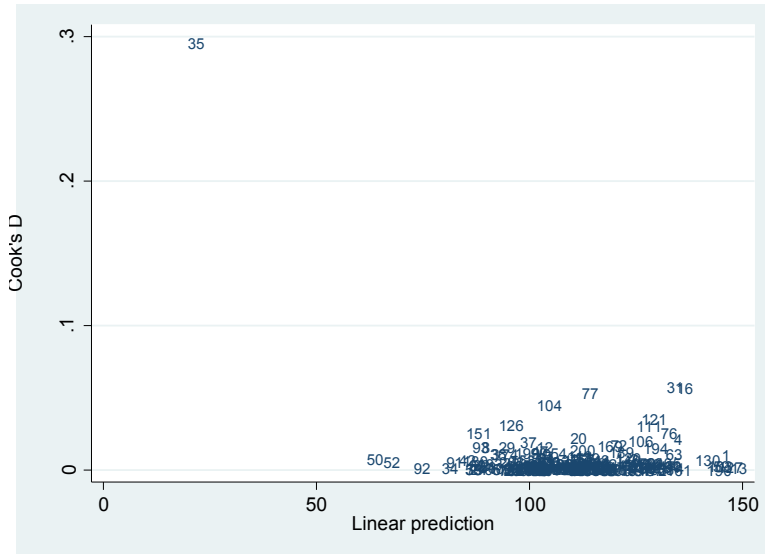
Checking diagnostics of the model:

Residuals normal: (Shapiro-Wilk test p-value 0.29)



Looking at residuals versus fitted values (linear part of model), and cooks statistic versus fitted values: observation 35 highly influential.

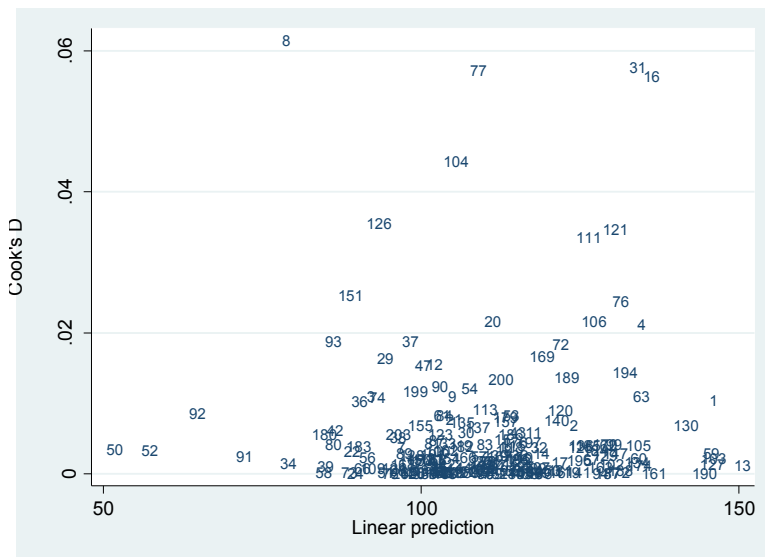
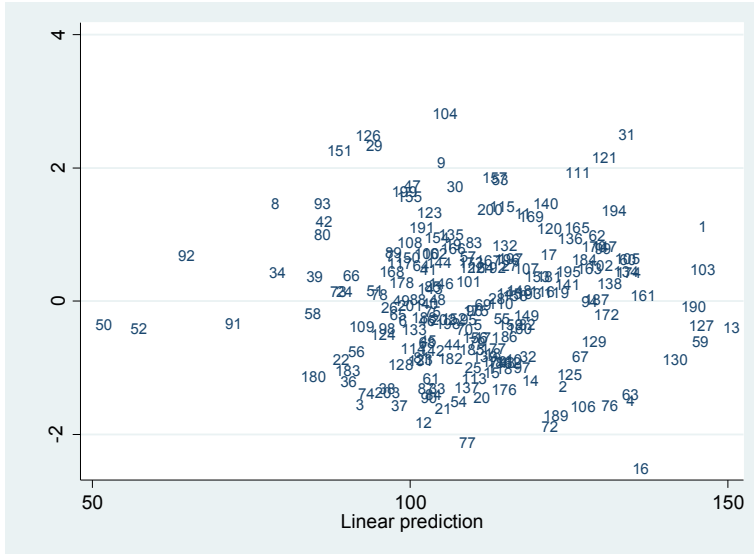




