

EXPERIENCES OF INTIMATE PARTNER VIOLENCE AMONGST WOMEN IN A NON-PROFIT ORGANISATION IN BLOUBERG MUNICIPALITY, LIMPOPO PROVINCE

By

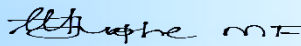
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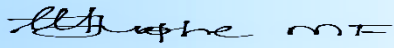
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DECLARATION

I, Muofhe Mantshi Florance, hereby declare that the dissertation titled – “***Experiences of Intimate Partner Violence Amongst Women in a non-profit organization at Blouberg Municipality, Limpopo Province***” - submitted by me, has not been submitted previously for a degree at this or any other university, that it is my own work in design and in execution, and that all reference materials contained therein have been duly acknowledged.

Signature:



Date:16/06/2023

DEDICATION

This study is dedicated to my late grandmother, Florence Mantshi Sekoaila. You taught us the value of hard work and the importance of education. You have planted a seed of education in my life and I promise that one day I will make you proud. Thank you Mma.

ACKNOWLEDGEMENT

First and foremost, I want to express my gratitude to the Almighty God for the gift of life. People would be pointing at my grave and I would have been forgotten, if it were not for His grace. His kindness and grace has sustained me till now; it is because of Him that I am here.

To my supervisor, Dr Mercy Mushwana, thank you for your support and patience.

To my mother, Daphney Muofhe, I will always be grateful for all your support and sacrifices. You never stopped encouraging me to pursue my goals, and you believed in me more than I did. I value your existence, thank you so much, Koko Nni.

To my son Mpho, I know it was not easy growing up without me by your side. Thank you for your understanding. I love you.

To my late sister, Mapula, I was there from the beginning when you were ill, and I had no idea what was going on. I prayed and fasted for you to improve, but God had different plans with your life. Nothing in this world will ever be able to fill the void you left in my spirit. I dedicate my research to you because you were never given the opportunity to pursue your aspirations. May your soul rest in eternal peace. Mapula, I miss you so much and will always adore you.

LIST OF ABBREVIATION

AIDS	Acquired Immunodeficiency Syndrome
CDCP	Centre for Disease Control and Prevention
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
IPV	Intimate Partner Violence
NGO	Non-governmental Organisation
NPO	Non-profit Organisation
PSTD	Post-traumatic stress disorder
SA	South Africa
SAPS	South Africa Police Service
STI	Sexual transmitted Infections
SVESC	Senwabarwana Victim Empowerment Support Center
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

ABSTRACT

Intimate partner violence is a problem that affects women worldwide. It is a form of gender-based violence usually where women / victims are violated and abused by their male intimate partners. The issue of intimate partner violence (IPV) has become a public health concern, in addition, it violates women's human rights. South African studies indicate that intimate partner violence prevalence's rates are high despite the intervention programmes that have been designed to address IPV. This study aimed at exploring the experiences of women who had been victims of intimate partner violence in a non-profit organization in Blouberg Municipality, Limpopo Province. The study employed a qualitative research approach, and thematic analysis was used to analyze the data. Eight participants were selected based on purposive sampling and data was gathered from them using semi-structured interviews. The ecological model and feminist theory as the conceptual frameworks were used to interpret the women's lived experiences. The findings of the study indicate that women suffer from immense psychological and social effects of their experiences. These effects include - isolation, depression and suicidal ideations. Among some of the recommendations, are that the government should hire more qualified social practitioners, especially, in the rural communities and for stakeholders to address, more diligently, IPV in rural areas to promote gender equality.

Keywords: Intimate partner, intimate partner violence, ecological model, feminist theory.

Table of Contents

DECLARATION	i
DEDICATION	ii
ACKNOWLEDGEMENT	iii
LIST OF ABBREVIATION	iv
CHAPTER ONE: INTRODUCTION OF THE STUDY.....	1
1.1 Background of the study	1
1.2 Problem statement	4
1.3 Significance of the study	6
1.4 Study purpose and objectives	6
1.5 Definition of terms	7
CHAPTER TWO: LITERATURE REVIEW	8
2.1 Introduction	8
2.2 Intimate Partner Violence	8
2.3 Violence against women	8
2.4 Violence against Women Global Perspective	9
2.5 Prevalence of IPV in South Africa.....	12
2.6 Violence against women in South Africa	13
2.7 Types of violence.....	15
2.8 Causes and contributing factors of intimate partner violence	18
CHAPTER 3: THEORETICAL FRAMEWORK	21
3.1 Introduction	21
3.2 Ecological model and Feminist theory	21
3.3 Conclusion.....	25
CHAPTER 4: RESEARCH METHODOLOGY	27
4.1 Introduction	27
4.2 Research Approach	27
4.3 Study setting	27
Figure 1: Map of Limpopo Province.....	29
4.4 Population and sampling	29
4.5 Data collection Instrument	31
4.6 Pre-testing.....	31
4.7 Trustworthiness of the study	31

4.8 Plan for data collection	33
4.9 Plan for data management and data analysis.....	33
4.10 Ethical consideration.....	34
4.11 Plan for dissemination and implementation of results	35
4.12 Summary	35
CHAPTER 5: PRESENTATION OF THE FINDINGS	36
5.1 Introduction	36
5.2 Demographic Data of Participants	36
Table 5.1.....	37
5.3 Participants life stories.....	39
5.4 Presentation of findings.....	42
5.4.1 Theme 1: Common violence experienced	43
5.4.2 Theme 2: Perceived controlling factors of IPV.....	46
5.4.3 Theme 4: Social Impact of IPV on women	51
5.4.5 Theme 5: Coping strategies of IPV victims.....	53
CHAPTER 6: RECOMMENDATIONS AND CONCLUSION.....	55
6.1 Introduction	55
6.2 Overview of the study.....	55
6.3 Summarizing the major findings	56
6.4 Recommendations	60
6.5 Study limitations	61
6. 7 Conclusion	62
6. LIST OF REFERENCES	63
ANNEXURE A: INTERVIEW GUIDE	77
ANNEXURE B: INFORMATION SHEET	78
ANNEXURE C: CONSENT LETTER AND FORM	79
ANNEXURE D: LETTER FOR PERMISSION TO CONDUCT THE STUDY.....	83
ANNEXURE E: LETTER OF PERMISSION	84
ANNEXURE F: PROOF READING LETTER.....	85
ANNEXURE G: PLAGIARISM REPORT	86
ANNEXURE H: ETHICAL LETTER	87

CHAPTER ONE: INTRODUCTION OF THE STUDY

1.1 Background of the study

Intimate-partner violence (IPV) is a worldwide issue that women experiences (Beyer, Wallis, & Hamberger, 2015). The World Health Organisation (WHO) indicates that IPV could be experienced by both male and female, however, it is commonly and globally perpetrated by males on their female partners (World Health Organization, 2013). Gender-based violence has been used often to conceptualise this type of violence, however, one needs to differentiate violence in intimate relationships. This is because gender-based violence involves different kinds of violence, whilst intimate partner violence is specifically among partners in an intimate relationship (Kapiga, Harvey, Muhammad, Stöckl, Mshana, Hashim & Watts, 2017). An intimate partner is someone who usually has an emotional connection or regular contact with an individual (Ogundipe, Woollett, Ogunbanjo, Olashore, & Tshitenge, 2018). IPV is an act that may be classified as - physical abuse, sexual abuse, or psychological abuse or a controlling behaviour of one partner - in a relationship (Song, Wenzel, Kim & Nam, 2017).

Female subordination and subsequent danger, throughout their lives are caused by the unequal distribution of power between males and females (Di Cesare, 2014). There is now a variety of studies that show how IPV negatively affects women's physical, mental, emotional, and behavioral health and wellbeing (McCloskey, 2016). Most women who experience IPV become powerless and lose control, making it hard for them to leave the relationship as a result, women experience a range of life-altering consequences (Goodman, Fauci, Sullivan, DiGiovanni & Wilson, 2006).

IPV is prevalent in many parts of the world. Approximately 30% of women worldwide experience physical and/or sexual abuse from an intimate partner at some point in their lives, and intimate relationship homicide accounts for one out of every three killings (Devries, Mak, Garcia-Moreno, Petzold, Falder, Rosenfeld, 2013; World Health Organization, 2016). According to the WHO (2013), IPV is the leading cause of death amongst women worldwide, with South-East Asia, the Mediterranean area, and Sub-Saharan Africa having the greatest rates of physical and/or sexual IPV (Stöckl, Devries, Rotstein, Abraham, Campbell, Watts, & Moreno, 2013). IPV however, is pervasive globally, affecting all cultures and socioeconomic groups (Robertson, Walker, & Frick, 2020).

IPV is more common in South Africa than everywhere else in the world (Lewis & Wood, 2015), and while prevalence estimates vary, rates are consistently high, despite positive reforms in

the constitution, justice system, and the implementation of victim empowerment programs. It was estimated that one out of every five women in South Africa, over the age of 18 has suffered physical abuse (South Africa Demographic and Health Survey, 2016). Physical violence is said to be more prevalent in the poorest homes, with at least one out of every three women in poor socio-economic backgrounds reporting physical assault (Metheny & Essack, 2020). According to the South African Police Services (SAPS), femicide has increased by 7.7%, with women's killings jumping from 9.6% in 2015 to 20.8 percent in 2016/17 (SAPS, 2019). The 2018 SAPS crime statistics reports 50 108 occurrences of sexual crimes in 2017/8, up 0.9 percent from the previous year, and femicide has climbed by 11% in the last two years (SAPS, 2019).

In 2020, South Africa declared Covid-19 as national disaster as it was declared a pandemic across the world. To combat the spread of Covid-19, the country was put under lockdown. IPV cases surged in South Africa during the lockdown (Action, 2020), despite the fact that domestic violence was already frighteningly frequent in the country before the Covid-19 outbreak (Shamu, Gevers, Mahlangu, Jama Shai, Chirwa & Jewkes, 2016). Minister of Police Bheki Cele announced that during the first week of the lockdown, they received over 87 000 reports regarding women's assault (Gould, 2020). Domestic violence and abuse occurrences appear to increase in number frequency, and intensity when perpetrators and women who were assaulted were compelled to live in the same house (Action, 2020).

In a recent South African study, the prevalence of all kinds of IPV was somewhat greater among older women aged 50 and above than among women aged 15 to 49 (Metheny & Essack, 2020). In the previous 12 months, around 9% of women reported IPV, and 35% reported at least one persistent controlling behavior from the perpetrators. Women who had been divorced or separated, as well as those who had observed IPV as a kid, were more likely to report it (Metheny & Essack, 2020). The recent highly-publicized and alarming incidents of gender-based violence (GBV) which includes IPV, and femicide in SA resulted in President Cyril Ramaphosa's announcement of a five-point emergency plan to address GBV in the country (Sandrine, 2020).

IPV may cause brain injuries from punching, kicking, and stabbing with sharp instruments, as well as back aches (from falling and being kicked in the back). The injuries that women sustain from punching and being hit with hard objects and fists include loss of hearing and eyesight, damage to internal organs, cardiovascular problems, miscarriages, HIV infections (women are afraid to negotiate safe sex in an abusive relationship because this may lead to

further violence), and unwanted pregnancies (due to the fear of discussing family planning) (Soleimani, Yosefnezhad, Ahmadi, 2017).

Posttraumatic stress disorder, forceful flashbacks, feelings of helplessness, irritability, and anxiousness, major depression (irritability, temper tantrums, tiredness, unworthiness, loss of hope, insomnia, moodiness, decreased appetite or binge eating), complicated trauma (continual feelings of void, frustration, despair, ego) as well as generalized anxiety disorders (panic attacks, dread, and worry) are the major psychological effects of IPV (Bradbury-Jones & Isham, 2020; Liu *et al.*, 2018). The behavioural effects of IPV include – alcohol abuse (to sedate and ignore the painful experiences of IPV), suicide attempts, low self-esteem, lack of confidence, living in fear and isolation (due to the violence) (Soleimani, Ahmadi, & Yosefnezhad, 2017).

Bandura's social learning theory explains that behavior is observed and learned, meaning that most of the men are violent because they grew up experiencing violence and have learned that particular behavior, hence, they end up abusing their partners (Fowler, Cantos, & Miller, 2016). Intimidation and humiliation are some of the psychological consequences women suffer due to IPV, at the hands of men.

South Africa has made some progress in empowering women in the country, in response to the IPV crisis (Leburu-Masigo, 2019). The South African government has signed a number of treaties and conventions to protect women's rights, as well as enacting legislation such as the 1998 Domestic Violence Act, the 2012 Criminal Law (Sexual Offences and Related Matters) Amendment Act, the 1998 Maintenance Act, and the 2011 Protection from Harassment Act (Mogale, Burns & Richter, 2012). The Domestic Violence Act 116 of 1998 was executed and put into force in order to provide for the issuance of a protection order in cases of domestic violence and related problems (Leburu-Masigo, 2019). The Domestic Violence Act 116 of 1998 was implemented with an aim of decreasing violence within families and to ensure that women are treated fairly by their male partners inside their homes. The Act protects all women involved in any kind of a relationship (Domestic Violence Act, 1998). In addition, South Africa has one of the world's most progressive constitution that guarantees gender equality. The constitution of the RSA has provision for the protection of women against any form of abuse (Leburu-Masigo, 2019), however, there is an evident gap between the South African women's constitutional rights and real-life experiences (Sandrine, 2020).

IPV is still rising in the country (Leburu-Masigo, 2019), despite the efforts of the government to reduce and protect women against violence. Women in the rural communities are still being violated even when these laws have been introduced. There are campaigns in the country that aim to empower women, yet the level of IPV is still high (Mshweshwe, 2018). Men in the rural communities use violence to maintain control over their women (Tanga & Gutura, 2016). Most men in the rural communities believe that they have power over their women, and they are superior to their intimate partners. In addition, most of the women in the rural communities are uneducated and their social economic statuses are low which increases women's vulnerability to IPV (Ayodapo, Sekoni, & Asuzu, 2017). Jewkes and Abrahams (2002) stated women fear that even reporting incidences of gender-based violence to the police, the perpetrators may go unpunished, which increases their mistrust of the legal system. The education level of women in the rural communities is low compared to their male partners, hence, the women tend not to be aware of their rights and the laws of the country made to protect them, regarding IPV (Yakubovich *et al.*, 2018). Limpopo is one of the provinces in South Africa which is well known for high rates of gender-based violence. According to Thobejane (2019), Limpopo has the highest rates of IPV compared to other provinces in the nation. Based on a study conducted in 2012 by Gender Links, 77% of women in Limpopo had experienced IPV and men were the perpetrators of IPV (Links, 2012). The Capricorn District in Limpopo Province has a high number of IPV cases, because it is a rural district where male superiority is common (Thobejane, Luthada, & Mogorosi, 2018). Men in this part of the country grow up believing that gender-based violence and gender inequality is acceptable, hence, they believe that there is nothing wrong when women are being violated or mistreated (Aphane & Mofokeng, 2018). There are many cultures that put women in a position of being submissive to their partner, thereby justifying the abuse. Data obtained from trauma centers in Limpopo's regions, show that 70% of women had experienced various forms of abuse in their personal relationships (Links, 2012). There is a need, hence, to document the experiences of women from rural areas concerning their experiences of IPV in the Blouberg Municipality so as to come up with strategies to mitigate the situation.

1.2 Problem statement

There are women in the rural communities who continue to experience IPV despite the efforts made with so many programs, by the local government, to uplift and empower women (Leburu-Masigo, 2019). Women are being abused and killed daily by their intimate male partners. There have been numerous deaths reported in the country due to IPV, therefore,

South Africa is considered to have the highest rate of such kind of violence, worldwide (Joyner, Rees, & Honikman, 2015).

The researcher has observed that women are being violated and killed by their male partners, despite the former being in possession of protection orders. The researcher observed that villages, particularly, those under Blouberg Municipality have women who are abused and are silent about it as the society has normalized the ill-treatment of women. Women do not seem to have a self-sense of value, as compared to men; there was even an instance when a man killed his partner and buried her by himself, in one of the villages. This incident sparked an interest in trying to understand the mental state of women as they go through relationships filled with violence.

