The prevalence of intimate partner violence in the family: A systematic review of the implications for adolescents in Africa

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Abstract
Background: The prevalence of domestic violence against women has reached epidemic proportions in many societies. The status in Africa is not well known. The aim of this review was to systematically appraise the published prevalence studies conducted on the African continent to establish the prevalence of intimate partner violence (IPV) in Africa.

Methods: A comprehensive search was conducted in May 2012 for the past 10 years, using the following databases and also specific journals such as Ebscohost (Medline, CINAHL, PsyArticles), LANCET, Directory of Open Access Journals (DOAJ), Project Muse, BioMed Central Journal and JSTOR. Two reviewers independently evaluated the methodological quality of the studies reviewed.

Results: Seven eligible epidemiological studies were included in this review. Five of the studies were conducted in South Africa, with another in Liberia, as well as a multi-country study, which included Egypt, Kenya, Malawi, Rwanda and Zambia. The prevalence of IPV in African countries ranged from approximately 26.5% to 48%. All studies reported exposure to family violence during childhood.

Conclusion: The findings support the global burden of IPV. There is also a need for standardised tools to determine IPV in Africa and a clear definition that can be used in research to allow comparison with future IPV studies. In addition, the studies point to a need for interventions focusing on adolescents exposed to family violence.

Keywords: Prevalence, Intimate Partner Violence (IPV), Adolescents, At-risk behaviour, Systematic Review Abstract
Background: The prevalence of domestic violence against women has reached epidemic proportions in many societies. The status in Africa is not well known. The aim of this review

was to systematically appraise the published prevalence studies conducted on the African continent to establish the prevalence of intimate partner violence (IPV) in Africa.

Introduction

The impact of intimate partner violence on a child can be lasting, to the extent that victimisation and an inter-generational cycling of violence can occur and recur. When female children have witnessed their mothers being abused, they may be at risk of being in an at-risk relationship as adults. In the case of the male child, there is the risk of being a perpetrator.[1] Intimate Partner Violence (IPV) can be defined as the abuse which takes place between a couple who are either married or living together, and may or may not have a child.[2] IPV also occurs in the context of domestic violence. The abuse in IPV may be physical (hitting, kicking, slapping, etc.), psychological (belittling, humiliation, intimidation, etc.), financial (not providing financial assistance) and/or sexual (forced sexual intercourse). Additionally, abuse in IPV may take the form of isolating the partner from others.[3] According to a World Health Organisation[3] study, the prevalence of IPV reported by women was between 15% in Japan and 71% in Ethiopia. In addition, the prevalence of domestic violence against women had reached epidemic proportions in many societies.[4] The review[4] highlighted that the highest level of physical violence (47%) and emotional violence (78%) was experienced by Japanese living in North America. The prevalence of emotional violence in South America, Europe and Asia was between 37% and 50%. Often IPV has a direct influence on the victim, and may result in subsequent engagement in health- risk behaviour. These health risks often include smoking, alcohol consumption, the use of non-medical sedatives, analgesics and cannabis.[5] In extreme cases, injuries sustained from IPV can be fatal. In South Africa, the Medical Research Foundation reported that one woman was killed every six hours by an intimate partner.[6] Similarly, other studies reported that 50.3% of the homicide cases were due to IPV, mainly with a blunt object.[7] The results suggested that the mortality rates for IPV in South Africa, were twice those found in the United States. Clearly, IPV is a public health and human rights concern, because the economic cost extends to the public sphere such as the healthcare and judicial systems.

A related concern is the effects of IPV on other members of the family, particulary children. The World Health Organisation suggests that when children are exposed to IPV, the impact is often felt later in life.[3] It is suggested that children who have witnessed IPV may be more likely to develop violent and delinquent behaviour and engage in risk-taking behaviour. Research indicates that adults who had been exposed to IPV in the family during their childhood had a higher risk of psychosocial maladjustment, which included depression, conjugal violence, child maltreatment and alcohol dependence.[8] Additionally, it has been reported that exposure to abuse or family dysfunction during childhood, placed children at risk for several of the leading causes of death in later adulthood.[9] More than five years ago, research indicated that childhood exposure to IPV increased the risk-taking behaviour of adolescents and adults.[10]

Adolescence, as a phase in the course of the lifespan, is well known as a period of storm, stress and experimentation. During adolescence, young people are more likely to engage in

risk-taking behaviour such as substance abuse, delinquency and unprotected sex, and on the whole this is accounted for as part of experimentation.[11-13] However, the effects of exposure to IPV in the family and the inherent possibilities of engaging in experimentation, could place adolescents in the extremely precarious position of being doubly at risk to engage in risk behaviour. This could have implications for later development as adults, which could include health and economic challenges. For example, if an adolescent becomes a substance abuser, not only will his/her health be affected, but there can be a possibility that the adolescent will suffer economically as well. This could have a knock-on effect on the health, judicial and economic systems in the country. Using the same example, the substance-abusing adolescent would need to access health resources, may drop out of school, become involved in crime activities and therefore would require judicial input, and would subsequently be an economic loss to family, community and country. Currently, the research on IPV and its multiple effects is well documented in Western research, but is not adequately described in Africa.[4,10,14,15] Moreover, the findings of the effects of IPV on adolescent health and well-being are not conclusive. In order to gain an understanding of the impact of IPV in Africa, it is important to review current literature on the prevalence of the condition. The aim of this systematic review was to review literature relating to the prevalence of IPV in the family, as well as the possible associated risk factors for adolescents in Africa. Specifically, the objectives of the study were to (1) determine the prevalence of IPV in the family on the African continent, (2) describe the impact of IPV in the family on the adolescent in Africa, and (3) critically appraise the methodological quality of the prevalence studies related to IPV in the family, with a view to identifying opportunities to improve future research quality.

Methods

The data was systematically collected, reviewed and reported in a narrative form. Prior to the start of the systematic review, the authors reached consensus on the terms and definitions to be included in this review (Table 1).

INSERT TABLE 1 HERE

Search Strategy

During May 2012 a comprehensive search was conducted in databases and specific journals such as Ebscohost (Medline, CINAHL, PsyArticles), LANCET, Directory of Open Access Journals (DOAJ), Project Muse, BioMed Central Journal and JSTOR, for the period 2002-2012. Prevalence studies are epidemiological studies, and thus the studies sought in this systematic review would be found at Level 3 evidence in the hierarchy of evidence.[17] Manual searches of reference lists were undertaken, and articles referred to authors by experts in the field were also be included. Search terms were constructed after a review of relevant literature, and included *prevalence, intimate partner violence, domestic violence, battered women, gender violence, spouse abuse, partner abuse, adolescent/s/ce, at-risk behaviour, risk-taking behaviour,* and *Africa*. The titles and abstracts of the identified literature were screened by two reviewers independently, using the inclusion criteria below. The full text of all potentially relevant articles was retrieved by one reviewer (NR) and then screened by

another reviewer (JF) using the same criteria, in order to determine the eligibility of the papers for inclusion in the review.

Inclusion criteria

The criteria for inclusion into the study were: (i) publications in the English language; (ii) publication dates between 2002 and 2012; (iii) studies that reported on epidemiological research conducted in Africa; (iv) individuals in Africa who had been exposed to IPV in the family. Studies which focused on interventions were excluded from this study.

Methods of the review

Initially the search was conducted by one researcher, and the abstracts and titles were screened by one reviewer. The initial search yielded 11 644 articles for the prevalence of IPV in Africa. The second search included the risk factors for adolescents, which yielded a total of 392. After screening the title for eligibility, a sample of 130 was attained. The next phase was to remove all duplications from the data, and a final sample of 11 studies was retrieved. An additional 12 articles were added from expert sources. The citations for the 23 articles were retrieved and were independently read by two authors to determine if they would be included in the systematic review. Inclusion in the systematic review was based on the methodological quality of the study.

Methodological quality appraisal

The methodological quality assessment tool was one adapted from previous research.[18,19] The authors felt that this assessment tool (Table 2) would be relevant in the current systematic review, and adapted it accordingly. Nine articles constituted the final sample of articles to be included in this study A flow-chart of the process is presented in Figure 1.

INSERT TABLE 2 HERE

INSERT FIGURE 1 HERE

Data Extraction

A data extraction sheet was subsequently designed to identify relevant information such as author, date of publication, country, population (sample size, age and gender), definition of IPV, prevalence of IPV and impact of IPV (Table 3).

INSERT TABLE 3 HERE

Results

Of an initial 130 articles, seven articles met the criteria for inclusion in this study (Table 4).

General description of the studies reviewed

Of the final seven studies included in the systematic review, three were cross-sectional studies and three were population surveys. Only one study used secondary data analysis. Five of the studies were conducted in South Africa. One of the two other studies was conducted in Liberia.[5] The other study was a multi-country study, which included Egypt, Kenya, Malawi,

Rwanda and Zambia.[21] Data was collected by means of survey questionnaires in all the studies. Participants in the studies had been or were being exposed to IPV. The target population for the six of the studies was adults, aged 18 years and older. Only one study targeted mother-child dyads.[24] Of the six studies, two studies targeted only women[21,23] and one study targeted only males.[20] The remaining three studies targeted both males and females, with the majority being female participants.

Methodological appraisal

The methodological quality scores obtained by the articles prior to final inclusion are illustrated in the Table 3. Based on the scores, 11 of the 16 studies were included in the methodological appraisal phase of the study. The methodological quality was based on the sampling method, response rate, measurement tool, data sources, and the inclusion and further explanation of a definition for IPV. Of the 16 studies, 11 studies met the desired criteria (67% -100%).

Definition of IPV

Four of the studies provided a definition of IPV. The definitions of IPV, also known as "domestic or gender violence", were all-encompassing, such as identifying IPV as *physical, emotional, psychological and sexual violence* against women by male partners. In these studies, there was one study which included *trafficking women for sex* as part of a definition for IPV. Although the majority of the studies identified IPV as having women as victims, one study included men as victims of IPV.[21]

Prevalence of IPV

The prevalence of IPV in African countries ranged from 25.70% to 48%. The highest prevalence of IPV reported in the African studies was in Zambia (48%) followed by Kenya (46.2%). The mean lifetime prevalence of IPV in South Africa was 25.70%. The prevalence of IPV was more common for females than males.

Exposure and impact in childhood to IPV

All studies reported exposure to family violence during childhood. In a South African study, 41% reported being exposed to at least one childhood adversity.[25] Exposure to family violence included being physically abused as a child, witnessing violence between parents, and child sexual assault. Specifically in South Africa, almost 25% of participants reported that they had seen their mothers abused by her partner. Seven studies reported the implications for adulthood of childhood exposure to IPV. The implications included anxiety disorders,[25] stunting and underweight,[25] revictimisation,[5,20,23] distress[22] and women's health and well-being as well as the well-being and survival of children.[21]

Discussion

The aim of this study was to systematically review the prevalence of intimate partner violence (IPV) in the family, and the possible implications for adolescents who had been exposed to parental IPV. The focus of the review was on research studies conducted in Africa. The results suggest that the prevalence of IPV in Africa is somewhat consistent with

international prevalence studies on IPV. The highest prevalence of IPV was in Zambia, which was similar to physical and emotional violence found in American, European and Asian studies.[3,4] Prevalence data presents only findings of victims who are prepared to disclose, rather than the actual prevalence of IPV.[4] This could be due to under-reporting, as victims are reluctant to disclose because of feelings of shame, fear, and disloyalty to partners.[27]. As with international studies, there are often more women than men who report being victims of IPV.[3] The findings in our systematic review suggest that exposure to IPV in childhood has health implications for adulthood. These health implications include anxiety, distress, general health and well-being. Additionally, the implications of childhood exposure are often revictimisation and perpetration of IPV. These findings were similar to health implications and revictimisation in international studies.[8-10] The reviewed studies did not, however, clearly associate adolescent risk-taking behaviour with exposure to IPV, although in a study in the United States,[35] that when adolescents were exposed to IPV, they were more likely to abuse substances.

Most of the studies scored above average on the study quality score. Our review highlights limitations of the studies reviewed. Studies were excluded owing to limitations in the methodology, such as not reporting response rates and excluding information regarding measurement tools. The limitations of the final sample of studies were that almost 50% of the studies did not provide a clear definition of IPV and were cross-sectional in design (mainly in the South African studies). These cross-sectional design studies could be a reason for the rather low prevalence rates of IPV in South Africa, as the Medical Research Foundation in South Africa reported that one woman is killed every six hours by an intimate partner.[6] A systematic review of the prevalence of IPV conducted by Shamu et al.[15] highlights similar design challenges. In their study they suggest that more detailed data is collected by means of trend studies. The studies which provided definitions of IPV varied in encompassing all aspects of IPV as suggested by the World Health Organisation study.[3] However, in general, the definitions of IPV included physical, psychological, emotional and/or sexual violence.

Conclusion

It is evident from the review that IPV prevalence in Africa is also of concern, as it is internationally. There is also a need for standardised tools to determine IPV in Africa, as well as a clear definition that can be used in research to enable comparison with future IPV studies. With the high prevalence of IPV ranging from 25% to 48%, there is a need for interventions to address this public health problem. In addition, a focus on adolescents exposed to family violence would be extremely helpful.

Declaration

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Ethical approval: Ethical approval was not required.
Conflict of interest: We do not have conflict of interest for this study.

References

1. Seedat M, Van Niekerk A, Jewkes R, Suffla S, Ratele K. Violence and injuries and South Africa: prioritising an agenda for prevention. *Lancet* 2009; **374**: 1011-22.
2. American Psychological Association. *Violence and the Family. Report of the APA Presidential Task Force on Violence and the Family*. Washington DC, USA 1996.
3. World Health Organisation. *Intimate partner violence and alcohol fact sheet*. 2005
4. Alhabib S, Nur U, Jones R. Domestic violence against women: systematic review of prevalence studies. *Journal of Family Violence* 2009; **25**: 369-82.
5. Gass JD, Stein DJ, Williams DR, Seedat S. Gender differences in risk for intimate partner violence among South African adults. *Journal of Interpersonal Violence* 2011; **26:** 2764-89.
6. Mathews S, Abrahams N, Martin LJ, Vetten L, van der Merwe L, Jewkes R. "Every six hours a woman is killed by her intimate partner": A national study of female homicide in South Africa. *MRC Policy brief no. 5*; 2004.
7. Abrahams N, Jewkes R, Martin LJ, Mathews S, Vetten L, Lombard C. Mortality of women from intimate partner violence in South Africa: a national epidemiological study. *Violence and Victims* 2009; **24**: 546-56.
8. Roustit C, Renahy E, Guernec G, Lesieur S, Parizot I, Chauvin P. Exposure to interparental violence and psychosocial maladjustment in the adult life course: advocacy for early prevention. *Journal of Epidemiology and Community Health* 2009; **63**: 563-68.
9. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventative Medicine* 1998; **14**: 245-58.
10. Bair-Merritt MH, Blackstone M, Feudtner, C. Physical health outcomes of childhood exposure to intimate partner violence: A systematic review. *Journal of Pediatrics* 2006; **117**: 278-90.
11. Feldstein SW, Miller WR (). Substance use and risk-taking among adolescents, *Journal of Mental Health* 2006; **15:** 633-43.
12. Garder M, Steinberg L. Peer influence on risk taking, risk preference, and risky decision making in adolescence and adulthood: An experimental study. *Developmental Psychology* 2005; **41**: 625-35.
13. Maggs J, Frome PM, Eccles JS, Barber BL. Psychosocial resources, adolescent risk behaviour and young adult adjustment: is risk taking more dangerous for some than others? *Journal of Adolescence* 1997; **20**: 103-119.
14. Elliott GC, Cunningham SM, Colangelo M, Gelles RJ. Perceived mattering to the family and physical violence within the family by adolescents. *Journal of Family Issues* 2011; **32**: 1007.
15. Shamu S, Abrahams N, Temmerman M, Musekiwa A, Zarowsky C. A systematic review of African studies on intimate partner violence against pregnant women: Prevalence and risk factors. *PLoS ONE* 2011; **6**: e17591.
16. Reid JB, Patterson GR, Snyders, JJ. *Antisocial behaviour in children and adolescents: A developmental analysis and model for intervention*. Washington, D.C.: American Psychological Association 2002.
17. Sackett DL, Straus SE, Richardson WS, Rosenberg W, Haynes RB. *Evidence based medicine: How to practice and teach EBM (2nd ed.)*. London: Churchill Livingstone 2000.
18. Louw Q, Morris L, Grimmer-Somers K. Prevalence of low back pain in Africa: a systematic review. *BioMed Central: Muscoloskeletal Disorders* 2007; **8**: 105.

19. Wong WCW, Cheung CSK, Hart GJ. Development of quality assessment tool for systematic review of observational studies (QATSO) for HIV prevalence of MSM and their associated risk behaviour. *BMC Emerging Themes in Epidemiology* 2008; **5**: 23.
20. Abrahams N, Jewkes R. Effects of South African men's having witnessed abuse of their mothers during childhood on their levels of violence adulthood. *American Journal of Public Health: Research and Practice* 2005; **95**: 1811-16.
21. Kishor S, Johnson K. *Profiling domestic violence: A multi-country study*. Calverton, Maryland: ORC Macro 2004.
22. Williams SL, Williams DR, Stein DJ, Seedat S, Jackson PB, Moomal H. Multiple traumatic events and psychological distress: The South African stress health study. *Journal of Traumatic Stress* 2007; **20**: 845-55.
23. Dunkle KL, Jewkes RK, Brown HC, Yoshihama M, Gray GE, McIntyre JA, Harlow SD. Prevalence and patterns of gender-based violence and revictimization among women attending antenatal clinics in Soweto, South Africa. *American Journal of Epidemiology* 2004; **160**: 230-39.
24. Sobkoviak RM, Yount KM, Halim N. Domestic violence and child nutrition in Liberia. *Social Science and Medicine* 2012; **74**: 103-11.
25. Slopen N, Williams DR, Seedat S, Moomal H, Herman A, Stein DJ. Adversities in childhood and adult psychopathology in the South Africa Stress and Health Study: Associations with first-onset DSM-IV disorders. *Social Science and Medicine* 2010; **71**: 1847-54.
26. Rico E, Fenn B, Abramsky T, Watts C. Associations between maternal experiences of intimate partner violence and child nutrition and mortality: findings from Demographic and Health Surveys in Egypt, Honduras, Kenya, Malawi and Rwanda. *Journal of Epidemiology and Community Health* 2011; **65**: 360-67.
27. Jewkes R, Levin J, Penn-Kekana L. Risk factors for domestic violence: findings from a South African cross-sectional study. *Social Science and Medicine* 2002; **55**: 1603-17.
28. Burgard SA, Lee-Rife S. Community characteristics, sexual initiation, and condom use among young black South Africans. *Journal of Health and Social Behavior* 2009; **50**: 292-309.
29. Devries K, Watts C, Yoshihama M, Kiss L, Schraiber LB, Deyessa N, Heise L, Durand J, Mbwambo J, Jansen H, Berhane Y, Ellsberg M, Garcia-Moreno C, WHO Multi-Country Study Team. Violence against women is strongly associated with suicide attempts: Evidence from the WHO multi-country study on women's health and domestic violence against women. *Social Science and Medicine* 2011; **73**: 79-86.
30. Gureje O, Kola L, Uwakwe R, Udofia O, Wakil A, Afolabi E. The profile and risks of suicidal behaviours in the Nigerian Survey of mental health and well-being. *Psychological Medicine* 2007; **37**: 821-30.
31. Petersen I, Bhana A, McKay M. Sexual violence and youth in South Africa: The need for community-based prevention interventions. *Child abuse and Neglect* 2005; **29**: 1233-48.
32. Brook JS, Morojele NK, Pahl K, Brook DW. Predictors of drug use among South African adolescents. *Journal of Adolescent Health* 2006; **38**: 26-34.
33. Andersson N, Ho-Foster A, Mitchell S, Scheepers E, Goldstein S. Risk factors for domestic physical violence: national cross-sectional household surveys in eight Southern African countries. *BMC Women's Health* 2007; **7**: 1-13.

34. García-Moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts C. WHO *Multi-country Study on Women's Health and Domestic Violence against Women Initial results on prevalence, health outcomes and women's responses*. WHO Press: Switzerland 2005.
35. Smith CA, Elwyn LJ, Ireland TO, Thornberry TP. Impact of adolescent exposure to intimate partner violence on substance use in early adulthood. *Journal of Studies on Alcohol and Drugs* 2010; **71**: 219-30.

Table 1: Terms and definitions

Terms	Definitions
Intimate Partner Violence	The abuse which takes place between a couple who are either married or living together and may or may not have a child. IPV is also used in the context of domestic violence. The abuse in IPV could be physical (hitting, kicking, slapping, etc.), psychological (belittling, humiliation, intimidation, etc.), financial (not providing financial assistance) and/or sexual (forced sexual intercourse).[2]
At-risk behaviour	An action that potentially threatens health and well-being.[16]

Table 2: The critical appraisal tool

1	**Was the sampling method representative of the population intended to the study?**	
	A. Non-probability sampling (including: purposive, quota , convenience and snowball sampling)	**0**
	B. Probability sampling (including: simple random, systematic, stratified g, cluster, two-stage and multi-stage sampling)	**1**
2	**How was non–response addressed?**	
	A. Reasons for non- response described	**1**
	B. Reason for non-response not described	**0**
3	**Did the study report any response rate? (If the reported response rate is below 60%, the question should be answered "No".)**	
	A. No	**0**
	B. Yes	**1**
4	**Was the measurement tool used valid and reliable?**	
	A. Yes	**1**
	B. No	**0**
5	**What was the source of the data?**	
	A. Secondary source: survey not specifically designed for the purpose	**0**
	B. Primary source	**1**
6	**Do the authors include the definition of intimate partner violence used for their study?**	
	A. Yes	**1**
	B. No	**0**
7	**Is the intimate partner violence further explored in the study?**	
	A. Yes	**1**
	B. No	**0**
Scoring method: Total score divided by total number of all applicable items		
Grading of the QACO score		

0% -33%	33%- 66%	67% -100%
Bad	Satisfactory	Good

Table 3: Scoring sheet for the critical appraisal

Author	1	2	3	4	5	6	7	Score
Gass et al., 2011[5]	1	0	1	1	1	1	1	67% - 100%
Rico et al., 2011[26]	1	0	0	0	1	1	1	33% - 66%
Abrahams & Jewkes, 2005[20]	1	1	1	0	1	0	1	67% - 100%
Kishor & Johnson, 2004[21]	1	0	0	1	1	1	1	67% -100%
Williams & et al., 2007[22]	1	0	1	1	1	0	1	67% - 100%
Dunkle et al., 2004[23]	1	1	0	0	1	1	1	67% -100%
Jewkes, Levin, Penn-Kekana, 2002[27]	1	0	0	0	1	1	1	33% - 66%
Sobkoviak, Yount & Halim, 2012[24]	1	1	1	0	1	1	1	67% -100%
Slopen et al., 2010[25]	1	0	1	0	1	1	1	67% -100%
Burgard & Lee-Rife, 2009[28]	1	1	1	1	1	0	0	67% -100%
Devries et al., 2011[29]	1	0	1	1	1	0	1	67% -100%
Gureje et al., 2007[30]	1	0	1	0	1	0	1	33% - 66%
Petersen, Bhana & McKay, 2005[31]	0	0	0	0	1	0	0	0% - 33%
Brook et al., 2006[32]	1	0	1	1	1	0	0	33% - 66%
Andersson et al., 2007[33]	1	0	1	0	1	1	1	67% -100%
Garcia-Moreno et al., 2005[34]	1	0	0	1	1	1	1	67% -100%

Table 4: Data extraction

Ref	Author	Study Design	Population and sample size	Country	Prevalence of Family violence	Definition of IPV
19	Gass, et al., 2011	Cross-sectional survey	The cohort was comprised of 1 715 adults, the majority of whom were married (78%). Most were women (63%), black African (72%), urban dwelling (57%), and between 35 and 49 years of age.	South Africa	Nearly 20% of the sample had been exposed to physical abuse during childhood and approximately 25% had witnessed violence between their parents or primary caregivers. 26.5% of men and 25.2% of women reported perpetrating violence against their most recent spouse or partner. 20.9 of men were the victims of violence and 29.3% of women reported being a victim of IPV	This form of violence is characterized by behavior within an intimate relationship that causes physical, psychological, or sexual harm to a partner and is commonly used to define violence against women by male partners.
20	Abrahams & Jewkes, 2005	Cross-sectional survey	1 368 randomly selected male municipal workers	South Africa	Nearly a quarter of the men (23.5%) reported having witnessed their mother being abused by her partner during their childhood. Of these respondents, 72.3% reported having seen such abuse more than once. The majority of the men reported that they had been physically punished as children (86.9%) Of those who had witnessed violence, 62% engage in physical IPV, 23% in sexual IPV, 80% in emotional IPV and 68% in verbal IPV	Not clear
21	Kishor & Johnson,	Population survey	Approximately 282 606 adult	9 countries Egypt, India,	Rates of spousal/intimate partner violence among ever-married women	The different forms of violence discussed in this

	2004		women	Peru, Cambodia, Colombia, the Dominican Republic, Haiti, and Nicaragua, and Zambia,	vary similarly across countries, with the rates being highest at 48 percent in Zambia, 44 percent in Colombia, and 42 percent in Peru, and lowest at 18 percent in Cambodia. Having a family history of domestic violence between one's parents significantly increases the likelihood of experiencing violence oneself. In all countries where these data are available, the last two factors are consistently and positively associated with a woman's likelihood of experiencing violence. Domestic violence not only poses a direct threat to women's health, but also has adverse consequences for other aspects of women's health and well-being and for the survival and well-being of children.	section include specific acts of physical, sexual, and emotional violence perpetrated by the husband/partner against his wife and any violence perpetrated by the wife against the husband/partner
22	Williams & et. al., 2007	Population survey	4 351 adults with women (58.6%).	South Africa	Partner abuse accounted for 9.1% and Intimate partner violence accounted for 30.5% Those with the most traumas (six or more) are 5 times more likely to be highly distressed than are those with no trauma. Together, high rates of trauma and multiple traumas appear to be taking a toll on South Africans' psychological health. Those	Not clear

					classified as having high global distress may be at risk of clinically relevant disorders.	
23	Dunkle, et. al., 2004	Cross-sectional study	1 395 with adult women	South Africa	Prevalence of physical/sexual partner violence was 55.5%, adult sexual assault by non-partners was 7.9%, child sexual assault was 8% and forced first intercourse was 7.3%. Physical and/or sexual partner violence rose sharply at the age of 15 years and remained relatively constant through the late thirties with cumulative incidence estimated to be 30.5% by age 30 years. Forced first intercourse after the age of 15 years has a similar impact on the risk of revictimization as does childhood sexual assault and support the hypothesis that having an early sexual experience that is unwanted regardless of age, contributes to increased risk of later revictimization. These were also associated with younger age at onset of adult violence.	Gender-based violence is generally understood to include physical, sexual and psychological abuse from intimate partners, sexual violence by non-partners, sexual abuse of girls and acts such as trafficking women for sex.
24	Sobkoviak, Yount & Halim, 2012	Secondary data analysis	2 467 mother-child dyads	Liberia	Sexual domestic violence in the prior year predicted lower adjusted z-scores for height-for-age and weight-for-height as well as higher odds of stunting and underweight with	Domestic violence refers to assaultive and coercive behaviors that adults use against their intimate partners who may include

					adverse outcomes into adulthood. Children's exposure to domestic violence may have long-term effects on the next generation.	current or former spouses and dating partners.
25	Slopen, et al., 2010	Population survey	4 351 adults	South Africa	41% reported exposure to at least one childhood adversity with physical abuse accounting for 13.2%. Childhood adversities predicted anxiety disorder	Not clear

Figure list

Figure 1: Screening of articles included