



Preliminary study of the role of social support in cycles of intimate partner violence

Dany Laure Wadji  and Rachel Langevin 

Department of Educational and Counselling Psychology, McGill University, Montreal, Canada

ABSTRACT

Background: Parents' experiences of IPV are associated with an increased risk for their children to experience IPV. However, the factors that may contribute to intergenerational IPV, particularly between adult mothers and daughters, are still poorly understood. To fill this gap in the literature, this preliminary study examines the moderating role of social support in IPV cycles among Cameroonian mother-daughter dyads.

Method: Sixty-one mother-daughter dyads completed questionnaires individually. We performed moderation analysis to examine if the association between mothers' experiences of IPV and daughters' experiences of IPV was moderated by daughters' social support.

Results: Results showed that social support influences the strength of the association between mothers' and daughters' IPV victimization. As levels of social support reported by daughters increased, the strength of the association between their and their mothers' experiences of IPV victimization decreased. At high levels of social support, this association was no longer significant ($b = 0.09$, $SE = 0.27$, $t = 0.34$, $p > .05$).

Conclusion: Support from family and friends is important in contexts of intergenerational IPV; thus, interventions aimed at preventing and reducing IPV may aim to strengthen these informal support systems to mitigate the effect of IPV.

ARTICLE HISTORY

Received 12 June 2024
Revised 23 September 2024
Accepted 12 November 2024

KEYWORDS

Social support; intergenerational continuity; intimate partner violence; cycles of intimate partner violence; mother-daughter dyad

PALABRAS CLAVE

Apoyo social; continuidad intergeneracional; violencia de pareja; ciclos de violencia de pareja; diada madre-hija

HIGHLIGHTS

- Parents' experiences of IPV are associated with an increased risk for their adult children to experience IPV, a situation referred to as intergenerational continuity of IPV.
- Support from family and friends is important in contexts of intergenerational IPV.
- In our sample of mother-daughter dyads, intergenerational continuity of IPV was only significant at low levels of social support as reported by adult daughters.

Estudio preliminar del rol del apoyo social en ciclos de violencia de pareja

Antecedentes: Las experiencias de violencia de pareja (IPV por sus siglas en inglés) se asocian con un aumento de riesgo en los hijos de experimentar IPV. Sin embargo, los factores que pueden contribuir al IPV intergeneracional, particularmente entre madres y sus hijas, siguen escasamente comprendidos. Para llenar este vacío en la literatura, este estudio preliminar examina el rol moderador del apoyo social en los ciclos de IPV en diadas madre/hija de Camerún.

Método: Sesenta y un diadas madre/hija completaron cuestionarios individuales. Realizamos análisis de moderación para examinar si la asociación entre las experiencias de IPV de las madres y las de sus hijas estaba moderada por el apoyo social de las hijas.

Resultados: Los resultados muestran que el apoyo social influye en la fuerza de la asociación entre la victimización por IPV entre madres e hijas. A medida que los niveles de apoyo social reportado por las hijas aumentaron, la fuerza de la asociación entre sus experiencias de victimización por IPV y las de sus madres disminuyó. A niveles de apoyo social alto, esta asociación dejó de ser significativa ($b = 0.09$, $EE = 0.27$, $t = 0.34$, $p > .05$).

Conclusión: El apoyo de la familia y amigos es importante en contextos de IPV intergeneracional; por ello, las intervenciones dirigidas a prevenir y reducir la IPV puede apuntar a reforzar esos sistemas de apoyo informal para mitigar el efecto de la IPV.

1. Introduction

Intimate partner violence (IPV) refers to behaviour by an intimate partner or ex-partner that may cause physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours (World Health Organization, 2024). IPV is more prevalent in many sub-Saharan African countries than in other parts of

the world (36% as opposed to 30% worldwide; McCloskey et al., 2016). Due to its huge burden on the health of women and children, there has been an increased effort in recent years to raise awareness and document the intergenerational continuity of IPV, particularly in Africa. A recent systematic review of 48 studies from 29 African countries highlighted a considerable increase in the number of African studies

CONTACT Dany Laure Wadji  nkonlackd@yahoo.fr  Department of Educational and Counselling Psychology, McGill University, Education Bldg, 3700 McTavish St Suite 614, Montreal, Quebec H3A 1Y2, Canada

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examining the intergenerational continuity of IPV, also known as cycles of IPV, from the first study published in 2002 to over 29 studies published between 2020 and 2024 (Wadji et al., 2024). Evidence from these studies involving various populations shows that parents' experiences of IPV are associated with an increased risk for their adult children to experience IPV. However, the factors that may contribute to intergenerational IPV are still poorly understood, making it difficult to develop effective interventions to break these deleterious cycles. The current preliminary study, designed to contribute to the limited body of dyadic research on IPV in Africa, aims to investigate social support as a potential protective factor against intergenerational IPV in Cameroonian mother-daughter dyads.

1.1. Intermediary factors underlying the intergenerational continuity of IPV

Few studies have examined potential intermediary factors that may explain the intergenerational continuity of IPV. However, it is known, for example, that a stronger intergenerational effect of IPV is observed in women than in men (Knight et al., 2016; Shakoor et al., 2022). Similarly, psychological distress (e.g. depression and anxiety, post-traumatic stress disorder) is reported as a pathway to dating violence victimization in adolescence following negative childhood experiences, such as child maltreatment and exposure to IPV (Cascardi, 2016); with psychological distress potentially reducing a person's resilience to victimization, and increasing the risk of revictimization. Finally, involvement in a violent relationship in the early twenties can have a significant impact on the relationship between adolescents' exposure to severe caregivers' IPV and involvement in IPV later in adulthood (ages 29–31) (Smith et al., 2011).

Still, several gaps in this line of research hinder our understanding of this complex phenomenon. The major limitation is the lack of studies that have examined experiences of IPV in two adjacent adult generations involved in intimate relationship, particularly in Africa, despite the documented evidence that IPV rates are higher in adulthood than in adolescence (Johnson et al., 2015). Moreover, most studies conducted to date are limited to Western countries, so it is not clear whether the reported risk factor also extend to non-Western countries which, at a global scale, are mostly incomparable in terms of economic development and gender inequality (United Nations Development Programme, 2019). Besides, focusing solely on individual factors may prove insufficient to understand the continuity of IPV in Africa, where collectivistic values are prominent and social networks, particularly family ties, are very strong and a source of support during difficult times throughout the

lifespan (Mosavel et al., 2006; Wessells & Kostelny, 2022). Social support, which refers to one being part of a supportive social network including family and friends who care and are available to help through life challenges, is key to sustaining mental well-being (Machisa et al., 2018). For example, among abused women, having a stronger social support especially from a network of people who are supportive and kind-hearted have been reported to improve resilience and coping strategies regarding psychological distress and abuse in Africa (Okedare & Fawole, 2024) and elsewhere (Beeble et al., 2009). As mothers and their adult daughters are embedded within a relationship context (Shrier et al., 2004), social support appears to be a promising intermediary factor in the intergenerational continuity of IPV. Moreover it has been shown in the intergenerational child maltreatment literature that in the absence of social support, people with a history of maltreatment may be more likely to adopt abusive and neglectful behaviours when parenting, thereby exposing their children to cycles of maltreatment (van Wert et al., 2019). Nevertheless, the role of social support in the intergenerational continuity of IPV among abused women and their daughters in non-Western contexts remains understudied.

1.2. Current study

Determining whether social support is an intermediary factor underlying intergenerational cycles of IPV could have important public health and clinical implications for the well-being of families affected by IPV. However, the role of social support has remained less explored and considered in intergenerational IPV. To address this gap in the literature, this preliminary study examines the moderating role of social support in cycles of IPV among Cameroonian mother-daughter dyads.

2. Method

2.1. Participants

This study is derived from a larger study investigating the intergenerational cycles of IPV in three adjacent generations (Wadji & Langevin, 2024). Mothers and their adult daughters (also mothers but of young children) were recruited from two cities in Cameroon, namely Yaounde and Bafoussam. Of eligible families contacted by phone between July and September 2023 ($N = 102$), 72 families agreed to participate, and 61 dyads (122 participants) completed the study material. Thus, the final sample included 61 mother-daughter dyads with complete data. Sociodemographic characteristics indicated that 56.00% of the mothers were married, as compared to 44.30% for daughters. The mean age of the mothers was 54.78 years ($SD = 5.87$) and that of the daughters 27.31

years ($SD = 3.16$). A high proportion of mothers did not have a high school diploma (45.90%), while for daughters it was about a third (29.62%) who did not have such a diploma.

2.2. Procedure

Authorizations from the Ministry for the Promotion of Women and the Family (MINPROFF) as well as from the Regional Delegation of MINPROFF in Yaounde and Bafoussam were obtained. To recruit participants, the MINPROFF records were used, with a focus on victims who had reported cases of IPV in the last five years. Ads were also displayed on the premises of the regional MINPROFF delegation and its surroundings. All potential participants were screened by phone prior to participation, and an appointment was scheduled at the women's and family promotion centres of the MINPROFF. For this larger study, inclusion criteria pertained to age (18 years and older), language (French or English-speaking), and experiences of IPV for mothers, and childhood exposure to IPV for daughters (seeing or hearing interparental violence). Also, daughters had to be mothers to children aged 3–7 years. Individuals with neurodevelopmental disorders preventing them from completing the research activities such as severe autism, intellectual disability, or communication disorders were excluded. Informed consent was obtained prior to research activities with participants by the principal investigator. After providing their informed consent, mothers and daughters completed the questionnaires separately on Qualtrics. The study was approved by the National Ethics Committee in Cameroon (No 2023/04/1532/CE/CNERSH/SP) and (McGill University) Research Ethics Board (REB#23-05-088).

2.3. Measures

Participants reported on their age, ethnic background, annual household income, marital status, educational level, and profession.

2.3.1. Intimate partner violence

IPV was self-reported by mothers and daughters using the short form of the Revised Conflict Tactics Scales (CTS2; Straus & Douglas, 2004). The CTS2 has 20 items, addressing physical, sexual, and psychological violence as well as injury and negotiation. This study used the 10 items on victimization, which measure the frequency of partner violence. Some examples of items include: 'my partner punched or kicked or beat-up me' (physical), 'my partner insulted or swore or shouted or yelled at me' (psychological), and 'my partner used force (like hitting, holding down, or using a weapon) to make me have sex'

(sexual). Responses were recorded on a Likert-scale. Lifetime exposure to each form of IPV (0 = absent, 1 = present) was calculated then summed as a composite score ranging from 0 to 3 reflecting levels of polyvictimization among participants.

2.3.2. Social support

Social support was self-reported by the daughters using the Social Provisions Scale (SPS; Caron, 2013). The 10-item SPS was designed to assess six dimensions of perceived social support: attachment, social integration, reassurance of worth, reliable alliance, guidance, and opportunity for nurturance. Sample items include 'There are people I can depend on to help me if I really need it' and 'There are people I can count on in an emergency.' Respondents rated each item on a four-point scale ranging from 1 (strongly disagree) to 4 (strongly agree). Total scores were obtained by adding the ratings for the 10 items, giving a range of possible scores from 10 to 40. Internal consistency of the SPS was .73.

2.4. Data analysis

All analyses and graph were plotted using IBM SPSS statistics version 28. A significant p value was set at $< .05$. As most of the variables did not follow a normal distribution, analyses were conducted using non-parametric tests and bootstrapping was used for the moderation. Listwise deletion was applied in case of missing data. Spearman correlations were first used to examine the associations between the main study variables (mothers' experiences of IPV, daughters' social support and daughters' experiences of IPV). To examine if the association between mothers' experiences of IPV and daughters' experiences of IPV was moderated by daughters' social support, a moderation analysis was conducted using PROCESS version 3.4 for SPSS (Hayes, 2022). Given that we found no significant association between IPV experiences and education, marital status, or income for daughters, these confounding variables, which had been dummy-coded, were not included in the analysis.

3. Results

3.1. Sociodemographic characteristics

The sociodemographic characteristics are reported in Table 1. Daughters reported experiencing high levels of IPV in their lifetime.

3.2. Correlations between study variables

Mothers' IPV victimization was associated with daughters' IPV victimization ($r = .575$, $p < .001$,

Table 1. Sociodemographic characteristics, IPV scores of mothers and daughters and social support score.

		<i>n</i>	%
Mothers	IPV score (Mean ± SD)	2.15 ± .99	
	Age (Mean ± SD)	54.78 ± 5.87	
	Relational Status		
	Married or in registered partnership, living with the partner	34	55.70
	In a relationship, living with the partner	2	3.30
	Divorced/separated or single	10	16.40
	Widow/widower	15	24.60
	Level of education		
	Elementary school or less	28	45.90
	High school	14	23.00
	Professional school	12	19.70
	University – Undergraduate	6	9.80
	University – Graduate	1	1.60
	Occupation		
Working for pay or profit	24	39.30	
Unemployed	1	1.60	
In retirement	7	11.50	
Fulfilling domestic tasks	6	9.80	
Others (e.g. agriculture for household consumption, pastoral work)	23	37.70	
Daughters	IPV score (Mean ± SD)	2.41 ± 1.06	
	Social support score (Mean ± SD)	17.47 ± 8.01	
	Age (Mean ± SD)	27.31 ± 3.16	
	Relational Status		
	Married or in registered partnership, living with the partner	27	50.00
	In a relationship, living with the partner	8	14.81
	In a relationship, not living with the partner	11	20.37
	Divorced/separated or single	8	14.81
	Level of education		
	Elementary school or less	16	29.62
	High school	23	42.59
	Professional school	11	20.37
	University – Undergraduate	4	7.40
	Occupation		
Working for pay or profit	35	64.81	
Unemployed	11	20.37	
Pupil, student, further training, unpaid work experience	5	9.25	
Fulfilling domestic tasks	3	5.55	

Note. IPV: intimate partner violence; SD: standard deviation.

95% CI [0.348, 0.738]). Also, a significant correlation was found between mothers' IPV victimization and daughters' social support as well as between daughters' IPV victimization and daughters' social support (see Table 2).

3.3. Moderation analysis

The overall model was significant ($F(3, 47) = 20.05$, $SE = 0.52$, $p < .001$), explaining 56.14% of the variance of daughters' IPV victimization.

The interaction term between mothers' IPV victimization and daughters' social support was significant ($b = -.03$, $SE = 0.01$, $t = -2.34$, $p = .023$, 95% CI [-0.05, -0.004]), indicating that the relationship between mothers' IPV victimization and daughters' IPV victimization was moderated by daughters'

Table 2. Spearman's Correlations between mothers' and daughters' IPV victimization scores and daughters' social support.

	Correlations Daughters' social support score
Mothers' IPV victimization (0–3)	.586***
Daughters' IPV victimization (0–3)	.481***

Note. IPV: intimate partner violence.
*** $p < .001$.

social support. The moderation effect explained 5.14% of the variance of daughters' IPV victimization. Mothers' IPV victimization was associated with daughters' IPV victimization only among daughters who reported low ($b = 0.82$, $SE = 0.13$, $t = 5.91$, $p = .000$) or moderate levels of social support ($b = 0.41$, $SE = 0.16$, $t = 2.43$, $p = .018$) (see Figure 1). At high levels of social support, the effect of the mothers' IPV victimization on daughters' IPV victimization was not significant ($b = 0.09$, $SE = 0.27$, $t = 0.34$, $p > .05$).

4. Discussion

This preliminary study aimed to examine if the association between Cameroonian mothers' experiences of IPV and their daughters' experiences of IPV was moderated by daughters' perceived social support. Results showed that social support influences the strength of the association between mothers' and daughters' IPV victimization. In fact, as levels of social support reported by daughters increased, the strength of the association between their and their mothers' experiences of IPV victimization decreased. At high levels of social support, this association was no longer significant. These findings highlight the importance of social support in mitigating IPV, a conclusion that

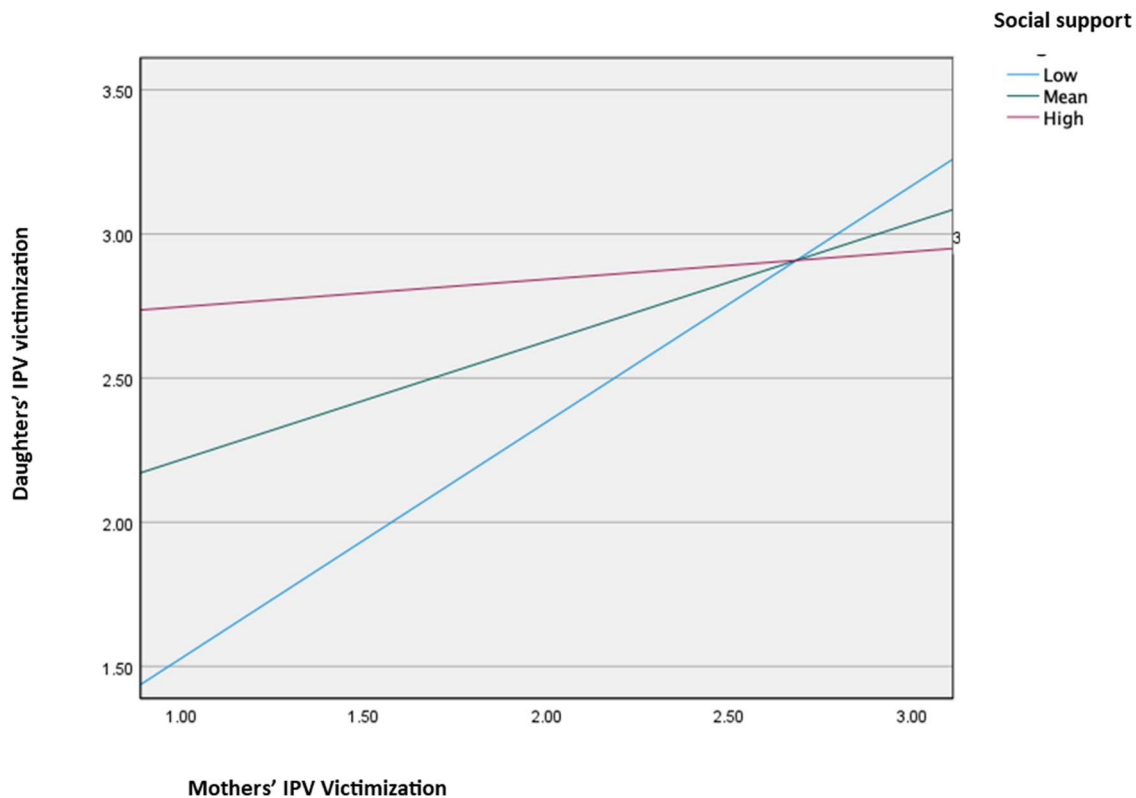


Figure 1. Significant moderation effect of social support.

resonates with previous research conducted in Western settings.

Remarkably, correlations showed that mothers' and daughters' experiences of IPV were positively associated with daughters' social support which contrasts with Western studies showing negative associations between these constructs. While this result may reflect a bias in our small sample of women with high exposures to IPV, it could also reflect some cultural specificities of Cameroon in terms of tight social relations, collectivistic social organization, as well as greater social acceptability and higher prevalence rates of violence against women in intimate relationships (Gunarathne et al., 2023; Institut National de la Statistique, 2020; McCloskey et al., 2016; World Health Organization, 2024). Thus, it is possible that when experiencing IPV, women in Cameroon do not suffer from social isolation and stigmatization at the same level as seen in Western countries (Hulley et al., 2022), maybe due to the higher rates of IPV and of acceptability of violence against women in Cameroon compare to Western countries. Women who are exposed to IPV in childhood (maternal IPV) and/or have been personally victimized by their partner may be less ambivalent towards seeking social support in this social context (Aboagye et al., 2023; Tenkorang et al., 2018). Lastly, given the cross-sectional nature of our data, the temporality between social support and mother's and daughter's experiences of IPV cannot be ascertained in this study.

Our findings corroborate results from previous Western studies showing that social support may

affect the strength of the relation between mothers' and daughters' IPV victimization (Hatch et al., 2020). However, upon visual examination, Figure 1 seems to indicate that daughters with high levels of social support are also exposed to high levels of IPV, regardless of their mothers' history with IPV. This may reflect the presence of confounding factors that were not examined in this study such as mental health symptoms in daughters and the specific nature of social support (e.g. family, friends). Future studies with larger samples should explore potential factors that may explain the positive associations between IPV and social support in Cameroonian women.

5. Limitations of the study

The first limitation of this preliminary study is the small sample size, composed of participants recruited from women's and family promotion centres, which may not be representative of the general population of Cameroonian women. Future research may wish to include larger and more diverse populations. The general measure of perceived social support is also limited in the sense that it does not account for the IPV-specific support received, the quality and amount of actual support, or the different sources of support (e.g. friends, family members). The next step may be to understand what type of social support may have the strongest buffering effect against intergenerational cycles of IPV.

6. Implications of findings

These findings provide a better understanding of the intergenerational dynamics underlying IPV in Cameroon, which is essential in optimizing public health services. They suggest that support from family and friends is important in contexts of intergenerational IPV. Thus, interventions in contexts of IPV could target these informal support systems and strengthen them to mitigate the deleterious effects of intergenerational cycles of IPV.

7. Conclusion

This study is the first to recruit dyads of adult mothers and daughters to examine intergenerational IPV in an African country. It is a valuable step towards informing sustainable policy change that addresses the high levels of IPV in this region. The results reported here may serve as a starting point for future in-depth quantitative and qualitative studies on this topic in Africa. Examining the role of social support in the cycles of IPV across sub-Saharan African countries appears to be an invaluable area worthy of future research.

Acknowledgments

We would like to thank the families in Cameroon who participated in the study.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This research was supported by a Postdoc. Mobility under Grant (#P500PS_214332) from the Swiss National Science Foundation awarded to the first author. The last author is supported by awards from the Fonds de recherche du Québec – Santé under Grant (#310809) and McGill University.

Data availability statement

The participants of this study did not give written consent for their data to be shared publicly, so due to the sensitive nature of the research supporting data is not available.

ORCID

Dany Laure Wadji  <http://orcid.org/0000-0001-5864-7032>
Rachel Langevin  <http://orcid.org/0000-0002-7671-745X>

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