This problem does not affect the victim's family only but the whole country at large because the rights of women are being violated and one death is always too many. Many studies have been undertaken on the forms, causes, and effects of abuse in women, but few have been conducted in rural communities, making this issue under-researched (Roush & Kurth, 2016). Due to paucity of research, women in rural areas are unable to share their own stories and convey their thoughts about what they perceive to be abuse. This means that, even though women in the country have the right to tell their stories, they just do not do it, for a variety of undisclosed reasons. One assumption may be that because there are few IPV support services in the Blouberg Municipality, most victims choose to keep the matter to themselves (Woollett & Hatcher, 2016).

The radios and televisions are always reminding women to speak up and break the silence, yet they continue to tolerate the situation, especially, women in rural areas. There are few research studies conducted to determine why women continue to stay in abusive marriages and relationships. In Blouberg Municipality, where this research was conducted, no specific research has been done to explore the experiences that women face in intimate relationships. As a consequence, the findings of this study could be utilized to inspire preventative strategies in tackling the problem of IPV, not just in Blouberg Municipality, but across South Africa and beyond. In the Blouberg Municipality, there is an urgent need to document the experiences of women from rural regions who have been subjected to IPV as the situation is deteriorating at an alarming rate. Long-term implications of IPV include increasing usage of legal and medical services, which places a strain on the country's resources.

1.3 Significance of the study

The study has the potential to aid government in developing more policies that may assist rural women to get the necessary support regarding intimate-partner violence intervention services. The study may help future researchers who might undertake similar studies to have a clear background understanding of intimate-partner violence and the challenges these women face in their relationships in the rural areas. The researcher will be able to explore the lived experiences of women who are victims of IPV. The study has the potential to empower and assist other women in other regions of South Africa who are experiencing IPV to have access to much-needed support that is restricted in rural areas, as well as to communicate about their encounters of IPV, which will add to the body of knowledge. The study's findings may help stakeholders such as social workers, psychologists, and police to start a conversation about the topic and increase awareness about intimate-partner violence in their communities, reducing abuse and mortality caused by IPV.

1.4 Study purpose and objectives

1.4.1 Purpose of the study

The study aimed to explore the experiences of intimate partner violence, amongst women at Blouberg Municipality, Limpopo Province.

1.4.2 Objectives

The study sought to realise these objectives:

- To explore the accounts of women who have experienced intimate-partner violence in Blouberg Municipality.
- To explore the factors that facilitate women's exposure to IPV.
- To understand the causes of conflict in intimate relationships.
- To explore the coping strategies used by women who are victims of IPV in Blouberg Municipality.

1.4.3 Research questions

These questions have been formulated in order to achieve the study objectives:

- What are the accounts of women who have experienced intimate partner violence?
- What are the factors that facilitate women's exposure to IPV?

- What causes conflicts in intimate relationships?
- What are the coping strategies used by women who are victims of intimate partner violence in Blouberg Municipality?

1.5 Definition of terms

Violence refers to any behavior that is performed by human that is intended to inflict and cause pain to the next person (Fidan & Buil, 2016). Violence in this study refers to any behaviour that is characterized by threats, harm and pain.

Intimate partner violence is defined as the behavior that includes injuring, sexual assault, psychological abuse, neglect and causing harm to an intimate partner (Lopes, 2016). These behaviors are intentionally inflicted on another person to exercise power, inflict pain, control and dominance over the other person. In this study 'intimate partner violence' refers to intended violence that is perpetuated on women by their male intimate partners.

Non-profit organisation according to section 1 of NPO act 71 of 1996, is defined as a trust, company or association that is established for public purpose wherein the members do not distribute the income to themselves except as a compensation for any rendered services (Act 71 of 1997).

1.6 Conclusion

This chapter briefly discussed the introduction and background of the study, the research problem, aim and objectives of the study, research questions and the significance of the study. The definition of keywords concluded the chapter.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Various facets of female intimate partner violence are discussed in this chapter, including their causes, consequences, and prevention. IPV is discussed in terms of its description, the factors that contribute to it, the many varieties of IPV, what can be done to decrease IPV, the repercussions of IPV, the consequences of IPV, and the coping strategies that women employ. It is critical to fully understand IPV, through looking at aspects like - its causes, correlations, and repercussions, and to discern between different types of intimate partner violence. A considerable amount of research has been done to identify different types of violence based on similarities and differences in patterns of violence. IPV has been around for a long time but finding a single account that is concise and up to date with the newest changes is difficult, hence, the need to comprehensively engage with the topic.

2.2 Intimate Partner Violence

Many cultures have a long history of IPV, and it is impossible to address it without first addressing the fundamental reasons and triggers of violence. Violence exists because of the power imbalance that exists in society. Masculinity is connected with dominance, toughness, and the perception of women as powerless and dependent on their husbands or partners, in countries where gender roles are differentiated (Heise, Ellberg, & Gottmoeler, 2002). Many cases of intimate partner violence in our country and around the world are not reported to the authorities, which means that an accurate picture of the long-term consequences of abuse are not documented. On a global scale, IPV is a persistent problem wherein women are raped, physically attacked, stalked, and murdered by their intimate partners. According to reports, one in every three women is subjected to violence, which can include being beaten, raped, abused, and harassed (WHO, 2013). Various cultures, religions, races, communities, and socioeconomic backgrounds affect women, forcing them to become victims of intimate relationship abuse. Women are vulnerable to a variety of psychological, physical, and sexual practices and exploitation.

2.3 Violence against women

While there is no universally-accepted definition of domestic violence, although it is generally explained as acts of violence between people who are or have been in an intimate relationship. Violence against women is a continuing pattern of behaviour taken to control a partner through

fear, such as by using violence and threatening behavior, and a pattern of behavior aimed at controlling a partner through coercion are all necessary components of violence against women (Viero et al., 2021). Violence against women and their children is most often a part of a larger set of methods to exert authority and control over them and their children, and it can take a variety of forms, both criminal and non-criminal (Humbert, et al., 2021). The threatening or aggressive behaviour might include physical, sexual, emotional, psychological, and financial abuse, amongst other things. It is possible to be hurt physically in a variety of ways such as by being hit with a bat or shoved down the stairs or across the room. It is also possible to be choked, burned, or stabbed when the person is drunk or have taken drugs (Ali, et al., 2019).

2.4 Violence against Women Global Perspective

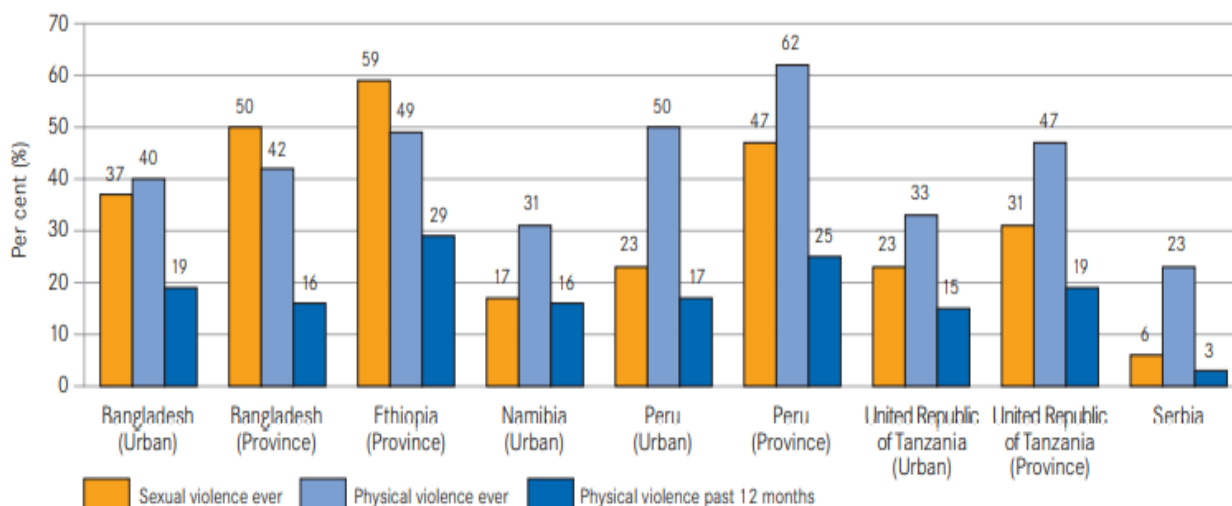
736 million women worldwide (about one in every three women worldwide aged 15 and older) have been victims of physical and sexual violence, non-partner sexual assault, or both (World Health Organisation, 2021). Over 640 million women aged 15 and older have had sexual interaction, either intentionally or unintentionally (WHO, 2021). The 2018 statistics showed that one of every seven women has experienced physical or sexual violence from an intimate partner or husband in the previous year; 16 percent of young women aged 15 to 24 have been victims of this form of abuse in the previous 12 months (WHO, 2021). According to De-las-Cuevas et al., (2021), violence against women is prevalent worldwide, but it is particularly pervasive in low- and middle-income nations; 22% of women in least-developed nations in the past 12 months have been victims of intimate relationship abuse, far higher than the global average of 13%. (WHO, 2021).

About 137 women are murdered every day, which is a shocking amount. According to estimations, more than half of the 87,000 women who were intentionally killed in 2017 were killed by intimate partners or family members (Sexual Violence Research Initiative, 2021). The most recent WHO statistics show that more than 30 000 women were intentionally killed by a current or previous partner in 2017. The most recent WHO statistics show that more than 30 000 women were intentionally killed by a current or previous partner in 2017. As a result of the restrictions of Covid-19, violence against women and girls has increased in the last two years.

Evidence from United Nations (2020), shows an increase in violence against women and girls around the world. The large increase in reported cases of domestic violence to helplines, women's refuges/shelters, and the police has been attributed to Covid-19. Several nations reported a five-fold increase in the number of calls to helplines during the Covid-19 period (United Nations, 2020).

Countries, such as the United States of America, the United Kingdom, Russia, and Germany, have witnessed a decrease in the number of domestic violence cases reported, highlighting the challenges of obtaining access and availability of support services during lockdowns. During the covid-19 lockdown, internet queries related to violence against women and help-seeking spiked considerably, according to a large-scale data analysis undertaken in eight Asian countries (United Nations, 2020). Searches for terms connected to physical violence climbed by 47 percent in Malaysia, 63 percent in the Philippines, and 55 percent in Nepal between October 2019 and September 2020, including topics like physical abuse signs, violent relationship, and how to cover injuries on the face were mostly searched for on the internet (De-las-Cuevas, et al., 2021). The percentage of women who report physical and sexual abuse is seen in Figure 2.1.

Figure 2.1. Percentage women who have experienced physical or sexual IPV, broken down by the type of violence and where it happened



Source: (World Health Organisation, 2021)

Figure 2.1 shows that the percentage of women who reported physical or sexual violence from their current or most recent husbands or cohabiting partners ranged from 18% in Cambodia to 48% in Zambia for physical violence and 4% to 17% for sexual violence, based on Demographic and health Survey (DHS) data from nine countries. Among currently married women in a ten-country study based on DHS data, physical or sexual IPV was reported by 17 per cent in the

Dominican Republic and 75 per cent in Bangladesh, with the highest rates in Bangladesh (WHO, 2021). Similar ranges have been recorded in previous multi-country studies with similar sample sizes. Current research revealed that physical abuse is frequently followed by sexual abuse and emotional abuse is frequently followed by both types of violence. In a multi-country study done by the World Health Organization in 2018, 23–56 percent of women who had been subjected to physical or sexual IPV additionally said they had been subjected to both types of abuse.

A study of DHS data from 12 Latin American and Caribbean countries, reported that the majority of women who had physical IPV in the previous 12 months also experienced emotional abuse at some point during that time (WHO, 2021).

Nearly every nation has seen a rise in searches for help-seeking phrases related to domestic abuse, with Malaysia seeing a 70% increase (Jamaluddin, et al., 2022). In October (2021), 52 countries put policies on violence against women and girls in their response into covid-19 plans, and 150 countries have taken steps to strengthen services for women who have been victims of violence during the global crisis, according to the UN Development Programme (United Nations, 2020). Continuous efforts are needed to ensure that recovery solutions include steps to eradicate violence against women in order to establish a post-pandemic society where women are treated equally.

Data from throughout the world, shows that 6% of women claim to have been sexually assaulted by someone other than their spouse or lover. Given the specific stigma associated with this sort of abuse, the real rate of non-partner sexual assault is likely to be much higher (Ali, et al., 2019). Throughout the world, millions of young females between the ages of 15 and 19 have been subjected to forced sex. In many countries, particularly in poor countries, women are the most vulnerable to forced sex by a current or prior spouse, partner, or lover, according to the Centre for Disease Control and Prevention (2018). According to data from 30 countries, only 1% of victims have ever sought professional help (WHO, 2021). In the Middle East and North Africa, 40–60 percent of women have experienced sexual harassment on the streets (United Nations, 2010). Sexual remarks, stalking or following, or staring or ogling were the most prevalent sorts of harassment reported by women and between 31 to 64 percent of males reported to engaging in such behaviour according to the findings of a multi-country survey (World Health Organization (2021). Younger males with higher education and who had been abused as youngsters were more likely to participate in street sexual harassment.

In terms of female trafficking, for every ten victims of human trafficking detected globally around five of the victims would be adult women and two would be little girls (WHO, 2021). Women have been targeted for sexual exploitation, either locally or online, as a result of the COVID-19 epidemic's disproportionate impact on women. Women have been particularly vulnerable to exploitation in private households (Jamaluddin, et al., 2022).

A report by the United Nations Development Programme, the proportion of young women aged 20 to 24 who were married before the age of 18 decreased globally by 15%, from roughly one in four in 2010 to one in five in 2020, indicating a fall in the prevalence of child marriage during the past ten years (United Nations, 2020). As a result of innovative policies, about 25 million girls have been rescued from being married as minors, however, the Covid-19 pervasive restrictions have threatened to undercut this progress, putting up to 10 million girls at danger of underage marriage in the next decade (World Health Organization, 2021).

Gender-based violence in schools, particularly in poor countries, is a substantial hindrance to universal schooling and the right of girls to an education. One out of every three children aged 11 to 15 has been bullied at school at least once in the preceding month, with girls and boys suffering bullying at similar rates throughout the world (Department of Justice & Constitutional Development, 2021).

While males are more likely than girls to be subjected to physical bullying, girls are more likely to be subjected to psychological bullying, and they report being teased more frequently than boys because of their appearance (DJCD, 2021).

2.5 Prevalence of IPV in South Africa

Statistics South Africa (2018), presents that many women and girls are being raped in South Africa. This is demonstrated by the fact that 250 out of every 100 000 women become victims of various sexual offenses, compared to 120 out of every 100 000 men. Rape accounted for 80% of all incidents of sexual offenses, according to the SAPS 2016/17 crime report. These were the highest in the world, which is what caused South Africa to be referred to as "the rape capital of the world" (Randa & Mokoena, 2019). Almost half of South Africa's femicide incidents involve intimate partners, which is six times the worldwide average (Thobejane, 2019). This situation basically implies that intimate partner violence accounted for the biggest type of conflict within the South African family structure.

Thobejane (2019), maintains that over 25% of South African women in the 18–49 age group had experienced some type of intimate partner violence. The biggest number of GBV amongst women

instances were found in Limpopo (77%), followed by Gauteng (51%), the Western Cape (45%), and Kwazulu-Natal (36%) Gender Links, 2012).

Thobejane and Luthanda (2019) however believe that women also commit domestic violence against their partners in private, but were not held accountable for their actions as most of the incidences were not reported although the majority of intimate partner violence is committed by males based on the reported cases. Intimate partner violence in South Africa exists within a country that has democracy, socioeconomic variables and quality health system unlike other Sub-Saharan African countries.

