Published in final edited form as:

J Fam Violence. 2019 February ; 34(2): 127–137. doi:10.1007/s10896-018-0022-0.

Violence Victimization and Parenting Among Black South African Mothers

Nada M. Goodrum^{a,*}, Rosa Felix^a, Shannon Self-Brown^b, Natasha De Veauuse-Brown^b, and Lisa P. Armistead^a

^aDepartment of Psychology, Georgia State University, United States

^bSchool of Public Health, Georgia State University, United States

Abstract

Purpose: Black South African women and girls face high rates of violence victimization, including physical, sexual, and emotional abuse in childhood and intimate partner violence (IPV) in adulthood. U.S.-based research suggests that violence victimization predicts parenting difficulties, but this relation has not been examined in a South African context.

Method: Among a sample of 99 Black South African female caregivers, we examined rates of child abuse, IPV, and cumulative trauma, and we explored the associations between caregivers' victimization history and current parenting quality (i.e., parent-child relationship quality & parental involvement with child). Caregivers completed self-report questionnaires using ACASI software.

Results: Hierarchical regression analyses revealed that caregivers reporting childhood physical or sexual abuse were less involved with their children. Caregivers with a history of emotional abuse reported significantly worse parent-child relationship quality. Cumulative trauma was associated with worse parental involvement and parent-child relationship quality.

Conclusions: Results reveal relatively high rates of interpersonal violence victimization among this convenience sample of Black South African women, as well as unique relations between forms of victimization and specific parenting practices. The findings highlight the importance of behavioral parent training interventions with a focus on specific assessment of parents' victimization experiences.

Keywords

child maltreatment; intimate partner violence; violence victimization; parenting; South Africa

Interpersonal violence, including child maltreatment and intimate partner violence (IPV), is a major public health issue in South Africa and a leading cause of death among Black South Africans in particular (Pillay-van Wyk et al., 2016). The rate of women killed by intimate partners in South Africa is six times the worldwide average, and rates of rape of women and girls are also high in this country (as reported in Seedat, Van Niekerk, Jewkes, Suffla, &

*Corresponding author. Department of Psychology, Georgia State University, P.O. Box 5010, Atlanta, GA 30302-5010; Phone: (404) 413-6315; nadagoodrum@gmail.com.

Ratele, 2009). A long history of gender- and race-based discrimination underpins the unacceptably high rates of victimization experienced by Black South African females (Outwater, Abrahams, & Campbell, 2005; Jewkes & Morrell, 2010). Interpersonal violence victimization is linked with a range of subsequent adverse outcomes, including relationship and family difficulties. Among these negative consequences may be impairments in parenting (Chiesa et al., 2018), which in turn impacts children's well-being. Despite the potential long-term effects of victimization history on female caregivers and their families, little is known about whether and how Black South African women's past experiences of victimization predict their current parenting quality. Thus, the purpose of the current study was to describe prevalence rates of various forms of victimization, including cumulative trauma, and explore the relation between victimization history and current parenting among a convenience sample of Black South African mothers.

Interpersonal Violence in the South African Context

Black South African women face a host of contextual, historical, and social factors that can create a barrier to their power in relationships and maintain their vulnerability to violence victimization (Ketchen, Armistead, & Cook, 2009; Outwater et al., 2005). Apartheid-era laws restricted Black South Africans' ability to own land, access services, obtain education, and find employment (Coovadia, Jewkes, Barron, Sanders, & McIntyre, 2009; Finchilescu & Tredoux, 2010). These laws, coupled with forced migrant labor, rapid urbanization, and HIV-related loss, led to disruptions in family structures and traditional gender roles (Coovadia et al., 2009). As black women increasingly functioned as heads of household, men's need to reassert their traditional authority resulted in an increase in violence against women and girls (Jewkes & Morrell, 2010; Outwater et al., 2005). Furthermore, changes in traditional family structures put children at greater risk of maltreatment (Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). Poverty, economic inequality, unemployment, migrant labor, housing overcrowding, and common misconceptions about sexual violence are all factors that further exacerbate the risk of violence victimization among women and girls (Anthony et al., 2014; Harris & Vermak, 2015; Richter & Dawes, 2008). Consistent with the theory of gender and power (Connell, 1987), this social context has given rise to many Black South African females' childhood experiences of maltreatment and adult intimate partner violence victimization.

Complexities associated with the illicit, and thus hidden, nature of child abuse, as well as difficulties defining maltreatment due to cultural and contextual considerations, make understanding the impact of abuse challenging (Richter & Dawes, 2008). Variability in societal norms around parent-child interactions (Pierce & Bozalek, 2004) and the interplay of neglect and accessibility of material resources further complicate efforts to consistently define the problem (Slack, Holl, McDaniel, Yoo, & Bolger, 2004). A challenge of maltreatment research with adults is the retrospective nature of reporting; yet this is the most common method of conducting research on how childhood experiences impact later behavior (Kendall-Tackett & Becker-Blease, 2004). Retrospective research offers the opportunity for assessing multiple types of child maltreatment, which is imperative given the unique and cumulative impacts that different forms of maltreatment have on adult trajectories (Higgins & McCabe, 2001).

Globally, the prevalence of self-reported child maltreatment is estimated to be 15–18% for sexual abuse among girls, 22.6% for physical abuse, and 36.3% for emotional abuse (Barth et al., 2013; Stoltenborgh et al., 2011; Stoltenborgh, Bakermans-Kranenburg, Alink, & IJzendoorn, 2015). Prevalence estimates of child maltreatment in South Africa vary widely depending on the type of maltreatment, measurement method, and population sampled. In a recent nationally representative study, 18% of youth reported experiencing physical abuse, 13% reported emotional abuse, and 12% reported sexual abuse (18% of girls; Ward, Artz, Leoschut, Kassanje, & Burton, 2018). A random sample of South African adolescents in two provinces, Mpumalanga and the Western Cape, revealed higher rates, with over two-thirds (68.9%) of children reporting at least one form of maltreatment in their lifetime, including one-third of the sample who experienced frequent monthly abuse (Meinck, Cluver, Boyes, & Loening-Voysey, 2016). Physical abuse was the most commonly reported form of victimization (56.3%), followed by emotional (35.5%) and contact sexual abuse (9%). In a large random sample of youth in Cape Town, rates of physical and emotional maltreatment among girls ranged from 6% reporting having been hit hard to 35% being put down by a caregiver (Pieterse, 2015). Girls and Black youth reported significantly higher rates of maltreatment than boys and white youth, respectively. Though these prevalence estimates vary widely, it is clear that many Black South African girls experience some form of maltreatment in their lifetime.