Thus rerunning model without caseno 35 (who is also the oldest person in the database, and has an ecbi value of 48):

ecbiintens~e	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]
age	2.940108	1.178956	2.49	0.013	0.614816	5.2654
age2	-0.04314	0.014998	-2.88	0.004	-0.07272	-0.01355
mnyfoodnew	11.32958	5.063036	2.24	0.026	1.343591	21.31557
incworknew	13.9134	6.181894	2.25	0.026	1.720652	26.10614
incfamnew	8.676534	4.914663	1.77	0.079	-1.01681	18.36988
ctswweighted	0.835107	0.254517	3.28	0.001	0.333116	1.337099
compscorea~e	3.525396	1.346891	2.62	0.01	0.868881	6.181912
_cons	37.13717	22.32389	1.66	0.098	-6.89295	81.1673

Diagnostics better:



Then using centered age (which is age minus its mean or average value) so that interpretation (see later) makes sense, **so final model for hypothesis 1:**

ecbiintens~e	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]
age_c	0.142845	0.288983	0.49	0.622	-0.42713	0.712815
age2_c	-0.04314	0.014998	-2.88	0.004	-0.07272	-0.01355
mnyfoodnew	11.32958	5.063036	2.24	0.026	1.343591	21.31557
incworknew	13.9134	6.181894	2.25	0.026	1.720652	26.10614
incfamnew	8.676534	4.914663	1.77	0.079	-1.01681	18.36988
ctswweighted	0.835107	0.254517	3.28	0.001	0.333116	1.337099
compscorea~e	3.525396	1.346891	2.62	0.01	0.868881	6.181912

_cons	87.11747	5.605536	15.54	0	76.06149	98.17344
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INTERPRETATION:

Value for ecbi when all variables are zero, (and since using centered age, when the centered age is 0, we are looking at the average age): 87.11747

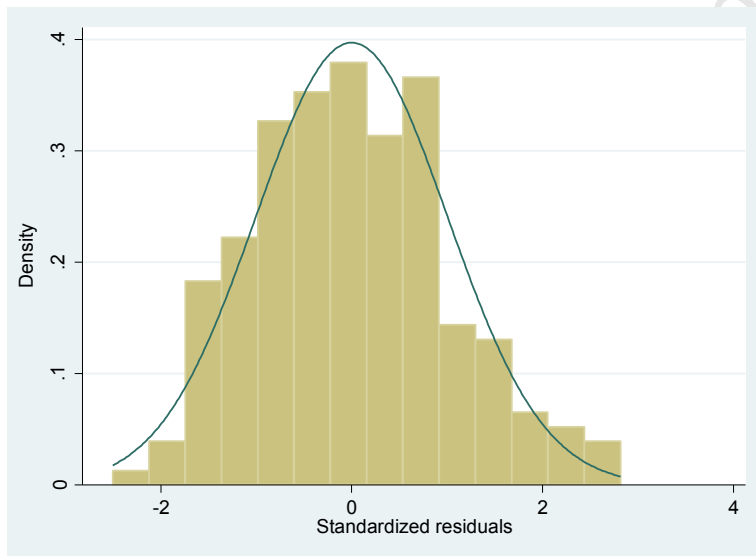
As age increases by 1 unit, the ecbi increases by 0.142845-0.04314

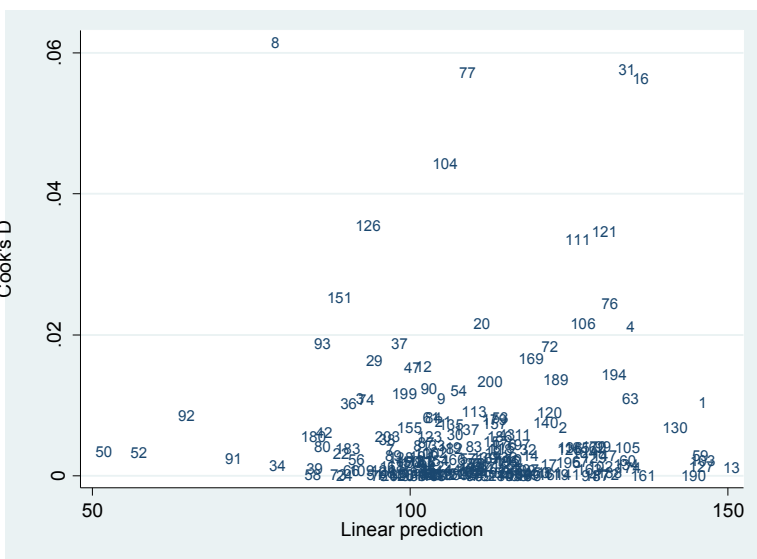
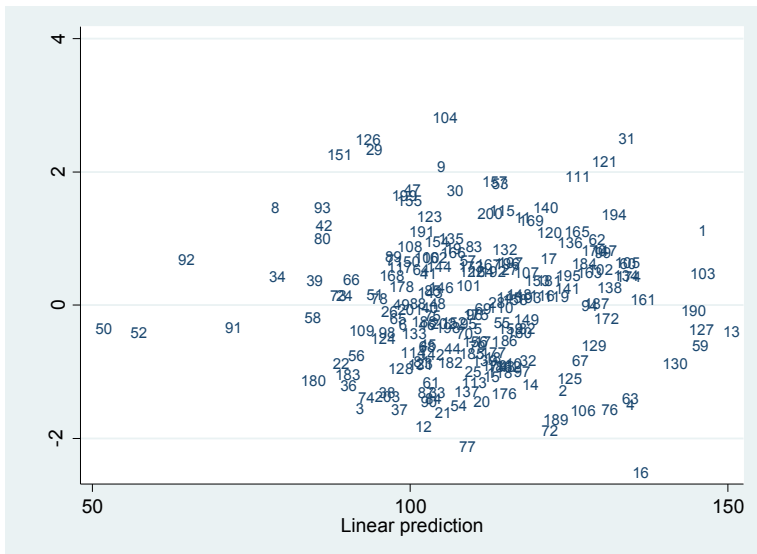
For those who have money for food, the ecbi is 11.33 units higher than for those who do not