2.6 Violence against women in South Africa

Violence against women is considered a second pandemic in South Africa. Prior to the outbreak of the Covid-19 pandemic, South Africa's Department of Justice and Constitutional Development recorded 51,895 sexual crimes in 2015/16. (UNODC, 2020). The rate of sexual offenses decreased from 99 per 100 000 in 2014/15 to 94.3 in 2015/16, which can be attributed to underreporting of sexual violence incidents. Figures released by the Department of Justice and Constitutional Development in 2020, indicated that there were 9,556 raped women, up by 7,1% from the previous year. More than 13,000 of the almost 73,000 assault cases that were reported during this time were linked to domestic abuse. If we compare the current reporting period to the prior reporting period, the rate of girl-child homicide has increased by approximately a third. Physical, sexual, or emotional abuse may be perpetrated by a current or past intimate partner or spouse as well as their controlling behaviour (Abrahams et al., 2020). IPV can occur in either heterosexual or same-sex relationships.

Sexual violence might be in a form of any sexual act, attempt to obtain a sexual act that is performed under coercion by anyone irrespective of one's relationship to the victim (UNODC, 2020). According to population-based studies, the incidence of current or former partner in sexual violence is quite high, with IPV being the most prevalent kind of violence against women (DJCD, 2021).

Persons of both genders commit and are victims of these crimes, however, men are disproportionately the offenders and women are disproportionately the victims of intimate relationships and/or sexual violence (WHO, 2020). In South Africa, it is believed that 25 to 40% of women have suffered sexual and/or physical IPV at some point in their lives (DJCD, 2021).

Rape is estimated to be prevalent in South Africa at a rate ranging between 12% and 28% of women who have ever reported the incidents. Approximately 28% to 37% of adult men admit to

raping a woman in their life (Abrahams, et al., 2020) and although non-partner sexual violence is also common, only a small percentage of instances are reported to authorities.

Non-partner rape was reported by one out of every thirteen women in Gauteng, with just one out of every twenty-five rapes being reported to the police (Abrahams, et al., 2020). Furthermore, gang rape is a serious problem in South African society. According to Dervice and Meinck (2018), the majority of the rapist do it as adolescents and virtually all men who rape do it in their mid-twenties. There has been minimal research addressing rape directed towards women who have had sexual relations with other women. The findings of a survey done across four Southern African nations (South Africa included) discovered that 31.1% of women had been subject to forced sex (Abrahams et al., 2020). Male rape victims are another understudied subset of the population. A survey done in KwaZulu-Natal and the Eastern Cape, concluded that 9.6 % of men reported having been sexually abused by other men (UNODC, 2020).

According to Gordon (2016), There are a number of variables that hinder women from reporting violence. It seems due to a lack of human rights knowledge on IPV and the normalization of violence in South Africa, women prefer not to describe their experiences as abuse. Armstrong et al., (2018) assert that lack of access to sensitive care is an additional impediment, whether in terms of physical access to medical or legal institutions (distance, expense of travel) or a lack of access owing to providers missing (or overlooking) abuse. This issue is exacerbated by a lack of understanding of, or trust in, the justice system (Gordon, 2016). Furthermore, abusers sometimes prevent women from reporting and/or withdrawing charges where perpetrators may threaten to harm children or remove children from the home or abandon them (UNODC, 2020).

Those who oppose leaving an abusive environment are similar to those who oppose reporting. Many South African women are economically disadvantaged, and they rely on their spouses for financial support, making it harder for them to leave an abusive relationship. It was discovered that even well-educated or financially self-sufficient women, find it difficult to leave an abusive relationship (Ballesteros, et al., 2018). Gordon (2020) went on to say that IPV produces a complicated psychological problem in which victims are taught to feel that the abuse they are undergoing is their fault. As a result, victims' self-esteem can deteriorate to the point where they feel they are fortunate to have a spouse, that they would be unable to function without them, or that they are undeserving of their partners or they are unlikely to meet other partners, should they abandon the current partner. These factors are also influenced by the woman's love for her partner as well as the hope for change (UNODC, 2020).

2.7 Types of violence

Numerous IPV typologies have been proposed over the last two decades by diverse writers. Al-Ali et al., (2019) classified violence according to its traits; Humbert (2021) classified violence according to the perpetrator's attributes. Others argue for a combination of these strategies, while others are undecided (Hunnicut, 2009; Fonagy, 2019). To appreciate the intricacy of IPV, its typologies must be identified; this is a challenging task. According to Al-Ali, et al., (2019), understanding IPV's complexity would assist in the creation of more effective and focused therapies, as well as more sensitive methods for evaluating the success of such interventions. Criminals and victims are diverse groups, influenced by several triggering and exacerbating events, hence, the need to recognize the possibility of many varieties of IPV with diverse etiologies and the need for distinct treatment options for each type of IPV (Shiple, 2019; Viero, et al., 2021). Dixon and Kevan (2011) in their work noted an opportunity to increase our understanding of IPV and its definitions, as well as creating preventive interventions, aspects which are thus, comprehensively treated in their study. Creating and interpreting IPV typologies may also aid in the creation of appropriate and reliable screening devices for estimating the risk of IPV infection and transmission (Humbert, et al., 2021).

Additionally, such differentiation may aid in the development of family law decisions regarding post-separation parenting. For example, whether parent-child contact is appropriate, what safeguarding may be required, and what types of parenting plans are most likely to foster positive outcomes for children and healthy parent-child relationships. These decisions will take into account the type of IPV and its effect on the victim-parent and their children (Langenderfer-Magruder, et al., 2019). Assembling evidence that is pertinent to each of these several classes in a single piece may be difficult, although, this type of review may be very valuable for new researchers and practitioners. As a result, the goal of this study was to conduct a comprehensive evaluation of several IPV classifications. A complete review of the available literature is undertaken on the several forms of abuse, types of violence, and types of perpetrators (men and women), with an emphasis on the benefits and drawbacks of each classification. The following section discusses the types of violence experienced by women.

2.7.1 Sexual violence

When a woman is coerced into having sexual relations when she does not wish to engage in sensual closeness, is known as “sexual violence” (Centers for Disease Control and Prevention, 2018). As a result, sexual violence extends to women who are coerced into having sexual relations with their partners out of fear of what their partners might do to them in the future

(Armstrong, Gleckman-Krut & Johnson, 2018). Being forced to perform anything or engage in sexual behaviours that are embarrassing seems to occur at some moments in some relationships. Sexual violence can be split into different types, each constitutes sexual violence, regardless of whether it is attempted or performed. These acts may occur with or without the victim's approval, especially in situations where the victims are incapable of consenting due to alcohol causing incapacitation, loss of consciousness, or lack of awareness, as a result of their voluntary or involuntary consumption of alcohol and drugs (CDC, 2018). Sexual violence is a type of violence that some women all around the world are subjected to on a regular basis. Forms of sexual violence include:

- i. **The victim is raped or penetrated.** This includes undesirable vaginal, oral, or anal insertions that have been performed or attempted, as well as those that have been forced or facilitated by alcohol or drugs. Threats and physical force may be used by the perpetrators to hurt the victims in case they are refusing (Ali, et al., 2019).
- ii. **Victim was made to penetrate someone else.** This category includes cases when a victim is compelled to sexually penetrate a perpetrator or someone else without their consent whether completed or attempted, or alcohol facilitated (Humbert, et al., 2021).
- iii. **Non-physically pressured unwanted penetration.** This includes situations where victim was forced to consent through the abuse of power (Hunnicut, 2009).
- iv. **Unwanted sexual interaction.** This involves touching the victim on the genitals, anus, breast, inner thigh or buttocks without their consent, whether directly or through their clothes (Schilling & Zolotor, 2018).

2.7.2 Physical violence

When someone uses physical force to cause harm, disability, injury to another person, or death, is known as "physical violence" (Lutgendorf, 2019). It includes - beatings, slapping, shoving, punching, pinching, dragging, threatening and using weapons to injure or inflict pain, (Chisholm, Bullock, and Ferguson, 2017; Schilling & Zolotor, 2018; Ballesteros, Williams, Mack, Simon, and Sleet, 2018). Scratching, grasping, choking, and the use of restraints are examples of physical violence, as is the use of one's own body, size, or power against another person (Lutgendorf, 2019). Physical violence is typically accompanied by psychological abuse and, in many instances, sexual abuse, according to the findings of the study by Krahe, (2018).

Long-term, physically harmful attacks by intimate partners are more common in women than in males. The National Violence Against Women Survey, reports that more than 40% of women who have been physically assaulted by an intimate partner have been harmed, compared to roughly 20% of males. Scratches, bruises, and welts were the most common injuries. More harmful bodily damage may occur depending on the intensity and frequency of the abuse. Aggression that is physical in nature might even end in death (Dixon and Garaham Kevan, 2011)

2.7.3 Stalking and Cyberstalking

When someone is stalked, he or she is subjected to a pattern of harassment and contact that makes the person to fear for his/her own safety or the safety of others, such as family members or acquaintances (White, Longpre & Stefanska, 2020). Stalking can be in the form of frequent and unwanted phone calls, emails, or text messages, leaving cards, letters, flowers or other gifts when the recipient does not want them (Quinn-Evans et al. 2019). Spying on the victim, approaching or appearing in locations where the victim does not want to be seen, breaking into the victim's house or automobile, destroying the victim's personal property, injuring or threatening the victim's pet, and making threats to physically harm the victim are all examples (CDC, 2018). In a single year, 7.5 million individuals are stalked in the United States, with 85 percent of the victims being harassed by someone they know (Logan, 2020). The National Domestic Violence Hotline, reports that intimate partners stalk 61% of female victims and 44% of male victims. Women who are killed, 76% of them were more likely to have been stalked and 67% more likely to have been abused by their intimate partner (CDC, 2018). Stalked victims may feel fearful and anxious, and their physical and mental health may suffer as a result (White, et al., 2020).

2.7.4 Psychological Aggression

Mental or emotional injury to another person, and/or the attempt to exercise control over another person, are all examples of psychological aggression. Psychological aggressiveness includes both verbal and nonverbal communication (Bailey, 2018). Physical aggressiveness, such as name-calling and humiliation, can be categorized as psychological aggression; it can involve coercive control techniques such as limiting access to transportation, money, friends, and family, as well as intrusive surveillance of places and activities (Bailey, 2018). Psychological aggression includes threats of physical or sexual assault, control over reproductive or sexual health, such as refusal to use birth control or coerced pregnancy termination, and exploitation of a victim's vulnerability, such as immigrant status or handicap (Bailey, 2018). This is in line with the results of White et al. (2020), who claimed that exploiting victims' weakness and providing them with

deceptive information to cause them to doubt their memory or perception are both techniques of exploitation.

2.7.5 Emotional violence (coercive control and intimidation)

Becoming insulted in a way that causes women to lack confidence about themselves, being insulted and humiliated in front of others, and harassment are examples of emotional violence as well as dominating and frightening interaction between the abusive partner and the victim (Shipley, 2019). According to Ali et al. (2019), abusive partners' ability to control their victims is based on their belief that the abusive partners will harm them, their victim's children, or other people or things the victims care about if they do not comply with the abusive partners' demands. Threats are often followed by acts of compassion on the side of the offender, finding it challenging for the victim to break out from the continuous life of violence (Bailey, 2018). The World Health Organization's worldwide study of ten nations, as well as other research, have repeatedly proved that emotional abuse is more severe and harmful than physical assault (WHO, 2020). Women in all nations polled indicated they had been subjected to emotional abuse in the previous 12 months, with percentages ranging from 20% to 75%. (WHO, 2020).

2.7.6 Controlled behaviours

Not being permitted to visit or mingle with friends and family, not being allowed to communicate with any males, and not being able to leave the house without his supervision or permission are examples of controlled behavior (Hurwitz & Roberts, 2020). This is frequent in a domineering relationship, when one spouse wields undue power over the other in an unhealthy, self-serving manner (Armstrong, et al., 2018). You may be in a dominating relationship if your spouse often makes you feel terrified, uneasy, or guilty. Control is a kind of abuse in a relationship; coercive control is a means of keeping control. It is a strategic kind of continuous oppression and terrorism aimed to instill dread. The abuser will use techniques like denying access to money and monitoring all communication channels to exercise control (White, et al., 2020). A controlling partner will try to separate you from friends and family, or limit your contact with them, in order to keep control. While these are the most common forms of IPV in South Africa and throughout the world, there are a variety of causes and contributing variables that put women at risk.

2.8 Causes and contributing factors of intimate partner violence

Various factors contribute to IPV. To understand the likelihood of becoming an IPV perpetrator, a variety of interpersonal, relational, community, and social factors must be considered. Gaining an

understanding of these multiple components can help uncover a variety of preventative possibilities.

A comprehensive examination of risk variables for intimate partner violence has been disclosed by several empirical research, which have been validated by a systematic review. Risk factors, according to Capaldi et al., (2012) included partners' contextual characteristics such as (demographic, neighborhood, community, and school factors) and developmental characteristics (family, peer, psychological/behavioral and cognitive factors), relationship influences, and interactional patterns between partners. When compared to a previous evaluation, the developments in the field over the last 10 years are evident. Communities with high rates of poverty, limited educational and economic opportunities, areas with high unemployment rates, communities with a high incidence of violence criminal activity, to name a few, are all factors to examine when dealing with factors that contributes to IPV. Fleming (2015) reported that traditional gender norms and gender inequality, as well as sexual harassment, are risk factors for IPV perpetration (for example, the idea women should stay at home, not enter the workforce, and be submissive, men should support the family and make the decisions). These encompass cultural norms that promote hatred against others, as well as wealth inequality in society, inefficient health, educational, economic, and social policies, and laws (CDC, 2020).

In terms of relationship aspects, it has been discovered that relationship problems such as jealousy, possessiveness, tension, divorce, or separations are among the most significant. This is similar to the findings of Alangea and Addo-Lartey (2018), who found that one partner's dominance and control of the relationship over the other is linked to families experiencing financial difficulty. Poor family ties and interactions, affiliation with antisocial and aggressive peers, and parents with less than high-school qualifications, according to the authors, are all relationship variables. Women in rural areas tend to be victims of intimate partner violence (IPV), since they are less aware of the problem and consider it as a normal part of life (Ogbonna, 2014). People who live in urban regions mostly are not uneducated, which is why the number of women who have been violated is smaller in urban areas than in rural areas (Makama, 2013). It has been discovered that males who have had an education are more tolerant and cooperative.

Individual risk variables are included in the category of risk factors. According to the Centres for Disease Control and Prevention research, low self-esteem, low education income, which results in poverty, and young women without parents are all key contributing factors. Clare (2021) discovered that violent or delinquent behaviour as a youth, followed by severe alcohol consumption and drug use, are significant contributors to interpersonal violence. The term

"alcohol abuse" refers to the excessive intake of alcoholic beverages which raises incidences of IPV. Alcohol impairs one's ability to think clearly and maintain self-control, therefore, those who have taken alcoholic beverages can become aggressive and violent. Most males who abuse alcohol end up abusing their relationships, and they frequently say or do things that are painful and embarrassing when under the influence of substances. According to Wilson (2014), males who abuse alcohol act out of control and then later deny all the acts that they have committed, blaming them on the influence of alcohol. It was further emphasized by Chisholm and colleagues, (2017) that some abusers drink alcohol to have the guts to be abusive and violent. Women are thought to stay in abusive relationships because they assume their spouse will change and stop using alcohol and other drugs, according to some experts. Depression, suicide attempts, rage, hostility, as well as a lack of peaceful problem-solving abilities, are all factors that contribute to IPV among women, particularly, in developing nations.

Financial difficulty is a scenario in which a woman is financially reliant on her husband or partner. It has been suggested that financial reliance is another element that contribute to IPV. When one is financially reliant on a provider, the victim may be subjected to abuse by the provider. Nicholas, Mitchell, and Lindner (2013), maintain that the loss of employment and severe economic conditions can hurt a person's well-being, and this can add to the problem of intimate partner violence in some families. Payne (2014), notes that victims of IPV have higher chances of returning to their abusers for financial assistance. It is more difficult for women who are not well educated or who have a low education status to leave an abusive relationship because they are terrified of starting over on their own, especially if they do not have sufficient financial resources. Women who are experiencing IPV as a result of being unemployed and relying on their spouses for financial assistance are more likely to suffer from mental diseases, such as anxiety, depression, and post-traumatic stress disorder, according to (Trevillion, 2012). Furthermore, substance abuse (including alcohol and drugs) is linked to the occurrence of IPV in many countries (Alangea & Addo-Lartey, 2018).