Many women who have a history of child maltreatment are later victimized in their intimate relationships (Gass, Stein, Williams, & Seedat, 2011). Among women aged 15 and older, the global prevalence of intimate partner violence is estimated to be 30% (Devries et al., 2013), and estimates in South Africa range from 23% to 38% (Gass et al., 2011; Jewkes, Dunkle, Nduna, & Shai, 2010; Kim et al., 2007). Data from a nationally representative epidemiological survey indicated 29.3% of South African women experienced IPV in their current relationship (Gass et al., 2011), and the authors note that assessing lifetime prevalence of IPV may have resulted in a higher estimate. Though some promising interventions have shown efficacy in reducing IPV (e.g., Kim et al., 2007), IPV continues to be a common phenomenon among Black South African women and is associated with a range of negative psychological and social outcomes, including depression (Tsai, Tomlinson, Comulada, & Rotheram-Borus, 2016), elevated HIV risk (Jewkes et al., 2010), and increased parenting stress (Lapierre, 2010).

Relation Between Violence Victimization and Parenting

Although the vast majority of mothers who have experienced previous victimization do not abuse their own children (Hughes & Cossar, 2015), victimization history may increase the risk of parenting difficulties (Ehrensaft et al., 2015; Chiesa et al., 2018). A multi-method, multi-informant prospective study conducted among a community-based sample in the U.S. demonstrated that parents who were physically and/or sexually abused as children later had difficulties in multiple domains of parenting (Ehrensaft et al., 2015). Specifically, childhood sexual abuse history predicted lower levels of parental availability, time spent with the child, and lower parenting self-efficacy, whereas a history of physical abuse predicted only lower self-efficacy. Parents with a childhood history of both sexual and physical abuse had lower levels of parental availability and more inconsistent discipline, suggesting an important

impact of cumulative trauma. The authors posit that parents with a history of maltreatment may evidence emotional distancing from the child and a limited ability to impose structure, leading to impairments in their parenting. Similarly, a recent review concluded that mothers who experienced emotional abuse and neglect are more likely to have difficulties with several aspects of parenting, including dysfunctional parent-child interactions, lower empathy and acceptance, greater psychological control, and increased punitiveness (Hughes & Cossar, 2015). Commensurate findings are present for mothers experiencing IPV. A recent meta-analysis, including only studies conducted in the U.S., demonstrated that IPV predicts less positive parenting (e.g., warmth, communication, and connectedness) and more negative parenting (e.g., physical aggression, neglect, and abuse; Chiesa et al., 2018).

In contrast to much of the literature, a few studies have found null associations between victimization history and parenting quality. Beckerman, van Berkel, Mesman, & Alink (2017) found no association between mothers' past abuse and their current negative parental attributions, and the authors posit that parents' history of maltreatment may trigger other, more salient cognitions and emotions. Further, a laboratory-based study with an observational measure of mothers and toddlers demonstrated that although children of maltreated mothers may have elevated risk of adjustment difficulties, mothers' abuse history did not predict their caregiving quality (Bosquet-Enlow, Englund, & Egeland, 2016). A narrow definition of parenting used in this study, coupled with the relatively young age range of the sample, may present important methodological differences explaining the inconsistencies with other studies, many of which have measured parenting more broadly and included older children and adolescents.

Though most research has focused on specific forms of victimization, a few studies have demonstrated a unique effect of cumulative trauma on families (Banyard, Williams, & Siegel, 2003; Cohen, Hien, & Batchelder, 2008). For example, even when accounting for the contribution of demographic variables and mental health diagnoses, cumulative trauma uniquely predicted a range of parenting practices (Cohen et al., 2008). In the current study, we conceptualized trauma in two ways to further understand its relation with parenting. In addition to examining the unique effects of maltreatment and violence types, we explored the contribution of the cumulative nature of interpersonal violence on parenting quality.

Despite the growing body of U.S.-based and international research indicating links between violence victimization and parenting difficulties, this relation has not been adequately explored in South Africa. Two studies conducted among South African families provide preliminary evidence for the association between women's violence victimization and family functioning. In one study, caregivers' abuse history seemed to serve as a source of resilience; youth whose caregivers had experienced child sexual abuse reported significantly more communication about sex compared to youth whose caregivers did not report a history of abuse (Anthony et al., 2014). However, this relation was only significant for youth-reported (but not parent-reported) parent-child communication. Secondly, in an examination of moderators of a family-based HIV prevention intervention, women's experience of IPV undermined the efficacy of the intervention (Tarantino et al., 2014). Specifically, women reporting past-year IPV did not maintain long-term benefits in parent-child communication

about sex—the primary target of the intervention—compared to women who had not experienced recent IPV (Tarantino et al., 2014).

Taken together, these two studies reveal a complex picture of Black South African women's risk and resilience in the face of violence victimization. Both studies focused specifically on parent-child communication about sex, rather than examining multiple aspects of parenting quality. Further, each study included only one type of victimization (i.e., child sexual abuse, Anthony et al., 2014; IPV, Tarantino et al., 2014). An examination of multiple forms of victimization, including aspects of child maltreatment as well as IPV, is needed to further understand how women's victimization history may impact their current parenting quality.

Current Study

Consistent with the theory of gender and power (Connell, 1987), Black South African women experience high rates of interpersonal violence in a context of gender- and race-based discrimination and inequality. Research conducted in the U.S. highlights the potentially detrimental impact of violence victimization on parenting quality, yet little is known about this relation in the South African context. The purpose of this study was to describe rates of child abuse and victimization history, as well as rates of cumulative trauma, among a convenience sample of Black South African female caregivers and to examine relations between caregivers' abuse history and current parenting practices. We examined prevalence of child maltreatment and IPV history in our sample compared to previously published prevalence rates, and we hypothesized that caregivers' victimization history would predict more compromised parenting quality. Two aspects of parenting are consistently associated with youth outcomes and, thus, are the parenting practices examined in the current study. Specifically, we considered parent-child relationship quality and parental involvement with children as both have been associated with youth mental health and behavioral outcomes (Armistead, Forehand, Brody, & Maguen 2002; Lamborn, Dornbusch, & Steinberg, 1996), including within the current sample (Goodrum, Armistead, Tully, Cook, & Skinner, 2017). Parental involvement refers to parents' active role in multiple aspects of their children's lives (Pearson, Muller, & Frisco, 2006). This parenting practice has been linked with a range of positive developmental outcomes, including academic achievement, fewer depressive symptoms, lower sexual risk, and fewer externalizing problems (Goodrum et al., 2017; Wang, Hill, & Hofkins, 2014). Parent-child relationship quality can be defined as the amount of warmth and support parents provide to their children, and is related to fewer internalizing and externalizing problems in youth (Goodrum, Jones, Kincaid, Cuellar, & Parent, 2012; Quach, Epstein, Riley, Falconier, & Fang, 2015). Given the important developmental changes during early adolescence and the influence of the parent-child relationship during this stage (Weymouth & Buehler, 2016), we focused only on caregivers of 10- to 14-year-old youth.

