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Reflective Functioning in the Intergenerational Continuity of Intimate Partner Violence in Cameroonian Mother-Daughter Dyads

Dany Laure WADJI[1,2] and Rachel LANGEVIN[1]

1 Department of Educational and Counselling Psychology, McGill University
2 Département des sciences de la santé, Université du Québec à Rimouski

Corresponding Author: Dany Laure Wadji, Montreal, Canada, Phone number: (514)347-6904.
Email: dany.nkongninkonlackepsewadji@mail.mcgill.ca

Abstract

Objectives: Individuals exposed to intimate partner violence (IPV) in childhood are at increased risk of experiencing IPV in adulthood, but this issue has been under-researched in the African context, where IPV is highly prevalent. The factors involved in the risk of intergenerational continuity of IPV victimization are still poorly understood. Our primary aim was to examine the role of mothers and daughters' trauma-specific reflective functioning (RF) in this intergenerational continuity, in Cameroonian mother-daughter dyads.

Methods: Sixty-one mother-daughter dyads completed questionnaires individually. Regressions with daughters' IPV victimization as the dependent variable, and person-level and family-level independent variables (e.g., RF, demographic characteristics, maternal IPV victimization) were run.

Results: Continuity of IPV victimization was found for 88.2% of dyads. Person-level factors associated with increased levels of IPV victimization in daughters, included daughters' age and RF. Regarding family-level factors, mothers' IPV victimization experiences were positively associated with daughters' IPV victimization experiences ($\beta = 0.612$, $p < .001$); mothers' RF was not ($\beta = -0.034$, $p = .422$). The complete model explained 50.5% of the variance of daughters' IPV victimization.

Conclusion: These results suggest that RF, which may underlie the risk of intergenerational continuity of IPV victimization, should be further considered in practice and research.

Implications: Findings that daughters' RF and mothers' IPV victimization experiences are associated with daughters' IPV victimization can inform both practitioners and policymakers of the importance of these factors in prevention and early intervention efforts to reduce IPV.

Keywords: Reflective functioning, intergenerational continuity, intimate partner violence, mother-daughter dyads, cycles of violence.

Introduction

Intergenerational continuity of intimate partner violence (IPV; physical, sexual, and psychological violence by a current or former partner) refers to situations where both an individual and at least one of their caregivers have perpetrated or experienced IPV in an adult relationship (Do et al., 2021). The intergenerational continuity of IPV is of great social and public health importance, given the high rates of IPV recorded worldwide and its increased recognition as a key factor affecting psychosocial well-being, family functioning, and quality of life across generations (Crombach & Bambonyé, 2015). It is well-documented that individuals who grow up in families where they were exposed to IPV between caregivers are at an increased risk of experiencing IPV in adulthood (Franklin & Kercher, 2012), but this issue has been under-researched in the African context despite high rates of IPV (36% as opposed to 30% worldwide; McCloskey et al., 2016). Moreover, risk factors associated with the intergenerational continuity of IPV victimization are still poorly understood, especially in Africa (Wadji et al., 2025). More empirical evidence derived from two-generation dyadic studies are needed to determine the extent of the problem, and assist in the development and implementation of targeted prevention and risk reduction programs adapted for the African context. The current study will contribute to this endeavor by examining the role of intergenerational reflective functioning (RF) as a possible factor associated with intergenerational experiences of IPV victimization in Cameroonian mother-daughter dyads.

Understanding the Intergenerational Continuity of IPV Victimization

The intergenerational continuity model, grounded in social learning theory, asserts that children observe, internalize, and reproduce parental behaviors through role modeling and direct teaching (Perales et al., 2023). Exposure to violence between caregivers can influence children's attitudes and values about the acceptability of such behavior. As such, exposed children may learn that violence is appropriate in interpersonal contexts and reproduce these models in their intimate relationships (Puno et al., 2023; Radford et al., 2019). Furthermore, growing up in a violent household may put children on a trajectory where they are likely to be revictimized in romantic relationships (Marshall et al., 2022). Numerous studies offer empirical support for the intergenerational continuity of IPV victimization by showing that individuals exposed in childhood are at an increased risk of experiencing IPV in adulthood (Dardis et al., 2015). To develop effective prevention and response strategies that address these cycles of violence, it is imperative to better understand the risk factors involved.

Current Evidence on Risk Factors Associated with the Intergenerational Continuity of IPV

Most studies documenting risk factors associated with intergenerational continuity of IPV come from western countries, with very few studies stemming from non-western contexts. For example, a dyadic study from the United Kingdom suggested gender-specific paternal and offspring psychosocial factors such as alcohol misuse by the father, having a disrupted family dynamic , and poor parental supervision that can explain the continuity of IPV from one generation to the next (Shakoor et al., 2022). In a study conducted in the United States, the association between adolescent exposure to IPV and adult IPV victimization was found to be mediated by psychological distress symptoms, such as post-traumatic stress disorder (PTSD), depression, anxiety, and somatic complaints (Cascardi, 2016). A recent study examining early life experiences in general in the United States suggested person-specific factors (e.g., sex, birth order, perceptions of marital stability) and family-level factors (e.g., family size, father's education level, marital stability, harsh parenting) that can explain the continuity of early life adversity (Atherton et al., 2023). Regarding possible contributory factors investigated in non-western countries, and more specifically Africa, only one study was found. This study showed that in 27 sub-Saharan Africa countries, person-specific factors, such as education, living in rural areas, and female-headed households were protective against cycles of IPV (Alawode et al., 2023).

In sum, considerable empirical evidence indicates that person-specific factors — including age, sex, psychological distress, emotional and cognitive regulation, education, alcohol use, and personal attitudes toward violence — play a significant role in the continuity of IPV across generations in various cultural contexts. Research shows that these individual-level vulnerabilities influence how people interpret relationship dynamics, manage conflict, and respond to stress, thereby shaping their implication in IPV during adulthood, independently of contextual or family-level influences (Neppl et al., 2019; Osborne et al., 2025; Shakoor et al., 2022; Yang et al., 2026). However, although still largely unexplored, especially in African countries, family factors may also play an important role in the intergenerational continuity of IPV given that the family environment can foster interpersonal growth and shape interactions within and between generations (Farrington et al., 2009; Hanks & Ponzetti, 2004). This is particularly true in Africa, where family cohesion and bonds are strong, especially between mothers and daughters (Mosavel et al., 2006).

RF as a Potential Risk Factor for IPV Victimization

RF (also referred to as mentalization) may be a promising factor to explore in order to advance our understanding of intergenerational cycles of IPV victimization (Garon-Bissonnette et al., 2022). RF is described as the capacity to understand others and oneself in terms of internal mental states (e.g., feelings, thoughts, beliefs, intentions, and desires (Allen, 2013; Luyten et al., 2020). An individuals' ability to reflect after trauma or adversity (trauma-specific RF) can be crucial to make sense of their experiences and regulate emotions (Berthelot et al., 2022), and appears to protect against the development of psychopathology (Fonagy et al., 2011). Evidence suggests that traumatized people have RF impairments (Berthelot et al., 2022; Both et al., 2019; Huang et al., 2020), and studies have shown that impaired RF can mediate the association between trauma exposure and posttraumatic responses such as dissociation and PTSD symptoms (Huang et al., 2020; Wagner-Skacel et al., 2022).

Preliminary investigations of abused women showed impaired RF capacity, highlighting women's difficulties in reflecting and making sense of their experiences (Both et al., 2019; Condino et al., 2022). Specifically, Condino et al. (2022) explained that exposure to trauma in early childhood can significantly interfere with a person's ability to acquire the full range of RF skills, leaving their capacity to mentalize vulnerable to disruption under the influence of stress, and preventing them from structuring a feeling of self-cohesion that could help them avoid repetition of their childhood trauma. As the capacity to mentalize develops in the context of interactions with others, a mother's capacity to make meaning of her own traumatic experiences appears to be protective for the child (Stob et al., 2020).

To date, very few empirical studies, generally limited to mother-youth dyads, have examined how mothers' RF might influence their adult daughters' RF (Ensink et al., 2015; Rosso et al., 2015). Given that RF deficits may result in a vulnerability to IPV victimization (Condino et al., 2022), examining whether mothers' trauma-specific RF deficits following IPV victimization may be associated with increased inability to mentalize in their daughters, and if this may be associated with increased vulnerability to IPV for them appears promising, especially given that RF is susceptible to intervention. With evidence that physical abuse may have a more devastating effect on RF compared to sexual and psychological abuse (Mohaupt & Duckert, 2016), focusing solely on IPV as a global construct can lead to the erroneous assumption that all IPV subtypes are equally harmful (Gonzalez et al., 2020). Therefore, also examining RF with respect to IPV subtypes in daughters will enable us to explore different potential responses as a basis for recommendations and policies.

The Current Study

In sum, there is solid evidence of the intergenerational continuity of IPV victimization worldwide. However, several gaps remain to be filled in the literature. For example, most previous work labelled as "intergenerational continuity/transmission", especially in Africa, has used a single informant to report on the experiences of both generations, which could lead to biases due to informant bias (see a review Wadji et al., 2025). Moreover, very few studies have examined IPV victimization in two adjacent adult generations involved in an intimate relationship, while this could provide invaluable insights since it is in adult intimate relationships that the patterns of a parental couple's functioning may be reproduced or recreated (Lampis et al., 2018; Smith et al., 2011), and it is also at this age that IPV is more prevalent (Giordano et al., 2015). Another gap in the literature concerns the lack of understanding of family-level factors and its association with daughters' IPV victimization experiences, while controlling for person-specific factors. Given the theoretical importance of RF in shaping how individuals interpret and respond to trauma experiences (Fonagy et al., 2002), RF may act as a risk or protective factor within intergenerational processes (Berthelot et al., 2015; Rosso & Airaldi, 2016). Maternal and daughter RF could modify the extent to which exposure to maternal IPV victimization is associated with daughters' IPV experiences, either amplifying or buffering this link. However, this possibility has rarely been examined empirically, particularly in non-Western contexts. Lastly, the intergenerational cycle of IPV victimization remains underexplored by subtypes (any, physical, sexual, and psychological IPV; Puno et al., 2023).

The current study examined the intergenerational continuity of IPV victimization in Cameroon, where IPV is widespread (National Institute of Statistics, 2020). More specifically, we aimed to address previous research gaps by: (1) examining the extent of intergenerational continuity of IPV victimization in mother-daughter dyads; (2) examining the association between mothers' RF and daughters' RF; (3) investigating person-level factors (e.g., daughters' demographic variables, daughters' RF) and family-level factors (e.g., mothers' RF, mother IPV victimization) as possible factors associated with IPV in daughters (any, physical, sexual, and psychological IPV) within a multivariate model; and (4) exploring whether mothers' RF and daughters' RF may moderate the intergenerational association between mothers' and daughters' IPV victimization.

Based on previous findings (Allen, 2013; Allen et al., 2008; Atherton et al., 2023; Kong, 2018; Kong & Martire, 2019), we expect: (1) high rates of intergenerational continuity of IPV; (2) mothers' RF to be associated with daughters' RF; and (3) person-level factors and family-level factors to be uniquely associated with daughters' IPV victimization experiences.

Method

Participants

Participants resided in 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. Mothers were married or living with a registered partner in 55.7% of cases, while it was 50.0% for daughters. A high proportion of mothers had no high school diploma (45.9%); 23.0% had a high school diploma; 19.7% a collegial or professional training; and 11.4% had a university degree. Concerning daughters' level of education, 27.8% had a post-secondary education (collegial/professional training, university); 42.6% had a high school diploma; and 29.6% had less than a high school diploma. These numbers are comparable to those obtained in a large population study conducted in Cameroon, which found that 36.0% of emerging adult women had completed at least a high school degree (Mulat et al., 2022).

Procedure

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). 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 also obtained. Recruitment was carried out using MINPROFF records listing individuals (including their sociodemographic characteristics) who had reported cases of IPV victimization in the last five years. Participants were also recruited via flyers posted in Regional Delegation of MINPROFF and its surrounding areas. All potential participants were screened by phone prior to participation, and an appointment was scheduled at the women's and family promotion centers of the MINPROFF. Inclusion criteria pertained to age (18 years and older), language (French or English-speaking) and experiences of IPV victimization for mothers and childhood exposure to IPV for daughters (seeing or hearing interparental violence). Individuals with neurodevelopmental disorders preventing them from completing the research activities, such as autism, intellectual disability, or communication disorders were excluded from the current study. Informed consent was obtained from the families via Qualtrics before the survey was administered, after which the mothers and daughters completed the questionnaires separately with the help of two research assistants. Participants received a financial compensation for their travel expenses (10 CHF).

Measures

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

Intimate Partner Violence. IPV victimization was measured in mothers and daughters using the short form of the Revised Conflict Tactics Scales (CTS2; Straus & Douglas, 2004), a widely used instrument developed to screen for IPV perpetration and victimization. The CTS2 has 20 items, distributed over five subscales: physical, sexual, and psychological violence, injury, and negotiation. In this study, we used the 10 items on victimization measuring the frequency of violent acts received from a partner. 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. The lifetime presence (0 = *absent*, 1 = *present*) of each form of IPV (physical, sexual, psychological) was calculated, and then summed as a composite score ranging from 0 to 3 reflecting levels of polyvictimization among participants.

Reflective Functioning. RF was measured using the Failure to Mentalize Trauma Questionnaire (FMTQ) for both members of the dyad (Berthelot et al., 2022). The 29-item FMTQ assesses current problems in the way people think of or deal with past or recent trauma and adverse events. When completing the measure, participants were invited to think of intimate relationships during which they felt negative emotions, such as feeling betrayed, hurt, abandoned, used, disrespected, frightened, or overwhelmed. Examples of items include: "I was treated badly but I deserved it"; and "I am unable to talk about difficult experiences I have lived". Responses were rated on a 5-point Likert

scale from 0 (*completely disagree*) to 4 (*completely agree*). The global score is obtained by adding the mean score of each subscale, and a higher score reflects the severity of impairments in the mentalization of trauma. The FMTQ has good internal consistency in the current sample (mothers = .83; daughters = .87).

Statistical Analysis

IBM Statistical Package SPSS (version 28.0) was used for data analysis. Before performing the statistical tests, data were examined for missingness and normality violation. Cases with missing data on key variables were excluded from the analyses (n = 2). Normal Q-Q plots and box plots showed that almost all variables were not normally distributed (all $p_s < .05$), therefore Spearman's correlations were performed between study variables.

To prevent multicollinearity among independent variables, as well as to have more stable models, variables were group-mean-centered (Field, 2013). Given that we found no significant association between IPV victimization experiences and level of education, and marital status and income for daughters, these variables were not included in the analysis. Daughters' occupation was dichotomized into employed (i.e., working for pay or profit and unemployed) or unemployed (i.e., not having a paid job including, being a student and those fulfilling domestic tasks).

To examine the extent of intergenerational continuity of IPV victimization in mother-daughter dyads (objective 1), mothers' IPV victimization scores were correlated with daughters' IPV victimization scores. We alsocalculated the percentage of dyads where intergenerational continuity of IPV victimization was present. To investigate the association between the mother's RF and the daughter's RF (objective 2), we correlated the mothers' RF score with that of her daughter. Lastly, to examine person-level and family-level factors associated with daughters' IPV victimization (objective 3a), multiple linear regressions were performed using maximum likelihood parameter estimates as assumptions concerning normality of residuals and homoscedasticity were met. In Block 1, we entered person-level factors including daughters' demographic variables (age and occupation) and RF score. In Block 2, we added family-level factors (mothers' IPV victimization and RF score). Analyses for each IPV subtype (objective 3b) was performed using logistic regression. Finally, exploratory moderation analyses (PROCESS Model 2) were conducted to test whether maternal and daughter RF moderated the association between mothers' and daughters' IPV victimization.

Table 1. Sociodemographic Characteristics, and IPV and RF Scores of Mothers and Daughters

	Mothers		Daughters	
	M	***SD***	***M***	***SD***
IPV score	2.15	.99	2.41	1.06
RF score	23.57	2.64	19.87	5.74
Age	54.78	5.87	27.31	3.16
	n	**%**	***n***	**%**
Relational Status				
Married or in registered partnership, living with the partner	34	55.7	27	50.0
In a relationship, living with the partner	2	3.3	8	14.8
In a relationship, not living with the partner	--	--	11	20.4
Divorced/separated or single	10	16.4	8	14.8
Widow/widower	15	24.6	--	--
Current occupation				
Working for pay or profit	24	39.3	35	64.8
Unemployed	1	1.6	11	20.4
In retirement	7	11.5	--	--
Pupil, student, further training, unpaid work experience	--	--	5	9.2
Fulfilling domestic tasks	6	9.8	3	5.6
Others	23	37.7	--	--
Level of education				
Elementary school or less	28	45.9	16	29.6
High school	14	23.0	23	42.6
Professional school	12	19.7	11	20.4
University - Undergraduate	6	9.8	4	7.4
University - Graduate	1	1.6	--	--

Note. IPV = intimate partner violence; SD = standard deviation; RF = reflective functioning.

Results

Sample Characteristics. Characteristics of study participants and mean scores on key measures are presented in Table 1. Daughters reported experiencing high levels of IPV victimization in their lifetime.

Objective 1 - Extent of Intergenerational Continuity of IPV Victimization in Mother-Daughter Dyads. A significant moderate correlation was found between mothers' and daughters' IPV score (r = .58, $p < .001$, 95% CI [0.345, 0.734]). Continuity of IPV victimization was found for 88.2% of dyads.

Objective 2 - Association between Mothers' and Daughters' IPV Victimization and RF. No significant correlation was found between mothers' and daughters' RF. However, a significant moderate correlation was found between mothers' IPV score and daughters' RF score (see Table 2).

Objective 3a - Factors Associated with Daughters' IPV Victimization. Results of the linear regressions with total scores of daughters' IPV polyvictimization are presented in Table 3. In Block 1, being older and RF scores for daughters were associated with increased scores of IPV victimization ($F(3, N = 49) = 5.54$, $p < .002$) and the model explained 21.7% of the variance. In Block 2, the addition of family-level factors significantly increased the explained variance: $F(5, N = 49) = 11.02$, $p < .001$ (R^2 change = 28.8%), for a total explained variance of 50.5%. Daughters' RF and mothers' IPV victimization experiences were positively associated with daughters' IPV victimization experiences; other variables were not significant.

Table 2. Spearman's Correlations between Mothers and Daughters' IPV Experiences and RF Scores

	Correlations	
	G1 RF score	G2 RF score
Mothers IPV (0 - 3)	-.042	.422**
Daughters IPV (0 - 3)	.016	.188
Mothers RF (16.33 - 27.37)	-	.184
Daughters RF (4.00 - 30.97)	-	-

Note. IPV = intimate partner violence; RF = reflective functioning.
** $p < .01$

Table 3. Multilevel Linear Regression Analyses of Factors Associated with Daughters' IPV Scores

	Block 1 (AR^2= 21.70%)			Block 2 (AR^2= 50.50%)		
Predictors	**ß**	***SE***	**[95% CI]**	**ß**	***SE***	**[95% CI]**
Daughters' age	0.142*	0.054	0.034, 0.249	0.063	0.045	-0.028, 0.154
Daughters' occupation	0.377	0.314	-0.256, 1.100	0.241	0.253	-0.269, 0.751
Daughters' RF	0.090**	0.02	0.040, 0.140	0.047*	0.022	0.002, 0.092
Mothers' IPV				0.612**	0.119	0.373, 0.852
Mothers' RF				-0.034	0.041	-0.117, 0.050

Note. CI = confidence interval; AR = adjusted *R* square; SE = standard error; ß = coefficient; RF = reflective functioning; IPV = intimate partner violence.
* $p < .05$, ** $p < .01$

Objective 3b - Factors Associated with Daughters' IPV Victimization Subtypes. The logistic regression model for psychological IPV was statistically significant, $\chi^2(5, N = 46) = 19.30$, $p = .002$. It explained 45.6% (Nagelkerke R^2) of the variance and correctly classified 80.4% of cases. Mothers' IPV victimization experiences were positively associated with daughters' psychological IPV experiences ($OR = 3.57$, $p = .008$, 95% CI [1.39, 9.15]). No other variable was significant (see Supplementary Material).

The logistic regression model for sexual IPV was statistically significant, $\chi^2(5, N = 45) = 27.83$, $p < .001$. It explained 76.9% (Nagelkerke R^2) of the variance and correctly classified 88% of cases. Mothers' IPV victimization experiences were positively associated with daughters' sexual IPV experiences ($OR = 12.07$, $p = .013$, 95% CI [1.71, 85.36]). However, the wide confidence intervals for this variable indicate that this finding is not reliable and should not be interpreted. No other variable was significant.

Regarding physical IPV, results of the logistic regression model were statistically significant, $\chi^2(5, N = 45) = 35.13$, $p < .001$. The model explained 82.1% (Nagelkerke R^2) of the variance and correctly classified 96.1% of cases. Mothers' IPV victimization experiences were positively associated with daughters' physical IPV experiences ($OR = 14.91$, $p = .025$, 95% CI [1.41, 158.06]). Similar to results obtained with sexual IPV, the wide confidence intervals indicate that this finding is unreliable. No other variable was significant.

Objective 4 - Explore whether Mothers' RF and Daughters' RF can Moderate the Intergenerational Association between Mothers' and Daughters' IPV Victimization. An exploratory moderation analysis was carried out to examine whether mothers' and daughters' RF moderated the association between mothers' and daughters' IPV victimization. The overall model was significant, $R^2 = .62$, $F(5,44) = 14.54$, $p < .001$. Although the main effect of IPV_G1 was not significant, both G1_RF ($b = -0.24$, $p = .015$) and G2_RF ($b = 0.10$, $p = .001$) showed significant main effects. The interaction between IPV_G1 and G2_RF was significant (b = .048, p = .005), while the IPV_G1 × G1_RF interaction was not (b = .096, p = .102). This suggests that the intergenerational link between mothers' and daughters' IPV victimization depended specifically on daughters' levels of reflective functioning. Conditional effects analyses showed that the association was strongest when G2 RF was highly impaired, while G1 RF did not meaningfully influence the relationship.

Discussion

This study aimed to further our understanding of intergenerational experiences of IPV victimization in Cameroonian women and the risk factors involved. As expected, we found that mothers' experiences of IPV victimization were significantly associated with that of their daughters, confirming the presence of intergenerational continuity in 88.2% of our sample. Contrary to our hypothesis, results showed no significant correlation between mothers' and daughters' RF, however a bivariate association was found between mothers' IPV victimization experiences and daughters' RF. In the final regression, results showed that daughters' RF and mothers' IPV victimization experiences were positively associated with daughters' IPV victimization experiences. Factors included in the model explained 50.5% of the variance. In terms of daughters' IPV victimization subtypes, only IPV victimization experiences of mothers remained significant when all individual- and family-level factors were considered. Unfortunately, large confidence intervals prevent us from interpreting models with physical and sexual IPV.

Extent of Intergenerational Continuity of IPV Victimization and Associated Factors

Our results support the presence of high rates of IPV victimization in Cameroon, but also of the intergenerational continuity of such violence, which is in line with previous research (Knight et al., 2016; Peled et al., 2016). The rate of IPV victimization continuity in daughters in our sample aligns with the highest rates that were found in a previous systematic review of intergenerational child maltreatment revealing rates ranging from 7% to 88% (Langevin et al., 2021). Furthermore, when maternal histories of IPV victimization were entered in our multivariate analyses including individual- and family-level factors, this association with daughters' IPV remained significant. One explanation is that children exposed to IPV may learn that IPV is a normal and justified part of marriage. This learning can take place through children's direct observation of IPV acts, but also through children's awareness of IPV (e.g., seeing their mother's injuries, hearing heated arguments; Wessells & Kostelny, 2022). The influence of community and social norms may also prompt a significant proportion of women to continue to regard IPV as a normal, as shown by previous studies (Linos et al., 2013; Muluneh et al., 2021; Wadji et al., 2023). However, as this is the first study to document the intergenerational continuity of IPV victimization in adult mother-daughter dyads from Cameroon, additional studies are needed to replicate our findings with a larger and more representative sample.

Mothers' and Daughters' RF

Surprisingly, no significant correlation was found between mothers' and daughters' RF. The sociodemographic characteristics of the sample, in particular the level of education, may account for this as daughters were generally more educated than mothers with at least a high school diploma in 70.3% versus 54.1% for mothers. Daughters' fairly high level of education compared to that of their mothers may have a buffering effect on their RF, as evidence shows that education is associated with greater RF skills (Sleed et al., 2020). It is also possible that through the socialization and developmental processes, relational changes taking place in the daughter's life in adolescence and adulthood, involving the gradual separation from parents, increased emphasis on peer relationships (Rossouw et al., 2021), and later with an intimate partner, could promote the development of daughters' reflexive abilities beyond that of their mother. Finally, the small sample size, which may not be powerful enough to detect a significant effect (Nayak, 2010), could also explain this result. Clearly, more studies are needed to better understand the applicability of western findings on RF to the sub-Saharan African context.

Correlations showed that mothers' experiences of IPV victimization were associated with lower RF in their daughters. Evidence confirms that lower RF in early childhood can be related to trauma, abuse, or neglect (Arabadzhiev & Paunova, 2024). Families affected by IPV may have little capacity to foster RF in children (Mohaupt & Duckert, 2016). Given that the basis for RF is a secure attachment relationship (Berthelot et al., 2022; Fonagy et al., 2011), it is possible that mothers' IPV victimization experiences may undermine daughters' sense of security in the relationship, and that attachment disruptions or insecurities may render daughters vulnerable to lower levels of RF (Asen & Fonagy, 2017).

Our findings showed that daughters' RF remained significant in the final model while mothers' RF did not emerge as significantly associated with daughters' IPV victimization experiences in any of the regression models. These findings are in line with the literature, which reports a correlation between impaired RF and vulnerability to IPV (Condino et al., 2022). It is possible that the determining factor in understanding one's own vulnerability to abuse is one's own ability to mentalize, however, given the cross-sectional nature of our study, daughters' RF could also be negatively impacted by their experiences of IPV victimization (Tanzilli et al., 2021). Replication studies using longitudinal designs would be necessary to establish temporality between these variables.

The exploratory moderation analyses suggested that the association between mothers' and daughters' IPV victimization varied as a function of RF in both generations, with the effect being significant only for daughters' RF. Specifically, the intergenerational association appeared stronger at higher levels of daughters' RF impairments and weaker at lower levels of impairments. This result should be considered cautiously given the exploratory nature of the analyses, the relatively small sample size, and the cross-sectional design. Future research with larger longitudinal samples is needed to further clarify the role of RF in the intergenerational continuity of IPV.

Other Individual- and Family- Level Factors Associated with Daughters' IPV Victimization

Results partially supported our hypothesis, showing that some person-level and family-level factors are associated with the intergenerational continuity of IPV victimization, which aligns with previous research (Atherton et al., 2023; Smith et al., 2011). Of interest here, daughters' individual characteristics including age and RF were associated with their IPV experiences. Findings are relatively consistent that as women get older, they report more experiences of IPV (Capaldi et al., 2012). In this study, most of the daughters were in their twenties, a well-documented period when the likelihood of IPV victimization is high (Johnson et al., 2015). Results indicate that daughters' occupation was not associated with their experiences of IPV victimization. This finding is consistent with a previous study which found that unemployed respondents were not at a greater risk of IPV than employed respondents (Rodriguez et al., 2001). This may suggest that the protective effect of the profession may be somewhat reduced in this particular African context, due to social norms (e.g., the idea that women should be submissive; it is acceptable for men to hit their wives) that support aggression towards others (Linos et al., 2013), and that can heighten levels of interpersonal violence between couples regardless of women's occupation.

Analysis with IPV Subtypes

The overall model for each IPV subtype was significant and mothers' IPV victimization experiences were the only significant factor associated with daughters' IPV victimization. However, two out of the three models that were tested provided unreliable estimates and can, therefore, not be interpreted (physical and sexual IPV). The small sample could explain the wide confidence intervals (Slutsky, 2013). However, mothers' IPV victimization experiences were positively associated with daughters' psychological IPV experiences. It is possible that girls who have grown up in homes characterized by IPV may behave similarly to their mothers (e.g., withdrawing attitude, being submissive, seeing IPV as normal; Dekel & Abrahams, 2023); and be more likely to adopt IPV-accepting attitudes in their intimate relationships (Howell et al., 2016), thus potentially explaining their higher risk of psychological IPV. Future studies with larger samples, that can have the potential to increase the degree of certainty, are needed to explore factors that might better explain daughters' experiences of sexual and physical IPV.

Strengths and Limitations

Findings of this study should be interpreted in light of certain limitations. First, the sample consisted in French-speaking Cameroonians recruited through a center of promotion of women and families' health and well-being. Future studies should include a more diverse sample from the community. Second, the sample size was small, which may have reduced the power to detect significant associations. Third, we used the CTS2 which, despite being the most widely used instrument for measuring IPV experiences worldwide, including in sub-Saharan Africa (McClintock et al., 2021; Wadji et al., 2022), has its limitations. Specifically, it relies heavily on the frequency of violence and provides no information on the circumstances and context behind it. As noted by Jones et al. (2017), certain behaviors assessed in the CTS2 may not carry the same meaning or severity across countries, underscoring the need for culturally adapted and validated IPV measurement tools for African populations. Fourth, we used self-reported retrospective data, which may introduce recall biases. Another concern is that to measure RF, we used a self-report measure, which may be more vulnerable to measurement errors (Hoeppner et al., 2011). Thus, multi-method assessments of RF and IPV would be advisable in future research.

Our study also has several strengths. First, it focuses on adult mothers and daughters involved in an intimate relationship, which are an understudied population. Second, no dyadic study has been conducted to date on the intergenerational continuity of IPV victimization in sub-Saharan Africa, and more specifically in Cameroon. This unique dataset provides valuable information on the role of RF in the intergenerational continuity of IPV within this specific cultural context, known for its high level of IPV. Third, by examining both individual- and family-level factors, the study offers valuable insights for targeted interventions aimed at reducing IPV. Finally, another strength of the present study

is the use of the same measure of IPV and RF for mothers and daughters, thus maintaining consistency, accuracy, and comparability of results.

Implications of Findings

If our findings are replicated, several implications emerge to guide interventions aiming to interrupt intergenerational cycles of IPV in the Cameroonian context. Enhancing daughters' reflective functioning (RF) appears particularly important, as strengthening the ability to understand and regulate internal states may help victims reinterpret their experiences, reduce self-blame, and disengage from violent relationships. Service providers working with families affected by IPV may therefore benefit from assessing RF in both parents and children to identify dyads at heightened risk and tailor early support. At a broader level, effective prevention strategies require attention to family-level factors — especially mothers' histories of IPV — and to structural needs. In this regard, policymakers can contribute by integrating RF based psychoeducational components into national IPV prevention programs, supporting community initiatives that reinforce parent–child communication about healthy relationships, investing in culturally adapted IPV and RF assessment tools, and training frontline workers to identify RF vulnerabilities. Similarly, educators can promote emotional literacy and non-violent conflict resolution in school curricula, foster critical reflection about IPV supportive norms, and collaborate with families to identify students who may be socioemotionally vulnerable. Caregivers also play a vital role by maintaining open communication, encouraging reflection on emotions and relational expectations, and challenging beliefs that normalize IPV within the family. Collectively, approaches that build RF capacities across individual, familial, educational, and community systems may serve as powerful protective factors capable of disrupting the intergenerational continuity of IPV in Cameroon.

Future research, ideally longitudinal and with larger sample, using mediation and moderation analyses, is needed to better understand the mechanisms underlining intergenerational cycles of IPV victimization. It is also recommended to actively pursue the cultural adaptation of questionnaires used to measure IPV and RF to ensure greater reliability of findings in non-western contexts.

Conclusion

This study examined the intergenerational continuity of IPV victimization, and the role of RF in these cycles. Findings showed that being older, having more impaired RF for daughters, and higher levels of IPV victimization for mothers, may confer greater risk for IPV victimization in daughters. Findings may inform the development of services that address IPV in at risk families.

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Conflict of interest

The authors have no conflict of interest to disclose.

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Supplementary Material

Table 4. Final Step of the Logistic Regression about Psychological IPV

					95% CI for OR	
Predictor Variables	ß	*SE*	*p*-value	OR	Lower	Upper
Daughters' age	.110	.174	.526	1.116	.794	1.570
Daughters' occupation	.450	.907	.620	1.568	.265	9.271
Daughters' RF	.086	.079	.275	1.090	.934	1.271
Mothers' IPV	1.272	.480	.008*	3.569	1.393	9.146
Mothers' RF	-.293	.195	.133	.746	.509	1.093

Note. CI = confidence interval; * = significant value; SE = standard error; ß = coefficients; OR = odds ratios for the predictors.

Table 5. Final Step of the Logistic Regression about Sexual IPV

					95% CI for OR	
Predictor Variables	ß	*SE*	*p*-value	OR	Lower	Upper
Daughters' age	.484	.376	.180	1.622	.777	3.380
Daughters' occupation	.398	2.071	.500	4.048	.070	2.345
Daughters' RF	.238	.173	.171	1.268	.903	1.782
Mothers' IPV	2.491	.998	.013*	1.207	1.707	8.536
Mothers' RF	.197	.290	.497	1.218	.690	2.152

Note. CI = confidence interval; * = significant value; SE = standard error; ß = coefficients; OR = odds ratios for the predictors.

Table 6. Final Step of the Logistic Regression about Physical IPV

					95% CI for OR	
Predictor Variables	ß	*SE*	*p*-value	OR	Lower	Upper
Daughters' age	.925	.639	.148	2.52	.721	8.828
Daughters' occupation	4.832	2.812	.086	1.254	.507	3.103
Daughters' RF	.466	.294	.113	1.594	.895	2.838
Mothers' IPV	2.702	1.205	.025*	1.491	1.406	1.581
Mothers' RF	-.323	.368	.380	.724	.352	1.490

Note. CI = confidence interval; * = significant value; SE = standard error; ß = coefficients; OR = odds ratios for the predictors.