Conclusion

IPV is a violence that is a social and health problem worldwide, and affects mostly women and girls. Different studies have identified men as the main perpetrators of violence against their female partners which may be as a results of gender inequality. The literature confirms and supports that IPV violates human rights of women and has negative effects on their lives, causing depression, suicidal ideation and post-traumatic stress disorders; some victims are stigmatized in their societies and they end up isolating themselves.

CHAPTER 3: THEORETICAL FRAMEWORK

3.1 Introduction

This study wants to understand the experiences of intimate partner violence among women. This chapter will discuss the theoretical framework to understanding the relationship between the concepts of the study. This study used the ecological model as a framework and feminist theory to draw connections and make predictions about the experiences of IPV among women. Experiences of these women is what these theories will try to explain.

3.2 Ecological model and Feminist theory

The ecological model was chosen to help understand the experiences and behavior of women based on the idea that there are multiple sources from the environment that influence many aspects of a human being. The ecological model was developed to comprehend unique occurrences and behavior and is based on the Bronfenbrenner model of human development (Carlson, 1984). According to Carlson (1984), the ecological model allows us to think of ecological/environmental space as being made up of several levels that are all interconnected and may function either independently or cooperatively. According to Bronfenbrenner (1994), human development takes place over the course of gradually complex interactions between live people and the symbols in their immediate surroundings. This theoretical model takes into account a number of variables that interact to cause and maintain IPV (Carlson, 1984). The ecological model created by Bronfenbrenner (1994) and later modified by Heise (1998) was chosen as a lens in this study since it would help in expanding our knowledge of IPV.

Figure 1.1 Ecological model



The ecological model is divided into four levels: individual, interpersonal relationships, community, and society. See figure 1.1 above. It is believed that these levels interact and have an impact on how an individual behaves in their environment.

The first level of the ecological model is an individual level. This level includes the attitudes, skills, beliefs, and knowledge each individual holds. Women possess different knowledge and attitudes toward IPV. Their skills and beliefs emanated from the environment they grew up in, whether IPV was an acceptable or unacceptable behavior that is punishable. Women's attitudes and knowledge can liberate or imprison them, and decisions are taken from within an individual based on their attitude toward the phenomena. In this case, IPV. Therefore, an individual can influence the behavior one can take.

The second level of the ecological model includes interpersonal relationships. Not only can a person be influenced by their own internal decisions, but their behavior can also be influenced by their immediate others, such as their family, friends, and social networks. This level reflects factors in the surrounding environment (Alaggia et al., 2012). In-as-much-as women would like to be

independent and think for themselves, there are outside forces that influence their behavior whether they are aware or not. The things that other people say or tell us have the ability to even change our initial perspective of things. Many women in IPV may want to get out of the relationship but influenced to stay by what other people say or whisper. Therefore, it is not only the decision by an individual, but by other surrounding parties.

The third layer in the ecological model represents the community, neighborhood, environment and local infrastructure that the relationship is embedded in (Sitaker, 2007). According to the ecological model, the interaction in the community shapes the individual and have an impact on their behavior. Based on this study, there are different stakeholders and facilities that have to be in place for a woman to take a concise decision. However, lack of appropriate facilities in the community level may influence women to decide to stay in abusive relationships. A good question would be, are there available safety measures in the community that can facilitate change and good behavior in women experiencing IPV?

The final layer of the ecological model is the societal level. This level consists of all the levels of the ecological model. The level consists of beliefs, customs, the opportunity structure and the bodies of knowledge (Bronfenbrenner, 1994). In this study, the societal level focused on the beliefs of IPV.

The ecological model emphasizes how individuals' behavior is influenced by different levels that interact and shape decision-making. Women in IPV do not only consider what they think when wanting to implement a decision, they look at different structures that make up who they are. Therefore, people should understand that women in IPV may be very aware of their situation and that it is one which is unlawful and disgracing. However, considering the impact of financial strains should they not have their partners, fear of their men moving on to others, lack of empowerment should they involve the law, etc., their behaviors might turn out to be one that was not expected. This is how the ecological model comprehended human behavior and experience among women in IPV (Alaggia, Regehr & Jenny, 2012). This makes the model useful for understanding and explaining how various factors combine to cause and maintain IPV experiences.

Feminist theory

Feminist theory is an essential theory in understanding violence against women. The feminist theory argues that women's violence results from gender imbalance. Feminist theory has different waves of school thoughts wherein the idea was to end sexism (Allen, 2016). In 1920, the first wave of feminism emerged, and it was based on ending slavery and promoting equal rights. In

1960 and 1970 the second wave emerged, arguing that women are violated because of gender inequality in the society (Meyer & Post, 2006). The third wave started in 1980s and was focused on race related matters such as racism. The fourth wave is currently taking place, focusing on the issues that women face globally, such as violence against women and poverty (Allen, 2016).

As Feminist theory has many perspectives which all rest on the same premises that uneven gender relations cause IPV, this theory is relevant to the study as it is based on the idea that women can contribute significantly to the society. In this context, feminist theory provides an understanding of violence against women. The researcher discovered that this theory is important inasmuch as it gives a counterpoint to patriarchal systems that strive to advance the narrative of women's 'inferiority.' The feminist theory also helped the researcher get a deeper understanding of and insights into how institutional, social, and political systems affect women's position in their homes and in societies (Lober, 2005).

According to feminist theory, women should be freed from the abusive patriarchal system and its principles of female submission to male maltreatment (Uwadiogwu, 2015). It is a patriarchal system that gave men the power over women and treats women like their tools. Although different laws are trying to do away with the system, many men are still having the mentality that women should always obey them. Hence the IPV against women. Therefore, it is possible to truly eliminate the conceptual foundation of society, provided that women grow to comprehend and realise their own value and strength by challenging the long- held belief of male superiority. According to Kolawole (2002), ignoring historical and cultural contexts while tackling gender inequality in Africa leads to misunderstandings about the meaning of feminism in many Black African societies. Feminist theory therefore emphasizes the idea that patriarchy is the primary cause of violence against women throughout human history. The cultural systems places male at the position of authority and control leaving women on the outside of political, social, cultural, economic, and religious disadvantage (Abdullahi, Cusairi & Abdullah, 2017).

In the context of the study, feminist or gender inequality theories are considered important to the extent that they oppose the ideology of patriarchy as a socio-cultural and system of oppressive values, attitudes, and values that is primarily intended to deny women opportunities to demonstrate their abilities.

Linking ecological model and feminist theory

The study followed ecological model and feminist theory in understanding women's experiences of IPV. This is accomplished by seeking to understand the lived experiences of women under the

assumptions that IPV is a result of gender inequalities that women encounter in their intimate relationships, which are caused by ecological factors that are influencing these inequalities. Racism, class, sexual orientation, and other inequalities are some of the factors aggravating the oppression of women, which is rooted in the system of gender equality (Nichols, 2013). This shows that IPV is not only centered on the patriarchal practices but also the ecological factors that plays a role in making the experiences of survivors worse.

According to feminist theory, IPV is committed by men who have become accustomed to society, communities, families, and close friends justifying its usage in intimate relationships (Basile, Hall, and Walters, 2013). In South Africa, for instance, men made it clear that they have patriarchal right to use violence and subjugate women (Van Niekerk & Boonzaier, 2016). This shows how societal factors contributes to the subjection of women. Combining these two theories in understanding women's experiences of IPV, they provide a clear understanding on how different factors that causes and maintain IPV influences survivors lived experiences of IPV.

It was argued that structural and systematic practices support violence against women, therefore in order to solve it, it is crucial to take into account factors beyond the individual aspect and put emphasis on its structural nature. As a result, the ecological model is employed in this study and combined with feminist theory to address the different factors that interact to cause and sustain IPV (Elias & Machado, 2018). There is a link in explaining IPV between Feminist theory and Ecological model. Feminist theory emphasizes that IPV happens as a result of power imbalance and gendered social structures wherein according to ecological model the influences of violence are at the macro-level. The feminist movement has advanced social change activism, intersectional perspectives, and survivor-defined IPV advocacy practices (Coleman, 2016). Understanding how IPV affects women is what this study intends to do and to discover their own perspectives on the best methods to support IPV survivors.

3.3 Conclusion

The theoretical framework that the study is based on was explained. Two theories were combined in explaining women's experiences of IPV with a background understanding that IPV is a results of power inequalities. Ecological model was chosen to help in understanding human behaviour and to understand women's experiences of IPV. Feminist theory was adopted in the study as a theoretical lens in understanding IPV experiences of women. The two are connected in that, in order to understand IPV experiences one must acknowledge that IPV is a product of gender inequalities in the social environment where it takes place. These two theories make it possible

to understand IPV from a gendered perspective while also taking into account the impact of different ecological factors.

CHAPTER 4: RESEARCH METHODOLOGY

4.1 Introduction

The previous chapter outlined both the literature review and theoretical framework's perspective on intimate partner violence. This chapter focuses on the methods that were used in the study.

4.2 Research Approach

Qualitative approach was followed to gain and explore an in-depth information from women at an NPO regarding their experiences of violence. A qualitative approach helps to answer questions about human experiences and the meanings afforded to these dimensions while attempting to explain these experiences (Hewitt, 2007). Patten (2016), describes qualitative research as a method of social research that focuses on how people interpret and understand their experiences and the environment, they live in. Various research studies have already been conducted about intimate partner violence, however, more still remains to be explored with the purpose of expanding knowledge on the field of gender studies. The magnitude and evolving manifestations of the violence meted against women necessitate continuous research, therefore, an exploratory research design was viewed as highly beneficial for gaining an all-encompassing and in-depth understanding of the meaning and contexts of the psychosocial impact of gender-based violence among silenced and marginalized women in the Blouberg Municipality.

4.3 Study setting

The setting of the study refers to the environment where a study is conducted; this can be a controlled or natural environment (Taherdoost, 2016). The study was conducted at Senwabarwana Victim Empowerment Support Center in Blouberg Municipality of Limpopo Province, South Africa (Figure 1). Blouberg Municipality is situated in Capricorn District and covers an area of approximately 5054 square kilometers. It is a Municipality that covers a wide geographic area right up to the Botswana Border. Capricorn District consist of four local municipalities, namely, Blouberg, Molemole, Polokwane, Lepelle-Nkumpi. It is a small municipality with wide range of developments and economic growth potential and characterized as a rural area. The main economic activities in the area are farming and conservation. According to Stats SA, the Municipality has "four national groupings who reside within its area of jurisdiction - Black Africans, Coloureds, Indians, and Whites. The majority are Black Africans who constitute 99% of the total population and living in the tribal areas". Females are dominant, and most of the population can be classified as youth. Blouberg Municipality has been divided with 5 main areas, namely, Alldays, Bahananwa, Bochum, Ga Matlala and Dichoeng. Blouberg is home to the

Bahananwa and Batlokwa people and a small portion of Vha-Venda speakers in the rural farms, although, the place is dominated by Northern Sotho-speaking people. Blouberg has 135 villages and 18 municipal wards with a population of 161 322. It is 84.4 km away from Polokwane using R521 and 130.4km away from Louis Trichardt using R522. It is 215.2 km away from Thohoyandou using R522.

Senwabarwana Victim Empowerment Support Center (SVESC) is a government-funded Centre for assisting people with gender-based violence. The SVESC's purpose was to help the victims to cope with the consequences of their victimization and equipping them with knowledge and skills to become resistant to repeat victimization. The Centre focuses on providing prevention, empowerment, and support services in these areas: child abuse, domestic violence, sexual assault, and rape. The SVESC provides accommodation for the victims for three days as the centre does not have enough beds. The Centre works with National Prosecution Authority, South African Police Service, Department of Health and Department of Social Development. Further, they had other operational victim empowerment help desks in rural clinics, such as in Indermark, Seakamela, Avon and My Darling.

Domestic cases are normally opened at the police, but most clients first proceed to the trauma centres where they are assisted to open cases and undergo medical examination. The Centre is resourced by local and international funding with the local funders being the Venetia Mine and the Department of Social Development.

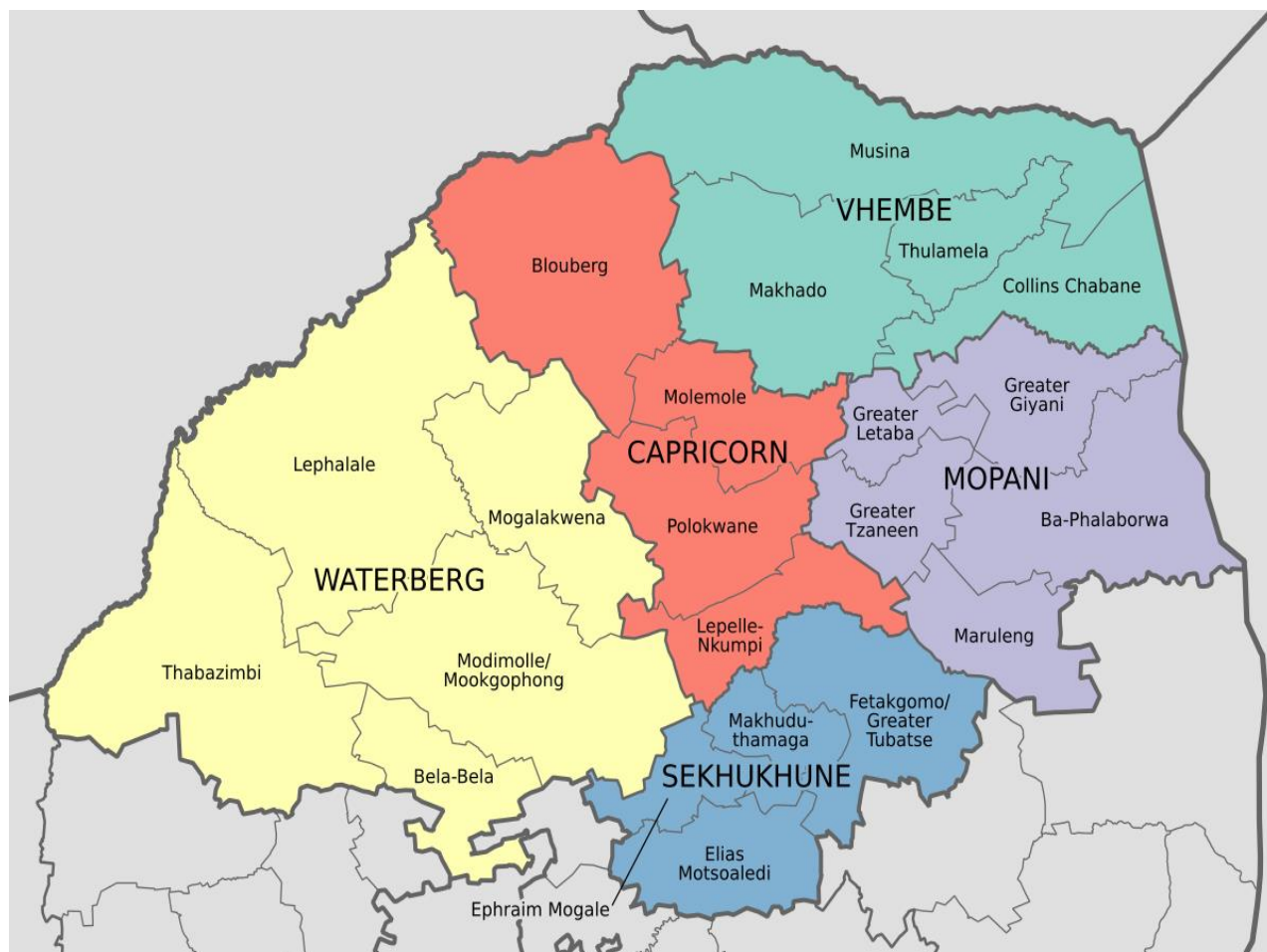


Figure 1: Map of Limpopo Province

4.4 Population and sampling

A population is a set of objects or people from which a sample of the study is taken (Taherdoost, 2016). In this study purposive sampling of the non-probability method were used to identify possible participants. Purposive sampling was chosen to gather the experiences of IPV amongst women, hence, this allowed the researcher to choose the participants with essential characteristics to answer the research questions (Koerber & McMichael, 2008). The inclusion criteria were women from the age of 18-50 years drawn from SVESC of Blouberg Municipality, who have experienced IPV at the hands of their partners. The reason for choosing women who are from 18-50 years of age was because they are adults and are able to give consent for themselves or make personal decision about participating. The researcher selected participants who had experienced violence and who have reported their challenges at SVESC, or who were referred to the SVESC for counselling programmers and women who can communicate in Sepedi and English. The sample, therefore, were drawn purposively from women who have attended the

victim empowerment programmes because they had experienced IPV in their intimate relationships. The manager of the Centre assisted in identifying the participants; the researcher then phoned the participants who met the criteria, for appointments.