Similarly, for income from work/fam: those that have it have a higher ecbi value (13.93 and 8.67 respectively).

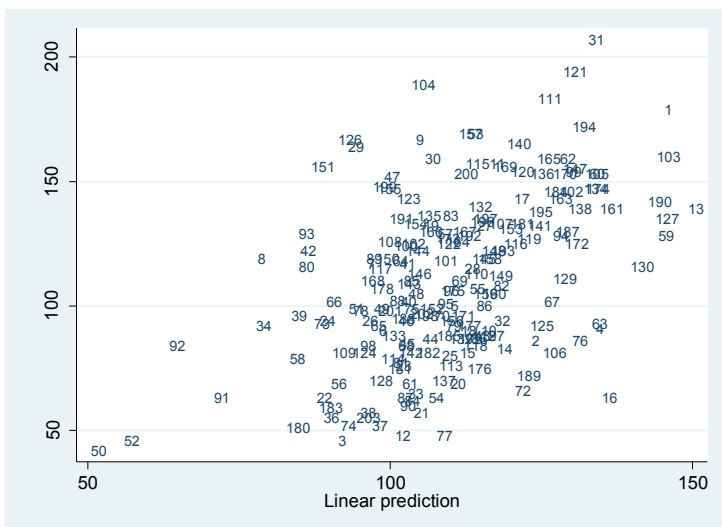
The ctsweighted and compscoreabuse: every unit increase results in an increase in ecbi of 0.835107 and 3.525396 respectively.

Diagnostics for this final model: normal residuals, random scatter of xb versus residuals, thus- assumptions satisfied.





Fitted versus observed: not great (want a more clearly defined straight line at 45 degrees). R squared for this model: (adjusted) 0.1933



Hypothesis 2: parenting stress (comparing it to previous model with history of abuse included)

Note: still excluding caseno 35

ecbiintens~e	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]
age_c	0.207035	0.261435	0.79	0.429	-0.30862	0.722688
age2_c	-0.03422	0.013625	-2.51	0.013	-0.06109	-0.00735
mnyfoodnew	8.180523	4.601737	1.78	0.077	-0.89593	17.25697
incworknew	15.53551	5.594099	2.78	0.006	4.501732	26.56929
incfamnew	8.582186	4.443146	1.93	0.055	-0.18146	17.34583
ctswweighted	0.339782	0.241874	1.4	0.162	-0.13729	0.816854
compscorea~e	3.390558	1.217832	2.78	0.006	0.988511	5.792606
psi_correct	0.679199	0.102232	6.64	0	0.477558	0.88084
_cons	26.54516	10.43097	2.54	0.012	5.971149	47.11916

This model is better than the previous model without psi.