Method

Participants and Recruitment

The data used for this study came from a trial of a family-based HIV prevention intervention. Participants were recruited from the Langa Township near Cape Town, South

Africa. Recruitment efforts were conducted by project staff at the Cape Town Child Welfare Society, who went door-to-door in the community to find eligible and interested families. Parent-adolescent dyads were eligible if the parent was the primary caregiver, the child was between the ages of 10 and 14, the family had resided in Langa for at least one year, and the family was able to participate in either English or Xhosa. Ninety-nine caregivers and their 10-to-14-year-old children enrolled in the study, though only caregiver report was used in the current study. The mean age for caregivers was 42.6, $SD = 11.4$, and the mean age for youth was 11.7, $SD = 1.4$. Approximately 53% of youth identified as female. The majority of caregivers were biological mothers (68.7%), and others were grandmothers (16%), aunts (6%), or great-grandmothers (2%). Ethnically, caregivers identified as Xhosa (83.8%), Zulu (11.1%), Sotho (3.0%), or other (2%). Because the vast majority (97%) of families in Langa identify Xhosa as their primary language, assessments were available in Xhosa, Afrikaans, or English. Most parents (60%) chose to complete the measures in Xhosa.

Procedures

Procedures were approved by each university's Institutional Review Board (U.S.) or Ethics Committee (South Africa). Data collection occurred at baseline, post-intervention, and 6-month follow-up, but the current study uses only baseline data. Mothers provided informed consent prior to completing interviews. Parents completed self-reported questionnaires using Audio Computer-Assisted Self-Interview software (ACASI). Each interview lasted about an hour. Parents were given 70 Rand (about 10 USD) in grocery vouchers for their participation.

Measures

Piloting and translation.—In collaboration with our South African colleagues and families from Langa, all of the data collection instruments were pilot tested and modified if needed to ensure their cultural relevance, sensitivity, and validity. Any modifications were based on input from focus groups including families from the Langa community, South African researchers, and family service providers. Measures were translated from English to Xhosa or Afrikaans and back in accordance with the back-translation technique created by Brislin (1970). For this study, we focused on questions regarding demographics, history of violence and abuse, parent-child relationships, and parental involvement to determine prevalence of victimization and to assess associations between victimization and parenting practices.

Sociodemographics.—In addition to collecting basic demographic information, we used the Household Economic and Social Status Index (HESSI; Barbarin, & Khomo, 1997) to assess the material resources available in participants' homes. The HESSI is a self-report measure designed for use with South African families to serve as a proxy for socioeconomic status (SES). It consists of 15 items comprising a housing quality subscale (e.g., "Does your home have a separate bathroom?") and a durable goods subscale ("Does the place you live in have a fridge?"). Because this variable was significantly negatively skewed, the scale was summed and then dichotomized at the median so that scores could be either 0 (low resources) or 1 (high resources).

Caregivers' history of child abuse.—Twelve items from the Child Trauma Questionnaire were used to retrospectively assess caregivers' own history of child abuse (Bernstein et al., 2003). Three subscales were used, assessing emotional abuse (5 items), physical abuse (4 items), and sexual abuse (3 items). Participants responded to all items using a 5-point Likert scale (from 0 = "Never True" to 4 = "Very often true"). Sample items include, "People in my family said hurtful or insulting things to me," (emotional abuse); "People in my family hit me so hard that it left me with bruises or marks," (physical abuse); and "Someone tried to touch me in a sexual way or tried to make me touch them," (sexual abuse). A mean of all items within each subscale was obtained so that higher scores indicated more presence of abuse during childhood. Internal consistency in this sample ranged from low to moderate, with Cronbach's alpha of .55 for emotional abuse, .64 for physical abuse, and .58 for sexual abuse. The relatively low internal consistency for these subscales is expected given the small number of items and low base rate of the abusive experiences (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998).

Lifetime intimate partner violence.—Breadth and prevalence of lifetime emotional, physical, and sexual violence by any intimate partner was measured using 10 items from the World Health Organization Violence Against Women Instrument (WHO, 2003). An example question is, "Has a partner ever physically forced you to do something sexual that you found degrading or humiliating?" Each item had three possible responses: "No" (0); "Yes, in the past, year" (1); and, "Yes, but not in the past year" (2). We combined all victimization experiences in the past year and victimization experiences prior to the past year. Cronbach's alpha was .92.

Cumulative trauma.—In addition to the victimization measures described above, we created a victimization count variable to explore whether the number of different types of victimization (i.e., cumulative trauma) predicted parenting practices. A binary variable was created for each type of victimization (childhood physical abuse, sexual abuse, emotional abuse, and lifetime IPV). Caregivers who endorsed one or more items within each abuse subscale were assigned a 1, and those who endorsed no items were assigned a 0. The victimization count variable was the sum of scores on each of the four binary variables and could range from 0 to 4.

Parent-child relationship quality.—To assess the quality of the mother-adolescent relationship, caregivers completed the Palin et al. (2009) version of the Interaction Behavior Questionnaire (IBQ), which was modified for use with at least one Black South African sample with excellent internal consistency. It consists of 19 dichotomous self-reported questions ("Yes" = 1, "No" = 0) that assess both conflict and positive interactions between a caregiver and child (e.g., "Your child usually listens to what you tell them," "You and your child often get angry at each other," : You and your child usually agree."). Items were reverse scored as needed and summed so that higher values indicate better relationship quality. In this sample, internal consistency was good (Cronbach's alpha = 0.85).

Parental involvement.—Parents completed the 23-item Inventory of Parent Involvement (IPI), which was adapted from the Inventory of Father Involvement (IFI; Hawkins et al.,

2002). The IPI assessed parents' active role in their children's lives, as well as supervision and monitoring of their children. Each caregiver reported on the frequency with which she helped the child with homework, monitored the child's activities and whereabouts, and spent time with the child. Based on qualitative formative work reflecting the nature of parental involvement in the Langa community, the IPI retained 16 of the original 35 IFI items, with six additional items created assessing parents' involvement in children's schooling, provision of moral guidance, and reinforcement and rewards. For the majority of questions (e.g., "How often do you know what your child's grades are?"), participants responded using a 3-point Likert scale: "Never" (0); "Sometimes" (1); and "Often" (2). The first three questions (e.g., "How often do you encourage your child to do their homework?") used a 4-point Likert scale: "Never" (0); "Once or twice a week" (1); "About three times a week" (2); and "Every day or almost every day" (3). These three items were weighted in order to account for the different response scales. Items were averaged so that higher scores indicate higher levels of parental involvement in their child's life. Internal consistency with this sample was 0.83.

Data Analyses

All analyses were conducted in SPSS 25 (IBM, 2017). We conducted a series of hierarchical linear regression analyses to examine relations between caregivers' history of victimization and current parenting practices. First, we examined a model with parental involvement as the dependent variable. Demographic covariates, including child age and gender, parent age, and material resources, were entered in Step 1. Caregiver victimization variables, including emotional abuse, physical abuse, sexual abuse, and intimate partner violence, were entered in Step 2. The second model included parent-child relationship quality as the dependent variable, with demographic covariates and caregiver victimization entered in the same fashion. In addition to these two models, we confirmed the results by examining the contribution of a victimization count variable comprised of the number of different types of abuse reported by caregivers. In total, four regression models were tested.

Results

Descriptive Findings

Table 1 presents descriptive statistics and bivariate correlations for all study variables. Demographic covariates were not correlated with primary study variables, with two exceptions. Older parents reported higher levels of involvement, and caregivers with more resources reported lower levels of childhood physical abuse. Several correlations were observed among various types of victimization. Childhood emotional abuse was positively correlated with physical abuse, sexual abuse, and IPV. Physical abuse was positively correlated with IPV. Sexual abuse was not associated with physical abuse or IPV. All three forms of child abuse were significantly or marginally associated with worse parent-child relationship quality and involvement. IPV was not associated with parenting.

In order to examine rates of victimization, we created binary variables for each type of victimization as well as a summed count variable. Table 2 presents a summary of the prevalence rates within our sample as well as those reported in South African studies

published within the last decade. The most commonly reported types of victimization were childhood emotional abuse and intimate partner violence, with nearly two-thirds (65.7%) of women endorsing each. Half (50.5%) the women reported a history of physical abuse, and one-fourth (26.3%) reported being sexually abused as a child. Multiple abuse victimization was common in this sample. Two-thirds of women (66.3%) endorsed two or more types of victimization, and nearly half (42.8%) of the women experienced three or more different types of victimization. Twelve percent of women reported that they had experienced all four types of victimization.

Relations Between Caregiver Victimization History and Parenting

Results of the hierarchical linear regression analyses are displayed in Table 3. In the first model, demographic covariates entered in Step 1 accounted for a marginally significant amount of the variance in parental involvement, $R^2 = 0.10$, $F(4, 93) = 2.43$, $p = .053$. Specifically, child age was marginally related to involvement; parents of older children reported lower levels. In contrast, older parents reported significantly more involvement. The inclusion of caregiver victimization variables in Step 2 accounted for a significantly greater proportion of the variance beyond demographic covariates, $R^2 = 0.13$, $F(8, 89) = 3.24$, $p = .003$. Physical abuse ($\beta = -.29$, $t = -2.44$, $p = .017$) and sexual abuse ($\beta = -.21$, $t = -2.15$, $p = .035$) were each significantly negatively related to involvement; parents who reported higher levels of abuse history also reported lower parental involvement. Emotional abuse and IPV were not significantly related to involvement. The model accounted for 23% of the variance in parental involvement.

In the second model, demographic covariates in Step 1 were not a significant predictor of parent-child relationship quality, $R^2 = 0.08$, $F(4, 93) = .283$, *n.s.* In Step 2, with victimization history included, the model accounted for a significantly greater amount of the variance in relationship quality, $R^2 = 0.21$, $F(8, 89) = 3.14$, $p = .004$. The final model accounted for 22% of the variance in relationship quality, but emotional abuse was the only significant individual predictor. As hypothesized, parents reporting more childhood emotional abuse also reported poorer relationship quality with their children ($\beta = -.40$, $t = -3.26$, $p = .002$). Physical abuse, sexual abuse, and IPV were unrelated to parent-child relationship quality.

In order to confirm and replicate the findings of Models 1 and 2, we also conceptualized caregivers' victimization history as a count variable. The count variable was included in order to explore whether, in addition to specific forms of abuse, the cumulative nature of victimization experienced by caregivers was predictive of parenting practices. As described above, binary variables were created for each type of victimization, and scores on the binary variables were summed to create a victimization count variable. The count variable could range from 0 to 4, with higher scores indicating more types of victimization endorsed.

Two hierarchical regression models were analyzed, one predicting parental involvement and the other predicting parent-child relationship quality. Results of the first model indicated that cumulative trauma was uniquely related to parental involvement, above demographic covariates, $R^2 = 0.09$, $F(5, 92) = 4.09$, $p = .002$. In the model predicting parent-child relationship quality, the overall model, including both covariates and victimization count, did

not significantly predict relationship quality, $R^2 = 0.09$, $F(5, 92) = 1.73$, $n.s.$ However, victimization count was a significant independent predictor of relationship quality; caregivers who experienced a greater number of different types of victimization were more likely to report worse relationship quality with their children ($\beta = -.28$, $t = -2.73$, $p = .008$). Victimization count uniquely predicted 7% of the variance in relationship quality beyond demographic variables.

Discussion

The current study described rates of various forms of child maltreatment and adult interpersonal violence victimization history among a convenience sample of primarily Xhosa-speaking Black South African female caregivers, and examined relations between caregivers' maltreatment history, both by type and cumulatively, and current parenting practices. Acknowledging the limitations to generalizability with this convenience sample, we compared child abuse and IPV history in our sample to previously published prevalence rates in South Africa. Two-thirds (66%) of caregivers in our sample reported experiencing childhood emotional abuse, a much higher percentage than the 35.5% reported in Meinck et al. (2016). Reports of physical abuse across these two samples were more similar at about 50%. Sexual abuse in our sample (26%) was much higher than that reported by Meinck et al. (9%) or Ward et al. (2018; 12%). Additionally, substantially more women in our sample endorsed at least one incident of IPV in their lifetime (66%) than in the sample reported by Jewkes et al. (2010; 38%) or Gass et al. (2011; 29.3%). Nearly half (43%) of the women in the current sample experienced three or more different types of victimization, compared to 5% in Meinck and colleagues' sample.

In general, more women in the current study reported a history of child abuse and adult victimization relative to prior reports. Several factors may explain the differences, including the overall variability in measurement of victimization across studies. Additionally, the current sample only included women parenting at least one child, and the majority of these women are Xhosa-speaking. Also important is that, though study eligibility included participants having lived in Langa for at least one year, a portion of participants could have moved to Langa just over a year before the study started. It is possible that participants who moved to Langa from rural areas bring with them traditional expectations of women's roles and an associated acceptance of gender-based violence. Thus, cultural differences in rates of abuse, conceptualization of abuse, or willingness to disclose abuse may influence these findings. Related to willingness to disclose abuse history, the current study relied on self-report directly input into a computer. Prior research indicates that some are more likely to disclose stigmatizing experiences/behavior "to a computer" compared to human interviewers (Newman et al., 2002; Ward et al., 2018). Finally, in contrast to previous studies employing random sampling (e.g., Ward et al., 2018; Meinck et al., 2016), the women in the parent study were enrolling in a research project designed to test efficacy of an HIV prevention intervention for their child. Perhaps women who have experienced child abuse or intimate partner violence feel a greater need to protect their children from sexual risk-related sequelae and thus self-selected into the study.

Sociodemographic differences across samples may also contribute to the relatively higher rates of abuse in the current study. Our sample included only Black South African female caregivers, whereas prevalence rates reported in previous studies often included both males and females from multiple racial groups. Given data suggesting that Black South African girls and women experience victimization at higher rates than boys and White South Africans (e.g., Pieterse, 2015), the women in our sample may be at higher risk of victimization. Further, we surveyed adults ($M_{age} = 43$) about their previous experiences of child abuse, whereas other studies surveyed adolescents (e.g., ages 10–17, Meinck et al., 2016; ages 15–17, Ward et al., 2018); thus, other studies may not capture abuse that occurs within the late adolescent years. Meinck et al. (2016) found that rates of adolescents' reported abuse increased notably between baseline and one-year follow-up, suggesting new or ongoing abuse during the adolescent years.

We hypothesized that women reporting the experience of abuse as a child or interpersonal violence as adults would also report poorer parenting. Regression analyses offered qualified support, with differences across parenting practice (involvement versus relationship quality) and type of interpersonal violence. Women reporting child sexual or physical abuse reported lower levels of involvement (e.g., spending less time with the child), whereas those reporting emotional abuse reported poorer parent-child relationship quality (e.g., more conflictual interactions and less warmth). The former findings are consistent with Ehrensaft et al. (2015), who observed a relation between childhood sexual abuse history and lower levels of parental availability, including time spent with the child. Our emotional abuse findings are also consistent with prior U.S.-based research, with a recent review concluding that mothers who experienced emotional abuse were more likely to report compromised parent-child relationships, including dysfunctional parent-child interactions, lower empathy and acceptance, greater psychological control, and increased punitiveness. These findings underscore the importance of understanding the unique effects of specific types of maltreatment experiences on later parenting.

No significant associations emerged for IPV and poor parenting practices, which is inconsistent with the recent meta-analysis demonstrating a small but statistically significant association between IPV and poorer parenting (Chiesa et al., 2018). The meta-analysis included studies from the U.S. conducted primarily with families from low socioeconomic backgrounds. Rates of intimate partner violence in the current sample were quite high, with over 65% of the sample endorsing at least one experience of this type of violent victimization. In fact, scholars (e.g., Jewkes & Morrell, 2010; Seedat et al., 2009) describe a cultural acceptance of men's perpetration of violence against women in many South African communities. Perhaps this view of violence as more normative mitigates its impact on parenting quality.

Finally, the accumulation of violence victimization was associated with poorer parent-child relationships and less involvement. This is perhaps the least surprising finding and is consistent with previous studies demonstrating that cumulative trauma predicts a range of parenting outcomes, over and above demographic and mental health variables (Banyard et al., 2003; Cohen et al., 2008). These findings highlight the unique impact of multiple victimization and exposure to trauma across the lifespan and across relationships.

Study Limitations and Directions for Future Research

To the best of our knowledge, this is the first study to undertake an examination of the relations between parenting and a woman's history of violent victimization in South Africa. However, the findings must be qualified by the study's limitations. Specifically, we relied solely on caregiver report, which provides a limited perspective of the parent-child relationship. Future research should triangulate information from multiple reporters (De Los Reyes, Thomas, Goodman, & Kundey, 2013). Additionally, we examined two specific facets of parenting: parental involvement and parent-child relationship quality. Though these two constructs were chosen because of their strong associations with child outcomes (Armistead, Forehand, Brody, & Maguen 2002; Lamborn, Dornbusch, & Steinberg, 1996), future studies should incorporate additional aspects of parenting, such as parent-child communication, behavioral control, and other parenting practices.

Some measures used in this study have not been validated in a South African sample. In order to increase cultural relevance and sensitivity, we pilot tested and modified measures based on input from community stakeholders. Future psychometric research is needed to ensure reliable and valid measurement within the South African context. Additionally, given contextual and individual factors that may affect parenting (Goodrum et al., 2017), future research should examine external stressors that may impact parenting quality, such as maternal mental health, substance use, social support, and other factors. We utilized retrospective reporting of victimization experiences; future research replicating these findings with prospective reports is needed. Further, the sample was recruited into an HIV prevention intervention, and the impact of self-selection must be considered. The sample thus may not be representative of all Black South African women.

Clinical Implications

Most broadly, the implications of these findings suggest that experiences of childhood or adult trauma among Black South African mothers can negatively influence their relationship quality and involvement with their child(ren). These parental factors are important to well-being throughout childhood, and are especially critical in the developmental phase of early adolescence when risky behaviors often increase due to the changes in neurobiological systems involved in impulse control and reward sensitivity (e.g., Blakemore and Robbins, 2012). There is encouraging evidence from high-income countries regarding the effectiveness of behavioral parenting programs for improving parent relationship quality and involvement, as well as reducing child maltreatment perpetration risk and child behavioral problems (e.g., Chaffin et al., 2004; Prinz et al., 2009). These intervention efforts have been less studied in low- and middle-income countries, though there is emerging work with promising findings for parents of young children (e.g., Cooper et al., 2009; Lachman et al., 2017) and adolescents (Cluver et al., 2017). Most relevant to the population of focus in the current study, Cluver et al. (2017) demonstrated positive findings for abuse risk, harsh punishment, positive parenting, and youth supervision among South African families with youth ages 10 to 18 years who participated in a behaviorally-based family intervention. Continued work is needed to support the broad dissemination and implementation of best practices of effective parent training programs to under-resourced nations. Given the nuanced associations found between parental trauma type and parenting skill outcomes,

implementation efforts should include training for specific assessment of parents' victimization experiences, as well as assessment-based treatment plans that emphasize a focus on particular parent target skills based on the mothers' victimization experiences.

References

- Anthony ER, Hipp TN, Darnell DA, Armistead L, Cook SL, & Skinner D (2014). Caregiver-youth communication about sex in South Africa: The role of maternal child sexual abuse history. *Journal of Child Sexual Abuse*, 23(6), 657–673. doi:10.1080/10538712.2014.932877 [PubMed: 25116864]
- Armistead L, Forehand R, Brody G, & Maguen S (2002). Parenting and child psychosocial adjustment in single parent African American families: Is community context important? *Behavior Therapy*, 33, 361–375. doi:10.1016/S0005-7894(02)80033-8
- Banyard V, Williams L, & Siegel J (2003). The impact of complex trauma and depression on parenting: an exploration of mediating risk and protective factors. *Child Maltreatment*, 8(4), 334–349. doi:10.1177/1077559503257106 [PubMed: 14604179]
- Barbarin OA, & Khomo N (1997). Indicators of economic status and social capital in South African townships: What do they reveal about the material and social conditions in families of poor children? *Childhood*, 4(2), 193–222. doi:10.1177/0907568297004002005
- Barth J, Bermetz L, Heim E, Trelle S, & Tonia T (2013). The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health*, 58(3), 469–483. doi:10.1007/s00038-012-0426-1 [PubMed: 23178922]
- Beckerman M, van Berkel SR, Mesman J, & Alink LA (2017). The role of negative parental attributions in the associations between daily stressors, maltreatment history, and harsh and abusive discipline. *Child Abuse & Neglect*, 64, 109–116. [PubMed: 28081496]
- Bernstein DP, Stein JA, Newcomb MD, Walker E, Pogge D, Ahluvalia T, ... & Zule W (2003). Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child Abuse & Neglect*, 27, 169–190. [PubMed: 12615092]
- Blakemore S, & Robbins TW (2012). Decision-making in the adolescent brain. *Nature Neuroscience*, 15(9), 1184–1191. doi:10.1038/nn.3177 [PubMed: 22929913]
- Bosquet-Enlow M, Englund MM, & Egeland B (2016). Maternal childhood maltreatment history and child mental health: Mechanisms in intergenerational effects. *Journal of Clinical Child and Adolescent Psychology*, 1–16. doi:10.1080/15374416.2016.1144189
- Brislin R (1970). Back-translation for cross-cultural research. *Journal of Cross-Cultural Psychology*, 1(3), 185–216. doi:10.1177/135910457000100301.
- Chaffin M, Silovsky JF, Funderburk B, Valle LA, Brestan EV, Balachova T, et al. (2004). Parent-Child Interaction Therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology*, 72(3), 500–510. doi:10.1037/0022-006X.72.3.500 [PubMed: 15279533]
- Chiesa AE, Kallechey L, Harlaar N, Rashaan Ford C, Garrido EF, Betts WR, & Maguire S (2018). Intimate partner violence victimization and parenting: A systematic review. *Child Abuse & Neglect*, 80, 285–300. doi:10.1016/j.chiabu.2018.03.028 [PubMed: 29665506]
- Cluver LD, Meinck F, Steinert JJ, Shenderovich Y, Doubt J, Herrero Romero R, et al. (2018). Parenting for Lifelong Health: A pragmatic cluster randomised controlled trial of a non-commercialised parenting programme for adolescents and their families in South Africa. *BMJ Global Health*, 3(1), 1–15. doi:10.1136/bmjgh-2017-000539
- Cohen L, Hien D, & Batchelder S (2008). The impact of cumulative maternal trauma and diagnosis on parenting behavior. *Child Maltreatment*, 13(1), 27–38. [PubMed: 18174346]
- Connell R (1987). *Gender and power: Society, the person, and sexual politics*. Stanford, Calif.: Stanford University Press, 1987.
- Cooper PJ, Tomlinson M, Swartz L, Landman M, Molteno C, Stein A, ... Murray L (2009). Improving quality of mother-infant relationship and infant attachment in a socioeconomically deprived community in South Africa: Randomised controlled trial. *British Medical Journal*, 338, b974. [PubMed: 19366752]

- Coovadia H, Jewkes R, Barron P, Sanders D, & McIntyre D (2009). Series: The health and health system of South Africa: Historical roots of current public health challenges. *The Lancet*, 374, 817–834. doi:10.1016/S0140-6736(09)60951-X
- De Los Reyes A, Thomas SA, Goodman KL, & Kundey SM (2013). Principles underlying the use of multiple informants' reports. *Annual Review of Clinical Psychology*, 9, 123–149.
- Devries KM, Mak JY, Bacchus LJ, Child JC, Falder G, Petzold M, & ... Watts CH (2013). Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies. *Plos Medicine*, 10(5), 1–11. doi:10.1371/journal.pmed.1001439
- Ehrensaft MK, Knous-Westfall HM, Cohen P, & Chen H (2015). How does child abuse history influence parenting of the next generation? *Psychology of Violence*, 5(1), 16–25. doi:10.1037/a0036080
- Finchilescu G, & Tredoux C (2010). The Changing Landscape of Intergroup Relations in South Africa. *Journal Of Social Issues*, 66(2), 223–236.
- Gass JD, Stein DJ, Williams DR, & Seedat S (2011). Gender differences in risk for intimate partner violence among South African adults. *Journal of Interpersonal Violence*, 26(14), 2764–89. doi:10.1177/0886260510390960 [PubMed: 21156693]
- Goodrum NM, Armistead LP, Tully EC, Cook SL, & Skinner D (2017). Parenting and youth sexual risk in context: The role of community factors. *Journal of adolescence*, 57, 1–12. doi:10.1016/j.adolescence.2017.02.013 [PubMed: 28278431]
- Goodrum NM, Jones DJ, Kincaid CY, Cuellar J, & Parent JM (2012). Youth externalizing problems in African American single-mother families: A culturally relevant model. *Couple and Family Psychology: Research and Practice*, 1(4), 294. [PubMed: 23586002]
- Harris G, & Vermaak C (2015). Economic inequality as a source of interpersonal violence: Evidence from Sub-Saharan Africa and South Africa. *South African Journal of Economic and Management Sciences*, 18(1), 45–57. doi:10.1093/ajae/aar051
- Hawkins AJ, Bradford KP, Palkovitz R, Christiansen SL, Day RD, & Call VRA (2002). The Inventory of Father Involvement: A pilot study of a new measure of father involvement. *The Journal of Men's Studies*, 10(2), 183–196.
- Higgins DJ, & McCabe MP (2001). The development of the Comprehensive Child Maltreatment Scale. *Journal of Family Studies*, 7(1), 7–28. doi:10.5172/jfs.7.1.7
- Hughes M, & Cossar J (2015). The relationship between maternal childhood emotional abuse/neglect and second generation parenting outcomes: A systematic review. *Child Abuse Review*, 25(1), 31–45. doi:10.1002/car.2393
- Jewkes R & Morrell R (2010). Gender and sexuality: Emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *Journal of the International AIDS Society*, 13, 1–11. [PubMed: 20205768]
- Jewkes RK, Dunkle K, Nduna M, & Shai N (2010). Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: A cohort study. *Lancet*, 376(9734), 41–48. doi:10.1016/S0140-6736(10)60548-X [PubMed: 20557928]
- Kendall-Tackett K, & Becker-Blease K (2004). The importance of retrospective findings in child maltreatment research. *Child Abuse & Neglect*, 28(7), 723–727. doi:10.1016/j.chiabu.2004.02.002 [PubMed: 15261467]
- Ketchen B, Armistead L, & Cook S (2009). HIV infection, stressful life events, and intimate relationship power: The moderating role of community resources for black South African women. *Women & Health*, 49(2–3), 197–214. doi:10.1080/03630240902963648 [PubMed: 19533510]
- Kim J, Watts C, Hargreaves J, Ndhlovu L, Phetla G, Morison L, & ... Pronyk P (2007). Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of intimate partner violence in South Africa. *American Journal of Public Health*, 97(10), 1794–1802. doi:10.2105/AJPH.2006.095521 [PubMed: 17761566]
- Lachman JM, Cluver L, Ward CL, Hutchings J, Mlotshwa S, Wessels I, & Gardner F (2017). Randomized controlled trial of a parenting program to reduce the risk of child maltreatment in South Africa. *Child Abuse & Neglect*, 72, 338–351. [PubMed: 28881303]

- Lamborn SD, Dornbusch SM, & Steinberg L (1996). Ethnicity and Community Context as Moderators of the Relations between Family Decision Making and Adolescent Adjustment. *Child Development*, 67(2), 283–301. doi:10.2307/1131814
- Lapierre S (2010). More responsibilities, less control: Understanding the challenges and difficulties involved in mothering in the context of domestic violence. *The British Journal of Social Work*, 40(5), 1434–1451. doi:10.1093/bjsw/bcp080
- Meinck F, Cluver LD, Boyes ME, & Loening-Voysey H (2016). Physical, emotional and sexual adolescent abuse victimisation in South Africa: Prevalence, incidence, perpetrators and locations. *Journal of Epidemiology & Community Health*, 70(9), 910–916. [PubMed: 26962202]
- Newman JC, Des Jarlais DC, Turner CF, Gribble J, Cooley P, & Paone D (2002). The differential effects of face-to-face and computer interview modes. *American Journal of Public Health*, 92, 294–297. doi:10.2105/AJPH.92.2.294 [PubMed: 11818309]
- Outwater A, Abrahams N, & Campbell JC (2005). Women in South Africa: Intentional violence and HIV/AIDS: Intersections and prevention. *Journal of Black Studies*, 35(4), 135–154. doi:10.1177/0021934704265915
- Palin F, Armistead L, Clayton A, Ketchen B, Lindner G, Kokot-Louw P, & Pauw A (2009). Disclosure of Maternal HIV-Infection in South Africa: Description and Relationship to Child Functioning. *AIDS and Behavior*. 13(6), 1241–52. [PubMed: 18770026]
- Pearson J, Muller C, & Frisco ML (2006). Parental involvement, family structure, and adolescent sexual decision making. *Sociological Perspectives*, 49(1), 67–90.
- Pierce L, & Bozalek V (2004). Child abuse in South Africa: An examination of how child abuse and neglect are defined. *Child Abuse & Neglect*, 28, 817–832. doi:10.1016/j.chiabu.2003.09.022 [PubMed: 15350767]
- Pieterse D (2015). Childhood maltreatment and educational outcomes: evidence from South Africa. *Health Economics*, 24(7), 876–894. doi:10.1002/hec.3065 [PubMed: 24890398]
- Pillay-van Wyk V, Msemburi W, Laubscher R, Dorrington RE, Groenewald P, Glass T, ... & Bradshaw D (2016). Mortality trends and differentials in South Africa from 1997 to 2012: second National Burden of Disease Study. *The Lancet Global Health*, 4(9), e642–e653. doi:10.1016/S2214-109X(16)30113-9 [PubMed: 27539806]
- Prinz RJ, Sanders MR, Shapiro CJ, Whitaker DJ, & Lutzker JR (2009). Population-based prevention of child maltreatment: The US Triple P system population trial. *Prevention science*, 10(1), 1–12. doi:10.1007/s11121-009-0123-3 [PubMed: 19160053]
- Quach AS, Epstein NB, Riley PJ, Falconier MK, & Fang X (2015). Effects of parental warmth and academic pressure on anxiety and depression symptoms in Chinese adolescents. *Journal of Child and Family Studies*, 24(1), 106–116.
- Richter LM, & Dawes AL (2008). Child abuse in South Africa: Rights and wrongs. *Child Abuse Review*, 17(2), 79–93. doi:10.1002/car.1004
- Seedat M, Van Niekerk A, Jewkes R, Suffla S & Ratele K (2009). Violence and injuries in South Africa: Prioritising an agenda for prevention. *Lancet*, 374, 1011–22. [PubMed: 19709732]
- Slack KS, Holl JL, McDaniel M, Yoo J, & Bolger K (2004). Understanding the risks of child neglect: An exploration of poverty and parenting characteristics. *Child Maltreatment*, 9(4), 395–408. [PubMed: 15538038]
- Stoltenborgh M, Bakermans-Kranenburg MJ, Alink LR, & IJzendoorn MH (2015). The prevalence of child maltreatment across the globe: Review of a series of meta-analyses. *Child Abuse Review*, 24(1), 37–50. doi:10.1002/car.2353
- Stoltenborgh M, van IJzendoorn MH, Euser EM, & Bakermans-Kranenburg MJ (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment*, 16(2), 79–101. doi:10.1177/1077559511403920 [PubMed: 21511741]
- Straus MA, Hamby SL, Finkelhor DW, Moore DW, & Runyan D (1998). Identification of child maltreatment with the parent-child conflict tactics scales: development and psychometric data for a national sample of American parents. *Child Abuse and Neglect*, 22(4), 249–270. doi:10.1016/S0145-2134(97)00174-9 [PubMed: 9589178]