4.4.1 Target population

Target population refers to the entire set of individuals who have the characteristics of the sampling criteria and who the researcher use to get in-depth information from (Flick, 2015). Burns and Grove (2013), define target population as the entire set of people who have the same criteria. The researcher selected people who are permanently residing at Blouberg Municipality; those who have attended the victim empowerment programs; those who are able to communicate in Sepedi, and those the researcher would have access to. Only women were used in the study and their age ranged from 18 years to 50 years old. The target was 8 women for the study.

4.4.2 Sampling of participants

Sampling refers to a process used by a researcher to select participants from the population for a study (Gentles, Charles, Ploeg, & McKibbon, 2015). The researcher applied a non-probability purposive sampling approach to select participants for the study. Purposive sampling was suitable for the study as it allowed the researcher to select participants with the required characteristics and were likely to share their experiences, and had reported their challenges at the SVESC. The women were sampled also based on the fact that they had attended the victim empowerment programs because of them experiencing violence in their intimate relationships. These selection criteria were to ensure that only appropriate women would participate in the study; selected women were given consent forms upon agreeing to participate and these consent forms were signed (see Appendix C).

Inclusion criteria

- Women who have experienced IPV.
- The women from the age of 18 to 50 years.
- Women who have reported their challenges at the SVESC.
- Women who had been in an intimate relationship for at least a period of a year.
- The women who are married, divorced or in a relationship.

4.5 Data collection Instrument

Data was collected through face-to-face interviews using a semi-structured interview guide (Kumar, 2019). The interview guide contained a number, in the upper right-hand corner to make it easy when processing the information, so that the researcher was able to make notes and record the interview. An interview guide was used with open-ended questions which allowed the participants to express themselves without restrictions. An interview is a common method to gather such type of information from participants in qualitative research. The researcher explained the interview guide to the participants before the interview began; it included a list of issues, topics that the interviewer and interviewee might want to cover in a detailed (Kumar, 2019). The aim of an interview is to gather as much information as possible when participants are telling their stories. In addition, it allows a researcher to probe and to get clearer information. One disadvantage of semi-structured interviews, however, is that the participants can jump from an event to the next when narrating their stories without fully explaining a point, therefore, the researcher had to redirect the participants, when that happened.

The researcher explained the interview guide to the participants before the interview began and gave the participants consent forms to acknowledge their participation. The interviews took place in the homes of the participants and the researcher ensured that the participants were comfortable before the interview took place.

4.6 Pre-testing

Pre-testing refers to a small study that a researcher conducts before the main study to determine whether the method to be used in the study is appropriate and will provide accurate data (Maturó *et al.*, 2015). This was done formally by the researcher; three of the participants were used for the pre-testing, however, the data collected was only intended to assist researchers in testing the adequacy of the questions and they were not used in the main study (Maturó *et al.*, 2015). Pre-testing helped the researcher to adjust where necessary before collecting the main data, hence, the process helped the researcher to see where the participants would have problems answering certain questions and even understanding some of them

4.7 Trustworthiness of the study

4.7.1 Credibility

Stewart, Gapp, & Harwood, (2017) explain credibility as a process of ensuring that a study measures what it is supposed to measure. It is a situation whereby data collected presents credible and reliable information as based on the original data of the participants and are correctly

interpreted (Kumar, 2019). The researcher ensured this by spending enough time to build trust with the participants; wrote down notes, identified and observed participants' behavior during the interview, that are relevant to the research problem. The researcher also gave the participants enough time to correct any errors and made appointments with the participants to discuss the interpretation of the collected data. This has enabled verification of the whole interview, in order to make an accurate final conclusion of the study (Kumar, 2019).

4.7.2 Transferability

Transferability is the collected data can be applied, generalized, or transferred to other contexts and settings (Wigelsworth *et al.*, 2016), However, in a study like this one, there was concern that these are individual experiences wherein extensive generalization cannot be obtained, therefore, the researcher had provided a full description of participants qualities and study setting allowing the readers to assess the pertinence of the results. The researcher documented the research from its conceptualisation until the report writing stage, including the decisions made and their rationale throughout the execution of this study (Berg & Lune, 2012).

4.7.3 Dependability

According to Kumar (2019), dependability is concerned with whether the results of the study would be the same if the same tests were repeated. To ensure dependability, the researcher has shared all the steps and decisions taken in planning, collecting as well as in analyzing the data. Records of everything that was done during the investigation was one way that the researcher exploited to of verify the findings (Amankwaa, 2016). Connelly (2016) argues that for one to achieved dependability there should be an audit trail that can allow others to repeat the study in similar conditions. This can be achieved by keeping process logs, which is defined by Connelly (2016) as notes of all the activities that the researcher took and the reasons for those aspects. In this study, the researcher kept process logs of the study.

4.7.4 Confirmability

Conformability is the extent to which the research findings are molded by the participants and are free from the researcher bias (Guba and Lincoln (1982). Connelly (2016) says that conformability is the neutrality of the findings. In this study, confirmability was achieved with the involvement of the researcher's supervisor to check the appropriateness of various aspects in the study, including the interview questions and the research methodology. Member checking

was also being done in this study and that ensured that the results are based on those of the participants' experiences and free from researcher bias.

4.8 Plan for data collection

The researcher conducted face-to face interviews with 8 participants who had agreed to share their lived experience with IPV and how they had dealt with the abuse inflicted on them. The researcher called the participants a day or two in advance to make an appointment. The researcher explained how she contacted the Senwabarwana Victim Support Centre and how she was provided with the list of all the participants who met the criteria, prior to the interview. Appointments were made with participants who were interested in participating in the study and were asked if they could be interviewed at the Centre or meet at a private setting. The researcher made sure that the participants were comfortable before the interview; each session lasted about 45 minutes to 1 hour, so that the participants could express themselves freely. The participants were free to express themselves because the interviews were conducted in Sepedi which was the language of the participants. The researcher adhered to Covid-19 regulations, therefore, the researcher and the participants were wearing masks to cover their noses and mouth. The researcher sanitized the participant on arrival. The researcher and participants maintained 1.5 meter of social distancing.

Before the interview commenced, the researcher introduced herself, and the purpose of the study. The researcher clarified how the interview process unfold, and confidentiality assured. Each participant was given an opportunity to decide whether to continue with the interview; prior to the interview, participants were asked for permission to use a voice-recorder, thereafter, participants shared their experiences and how they had dealt with the abuse. The researcher listened to the participants attentively and continue with the interview until data was saturated. The participants were given consent forms to sign after everything had been explained to them. This was for participants to acknowledge that they had given consent to participate in this study and that they would not receive any rewards or bribes, from the researcher.

4.9 Plan for data management and data analysis

Data analysis is a process whereby the researcher breaks down the collected data into meaningful themes (Stewart *et al.*, 2017). Data was analyzed qualitatively using a thematic analysis, as outlined by Braun & Clarke (2006):

- **Familiarizing yourself with data collected:** read and re-read the transcript to become familiar with data collected.
- **Generate initial codes:** data was organized in a meaningful and systematic way. Data was reduced to small chunks of meaning and coded based on the research questions. The researcher worked through the transcript, coding every text that seemed to be relevant to the research questions.
- **Search for themes:** codes were examined and fitted together into a theme. At the end of this stage, codes were organized into broader themes that seemed to say something specific about the research questions.
- **Review themes:** themes that were identified and generated were modified and data that was relevant to each theme was gathered.
- **Define themes:** this was the stage whereby the researcher identified the main purpose of each theme.
- **Writing up:** at this stage, the researcher wrote a final statement from the themes to outline the experiences of the participants and the meaning attached to those experiences. The themes were reported upon in a narrative manner.

4.10 Ethical consideration

It is important that ethical considerations should be at the center of a study because of the sensitivity of the phenomenon being studied.

4.10.1 Permission to conduct a study

The proposal was presented to the Department of Psychology and was submitted to the School of Higher Degrees Committee for quality assessment. Proposal approval was obtained from the University Higher Degrees Committee and ethical clearance was further obtained from the University of Venda Research Ethics Committee. Permission to carry out the study was further requested from the non-profit organization, Senwabarwana Victim Empowerment Centre in Blouberg Municipality and from the Municipal manager.

4.10.2 Informed consent

Before the participants participated in the study, they were told about voluntary participation, the importance of the study and the duration of participation (Hewitt, 2007). Informed consent showed that the participants were given clear information regarding the study and were informed that they have the power to participate or not. This meant that participation was voluntarily, hence, they

could also withdraw from participating, at any time. The intention of the study was well clarified to all the women in the language they understood. Voluntary participation was emphasized in ensuring that participants made an informed decision in participating and when consenting to participate.

4.10.3 Anonymity and confidentiality

It was decided to use pseudo-names to ensure anonymity and maintain confidentiality (Polit & Beck, 2018). The researcher did not record the identity of the participants to prevent an outsider from linking the participants results as the study was sensitive. The interviews were conducted individually, and the participants consent forms were put separately from the participants' recordings to ensure confidentiality. The researcher did not share the participants' information with people outside the study without the participants' consent.

4.10.4 No harm to participant

The researcher ensured that the involvement of the participants in the study did not do any harm to them. The researcher, hence, did not cause any injury to the participants. The researcher respected any decision taken by the participants and also avoided violation of their human rights. IPV is a sensitive issue and can cause distress, therefore, the researcher communicated with the organization's social worker and with a clinical psychologist at Helen Frans Hospital to provide counselling services in case the interviews triggered distress.

4.11 Plan for dissemination and implementation of results

Copies of the dissertation will be submitted to the examination office of the University of Venda and made available in the University library. Information from the study would be submitted to the Department of Health, Limpopo Province and published in peer-reviewed journals as articles.

4.12 Summary

This chapter detailed the procedure that were followed in the study and the methods which were used. The chapter explained the approached that was used in the study, the sampling methods as well as the procedure that were used to gather data. Ethical considerations adhered to were also explained. The researcher adhered to Covid-19 protocols as the study was conducted during Covid-19 period. The results of the in-depth interviews are discussed in the following chapter.

CHAPTER 5: PRESENTATION OF THE FINDINGS

5.1 Introduction

The chapter details the research findings obtained from an analysis of transcripts of interviews of women who were abused by their male partners. It was indicated in the previous chapter that the data was collected using a qualitative approach; thematic analysis and in-depth interviews were conducted to explore the lived experiences of abused women as perpetrated by their male partners. The purpose of the study was to explore the lived experiences of IPV amongst women in Blouberg Municipality, Limpopo Province. Based on the purpose of the study, the results indicated in the study are supported by the words of the women who were victims of intimate partner violence.

The total of 8 women participated in the study and they are referred to using pseudonyms. The women participated in the study were all black and originated from disadvantaged groups. All participants are originally from Limpopo Province and are residing in Blouberg Municipality. The interviews were conducted in an NPO manager's office which provided privacy and the environment was relaxing. Before starting with the interview the women were reminded of the aim of the study and that they could withdraw from participating if they felt distressed and uncomfortable. A relationship had already been established, hence, the participants were open and trusted the researcher during the interviews.

For the presentation of the results, the researcher began by giving the demographic data of the participants, followed by participants summarized stories and tabulated themes and subthemes that emerged from the data analysis.

5.2 Demographic Data of Participants

A total of 8 women who had experienced abuse from their male intimate partners participated in the study. Table 5.1 below indicates the demographic data of the participants. The demographic data is provided for the reader to have a clear mental picture of the participants and helps the reader to have a clear understanding of the presented results.

Table 5.1

Demographic Data of Participants

Pseudonym	Age	Marital status	Number of children	Education level	Occupation	Nature of abuse	Duration of abusive relationship
Participant 1	37	Married	2	Grade 12	Domestic worker	Verbal abuse Physical abuse	12 years
Participant 2	29	Married	3	Grade 12	Unemployed	Physical abuse Financial abuse Verbal abuse Emotional abuse Sexual abuse	9 years
Participant 3	30	Married	2	Grade 12	Construction piece jobs	Financial abuse Physical abuse Sexual abuse Controlling behavior	4 years
Participant 4	35	Cohabiting	0	Higher certificate	Unemployed	Physical abuse Psychological abuse Emotional abuse	2 years
Participant 5	19	Dating	0	Still student	Grade 12 learner	Controlling behavior	2 years

						Physical abuse Emotional abuse	
Participant 6	50	Married	3	Diploma	Teacher	Psychological abuse Verbal abuse Emotional abuse Physical abuse	22 years
Participant 7	26	Cohabiting	1	Grade10	Nail technician	Financial abuse Controlling behaviors Verbal abuse Physical abuse	3 years
Participant 8	23	Cohabiting	1	Grade 11	Unemployed	Physical abuse Controlling behavior Verbal abuse	3 years

In this study, the experiences of intimate partner violence amongst women supported by a non-profit organisation in Blouberg Municipality of Limpopo Province, South Africa, were established. The age of the participants ranged from 19-50 years; three participants had matric (Grade 12) certificates; one participant had a diploma; one had a higher certificate; one had Grade 10; one had Grade 11 and one was still in matric (Grade 12). Six participants had children whose ages ranged from 1-21 years. Two participants had no children; one participant had separated from her partner and was busy with divorce process and some participants had separated from their

abusive partners. Most of the participants had a way of making an income even if it was minimum and three participants were unemployed.

Most people in South Africa who go to NPO, or NGO are people who cannot afford seeking help from private sectors, hence, most of the NGOs in South Africa were created as a help African people who were deprived and isolated from resources (Hernrich, 2001 as cited in Kumaran et al., 2012).

5.3 Participants life stories

Participant one: Participant 1 is a 37 years old woman, working as a domestic worker and possessing Grade 12 certificate. The participant is not married but has been in a relationship with her partner for 12 years, living together with their two children. She mentioned that her experience of IPV started immediately after giving birth to her second child. Conflicts elevated when her partner started getting angry for no particular reason especially when he is under the influence of alcohol which led to IPV. What prompted disclosure of her experiences is when her friend visited her immediately when the incident had just happened, and she was unable to walk nor stand. She was taken to the clinic by her friend and upon arrival at the clinic, the nurse was not rude nor judgmental.

Participant two: Participant 2 is 29 years old women. She is unemployed with the highest qualification of Grade 12. She wanted to become a nurse. Participant have been married for nine years and had been staying with her husband together with their three children. Participant had experienced different kinds of IPV ranging from physical, psychological and financial abuse in her nine years of marriage. Participant narrated that she had never reported her incident to the police as she felt that her matters were private, and her husband is a very respected man in the community. She mentioned that reporting the matter to the police would negatively affect the dignity of her man and may even worsen the situation if he gets arrested because chances of him coming out are very high and when he gets out, it will be a disaster in the house as she was unemployed. She had never filled for a divorce.

Participant three: Participant 3 is a 30 years old woman with two children. She has matric as her highest qualification. She does piece jobs at construction companies even though she was not earning enough money. Her husband covers most of the essentials in the house but few months ago her partner lost his job as a taxi driver. She mentioned that her partner never had money issues when he was still working but after losing his job, he turned to abusing alcoholic which caused her to be a victim of IPV. Participant mentioned that her partner drinks heavily and when

he is drunk, he insults her and abuses her physically and sexually. She mentioned that her husband has started controlling her movements and sometimes prevents her from going to work claiming she was going to her boyfriends. One night her partner assaulted her physically and she was helped by her neighbors and they called the police on him.