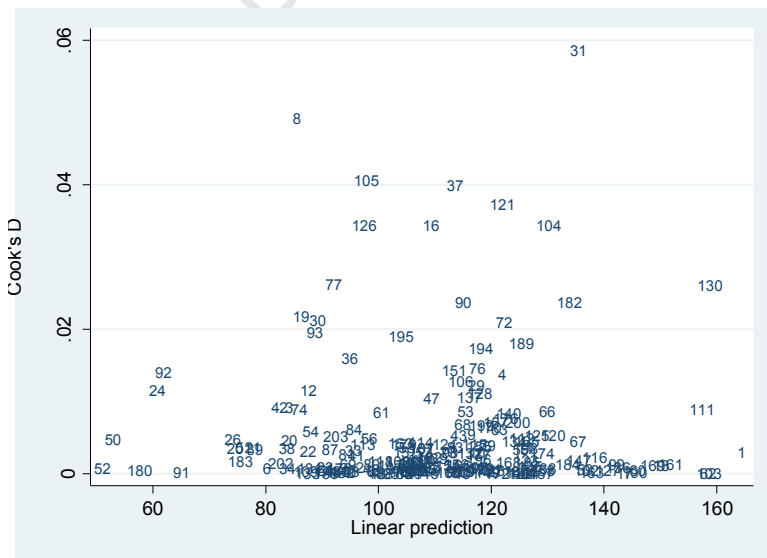
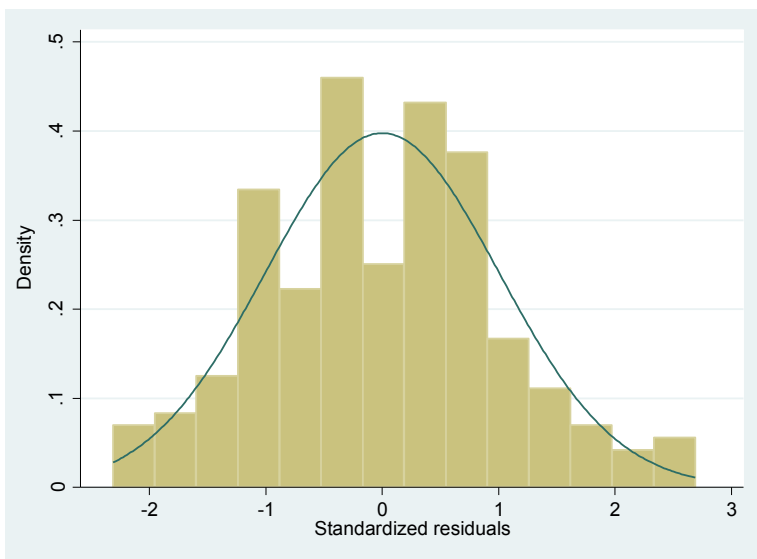
Refining this model: removing ctsweighted improves the model fit further, adj R squared of 0.33: **final hypothesis 2 model**

ecbiintens~e	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]
age_c	0.211628	0.262073	0.81	0.42	-0.30527	0.728523
age2_c	-0.0325	0.013604	-2.39	0.018	-0.05933	-0.00566
mnyfoodnew	8.488876	4.608076	1.84	0.067	-0.59978	17.57753
incworknew	16.51322	5.564616	2.97	0.003	5.537954	27.48849
incfamnew	9.531235	4.402545	2.16	0.032	0.847956	18.21451
compscorea~e	3.74784	1.193978	3.14	0.002	1.392919	6.102761
psi_correct	0.723466	0.097499	7.42	0	0.531167	0.915766
_cons	24.53153	10.35803	2.37	0.019	4.102049	44.96101

Interpretation:

As before generally, (specific values changed but general relationships have not). In addition, for unit increase in psi, the ecbi decreases by 0.72

Diagnostics:



Hypothesis 3: general health

Addition of health does not improve model fit

ecbiintens~e	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]
age_c	0.130285	0.289294	0.45	0.653	-0.44032	0.700886
age2_c	-0.04242	0.015017	-2.82	0.005	-0.07204	-0.0128
mnyfoodnew	11.64841	5.073926	2.3	0.023	1.640614	21.6562
incworknew	14.08606	6.184983	2.28	0.024	1.886827	26.2853
incfamnew	9.222137	4.946463	1.86	0.064	-0.53425	18.97852
ctswweighted	0.753671	0.267722	2.82	0.005	0.225617	1.281725
compscorea~e	3.176092	1.393238	2.28	0.024	0.428074	5.924109
genhealtht~l	0.346127	0.352645	0.98	0.328	-0.34943	1.041683
_cons	85.06284	5.984145	14.21	0	73.25973	96.86595

Hypothesis 4: substance abuse

ecbiintens~e	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]
age_c	0.146594	0.290592	0.5	0.615	-0.42657	0.719757
age2_c	-0.04323	0.015046	-2.87	0.005	-0.0729	-0.01355
mnyfoodnew	11.24703	5.100107	2.21	0.029	1.187601	21.30647
incworknew	13.94944	6.201324	2.25	0.026	1.717972	26.18091
incfamnew	8.569095	4.969365	1.72	0.086	-1.23246	18.37065
ctswweighted	0.821198	0.268549	3.06	0.003	0.291513	1.350883
compscorea~e	3.43415	1.457759	2.36	0.019	0.558871	6.309429
compscorea~s	0.022451	0.135162	0.17	0.868	-0.24414	0.289045
_cons	87.07398	5.625805	15.48	0	75.97767	98.1703