- Tarantino N, Goodrum N, Armistead LP, Cook SL, Skinner D, & Toefy Y (2014). Safety-related moderators of a parent-based HIV prevention intervention in South Africa. *Journal of Family Psychology*, 28(6), 790–799. doi:10.1037/fam0000033 [PubMed: 25286174]
- Tsai AC, Tomlinson M, Comulada WS, & Rotheram-Borus MJ (2016). Intimate partner violence and depression symptom severity among South African women during pregnancy and postpartum: Population-based prospective cohort study. *PLoS Medicine*, 13(1), 1–22. doi:10.1371/journal.pmed.1001943
- Wang M, Hill NE, & Hofkens T (2014). Parental Involvement and African American and European American Adolescents' Academic, Behavioral, and Emotional Development in Secondary School. *Child Development*, 85(6), 2151–2168. <https://doi-org.ezproxy-v.musc.edu/10.1111/cdev.12284> [PubMed: 25156187]
- Ward LC, Lillian A, Leoschut L, Kassanjee R, & Burton P (2018). Sexual violence against children in South Africa: a nationally representative cross-sectional study of prevalence and correlates. *The Lancet Global Health*, 6(4), E460–E468. [PubMed: 29530424]
- Weymouth BB, & Buehler C (2016). Adolescent and parental contributions to parent– adolescent hostility across early adolescence. *Journal of Youth and Adolescence*, 45(4), 713–729. doi: 10.1007/s10964-015-0348-3 [PubMed: 26346035]
- WHO Multi-Country Study on Women's Health and Domestic Violence: Core questionnaire Version 10. Geneva, Switzerland: WHO, 2003.

Table 1.

Descriptive Statistics and Bivariate Correlations for All Study Variables (N=99)

	%	Mean (SD)	1	2	3	4	5	6	7	8	9
1. Child Age		11.71 (1.39)	-								
2. Child Gender			.11	-							
Male	47.5%										
Female	52.5%										
3. Parent Age		42.55 (11.43)	.10	-.07	-						
4. Material Resources		0.46 (0.50)	.06	.17	-.09	-					
5. Emotional Abuse		0.67 (0.71)	.09	.16	.11	.00	-				
6. Physical Abuse		0.68 (0.65)	.06	.12	.05	-.21*	.52**	-			
7. Sexual Abuse		0.28 (0.58)	.04	.06	.18	-.10	.29**	.15	-		
8. Intimate Partner Violence		3.74 (3.60)	-.06	.04	-.18	-.15	.34**	.21*	.09	-	
9. Parent-Child Relationship Quality		13.02 (3.94)	.02	.04	.04	.10	-.39**	-.28**	-.23*	-.10	-
10. Parental Involvement		2.48 (0.25)	-.16	.03	.23*	.01	-.18 [†]	-.27**	-.20 [†]	-.14	.45***

Note.

[†]
 $p < .10$,*
 $p < .05$,**
 $p < .01$,***
 $p < .001$.

Table 2.

Victimization prevalence rates in current sample and previous samples

Type of Abuse	Current sample (%)	Ward et al., 2018 (%)	Meinck et al., 2016 (%)	Pieterse, 2015 (%)	Gass et al., 2011 (%)	Jewkes et al., 2010 (%)
Emotional Abuse	65.7	18	35.5	19–35		
Physical Abuse	50.5	13	56.4	6–18	17.6	
Sexual Abuse	26.3	12	9			
Intimate Partner Violence	65.7				29.3	37.9
Multiple Abuse Victimization						
At least one type	85.7		68.9			
Two or more types	66.3		35.8			
Three or more types	42.8		4.6			
Four types	12.2		--			

Table 3.

Hierarchical regression analysis examining the relation between caregivers' victimization history and parenting practices among Black South African women.

Predictor	β	t	F	R^2
Model 1 (Parental Involvement)				
<i>Step 1: Demographic Covariates</i>			2.43 [†]	.10
Child Age	-.18	-1.8 [†]		
Child Gender	.07	.71		
Parent Age	.27	2.65**		
Material Resources	.03	.34		
<i>Step 2: Caregiver Victimization</i>			3.24**	.13
Child Age	-.17	-1.76 [†]		
Child Gender	.14	1.41		
Parent Age	.30	3.07**		
Material Resources	-.06	-.60		
Emotional Abuse	.03	.20		
Physical Abuse	-.29	-2.44*		
Sexual Abuse	-.21	-2.15*		
Intimate Partner Violence	-.04	-.42		
Model 2 (Parent-Child Relationship Quality)				
<i>Step 1: Demographic Covariates</i>			.28	.01
Child Age	.01	.07		
Child Gender	.03	.25		
Parent Age	.05	.43		
Material Resources	.10	.92		
<i>Step 2: Caregiver Victimization</i>			.21**	3.14
Child Age	.02	.25		
Child Gender	.10	1.03		
Parent Age	.13	1.28		
Material Resources	.07	.67		
Emotional Abuse	-.40	-3.26**		
Physical Abuse	-.05	-.43		
Sexual Abuse	-.14	-1.38		
Intimate Partner Violence	.09	.87		

Note.

[†] $p < .10$,

* $p < .05$,

** $p < .01$,

*** $p < .001$.