Participant four: Participant 4 is a 35 years old woman. She does not have children, she mentioned that she has given birth twice, unfortunately both children died a few months after birth. She has higher certificate in Human Resources, however, she was unemployed. She has been in the relationship with her partner for 10 years and staying with him whilst she was job hunting. She mentioned that her partner was a moody person, she feared him and she can only leave the house only with his permission. She had to report to him about her every movement. She mentioned that her ex-partner would beat her until she fainted, and he would wait for her to wake up, when she wakes up, he would beat her up again until she fainted again. She mentioned that she realised that she was going to die because of her partner, so decided to leave the relationship. She mentioned that she used to share her experiences with her family and she was told to remain strong in the relationship, however, she became bold to leave the abusive relationship.

Participant five: Participant 5 is 19 years old currently in her matric. Participant 5 had no children but she is 6 months pregnant. Participant 5 was staying at home with her mother and her siblings. Participant narrated the beginning of her relationship, when her partner would dictate what to wear and what not to wear. She mentioned that it got to a point where her partner would control whom she spoke to and interacted with on social media. Participant 5 realised that she was in an abusive relationship after her boyfriend burned her thighs with a hot iron. She mentioned that their arguments will intensify when both of them had drunk alcohol. Participant mentioned that she started performing badly at school which made her fail matric because she was not studying as she was always drinking alcohol because she was not coping, and alcohol made her to forget about her problems. She narrated that she discovered that her partner was having affairs with other women and when she confronted him, he assaulted her to a point where she had to seek for medical attention. The incident led her to disclose about her experiences of IPV to the nurses in the clinic. She managed to break up with her partner, but she is concerned about her pregnancy.

Participant six: Participant 6 is a 50 years old woman who is a secondary teacher. Participant highest qualification is Diploma in Education. Participant has been married for twenty-two years and she were currently in a process of divorce. Participant has three children and mentioned that she suffered from IPV immediately after she got married. Participant mentioned that she suffered

for twenty-two years in her marriage. She explained that her husband isolated from her family and friends and her husband never believed in her, he never respected her as he looked down on her, especially, for giving birth to only girls. Participant mentioned that she suffered different types of IPV in that marriage and she had to endure all the abuse for her children's sake. She mentioned that she was hospitalized many times and that affected her work performance, and her children's well-being. Participant decided to end her marriage as her children advised her to leave their father and as it was affecting the children as the abuse would take place in the children's presence.

Participant seven: Participant 7 is a 26 years old woman with one child. Participant's highest qualification were Grade 10 and was working as a nail technician. Participant 7 mentioned that she was in a relationship with her partner for three years and those years had been filled with IPV experiences. She mentioned that she was an untrained nail technician; she was self-taught, and she was not making enough money as she would depend on clients that came to the salon to do their hair and sometime, she would spend the whole day without any client which led her to depending on her boyfriend, financially. She mentioned that her partner called her names and sometimes would refuse to give her money which led her to sleeping with other men for money. She mentioned that her partner was very controlling and abusive and she was hit so many times that she had lost count and was stabbed with a knife by her boyfriend which landed her in hospital. She mentioned that she was now tired of the abuse and she wanted to leave the relationship. Even though she worked with customers, her partner did not want her to have friends.

Participant eight: Participant 8 is a 23 years old woman with an eight months old baby and is currently unemployed, although, she is receiving government grant for the child. She mentioned that her partner was an excessive drinker, therefore, he was always drunkard and would spend most of his money on alcohol. Participant narrated that her experience of IPV starts when her partner is under the influence of alcohol when her partner would hit her and insult her with painful words. She had experienced different kinds of IPV, such as physical abuse, controlling behaviors, verbal and financial abuse. Sometimes her partner would refuse to give her money for buying the baby's essentials. She never reported the incidents to the police because the partner was part of gang so she feared for her life. Participant mentioned that she was scared for the future and about marrying anyone who might be abusive or a gangster.

5.4 Presentation of findings

This section outlines the themes and their related sub-themes that emerged from data analysis of women's lived experiences of IPV. The themes were generated and analysed. Table 4.2 below summarized the main themes and sub-themes that emerged from the data.

Table 5.2

Themes	Sub-themes
1. Common violence experienced	<ul style="list-style-type: none"> • Physical violence • Sexual violence • Emotional violence • Controlling behaviour • Psychological violence • Financial violence
2. Perceived contributing factors of IPV	<ul style="list-style-type: none"> • Economic challenge and unemployment • The influence of Alcohol consumption • Gender inequalities in societies
3. Psychological impact of IPV	<ul style="list-style-type: none"> • Psychological strains • Self-blame • Pain • Shame • Suicidal attempts • Fear
4. Social impact of IPV	<ul style="list-style-type: none"> • The role of the community in addressing IPV • Knowledge of IPV services
5. Coping strategies	<ul style="list-style-type: none"> • Avoidance strategy • Adapting coping strategy • Social support • Seeking help

5.4.1 Theme 1: Common violence experienced

All the participants shared their stories regarding the violence they have experienced in their lives. The theme has sub-themes that emerged and this would influence the discussions.

5.4.1.1 Sub-theme1: Physical violence

Physical violence was reported as the most common form of IPV experienced by participants. All the participants reported that they had experienced different types of physical abuse; this ranged from slapping, kicking, beatings using different types of objects, iron burnings and knife stabbing. Most of the participants reported that they had sustained serious injuries to the point of them being hospitalized - Participants 5 and 7's injuries were the same as it had resulted in them being hospitalized. Participant 1 was beaten with a stick and Participant 5 still had scars of iron burns resulting from the incident. For Participants 1 and 5 the abuse was not a once-off occurrence, rather it was frequent.

"Honestly, I would say, eh I have experienced physical abuse because of what happened to me wherein I was beaten and was burnt with a hot iron on my thighs. In fact, I believe that he believes in violence and real torture because every time we had a problem, he would resolve it with violence" (Participant 5).

"I was beaten with a stick all over my body until I lost one tooth and I passed out which landed me in hospital" (Participant 1).

"I was stabbed with a sharp knife, the knife was so sharp that it had landed me in hospital and the doctors told me I had blood in my lungs that needed to be drained, I spent a week in hospital" (Participant 7).

5.4.1.2 Sub-theme2: Sexual violence

The participants in the study had experienced sexual violence from their partners. Three participants indicated that they had experienced sexual abuse, they mentioned that they had no say as to whether they want to have sex or not, their partners would do what they want and would even force them to have sex with them.

"My husband would force himself on me. He would force me to have sex with him without my consent or being ready for it. I have no right to say 'no' to him" (Participant 2).

“My partner would force me to have sex with him every time he feels like it, whether its early hours in the morning or during the day, if I dare to refuse, he would force himself on me and that will be very painful sex. He will even say I sleep around that’s why I don’t want to sleep with him, he is very abusive and too blackmailing” (Participant 3).

When Participant 2 was narrating her experiences about her sexual assaults, she would look down and cross her arm in shame and embarrassment. She mentioned that she had no choice but to do as she was told, otherwise she will be reminded that she was an orphan and had nowhere to go which was true as she had nowhere to go.

5.4.1.3 Sub-theme3: Emotional violence

Some of the participants experienced emotional abuse. They narrated the following:

“You will never know what will happen today, so every time he is around in the house, I am very careful and sometimes he may be in a bad mood, and sometimes when I talk to him, he doesn’t respond; he gives me silent treatment. He can spend the whole week without saying a word to me”. (Participant 1).

“Ya, he will give me the silent treatment; he would spend the whole week without uttering a single word to me; he will be acting as if I were not around; he would talk with the kids, and you would hear that he is saying those things to me indirectly” (Participant 6).

5.4.1.4 Sub-theme4: Controlling behavior

The participants indicated that they had experienced several types of controlling behavioral abuse such as feelings of being owned, refusal of partner to get employed, isolation and being told what to wear.

- Being owned

“He would tell me that he owns me as he married me and had taken me out of poor background. He would say, “I am the one who took you out of poverty and you can do nothing” (Participant 2).

Participant 2 indicated that her partner/husband treats her like an object. She seems to have no control over her life as she was from poor background, and her getting married to him was a way of him buying her out of poverty. Her husband, therefore, told her he owns her and there is nothing she can do about that as she was an orphan and had nowhere to go.

“My boyfriend would tell me who to speak to and to interact with on social media. He would dictate on what to wear and what not to wear; he would tell me which hairstyle to do on my head and if I try to defend or refuse the hairstyle, he would refuse to give me money” (Participant 5).

- Refusal to work

“So, he told me that if I study to become a nurse, he will make sure that I don’t get any placement as he is a well-connected person, so studying to further my career is just a dream that will never happen” (Participant 2).

Participant 2 indicated that her husband refused her to gain independence. The participant indicated that her husband refused for her to work or to further her studies. Her husband wanted her to depend on him and also threatened her that he will make sure that she does not get any job placement.

- Isolation

“I was very close with my siblings and family and gradually I became distant to them and ended up not going home nor communicating with them, I don’t know how he did it or how it happened, we just got divided and I was left alone, and he was the cause of it” (Participant 6).

The participant indicated that her husband isolated her from her family. She indicated that she had a close relationship with her family and siblings, however, her husband brought a division between them which left her isolated.

5.4.1.5 Sub-theme5: Psychological violence

The participants revealed that they had experienced different types of psychological abuse, such as verbal abuse and public humiliation.

- **Verbal abuse**

Some of the women experienced verbal abuse, like being called names such as “fish”, or being called by their private parts.

“My partner would call me stupid and useless; he is very strong, and he would call me with any name he wants” (Participant 8).

“He Insults me with painful words that I cannot repeat them or say them to you, I would never say one word that he says to me” (Participant 6).

The participants indicated that their partners would use strong/vulgar words to them.

- **Humiliation**

Some participants indicated that they suffer humiliation from their partners even in front of people.

“He would beat me even on the street, which is not good” (Participant 5).

The participant indicated that the violence does not only happen in private but even in public, some indicated that they have been embarrassed in public.

“My husband will start by insulting you and saying painful words that will break you before he would beat you. Lest say he didn't like the food I cooked, he will insult me and then end up beating me. I am so afraid of my husband now and I feel free whenever he is not around. He would say I am useless, and I am coming from a poor family with poor background, and I will never achieve anything in my life. I ended up believing his words and saying to myself that it is really pointless to be without him as I saw myself as nothing” (Participant 2).

5.4.1.6 Sub-theme6: Financial violence

Some participants indicated that they had experienced financial abuse, whereby the partners will deprive or refuse to give them money to buy household needs or personal needs.

“As I have already mentioned that I don't work, my husband will not give me money to buy household needs instead he will tell me he doesn't have money even though I know he has money” (Participant 4).

“My partner will want me to beg for money and he will refuse to give me, and he will say I am too demanding, and I must not demand his money as if I worked for it” (Participant 8).

5.4.2 Theme 2: Perceived contributing factors of IPV

This theme is related to what the participants viewed as the contributing factors to them being victims of IPV.

5.4.2.1 Sub-theme1: Economic challenge and unemployment

The participants indicated that economic challenge was one contributing factor to the violence. Some indicated that they experienced IPV in their relationships after their partners experienced economic challenges, after job loss of their partners. Participant 3 narrated how the job loss of her husband led to her being abused.

“... After he lost his job, things turned bad, we started to struggle to pay for our needs as my payment wasn’t enough. He changed and started with everything” (Participant 3).

Losing an income for a man may be interpreted as inability to provide financially for his partners, especially, for men who traditionally believe that they should provide for their female partners

“My husband used to say I behave like the man of the house, because I earn more than him, it means I am the man of the house” (Participant 6).

Participant 6’s statement indicated that her husband believed that a man provides for his family meaning that she was challenging his traditional norms when she was earning more him.

5.4.2.2 Sub-theme2: The influence of alcohol consumption

Participants indicated that alcohol consumption of their partners resulted in them being victims of IPV. Most participants narrated how the consumption of alcohol by their partners contributed and influenced their negative behaviours towards them which resulted in IPV episode. They narrated that when their partner had not consumed alcohol, they are not abusive but once they consumed alcohol, they become aggressive which often leads to wives being abused.

“My boyfriend always goes out on weekends with his friends leaving me with the baby the whole weekend. He would be very drunk when he gets back in the house, and he will be saying painful and rude words to me, and he would hit me with his fists. I prayed and hoped for change, but nothing seems to be working” (Participant 8).

“After my husband lost his job, he started drinking alcohol almost every day. He became a heavy drinker and every time he is drunk, he would abuse me verbally and physically...” (Participant 3).

It was revealed that when men lack income, they resort to behavior that is aggressive to their intimate partners as their way of regaining power, which explains Participant 3’s experiences of IPV (Yount et al., 2016). One could argue that Participant 3’s husband felt that he was not masculine enough as he was no longer working so he perceived himself as powerless which made the use of alcohol or drunkenness as a way of gaining control and power over his partner.

5.4.2.3 Sub-theme3: Gender inequalities in societies

This indicated how the notion of gender inequalities led participants to experience IPV; how male dominance in the society has had an impact on women experiencing IPV. The participants indicated that male superiority in their relationships manifested when they were restricted to work, and they felt inferior to their male partners. One participant indicated that male dominance in her

marriage was manifested when her husband refused to allow her to go back to school to further her studies so that she can access economic opportunities.

“I wanted to go continue with my studies and get a job but he always discouraged me” (Participant 2).

5.4.3 THEME3: EMOTIONAL/ PSYCHOLOGICAL IMPACT OF IPV

5.4.3.1 Psychological strains

Most of the participants indicated various types of psychological stress due to IPV, such as self-blame, pain, shame, and trauma.

- Self-blame

Some of the participants blamed themselves for the abuse they had experienced.

“If I had not asked him about where he was during the weekend, none of this would have happened to me” (Participant 8).

“I asked him about him having many affairs and things got really bad and I ended up being beaten. Sometimes I wish I kept quiet” (Participant 5).

“This is painful, imagine loving someone who abuses you like that, it really hurts” (Participant 2).

Participant 8 blamed herself for asking her partner’s whereabouts during weekends for her partner would abuse her physically and say she had led him to hitting her as she thinks she provoked him.

Participant 5 also indicated that her partner would abuse her after she confronted him of having multiple affairs. She blamed herself for confronting him.

Participant 2 indicated that her being in a marriage with her partner caused her pain as she had suffered in the hand of the same person she loves.

- Shame

“It’s just shameful about what I have done to my family. That man made me do terrible things to my own family and look at me now, I am so ashamed of myself. He has stripped all the self-esteem I had in myself” (Participant 6).

“I did not want to be seen in that state. I was ashamed because I had bruises and I was really inquired. I live with fear everyday of what will happen next. I felt helpless and did not know what to do” (Participant 4).

“I feel helpless and shameful in this marriage to speak the truth” (Participant 3).

Participant 6 indicated that she had a feeling of shame from the fact that she pushed all her family away because of her husband. She mentioned that all she had experienced in private because of her husband make her very ashamed of herself.

Participant 4’s response indicated that she experienced psychological abuse because of her partner’s intention to break her emotionally through painful words that are said to her followed by the physical abuse.

The participants indicated that IPV bought shame and feelings of helplessness. Participant 3’s uncertainty had put her at a further risk of being abused as it showed she had made no attempt to distance herself from the problem.

Most of the participants indicated that they were traumatized by what they had experienced.

“There is no coming out of this relationship” (Participant 8).

“This has really killed me inside; I still get nightmare of what happened that day. My family always tell me not to think of suicide or harming myself because I loved this man so much. Uhm, honestly, I really don’t know how I survived” (Participant 7).

These responses indicate that participants were traumatized by IPV. Participant 7 is traumatized and anxious to a point whereby she was always quiet while busy thinking about what had happened to her. She mentioned that her family kept on checking up on her, making sure that she does not commit suicide as they always counselled her because her experience left a deep wound.

Participant 8 mentioned being scared of the future and the thought of marriage. She mentioned that her partner talks about marriage but her experiences of IPV has affected her, whereby, she does not see herself marrying her current partner, but she is scared he might kill her if she refused to marry him as he is a gangster. She does not consider marriage as an option for her as she was in an abusive relationship where she spent most of her time thinking about her experiences which scared her family.

5.4.3.2 Sub-theme2: Suicidal attempts

One of the participants attempted committing suicide due to IPV. *“I drank many pills so that I could just die, he called his friend, and they took me to the hospital as I was out, and I was helped at the hospital”* (Participant 4).