Hypothesis 5: pc-cts weighted, comparing to previous model including abuse

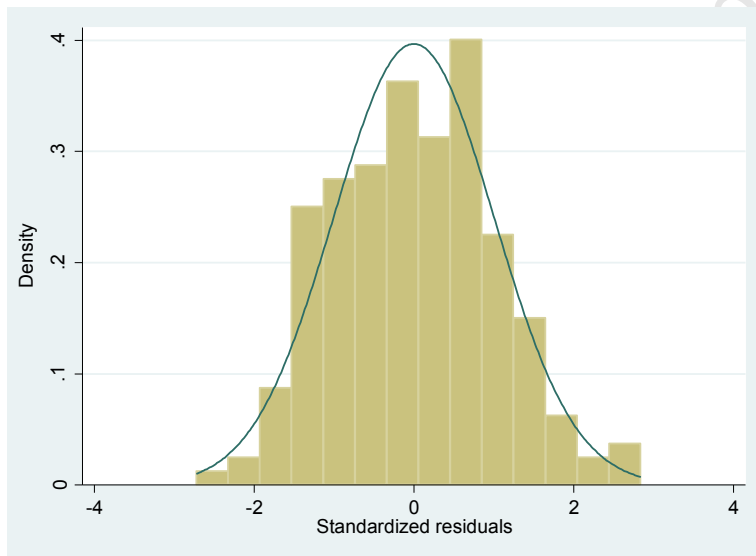
Final model for hypothesis 5 includes pctswweighted (improves model fit)

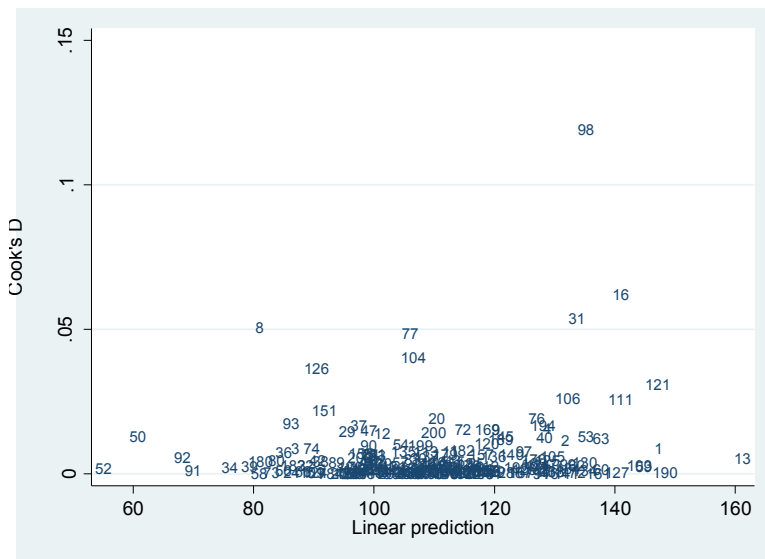
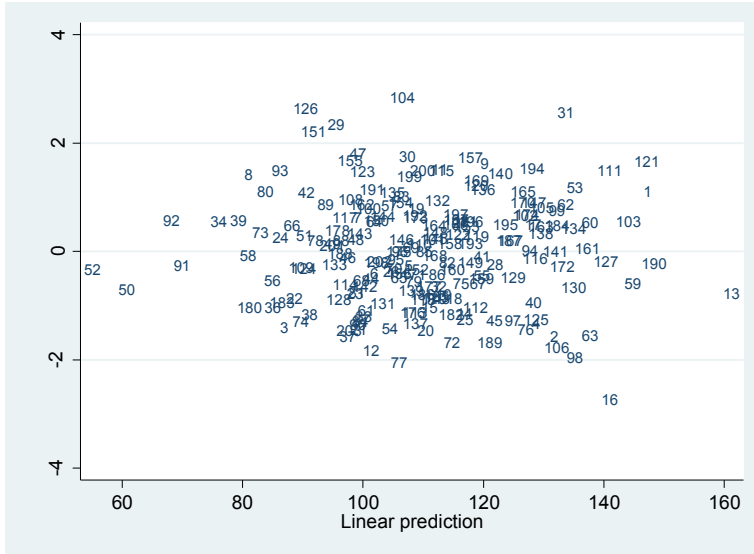
ecbiintens~e	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]
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age_c	0.129381	0.283427	0.46	0.649	-0.42965	0.688411
age2_c	-0.03816	0.014804	-2.58	0.011	-0.06736	-0.00896
mnyfoodnew	10.80436	4.968239	2.17	0.031	1.005024	20.6037
incworknew	14.15056	6.062781	2.33	0.021	2.192355	26.10877
incfamnew	9.648881	4.830813	2	0.047	0.120603	19.17716
ctswweighted	0.822422	0.249628	3.29	0.001	0.330057	1.314788
compscorea~e	2.873961	1.339174	2.15	0.033	0.232578	5.515343
pcctswweigh~s	0.816594	0.276957	2.95	0.004	0.270326	1.362862
_cons	80.52553	5.934305	13.57	0	68.82073	92.23033

Interpretation: again as before, now have pcctswweighted: every unit increase in this variable results in a increase of 0.816 in the ecbi.

Diagnostics:





Hypothesis 6: support, comparing to previous model including abuse

Best model includes only parental competence (not dukesocial/instrumental):

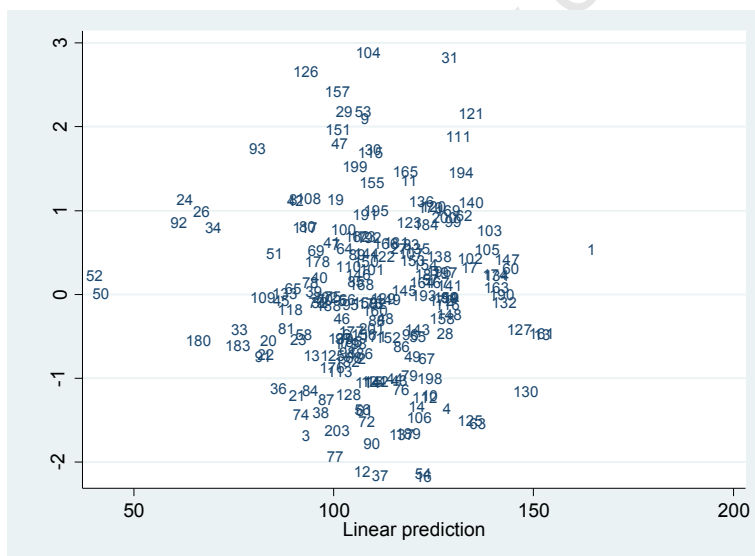
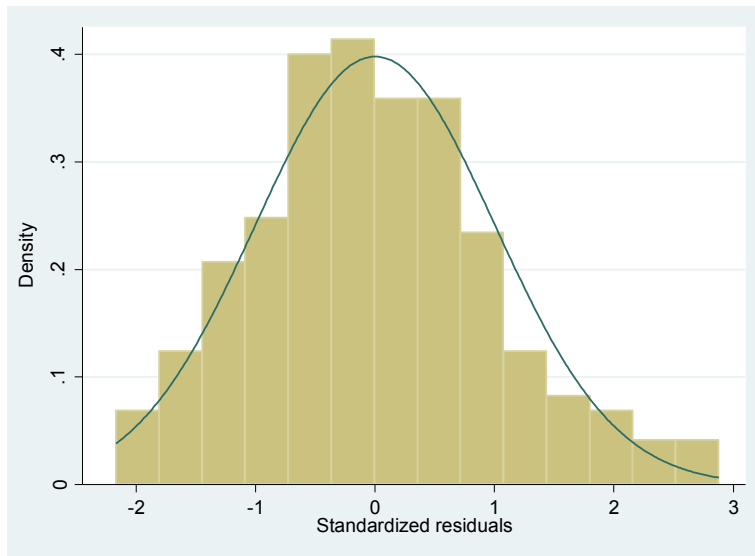
ecbiintens~e	Coef.	Std. Err.	t	P>t	[95% Conf. Interval]
age_c	0.274798	0.273627	1	0.317	-0.2649 0.814499
age2_c	-0.03162	0.01432	-2.21	0.028	-0.05987 -0.00338
mnyfoodnew	10.51855	4.774614	2.2	0.029	1.101122 19.93599
incworknew	17.25804	5.864272	2.94	0.004	5.691374 28.82471
incfamnew	8.036616	4.633795	1.73	0.084	-1.10307 17.1763
ctswweighted	0.578482	0.245253	2.36	0.019	0.094746 1.062218
compscorea~e	4.087796	1.274359	3.21	0.002	1.574256 6.601337