Due to failure to cope with the abuse, Participant 4 attempted taking her own life to escape from the pain and abuse she were experiencing in her relationship. Her suicide attempt showed the depth of the pain, torture that she had experienced from someone she thought loved her.

5.4.3.3 Sub-theme3: Mental health problems (vulnerabilities)

This section discusses aspects regarding the mental health outcome influenced by the experiences of IPV. The participants indicated that their exposure to traumatic events and abuse at early stages in their lives had them viewing the world from a different perspective regarding the violence which had influenced their mental health. They emphasized that their mental health was influenced by the violence they had experienced even at childhood.

The way that the participants approached intimate relationship were found to have been influenced by their childhood experiences. This was evident from Participant 2 who reported that her childhood was characterized by abuse from her aunt after the loss of her parents.

“I lost my parents when I was still very young, and my aunt raised me. I was blamed for everything that went wrong in the house, and I will be told how stupid I was. I have always been beaten and insulted. I always cried because they were not treating me like their own children. All I wanted was to be loved but I was hated” (Participant 2).

“When I was growing up, I was constantly fighting for myself, it becomes difficult to trust a person and that is when you will know that you are on your own” (Participant 4).

It is evident that the primary care that Participant 2 received affected her development as a child. Her feelings of being unloved and unwanted could have resulted in her having attachment difficulties. Her feelings of being unloved in her childhood, might have been carried into adulthood which might have shaped her experiences of intimate relationship. As most of the participants had indicated that the abuse began with a threat, their partners abused them psychologically to inflict pain on them. They mentioned that they stress about the future outcomes of their relationship and that they live in fear, anxiety, and uncertainties.

5.4.3.4 Sub-theme4: Fearing the partner

Participants indicated that they feared their partners due to the violence they had experienced. They narrated that they fear their partners.

“...I am very careful around him” (Participant 8).

“I would panic every time I saw him or make eye contact with him; I avoided making eye-contact with him” (Participant 4).

5.4.3.5 Sub-theme5: Separation/ leaving the partner

Participants indicated divorce or separating with their partners as a result of IPV. They indicated that they could not tolerate the abuse anymore, hence, they separated.

“I filled for a divorce as I could not take it anymore as it was affecting the well-being of my children” (Participant 6)

“We are no longer together now, we have separated” (Participant 4).

As evident from the above comments, some participants separated from their partners who were abusive to them.

5.4.3 Theme 4: Social Impact of IPV on women

5.4.3.1 Sub-theme 1: The impact of social environment on women’s IPV experiences

This subtheme indicates that the characteristic of social environments where participants resided influenced them to be victims of IPV, as they indicated that their communities were doing little in addressing the issues of IPV. The participants indicated that people are minding their own “businesses” that are only happening in their own houses. This mentality is clearly opposing what the spirit of Ubuntu (“humanity”) is all about. Ubuntu is an African philosophy which is about caring and showing humanity for other.

“I have never attended any gathering in the community where there is a discussion of IPV” (Participant 5).

“People will make you a laughing stock if they know about your affairs” (Participant 8).

The participants indicated that the unavailability of the social networks, such as friends and family led them to experience IPV.

Some participants reported having people who cared for them as a support system from their social network while other participants did not have anyone to rely upon for social support. Those who had close connections had someone who managed to be helpful during their experiences of IPV.

“The pastor’s wife is always there for me...” (Participant 2).

“My friend was my only support I had” (Participant 1)

According to Park (2016) male abusers often isolate their female partners from friends and family with the intention to further abuse their partners.

One participant indicated she grew up as an orphan and had no family to rely on during difficult times as her aunt was also abusing her. These negative histories may have resulted in the participant being anxious and attaching to her abusive partner.

Participant 2 did not have a social network as she was abused by her aunt, so her history brought additional negative impact on her experiences of IPV. This means that Participant 2 had no one to confide in during her experience of IPV as she was isolated when faced with IPV, hence, her partner was the only person close to her whilst he was also the one harming her. Even though she had an aunt who was still alive, she was isolated due to her family history. If she had a close relationship with her aunt, the latter could have given her support during her difficult times. Her husband deliberately abused her knowing that she had nowhere to go or no one to rely on.

5.4.3.2 Sub-theme 2: Knowledge of IPV support service and organisations

This sub-theme was created so that the participants could indicate their knowledge regarding organisations in their communities that were providing support services for IPV victims. Most of the participants indicated that they were not aware of such services in their communities.

“I do not know of any organisation that provides services to IPV victims” (Participant 4)

“There is no organisation in my community but we only have a social worker who is very difficult to see because of many people wanting the services” (Participant 1).

“There is no organisation in my community” (Participant 6).

The participant’s response indicated that social workers should be deployed to different rural communities to provide social services. The deployment of social workers to rural communities will help in informing people of IPV together with GBV.

5.4.5 Theme 5: Coping strategies of IPV victims

This theme indicated the strategies that participants used to cope with IPV. People usually, wonder why women who are victims of IPV remain in the same relationship rather than leave the relationship or the marriage. Victims of IPV remain in an abusive relationship because they have coping strategies they use in their situations.

5.4.5.1 Sub-theme 1 Adaptive coping strategy

“I was married to my husband and every time I experience violence I would cry and talk to myself that he will change in one of these good days” (Participant 3).

Participant 3’s response indicates that she uses hope as a coping strategy as she hoped that her partner will eventually change and stop abusing her.

5.4.5.2 Sub-theme 2: Avoidance strategy

Some participants revealed they did not report their problems to the police or seek help from professionals because they were afraid to be judged by people and feared being killed which led them to endure the abuse from their partners, in other words, they used avoidance strategy to cope with their problems.

“I must say he is very dangerous, so I never attempted reporting him” (Participant 8)

“My husband is a well-respected man in the community, and he is very connected so I wouldn’t want to bring shame to him and myself” (Participant 2).

“I hid it from everyone thinking I could handle it, until one day my friend arrived immediately after the incident and that was when I reported the matter” (Participant 1).

Participant 2 indicated that her husband was a respected man in the community. She feared being ridiculed by the community and she was concerned about not bringing disrepute to her husband or lowering his dignity. Participant 1 mentioned that it took her a long time to seek for help as she was a secretive, ashamed and did not want people to know about her personal matters, meaning she avoided sharing her personal issues with people.

5.4.5.3 Sub-theme 3: Social support and seeking help

This sub-theme indicates the kind of support that the participants used to cope with their challenges of IPV.

“The pastor’s wife is always there for me; she calls me to check up on me and at times I would go to her house” (Participant 2).

“...I talk about everything with my friend; she is my support” (Participant 1).

“The nurses were very understanding and compassionate to me, they never judged me, rather they advised me to seek help” (Participant 5).

Participant 2 relied on the pastor’s wife for support as the latter was always there for her and seemed to understand what she was experiencing. Participant 1 received support from her friend who came in immediately after an incident. Participant 5 received support from the nurses who were helping her in the clinic; they were not judgmental, rather they referred her to a social worker.

5.5 Conclusion

This chapter presented the research findings to the reader based on the data that was analysed thematically to generate meaning. The data was collected from participants who met the inclusion criteria and presented in table and narrative forms. Four themes and their sub-themes were generated in the study. The following chapter presents a summary, conclusions and recommendations for future research.

CHAPTER 6: RECOMMENDATIONS AND CONCLUSION

6.1 Introduction

The previous chapter focused mainly on the presentation of the research findings. This chapter provides a summary of the main study findings based on the main objectives for undertaking the study. The study also provides a recommendation for various stakeholders and institutions that are involved in IPV as well as for future researches. The aim of the study was to explore the experiences of intimate partner violence amongst women in Blouberg Municipality, Limpopo Province.

To accomplish the aim of the study, the researcher was guided by the following research questions:

- What are the accounts of women who have experienced intimate partner violence?
- What are the contributing factors that facilitate women's exposure to IPV?
- What causes conflicts in intimate relationships?
- What are the coping strategies used by women who are victims of intimate partner violence in Blouberg Municipality?

The main findings as shown in the prior chapter, were generated based on these study questions. These four research questions are what led to the thematically generated and presented findings.

6.2 Overview of the study

Literature on Intimate partner violence was reviewed and brought an understanding about the phenomenon. There were couple of gaps in the literature that were identified, particularly since most of the studies focused on the causes of IPV. The current study focused on the experiences of women with IPV, based on the assumption that there are various factors that contribute to this phenomenon. This showed that there was a need in understanding the impact that social issues have in understanding the lived experiences of women who experienced IPV. Literature about the violence against women, showed how different factors influenced the experiences of IPV amongst women. This study was qualitative in nature and followed a thematic analysis. The ecological theory and feminist theory were the frameworks employed in the study. The study identified five themes related to understanding the phenomenon.

IPV has been found to be influenced by factors at the multiple levels of the ecological system that people in an intimate relationship are part of. The ecological model has levels - individual, interpersonal, community and societal level.

At the individual level, it was discovered that women who witnessed abuse at an early age were more likely to tolerate abuse in their lives. These experiences of early exposure to abuse shaped how women reacted to IPV. When the violence repeated itself in an intimate relationship, it worsened their psychological distress which also affected their mental health, facilitating, for example - depression, isolation, and suicidal thoughts.

The second layer is interpersonal level, where the findings indicated that the gender role, gender inequality in societies that couples interacted in influenced the participants' lived experiences of IPV. This is due to the fact that certain jobs, roles or beliefs aims to undermine women's capabilities. Furthermore, the economic burden that the couple faced contributed with the violence and were found to be the cause of conflict in the relationship. Alcohol consumption was also a contributing factor to the abuse.

The third layer is societal/ community level. This study has found that the communities that women lived in influenced their exposure to violence. There are different norms, beliefs within the societies that people live in. The findings indicated that most women tolerated the abuse and were most reluctant to disclose their experiences of IPV because they were afraid of being stigmatized in their communities.

In this study feminist theory helped to understand that male superiority and dominance were found to be another cause of women experiencing IPV. Due to these beliefs that people hold in such societies, women had to be submissive to their male partners as men were considered superior over females. People's attitude and behavior were shaped by different norms in their societies hence the latter can be seen as condoning and justifying the different forms of violence that are perpetrated by male. This study discovered that violence was caused by male superiority, especially where a women was not employed which made the women to depend on their male partners, financially.

6.3 Summarizing the major findings

The study discovered different kinds of violence that were experienced by women as they were asked to share the violence they had experienced in the hands of their partners. One need to note that the current study was exploring women experiences of abuse, it did not measure occurrence and the frequency of those abuse. It is evident that each participant had experienced different kinds of abuse. The study has found that all participants had experienced physical violence from their intimate partners.

The study revealed that women experienced sexual violence from their partners. It was reported that the partner expected to have sex any time he wanted without her will. This goes with what Giardino and Giardino revealed in defining sexual violence, as a situation whereby one person uses power to have sexual intercourse without the other person's consent. Giardino and Giardino (2010), also mentioned that the abusive behavior of men is influenced by the view that they can have sexual intercourse with their partners whenever they want. It was discovered in the study that forced sex caused one to have womb problems due to the sexual violence from her partner. It was reported that women's forced sex might cause gynecological issues, transmission of sexually-transmitted infections and HIV transmission (Campbell, Woods, Chouaf & Parker, 2000).

The study revealed that emotional violence was experienced by the victims. One need to understand that emotional abuse is not only name calling, criticism, humiliation and making the victim to blame themselves for the abuse but emotional abuse is also intended to lower the self-esteem of the victims which has the potential to cause more extensive harm to an individual than physical abuse; an individual might not fully function if his/her mental state is not functioning to its maximum (UNICEF, 2015).

The study indicated that the victims experienced controlling behavior from their partners. The controlling behaviours was demonstrated in all kinds of violence. Controlling behaviours are used interchangeably with emotional abuse, psychological abuse, and verbal abuse (Follingstad, 2007). As the current study was exploring women experiences of abuse, it did not measure occurrence and the frequency of those abuse. It is evident that each participant experienced different kinds of controlling behaviours and at different frequency levels.

In this study, it was discovered that women experienced psychological abuse from their partners. The women indicated that they suffered humiliation, doubt and being addressed with vulgar words. Psychological abuse can be manifested through controlling behaviors, wherein the women are threatened, blackmailed, ignored, insulted, and cheating upon by their partners. It is unfortunate that psychological abuse leaves no visible marks such as scars on the body, hence, it is difficult to prove (Randle & Graham, 2011). Some studies reported that IPV exposure may results in person having psychological symptoms like depression, post-traumatic stress disorder and suicidal ideation (Randle & Graham, 2011). In this study, most women had low self-esteem, blamed themselves, were depressed, isolated themselves from people and even had suicidal ideation. The study relied only on the reported symptoms of the participants which may have been unreported. In this study there were no participants that reported being psychologically abused, maybe because they did not seek help from professional like clinical psychologists for a

proper diagnosis, however, they reported having symptoms like being stressed, detached, and feeling depressed. A victim admitted using alcohol to numb the pain caused by IPV. It was reported that some abused women consumed alcohol as a form of self-medication and a way to cope with the abuse (Heise, 2011).

In the current study, the researcher did not perform any test for mental disorders, hence, this study cannot conclude that the participants suffered from depression and PTSD but that some participants showed symptoms of mental disorders. Further research exploring the impact of IPV against women is, therefore, necessary.

The study indicated that women had experienced financial abuse from their partners. The women indicated that their partners would deprive them of money to get essentials for the household.

The study indicated that economical challenge and unemployment contributed to women experiencing IPV, which confirms what Makabe (2019) had argued that African families were built upon the idea that men are providers and they should sustain their families for them to be respected. This meant that the victim's husband felt disrespected because they no longer had incomes which made him to think they were no longer men enough, hence, they start abusing their wives. The abuse against women by their partners due to the family's economic situation indicate that many people take out their frustrations with abusive behaviours (Bhona et al., 2019, Kumar, 2012). As unemployment was found to be a risk of IPV in this study, and many women decide to remain in an abusive relationship as they were unemployed, and they were depending financially on their partners; two participants supported this point. Uwadeigwu (2015) also mentioned that living in a community with high unemployment has a significant contribution to intimate partner violence. The study also found out that a woman who earned more than the husband was abused due to the fact that the husband felt intimidated wherein he felt that she was trying to be the man of the house which implies that a man feels degraded if the wife earned more than him. Thobejane and Khoza (2014), reported that gender roles are constructed in a society whereby men are considered masculine and providers for their families. Once men do not live according to what is expected by the society, they do not feel men enough causing them to be abusive towards their partners.

The study revealed alcohol was a contributing factor to IPV. It was discovered that once the perpetrators were under the influence of alcohol they became abusive towards their partners and it worsened their IPV experiences. According to Stove and Kiselica (2015), alcohol is a contributing factor as in most cases of IPV, as most abuse takes place while the partner is under

the influence of alcohol. It was reported that when their partners were sober there was no abuse but after the consumption of alcohol, their partner could come back home late at night and they would have arguments which ultimately led to physical violence. The victims get forced into sexual intercourse without their will because their partners are drunk. This study also showed that gender inequality contributed to women experiencing IPV. The social norms and beliefs, hence, put the lives of women at risk because men are regarded as superior over women. It was evident in the study that men felt dominant over their partners.

The study indicated that when women experiences IPV they isolate themselves as they did not want people to know about the abuse they were encountering in their intimate relationships. The results of this study also showed that when some women experienced IPV, they immediately turned to informal support networks like their close friends and relatives. According to Latta and Goodman (2011), family and friends provide a very important support network for victims of IPV and may assist the victim to address the mental health pressures that they had encountered as a result of the violence they had suffered. Seeking help and formal support, therefore, have become very important in facilitating the victims' exit from their toxic and violent relationships. As these structures offered both emotional and instrumental support, their effect was largely favorable. Yet, it was shown that family support was more likely to prolong the acceptance of IPV since it put pressure on the women to maintain their nuclear family, delaying leaving violent relationships. Social networks give one a sense of belonging producing a positive behavior in dealing with challenging situation and helping in problem-solving (Wright & Tillyer, 2017). This enquiry discovered that a variety of factors led to IPV victims telling healthcare nurses and law enforcement about their experiences. Revealing IPV encounters occurred when severe injuries could not be kept from the medical professionals.

The study revealed that organisations in communities that assists women with IPV were not known which made most women to be reluctant to seek help until they had experienced a severe abuse which led them to be hospitalized. In addition to this, the study revealed that all the victims in this study, none of them sought help from a mental health practitioner. Few of the victims indicated being referred to see a social worker, but did not mention if they managed to see the social worker as social workers were not easily accessed because of too many clients. The findings revealed that there is still a gap as women need to be educated on what to do to receive assistance against their abusive relationships.

According to these findings, IPV exposure is a complex problem that is influenced by a number of factors at various levels which requires a diverse solution. When it comes to women, IPV is very systemic and has several upstream factors. The other variables are located in the society's values, norms, and beliefs.

In this study, it was discovered that victims had various coping strategies. One woman indicated that she used to go to the pastor's wife for support while some of the participants decided to keep their IPV troubles to themselves. According to Latta and Goodman (2011), family and friends provide a very important support network for victims of IPV and may assist the victim to address the mental health pressures that they had encountered as a result of the violence they had suffered. Seeking help and formal support, therefore, have become very important in facilitating the victims' exit from their toxic and violent relationships. A victim decided to remain in an abusive marriage for the sake of the children. In this study, victims used self-talk as a coping strategy for the abuse they had experienced. Few victims indicated that they used to assure themselves that their partner would change and be a better man as she was married to him. The participants remained hopeful that things will change one day.

6.4 Recommendations

The study revealed that the exposure of violence at early childhood had an influence on how participants react to IPV in their lives. Early interventions and programs are needed to break the cycle of this happening in the future and to reduce the risk of children being exposed to violence. It is recommended that the Department of Education makes GBV and IPV a part of the Life Orientation subjects at school in order to educate learners about gender equality from their early years.

The study indicated that religion provided them with some emotional support they needed during their experiences of IPV. Women tend to accept IPV due to the teachings from their various religions, therefore it is recommended that religious organizations are taught about the negative impact of the acceptance of IPV on women's well-being and mental health. It is highly recommended that supporting programs should be implemented whereby people will be evaluated and gaps will be identified within the programs in the community.

As women have been regarded as powerless and men as powerful, an intervention is needed to address equality aiming to change people's perception of femininity and masculinity. The statistics of IPV in South Africa is still high, which shows that there is still more that need to be done to

promote gender equality in the country. As there are non-profit organization that are trying to achieve that, it is recommended that they should be allocated more funding so that they could be easily accessed by many people and educated people about IPV.

It is recommended that there should be a place in every community where women can meet and talk about the challenges they face in their intimate relationships as this will help others who are facing the same problem to cope better and those that have not experienced IPV to be educated and know more about IPV.

It is recommended that Department of Social Development need to employ many registered counselors with the aim of reducing the burden that victims of IPV encounter, psychologically. These registered counselors, it is recommended should be employed in different sectors to provide counseling, psychological education and teach people about the importance of social support. There are few registered counselors and social workers and it has been revealed that most therapy sessions in private sectors are expensive making it difficult for people to access them. This was one of the barriers for people in accessing services in the private sectors as those in public sectors are always full of people. Interventions that target survivors of IPV should focus more on the psychological approaches that will treat all kinds of human traumas experienced by survivors.

There is a limited investigation about the mental health of women who experienced IPV, especially in the rural communities. It is recommended that future researcher to consider researching about women in the rural communities as most of the researcher are done in the urban areas

Lastly, the current study focused on female victims of IPV in Limpopo Province, it is recommended that this research project could be conducted on a national level. If the study is conducted on a national level, the prevalence of IPV against women by their male partners will be discovered and appropriate intervention strategies put in place.

6.5 Study limitations

This study underlined various important aspects of women's experiences of IPV, however, it is important to acknowledge the study's limitations. This study employed a qualitative research design, and participants were selected using purposive sampling method. The recruited sample was small, thus, the findings of the study cannot be generalized to all the women who have experienced IPV as it focused only on women from Blouberg Municipality in Limpopo Province.

Furthermore, as the study was conducted in Blouberg Municipality only and could not be generalized to the whole Limpopo Province. The result may have been different if the phenomenon had been researched in the whole province and other Provinces.

The researcher only focused on the women and the women's partners were not interviewed meaning that only one side of the story was heard, therefore, for future studies perpetrators should also be interviewed which may help in fully comprehending this phenomenon and to have interventions that may help the male perpetrators to stop violating their partners.

Lastly, this study only focused on black female as such I recommended that further studies be undertaken to compare the experiences of IPV in other ethnicities so that there can be an understanding on how people from different ethnicities understand and view their lived experiences of IPV.

6. 7 Conclusion

This chapter outlined major conclusions and the recommendations based on the findings of the study, which aimed at exploring the experiences of intimate partner violence amongst women at Blouberg Municipality, Limpopo Province. Intimate partner violence is a global social problem which violates the human rights of women. The study revealed that abused woman are isolated from friends and families by their partners in order for them to have power and control over the victims. Alcohol abuse was found as the common contributing factor to IPV as it makes men violent when they had alcohol. Gender inequality was one of the revealed contributing factors to IPV; this is still a problem as different cultures still promote male dominance over woman whereby women have to be submissive to their partners.

The study revealed that unemployed women were more vulnerable to the abuse as they depend on their partners financially who were depriving them of money as a way to have control over them. The study revealed that IPV victims suffered from psychological ill-effects and the isolation from friends and families. These effects bring on symptoms of depression, isolation, humiliation, self-blame and suicidal ideation.

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ANNEXURE A: INTERVIEW GUIDE



Section A

1. Name	
2. Age	
3. Marital status	
4. Number of children	
5. Education	
6. Occupation	
7. Nature of abuse	
8. Duration of abusive relationship	

Section B

Opening question:

Please tell me about your experiences of violence or abuse inflicted on you. What happened?

Has your partner ever forced you to have sex with him when you were not feeling like having sex?

What do you think contributes to the violence?

How do you feel about being abused by your partner? Did it affect you emotionally?

Has your partner tried to prevent you from speaking with other men?

How did you cope with the violence that you experienced?

Do you have a support system? What kind of support do you receive? For how long?

Do you know of any organisations in your community that provide services to IPV victims?

ANNEXURE B: INFORMATION SHEET

Experience of intimate partner violence amongst women in a non-profit organisation at Blouberg Municipality, Limpopo Province.

My name is Mantshi Florance Muofhe, I am a Master's student at the University of Venda. I am currently conducting a study titled **“Experience of intimate partner violence amongst women in a non-profit organisation at Blouberg Municipality, Limpopo Province”**. The aim of the study is to explore the experiences of intimate violence amongst women and develop strategies that would empower these women against the violence. The interview will be audio recorded and I will take notes to help with data analysis.

I will not use your name; it will not be revealed in any written data or in reports resulting from the study. All the information you provide will be kept confidential. The interview will last for about 45 minutes -1hour. If you would like to participate in this study, we will need your signed consent. We also want to stress that it is completely voluntary to participate in this study, therefore, if you choose not to take part in answering these questions, you will not be affected in any way whatsoever. When it comes to answering questions, there are no right nor wrong answers. We undertake that all the information provided by you will be used only for the purpose of the study. Everything that you say when answering the questionnaire will be treated as private and confidential. This means that apart from the person who asks you the questions, no one will know how you answered. All information provided will be kept in a locked cabinet. Furthermore, you also have a right not to answer any questions that make you feel uncomfortable. Should you be willing to agree to participate in this study, we would like to thank you for your time and for the information you are going to share with us. Please note the information sheet is for you to keep. Lastly, kindly note that participants will not be paid for taking part in the study. If you have any queries or need any further clarity, feel free to contact this number 0670490271.

ANNEXURE C: CONSENT LETTER AND FORM

LETTER OF INFORMATION

- Title of the Research Study** : Experiences of intimate partner violence amongst women in a non-profit organisation at Blouberg Municipality, Limpopo Province.
- Principal Researcher** : Mantshi Florance Muofhe, Master of Arts in Psychology
- Co-investigator/s/supervisor/s** : Dr Mercy Mushwana and Mrs. Beauty Koko

Brief Introduction and Purpose of the Study: Intimate partner violence (IPV) affects women all over the world and often occurs to people who are in intimate relationships. It may come in a form of physical, psychological, sexual, and financial abuse. Being in a relationship is supposed to be filled with love, care, fun and romance but for some women that is not always the case. This study intended to explore the experiences of intimate partner violence amongst women. Its purpose is also to develop strategies that may help decrease violation against women and highlight the importance of interventions and awareness of mental health campaigns to empower women. A decrease in the number of intimate partner violence cases would have a positive impact in the society, including good psychosocial health, which may improve the general health of individuals.

Outline of the Procedures: The responsibility of the participant is to show up for appointments and inform the researcher if they are experiencing any problems or have decided to withdraw from the study. All interviews will be conducted in English, if needs be they may be conducted in Sepedi which is the primary language in Bochum. The interviews will be 45 minutes-1hours long. No translator will be required, as the researcher can speak and write Sepedi.

The participants of this study will be females between the ages of 18 –50 years, who have been in a relationship for at least a year, who are married or divorced. They should be experiencing violation or have in the past been violated by their intimate partner and lastly, they should be residing in Bochum Municipality. The researcher will use an interview guide as a measurement instrument. It is expected that the chosen instrument will create a flowing conversation between the researcher and the participant, which will allow the researcher to probe and get accurate, rich data. Participants are expected to answer questions to the best of their abilities.

Risks or Discomforts to the participants: The participants will be asked to reflect on matters that are possibly very sensitive or even life-changing to them, therefore, there is a risk of them feeling uncomfortable or distressed. SVESC, however is generally a supportive environment where emotional well-being is a priority; fortunately, potential participants would have already been part of the recovery programme at the Centre and the researcher will consult with the Centre's social workers about the questions prior to data collection. The researcher will also have to stay aware of signs of distress from the participants and initiate any necessary breaks. The participants will also be made aware that they may withdraw from the study when feeling too distressed

Benefits: Participants will benefit by taking an active role in their own mental healthcare and combat any feelings of helplessness by making an important contribution to research. The researcher will have an improved knowledge about the subject under study and an improvement in academic writing, also, publications and acquire a qualification.

Reason/s why the Participant May Be Withdrawn from the Study: The participant may be withdrawn from the study should they get so distressed that they are unable to answer questions, due to illness, personal reasons, or an inability to make it to an appointment even after follow-ups. There were no adverse consequences for the participants should they decide to withdraw at any stage of the study.

Remuneration: The participants will not receive any monetary or other types of remuneration.

Costs of the Study: The participants will not be expected to cover any costs towards the study.

Confidentiality: The participants will be assured that all information shared will be treated with confidentiality. The study will not make use of the participant's real names, rather a number will be assigned to each, and that should help maintain anonymity. All personal identifiable information and recordings will be secured using a password only known by the researcher. All information will be confidential. Notes taken will later be shredded.

Research-related Injury: In cases of adverse reaction, participants are already linked to social worker at the Centre.

Persons to Contact in the Event of Any Problems or Queries:

Please contact the researcher on 0670490271, my supervisor (072 747 1399) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za

CONSENT

Statement of Agreement to Participate in the Research:

- I hereby confirm that I have been informed by the researcher, Mantshi Florance Muofhe, about the nature, conduct, benefits, and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read, and understood the above written information (*Participant Letter of Information*) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free) declare myself prepared to participate in the study.
- I understand that significant new findings developed during this research which may relate to my participation will be made available to me.

ANNEXURE D: LETTER FOR PERMISSION TO CONDUCT THE STUDY

Dear Sir/Madam

My name is Florance Muofhe. I am currently registered for a Master of Arts in Psychology degree at University of Venda. As part of the requirements for this degree I must conduct a research study. The area that I have identified to conduct research in, is violence towards women. The topic of my proposed study is understanding women's lived experiences of intimate partner violence.

I thereby ask permission to get access to the women who are currently residing in your facilities, have experienced domestic violence and are willing to participate in the research study. I will explain to those willing to participate that their participation is voluntary and whenever they wish to terminate participation they can do so without any negative implications in any manner.

The study will be conducted by me in the form of interviews. The interviews will take approximately 45 minutes -1hour. The interviews will be audio-recorded, and I will later transcribe them. The transcripts will be stored without any identifying remarks and names of the women. Feedback will be given back to all those who participated before the finalisation of the report. No monetary compensation will be given to those who participate, but refreshments will be available after the interviews as a token of appreciation for their time.

Yours faithfully

Muofhe Florance

0670490271

ANNEXURE E: LETTER OF PERMISSION

LETTER TO MUNICIPAL MANAGER

Dear Sir/Madam,

RE: REQUEST FOR PERMISSION TO ACCESS INFORMATION FROM THE WOMEN AT BLOUBERG MUNICIPALITY.

My name is Muofhe Florance, a Master's degree student at the Department of Health Sciences at the University of Venda. As a requirement for the fulfilment of my degree, I am conducting a study entitled: Experience of intimate-partner violence amongst women in a non-profit organisation at Blouberg Municipality, Limpopo Province. I would like to conduct this study in this Municipality with different communities. I, therefore, ask for permission to access the required information for my study.

The study will involve the following:

Participation in the study is voluntarily and withdrawing from it is allowed at any time. The information discussed with the participants will always be kept confidential and anonymous. An ethical clearance from the University of Venda have been obtained and submitted.

Your assistance to facilitate the research will be appreciated. I trust my request will be positively considered.

Sincerely,

Muofhe Florance

(Student number: 16020388, muofhelola@gmail.com, 0823946530)

ANNEXURE F: PROOF READING LETTER

PROOF OF EDITING

22 February, 2023

This is to certify that I, Dr P Kaburise, have proofread the dissertation - **EXPERIENCES OF INTIMATE PARTNER VIOLENCE AMONGST WOMEN IN A NON-PROFIT ORGANISATION IN BLOUBERG MUNICIPALITY, LIMPOPO PROVINCE** - by Mantshi Florance Muofhe (student number: 16020388). I have indicated some amendments which the student has undertaken to effect before the final dissertation is submitted.



Dr P Kaburise (0794927451/ 0637348805; email: phyllis.kaburise@gmail.com)

Dr P Kaburise: BA (Hons) University of Ghana (Legon, Ghana); MEd University of East Anglia (Cambridge/East Anglia, United Kingdom); Cert. Teaching English as a Foreign Language (Cambridge University, United Kingdom); Cert. English Second Language Teaching, (Wellington, New Zealand); PhD University of Pretoria (South Africa).

ANNEXURE G: PLAGIARISM REPORT

EXPERIENCES OF INTIMATE PARTNER VIOLENCE AMONGST WOMEN IN A NON-PROFIT ORGANISATION IN BLOUBERG MUNICIPALITY, LIMPOPO PROVINCE

ORIGINALITY REPORT

16%	14%	5%	6%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

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ANNEXURE H: ETHICAL LETTER

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms FM Mantshi

STUDENT NO:
16020388

PROJECT TITLE: Experiences of intimate partner violence amongst women in a non-profit Organisation at Blouberg Municipality, Limpopo Province.

ETHICAL CLERANCE NO: FHS/21/PSYCH/32/3101

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr M Mushwana	University of Venda	Supervisor
Mrs B Koko	University of Venda	Co - Supervisor
Ms FM Mantshi	University of Venda	Investigator - Student

Type: **Masters Research**

Risk: **Minimal risk to humans, animals or environment (Category 2)**

Approval Period: **January 2022 – January 2024**

The Research Ethics Social Sciences Committee (RESSC) hereby approves your project as indicated above.

General Conditions

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following.

- The project leader (principal investigator) must report in the prescribed format to the REC:
 - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project
 - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviations from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
 - Request access to any information or data at any time during the course or after completion of the project.
 - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
 - withdraw or postpone approval if:
 - Any unethical principles or practices of the project are revealed or suspected.
 - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
 - The required annual report and reporting of adverse events was not done timely and accurately.
- New institutional rules, national legislation or international conventions deem it necessary

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: November 2021

Name of the RESSC Chairperson of the Committee: Prof TS Mashau

Signature