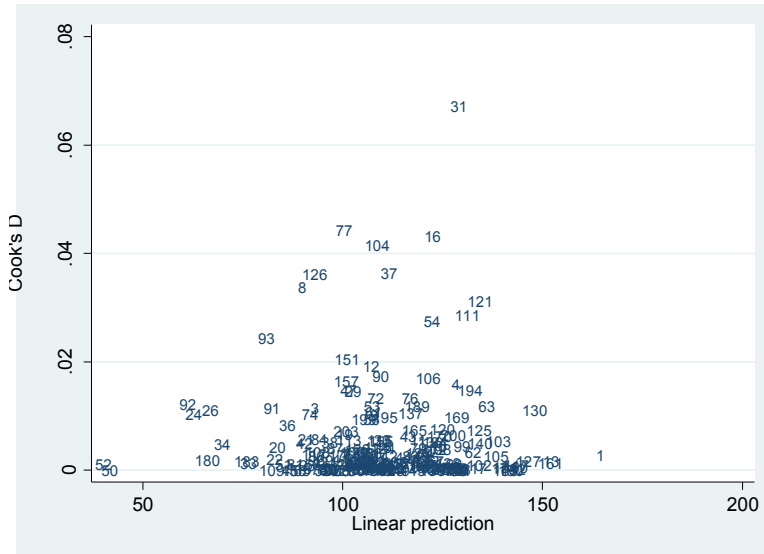
parentcomp~e	1.324727	0.263528	5.03	0	0.804945	1.844509
_cons	22.46347	13.90444	1.62	0.108	-4.9616	49.88855

Interpretation:

As before, now have: unit increase in parental competence, ecbi increases by 1.325

Diagnostics:

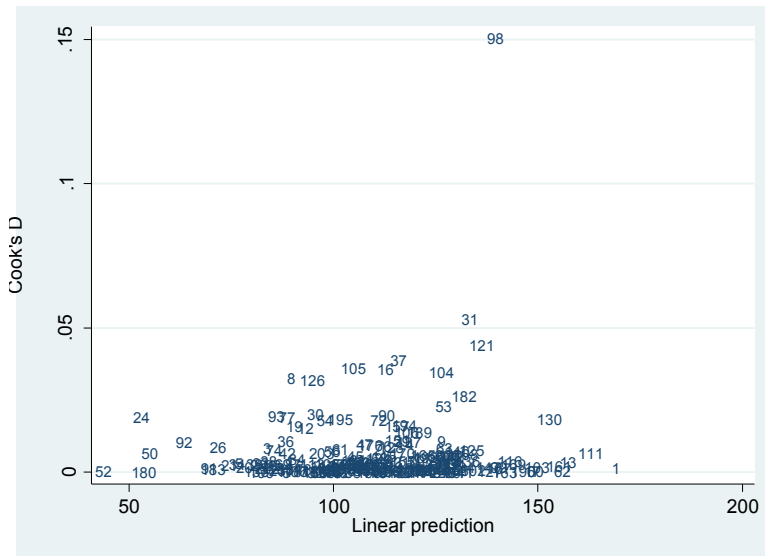




Final Additional Model: using stepwise to come up with combined model

ecbiintens~e	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]
age_c	0.24869	0.258745	0.96	0.338	-0.26168	0.759055
age2_c	-0.02588	0.013565	-1.91	0.058	-0.05264	0.000878
mnyfoodnew	8.586663	4.532559	1.89	0.06	-0.35364	17.52696
incworknew	17.85972	5.501641	3.25	0.001	7.007945	28.7115
incfamnew	9.927376	4.343179	2.29	0.023	1.360621	18.49413
compscorea~e	3.60487	1.19476	3.02	0.003	1.248252	5.961488
psi_correct	0.539469	0.120065	4.49	0	0.302646	0.776292
pcctsweigh~s	0.567816	0.256512	2.21	0.028	0.061856	1.073776
parentcomp~e	0.640627	0.300748	2.13	0.034	0.047413	1.23384
_cons	5.098896	13.36446	0.38	0.703	-21.262	31.45979

But this model has highly influential obs 98:

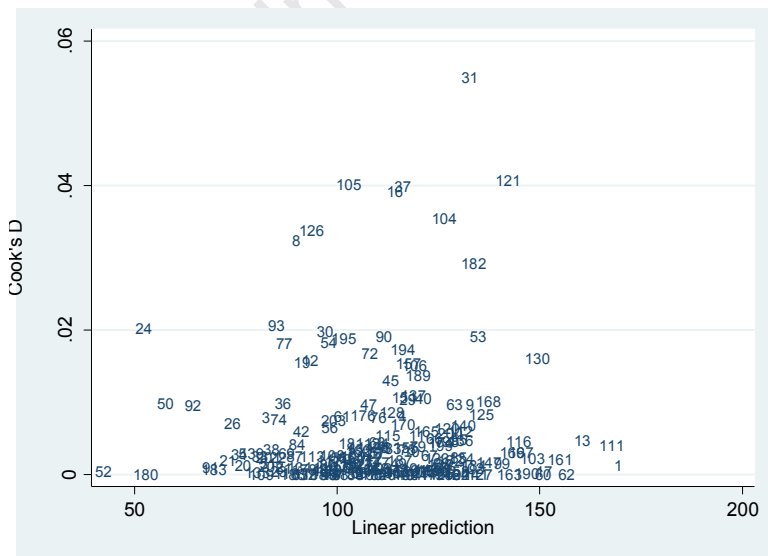
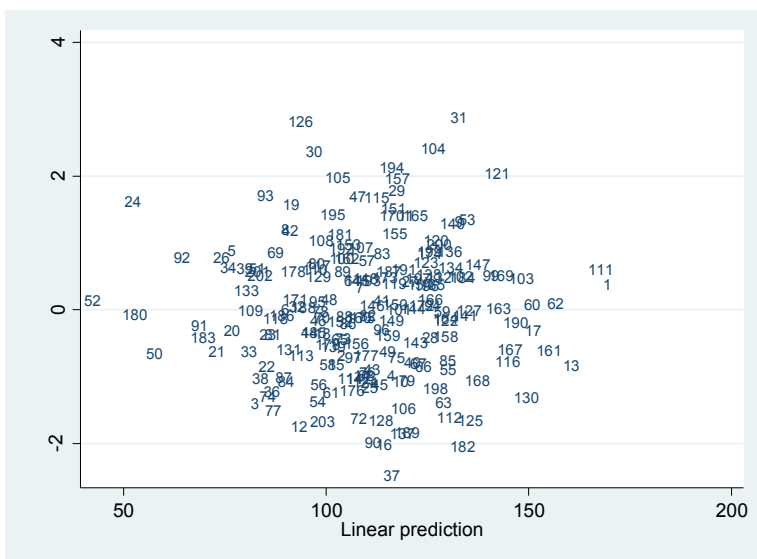
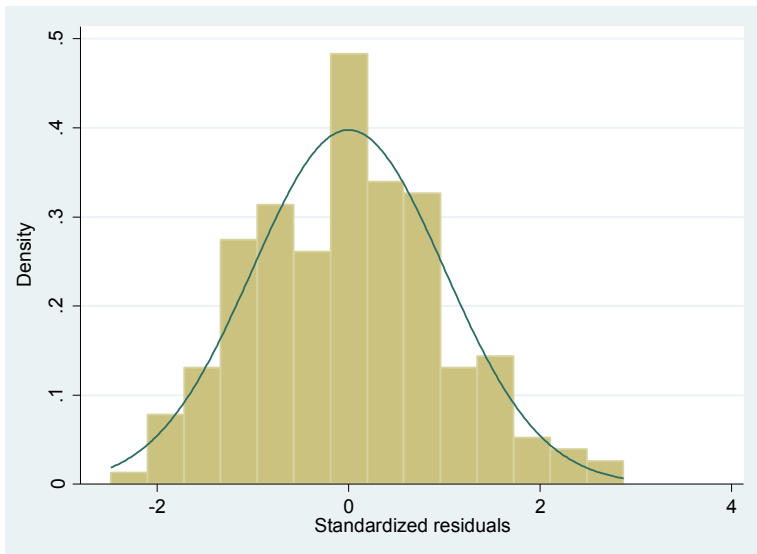


Thus, removing this observation as well:

ecbiintens~e	Coef.	Std. Err.	t	P>t	[95% Conf.	Interval]
age_c	0.216154	0.256092	0.84	0.4	-0.28899	0.721302
age2_c	-0.02433	0.013423	-1.81	0.072	-0.0508	0.00215
mnyfoodnew	8.966982	4.482452	2	0.047	0.125219	17.80874
incworknew	17.6491	5.438025	3.25	0.001	6.922442	28.37576
incfamnew	9.550612	4.295358	2.22	0.027	1.077898	18.02333
compscorea~e	3.159438	1.195833	2.64	0.009	0.800624	5.518252
psi_correct	0.522912	0.118868	4.4	0	0.288441	0.757383
pcctsweigh~s	0.86704	0.283561	3.06	0.003	0.307707	1.426373
parentcomp~e	0.678311	0.29766	2.28	0.024	0.091167	1.265454
_cons	2.946598	13.23971	0.22	0.824	-23.1691	29.06231

Adjusted R squared is 0.3756.

Diagnostics: normal, assumptions met, fit is better than before.



Fitted vs observed:

