THE EFFECTS OF GENDER-BASED VIOLENCE ON THE PSYCHOLOGICAL WELLBEING OF EXPOSED COMMUNITY MEMBERS, IN A SELECTED RURAL VILLAGE IN VHEMBE DISTRICT OF LIMPOPO PROVINCE

by

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DECLARATION

I, MASELESELE LUSANI MAVIS, declare that the dissertation titled - THE EFFECTS OF GENDER-BASED VIOLENCE ON THE PSYCHOLOGICAL WELLBEING OF EXPOSED COMMUNITY MEMBERS IN A SELECTED RURAL VILLAGE IN VHEMBE DISTRICT OF LIMPOPO PROVINCE **-** is my own work in design and execution and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

……. Date 29/04/2025

Maselesele Lusani Mavis

DEDICATION

This study is dedicated to the survivors of Gender-Based Violence (GBV) around the world; to the resilient souls who have endured the darkest of days, and to those whose well-being and productivity have been profoundly affected. In the shadows of courage, you rise - silent warriors, scarred but unbroken; your strength woven from threads of survival. Each stitch is a testament to resilience. I bow with respect for the courage over the pain and tribulations you are immersed in, for your sweat and toil in fighting for justice and healing. Continue to shine on, in your quest for healing; as we continue, with urgency in addressing this global challenge as a country; fighting to integrate GBV-prevention efforts across different sectors. #Soldier on dear brothers and sisters.

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ABSTRACT

Gender-Based Violence (GBV) is any form of violence or abuse that targets someone based on gender identity, expression, or societal role. It can affect anyone, causing trauma and psychological distress for the victims and their families, although it disproportionately affects women and girls. Literature reveals that massive studies have been previously conducted to explore the effects of GBV on victims, yet very little have been done to understand the effect on secondary and tertiary victims, who are community members who, directly or indirectly, witnessed incidents of GBV. The study explored and described. the effects of GBV on the psychological wellbeing of exposed community members in a selected rural village in the Vhembe District of Limpopo. The researcher employed the theoretical framework of the social learning theory and the concept of violence as trauma. The study used a qualitative research approach and an exploratory research design. A sample of 12 participants was selected from Khubvi village in the Thohoyandou policing area; participants were between the ages of 19 and 55 and were selected using purposive and snowball sampling methods because of the study's sensitivity. Data was collected through face-to-face interviews, with a semi-structured interview guide containing open-ended questions and data was analysed using thematic content analysis. The trustworthiness of the study was ensured, and all ethical protocols were followed. Finally, recommendations were made based on the study's findings.

KEYWORDS:

Community Members, Effects, Exposed Community Members, Gender-Based Violence, Psychological Wellbeing.

CONTENTS

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LIST OF ACRONYMS AND ABBREVIATIONS

GBH:	Grievous Bodily Harm
GBV:	Gender-based violence
LGBTQIA:	Lesbian, Gay, Bisexual, Transgender, Queer/questioning (one's sexual or gender identity), Intersex, and Asexual/aromantic/ agender
SAPS:	South African Police Services
Stats SA:	Statistics South Africa
STD:	Sexually Transmitted Diseases
TVEP:	Thohoyandou Victim Empowerment Program

CHAPTER 1

ORIENTATION TO THE STUDY

1.1. INTRODUCTION AND BACKGROUND

The United Nations General Assembly defined Gender-Based Violence (GBV) in 1993 as any form of physical, sexual, or emotional abuse based on socially assigned gender inequalities (Wirtz et al., 2020). GBV, hence, refers to acts of violence perpetrated against individuals due to their biological sex or gender identity (Gumede, 2023). The United Nations Refugee Agency (UNHCR) defines GBV as “any damaging act committed against a person's will because of gender inequalities. It includes acts that result in physiological, sexual, mental, or socioeconomic pain or suffering" (Wei, 2023, p. 4). GBV perpetrators can be strangers, distant relatives, or close partners (Knaul, 2020). Over a third of women and girls would have experienced physical or sexual violence from a romantic partner or non-partner during their lifetime; at the same time, nearly a quarter of all individuals, globally, were physically abused as children (Knaul, 2020).

As noted by Wirtz et al. (2020), GBV is linked to adverse health outcomes and increased mortality, contributing to morbidity, mortality, and overall health deterioration among women (Muluneh, 2020). Health consequences include an elevated risk of HIV acquisition and having to face obstacles in accessing HIV services, treatment, and care, including antiretroviral treatment (ART) and pre-exposure prophylaxis (PrEP) (Leddy, 2019). For many women, the effects of GBV are even more devastating to mental wellness (Enaifoghe et al., 2021). Young women affected by GBV are undergoing psychological trauma, which impacts them directly and affects those around them indirectly (Thobejane, 2019). Research indicates that GBV adversely affects the mental health of survivors, leading to conditions such as - Post Traumatic Stress Disorder (PTSD), depression, anxiety disorders, substance abuse, self-harm, suicidal behaviour, and sleep disturbances (Gammage et al., 2022; Dlamini, 2021). Psychological effects are not tangible; hence, they are challenging to identify by an

ordinary person; victims and researchers of human behaviour possess a deeper understanding of this phenomenon (Thobejane, 2019). Malik and Nadda (2019) found in their study in India that emotional violence was the predominant form of spousal violence, occurring in 53% of cases, followed by physical violence at 6%, while severe physical assaults constituted merely one-tenth of the cases.

In numerous countries throughout Asia and the Pacific, intimate partner violence constitutes most violence against women. The percentage of women reporting physical or sexual violence by an intimate partner during their lifetime in these countries significantly exceeds the global average of 27%, with figures reaching 35% in India, 38% in Timor-Leste, and surpassing 50% in Fiji, Kiribati, Papua New Guinea, the Solomon Islands, and Bangladesh (UN Women, 2023). In 2022, 28% of women in Timor-Leste, 29% in Vanuatu, 31% in Papua New Guinea, and 23% in Bangladesh encountered intimate partner violence, significantly exceeding the global average of 13%, as 75% of women in these countries have faced sexual harassment (UN Women, 2023). Up to 75% of women in South Asia and the Pacific have encountered sexual harassment. Women are less inclined to report sexual abuse due to fears of reprisal, rejection, victim-blaming, and stigmatisation; also, only 77 nations possess legislation that clearly criminalises marital rape.

An extensive examination of 2020 research regarding the incidence of GBV in Sub-Saharan Africa (SSA) revealed that the prevalence of Intimate Partner Violence (IPV) among women was 44%, with a past year prevalence of 35.5% and a combined prevalence of non-IPV at 14%. This transpired in a region comprising 48 nations, with a total population of 1,066,283,427, representing 14.2% of the global populace and exhibiting a growth rate of 2.66% in 2019; nonetheless, merely 22 African nations have enacted laws prohibiting GBV. Emotional abuse exhibited the highest reported prevalence rate of Intimate Partner Violence (IPV), succeeded by physical abuse at 25.87% and sexual violence at 18.75%. The sub-regional analysis revealed that 30% of women in Western Africa and 25% in Eastern Africa have encountered elevated levels of emotional abuse. The rate of sexual violence is very high in certain nations, with Zambia at 90% and Ethiopia at 71%. The Gender Equality Index Report indicates that 27 out of the 30 nations worldwide with inequitable gender indices are located in

Africa. Numerous African cultural ideas and practices endorse a hierarchical role for men in sexual relationships, particularly, within marriage (Rodriguez et al., 2018).

Given these statistics, some women do not report the incidents of GBV due to many barriers. Muluneh et al. (2020) further attest that some victims are hesitant to reveal their experiences of GB; these are often considered the 'tip of the iceberg or silent epidemic' as they are hesitant to reveal their experiences of violence due to many barriers. The barriers that prevent women from reporting GBV include - fear of stigma and shame, financial barriers, lack of awareness of available services, fear of revenge, lack of law-enforcement action, and attitudes surrounding violence as a normal component of life. Subsequently, this results in underreporting and challenges in accurately measuring the prevalence of GBV (Muluneh et al., 2020).

Victims of GBV violence necessitate a coping strategy to endure the traumatic experience and restore mental well-being. Coping is a cognitive and behavioural strategy employed to manage stress (Morin, 2023); these strategies may be categorised as either emotion-focused or problem-focused. Women who have endured gender-based violence formulate diverse coping mechanisms to address trauma, stress, and adverse mental and physical health outcomes (Zonp et al., 2022). Zonp et al. (2022) found that Turkish women utilised diverse sources for assistance, employing informal resources such as friends, education, isolation, and faith as emotion-focused coping strategies while resorting to formal resources like professional help for problem-solving coping strategies.

For both sexes, the rate of sexual abuse among children is overwhelmingly unacceptable, with high frequency among girls - 20% more than for boys (Knaul, 2020). Malik and Nadda (2019) argue that men also experience GBV, as shown in a study conducted in India, where 52.4% of men experienced gender-based violence, and out of 1000 males, 51.5% had experienced violence at the hands of their wives or intimate partners at least once in their lifetime, and 10.5% in the last 12 months. Violence is also shown against transgenders and is often perpetrated based on the stigmatisation of gender nonconformity, gender expression or identity, and perceived sexual orientation (Silva et al., 2022). Given these contexts, targeted violence against

the transgender populations, including stigma and discrimination, is inherently gender-based (Wirtz et al., 2020).

A Gender Links survey indicates that 77% of Limpopo residents have encountered some form of GBV in their lifetime, encompassing both partner and non-partner violence (Nethavhani, 2023). Nearly half of men (48%) acknowledge having perpetrated GBV at least once in their lifetime (Nethavhani, 2023). At a GBV seminar at the University of Venda on September 30, 2022, Lt General Thembi Hadebe asserted that Limpopo faces the most significant challenges regarding GBV among major crimes, particularly common assault cases. A study by Rikhotso (2022) in Limpopo revealed that victims of gender-based violence suffer from immense psychological and social effects of their experiences. These effects include – high levels of depression, isolation, stigmatisation, and suicidal ideation. Among some of its recommendations, the study proposed protracted interventions by multiple stakeholders to address GBV, especially in rural communities that are still fraught with engrained patriarchal values and norms that reinforce gender attitudes and unequal power relations.

It is revealed that the Vhembe District in Limpopo has alarming rates of GBV cases, according to Justice Minister Ronald Lamola in a SABC news report on the 5th of March 2022 (Motau, 2022). An organisation against GBV, Real Man Foundation, based in the Vhembe District in Limpopo, says it is working hard to rehabilitate both the victims and perpetrators of the scourge. There are various causes of GBV in Vhembe, however, some of the common ones are, poverty and unemployment, alcohol abuse, and spouse-controlling behaviour. These bring with them many effects - trauma and psychological distress for the victims and their families; high crime rates and lawlessness in the region; a lack of trust and cooperation between the police and the community, as well as a need for more resources and interventions to prevent and combat GBV. Through the researcher's experience serving as a specialist counselling intern at the Tshilidzini Trauma Centre, it was observed that gender-based violence is prevalent in the Vhembe District of Limpopo Province. The news reports of homicides also confirm the observation. In a report on SABC News, Justice Minister Ronald Lamola expressed shock at the number of gender-based violence (GBV) cases in the Vhembe District of Limpopo while he was officially opening a sexual offences court in

Sibasa, outside Thohoyandou (Motau, 2022). Over 13,000 cases were initiated in the region, encompassing rape, domestic violence, murder, and assault (Lamola, 2019). Colonel Rakhadani R.P. gave a police report at a Vhembe District GBV and femicide dialogue on Friday, the 26th of May 2023, at the Thulamela Council Chamber. In the report, Col. Rakhadani revealed the latest SAPS statistics on GBV in Vhembe, showing that common assault were 1517 cases; assault (GBH) at 1038; 935 sexual offences, and 50 murder cases. Of the 1517 cases of common assaults, 1420 were female victims, while 97 were male victims. Of the 1038 assaults (GBH), 919 were female victims, while 119 were male. Of the 935 sexual offences, 934 were female victims and one male victim. Of the 50 murder cases, 46 were female, while 4 were male. Of the 90 reported cases of attempted murder, 81 were female and 9 were male victims. The report shows explicitly how GBV is more prevalent in females than male victims. The 2019/2020 crime statistics show that Limpopo Province recorded 8 519 cases of GBV crimes against women and 2 807 crimes against children; more than 13000 cases were recorded in Vhembe, with the Thohoyandou Policing Area (SAPS Thohoyandou) rating as having the highest numbers in the District.

The Thohoyandou policing area was an area of focus for this study, because, as stated by MEC Dikeledi Magadzi, SAPS Thohoyandou is one of the stations that is grappling with alarming rates of GBV in the region (Chimeri, 2018). A reflection on the coping mechanisms of abused female breadwinners in the Vhembe District of Limpopo, South Africa (Doctoral dissertation). In City Press, a local newspaper, the Limpopo MEC for Safety and Security expressed her anger and frustration with the Thohoyandou Police Station, stating that it has failed to improve in preventing crime, instead, the rates have increased and ultimately has become the worst in the District. Magadzi added that the SAPS in Thohoyandou is capacitated to deal with all sorts of crimes ranging from, amongst others, economic crime, rape, and assault with intent to do bodily harm, however, the station continues to fail (Chimeri, 2018).

Researchers have done much to explore the effects of GBV on victims, ranging from those who experience it in refugee camps, female entertainment workers, to those who are abused by those closely related to them, not excluding mental-health practitioners. It is clear that the GBV victims do receive mental-health attention, looking at the stakeholders in place to improve mental wellness in Vhembe and in the

Thohoyandou policing area in particular. All these initiatives are in place to eliminate the psychological shock, trauma and to aid the victims of GBV with coping strategies. Community members, however, are not catered for in GBV cases, although they are affected also. Very little has been done to understand the effects of GBV on secondary and tertiary victims, who are direct and indirect witnesses and are constantly overwhelmed by gender-based violence occurrences and reports - the community members.

1.2. STATEMENT OF THE PROBLEM

GBV is a problem for any nation because it is known to cause morbidity, mortality, as well as mental and physical health compromise (Muluneh, 2020). Strangely, research and attempts to alleviate GBV and its effects largely focus on primary survivors, ignoring the psychological effects on secondary and tertiary victims who remain unattended to and suffer traumatic effects (Pain, 2022); this problem leaves a gap in a battle against GBV alleviation (Dogoli, 2021). Victims of GBV experience psychological trauma, and this affects them directly and those close to them, indirectly (Thobejane, 2019). In the midst of the Covid-19 pandemic, on November 25, 2020, the President of the Republic of South Africa, the Honourable Cyril Ramaphosa, launched a 16-day campaign to end violence against women and children, labelling it a “pandemic”. In his State of the Nation Address in 2023, he reiterated that GBV is an acutely distressing feature among the South African community, hence, he indicated the signing of legislation and strategies to ensure the protection of survivors and the tightening of current legislation to ensure perpetrators do not manipulate legislative gaps to escape prosecution. Above all, he was allocating a budget, for institutions and organisations that take care of the psychological and social challenges faced by direct victims of GBV.

South Africa as a whole has witnessed distressing GBV statistics. In the second quarter of 2023/2024, the country recorded 10,516 rapes, 1,514 cases of attempted murder, 14,401 assaults against female victims, and 881 women murdered (Rikhotso et al., 2023). Lt General Thembi Hadebe stated at a GBV seminar at the University of Venda on September 2022 - "there are more than 13,000 GBV cases reported around

the Vhembe District Municipality, with the Thohoyandou policing area at the top." In the Vhembe region, GBV remains a grave concern. The courts in Vhembe are currently handling over 13,000 cases related to GBV, including incidents of rape, domestic violence, murder, and assault (Rikhotso et al., 2023). Similarly, Silus Nduvheni reported in the Polokwane Review Paper on August 31, 2023, that Thohoyandou Police Station has been recorded as having the fifth highest reported GBV cases in South Africa. This alarming situation demands urgent attention and concerted efforts to address GBV.

A considerable amount of literature has also provided information on the Limpopo Province and the Vhembe District, addressing the effects, intervention strategies, as well as coping strategies of victims. There is, however, minimal literature that addresses the community members, who are victims of GBV prevalence on a secondary and tertiary scale. Given this gap, this study will focus on the effects of GBV on the psychological wellbeing of community members.

According to Thohoyandou Victim Empowerment (TVEP) GBV statistics for December 2022/January 2023, Khubvi Village scored the highest number of GBV, including rape cases, with a record of two rape cases occurring on the same day in December 2022. Even though considerable research has been conducted to alleviate GBV and its effects, the focus has been mostly on primary survivors, yet primary victims of GBV are not the only ones who experience the catastrophe intensely. A person can suffer psychological trauma from just witnessing a GBV incident (Pain, 2022). According to the Diagnostics and Statistical Manual of Mental Disorders (DSM-5 TR. 2022), many individuals who have been exposed to a traumatic or stressful event exhibit a phenotype in which, rather than anxiety or fear-based symptoms, the most noticeable clinical characteristics are anhedonic and dysphoric symptoms, which tend to result in anger and aggressive symptoms. These clinical variations following exposure to catastrophic events, hence, the related disorders are grouped under trauma and stressor-related disorders (DSM-5 TR. 2022).

The unnoticed victims, who are community members receive little to no adequate attention, and may add to a cycle of victims turning to perpetrators when conveying anger and aggressive symptoms of trauma, from witnessing GBV incidents. This is a

worrisome point of concern in a time when South Africa, and the whole world, is battling with ways to end GBV and to manage its effects.

1.3. RESEARCH QUESTIONS

- What are the forms of GBV that community members have been exposed to?
- What are the effects of GBV on the psychological wellbeing of exposed community members?
- Which coping strategies are implemented by exposed community members to deal with the effects of GBV?

1.4. RESEARCH AIM AND OBJECTIVES

1.4.1. Aim of the Study

The study aimed to explored and described the effects of GBV on the psychological wellbeing of exposed community members, in a selected rural village in the Vhembe District of Limpopo.

1.4.2. Objectives of the Study

- To describe forms of GBV community members have been exposed to.
- To explore the effects of GBV on the psychological wellbeing of community members.
- To identify coping strategies implemented by community members to deal with the effects of GBV.

1.5. DEFINITIONS

Community Members: A group of people living in the same place or having a particular characteristic in common (Wang, 2025). In this study it shall refer to a group

of people living in the same place or having a particular characteristic in common; they may be living together and/or practising common customs.

Effects: The mental counterpart of internal bodily representation is associated with emotional actions that involve some degree of motivation, intensity, and force, or even personality disposition (Urhahne, & Wijnia, 2023). In this study, it will be used as such, unless otherwise specified.

Exposed Community Members: Members of the Community who are vulnerable to a particular situation or phenomenon (Gilodi et al., 2024). In this study, the term refers to community members who have directly or indirectly witnessed incidents of GBV; they are also referred to as “secondary and tertiary victims”.

Gender-Based Violence: Violence directed at someone precisely because of their biological sex or gender identity (Gumede, 2023). This study refers to any harmful act perpetrated against a person's will. These acts are based on gender differences, including acts that inflict physical, sexual, mental, or socio-economic harm or suffering.

Psychological Wellbeing: A phrase that describes an individual's emotional health and overall functioning; it involves a combination of feeling good and functioning effectively (Huppert, 2019). In this study, it will be used as the state of mental welfare, which determines how one can operate psychologically, emotionally, and socially, among others.

1.6. RATIONALE OF THE STUDY

The rationale of the study is to draw attention to a group of victims who receive little or no attention in dealing with the effects of GBV. In exploring the explanation of trauma as given by the Statistical Manual of Mental Disorders (DSM-5 TR. 2022), the effects of GBV on victims are not fully explored, since only those who are directly involved receive attention while ignoring, community members, although they also bear negative effects on their psychological wellbeing. Extensive studies have explored the effects of GBV on victims (Chynoweth et al., 2022; Ogbe et al., 2021;

Aubert & Flecha, 2021). The role of healthcare providers in both public and private organisations to address GBV, ensures life-saving care, mostly for women and girls at risk; they are often among the first and only points of contact for GBV survivors (WHO, 2021). There is a gap in knowledge on this phenomenon, since very little has been done to understand the effect beyond the primary victim, to focus on the secondary and tertiary victims, who are community members exposed, who directly or indirectly witnessed the incidents of GBV. The study intends to focus on these most neglected groups of victims of GBV around the Thohoyandou policing area.

1.7. SIGNIFICANCE OF THE STUDY

GBV has significant and long-lasting impacts on physical and mental health, including injury, unintended pregnancy and pregnancy complications, sexually transmitted infections, HIV, depression, post-traumatic stress disorder, and even death. Providing quality healthcare services for GBV survivors is critical. This study will be significant in bringing attention to all the victims of GBV to the attention of the organisations responsible for necessary care and support. As the country is in a quest to fight and end GBV, the effects of GBV on victims need to be fully explored and attended to. GBV response requires a multi-sectoral response, and health systems have an important role to play in it. Ensuring or strengthening health system's response to GBV requires not only focusing on the direct victims and perpetrators who are in the correctional service care system, but extra effort is needed to attend to the community members, who are also victims.

Efforts to combat GBV remain crucial, and it is essential to raise awareness, support survivors, and hold perpetrators accountable (Melgar et al., 2021). Understanding the impact of GBV on the health and wellbeing of victims has helped in offering needed help and professional support. Healthcare providers not only offer immediate medical attention and first-line support but can link survivors to other needed assistance, including mental health and psychosocial support, social services, legal aid, shelter/housing services, or livelihood support (WHO, 2021). Studying the effects of GBV on community members will help the health department, as well as support organisations, to strategies and come up with suitable and needed care that will help

to further reduce the effects of GBV, and in so doing, break the cycle of victims turning into perpetrators. Human beings will strive better in communities that are free from gender-based violence.

Harm caused by GBV comes in a variety of visible and invisible forms. This study will help to eliminate the effects of GBV with its psychological and life-long repercussions for survivors, such as, homicide and suicide, injury, shock, disability, poverty, and psychological disorders (Wanjiru, 2021). The cost of GBV is a lot for the country. The earlier cited KPMG report, using a conservative estimate of a GBV prevalence rate of just 20% and, by its own account, a partial estimate of the true costs, show that GBV costs South Africa between R28.4 billion and R42.4 billion per year, which amounts to 0.9% to 1.3% of our GDP annually (Swanepoel, 2022; Bosilong et al., 2019). This includes the cost to care for victims, to place perpetrators in correctional services, and the social and welfare care for those orphaned due to GBV; this scenario is weighing heavily on the shoulders of the country. Breaking the cycle of GBV cases, therefore, is a crucial matter that requires nations to look at all angles and try to minimise the scourge's impact and attend to any gaps noticed.

The study supports the 2030 Agenda for 17 Sustainable Development Goals, adopted by all United Nations members. With specific target on sustainable development goal three (SDG 3) – Good Health and Wellbeing. In trying to target the mitigation of gender-based violence, the physical and psychological health, as well as the social, physical, and psychological wellbeing of citizens is prioritised (United Nations, 2015). Other goals further supported by this study are (SDG 10) – gender equality, (SDG 10) – reduced inequality, as well as (SDG 16) – for the promotion of peace, justice, and strong institutions (United Nations, 2015).

In support of the National Developmental Plan, Agenda 2063 adopted by the 24th Session of the AU Assembly of Heads of State and Government in Addis Ababa in January 2015, this study directly focus on advancing Gender equality and women's empowerment by addresses the challenges women face in rural communities, providing data that can inform policies aimed at eradicating gender-based violence and creating safer spaces for women, which is aspiration six of the NDP, Agenda 2063 (National Planning Commission, 2012). Furthermore, with the capability of

strengthening mental health services and social protection for survivors of GBV, the study is directed towards achieving aspiration one of the NDP - strengthening mental health and well-being; reducing violence and promoting peaceful communities (aspiration four); as well as offering community development and social protection (aspiration seven) - through providing empirical data to improve policies addressing GBV and mental health (National Planning Commission, 2012).

1.8. STRUCTURE OF THE RESEARCH PROJECT

This dissertation is structured into six chapters as outlined below:

The first chapter introduces the study. This chapter provides the background by detailing - the problem statement, aim, objectives, research questions, explanation of essential terms and phrases, the rationale, significance, and an outline of the whole dissertation.

In Chapter Two is reviewed the existing literature. The review process is presented based on the similar studies of other authors, related to the effects of gender-based violence on the psychological wellbeing of exposed community members. The discussions will focus on - the theoretical framework, forms of GBV that community members are exposed to (for example, homicide, physical, emotional, and sexual abuse), the effects of GBV on community members, as well as victims' coping and intervention strategies. The term "psychological wellbeing" is extensively interrogated in the process.

Chapter Three delineates the research methodology. This chapter provides a detailed methodology for the execution of the study. The emphasis is specifically on the research design, population and setting, sample and sample size, data collection instruments, collection techniques, data analysis, study limitations, measures of trustworthiness, and ethical considerations observed.

In Chapter Four is the presentation of the findings obtained from the data collected from the participants. This chapter, hence, provides the data analysis in thematic form, based on the research questions.

In Chapter Five the focuses is on the findings. In this chapter, the interpretation of the findings are articulated in the context of the aim, objectives and the available literature.

Chapter Six dwells on the summary, conclusion and recommendations. The chapter also provides conclusions to the research questions, articulates any limitations encountered, make recommendations and suggestion for future studies.

1.9. CONCLUSION

This chapter presented an overview of the study by introducing the background and context of GBV, particularly its psychological effects on community members who are indirectly exposed to such incidents. The problem statement emphasised the lack of attention given to secondary and tertiary victims of GBV, emphasising a significant gap in current research and intervention efforts. The research questions, aim, and objectives were clearly outlined, followed by definitions of key terms used in the study. The rationale and significance sections highlighted the importance of exploring this under-researched area, particularly within the context of South Africa's ongoing battle against GBV. The chapter also aligned the study with national and global developmental goals and provided an overview of the research structure.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

This chapter examines available literature on what other authors have deliberated on the effects of GBV on the psychological wellbeing of exposed community members. The process involved exploring existing studies, such as those interrogating secondary and tertiary exposure to GBV and its effects on victims' psychological well-being. Understanding the various forms of GBV that community members are exposed to, is crucial in assessing its broader societal impact. Studies have documented different types of GBV - physical, emotional, and sexual abuse - each of which can contribute to the distress experienced by those indirectly affected, hence, various effects have been deliberated by previous researchers. Furthermore, literature reflects on various coping strategies to manage the effects of GBV, while also reflecting on the necessity of identifying and employing necessary intervention strategies.

2.2. THEORETICAL FRAMEWORK

The researcher employed two theories in this study, the social learning and violence as trauma theories, in order to examine how theory has been used to underpin the study, as well as to assist the researcher in ensuring that the research project is coherent and to focus the mind on what the study was trying to achieve (Pearse, 2021).

2.2.1. Social Learning Theory

According to the social learning theory, individuals learn social behaviours by observing and imitating others (Akers & Jennings, 2019). Children learn through imitation or modelling, a process evident in their development of language, emotions, and moral decision-making (Brauer & Tittle, 2021). This type of learning happens through the process of observation then modelling; an observer first identifies the behaviour and then, through the process of modelling, imitates it (Cherry, 2022). The

research objective to identify the kinds of behaviours that community members are exposed to, was attained using the social learning theory. As Bandura (in Cherry, 2022), the father of Social Learning Theory observed, life would be incredibly difficult and even dangerous if you had to learn everything you know from personal experience. Observing others, plays a vital role in acquiring new knowledge and skills. Researchers of sexual violence have found that GBV offenders mostly have GBV and sexual abuse backgrounds (Lovell et al., 2020). Children who grew up under the exposure of violent behaviour are prone to exhibit violent behaviours in life because, through social learning, they adopt the behaviour as a normal way of life (Osofsky et al., 1993). A person is traumatised upon exposure to a traumatic event either as a direct victim, witnessing, as well as learning that those close to them have been in a traumatic situation (DSM-5 TR. 2022). The current system of supporting needs to go beyond the primary victims and attend to other community members who are also indirect victims of trauma, in order to help eradicate GBV and its effects. When the Health Department as well as independent organisations in South Africa specifically, focus only on supporting primary victims of GBV while leaving out other community members, it limits the effectiveness of GBV eradication because observing violence increases the risk of violent behaviour in the observer (Nojilana, 2023).

2.2.2. Violence as Trauma

The theory of violence as trauma has contributed a great deal to our understanding of how an individual incorporates internal defences into his or her personality structure and how those defences affect interpersonal relationships (van der Hart, and Kathy, 2022). According to this theory, trauma likely contributes to violence through direct avenues, like social learning, as well as indirect avenues, like substance use. GBV-induced trauma can potentially incite violent behaviour in community members who are not direct victims of GBV. Unfortunately, mental health organisations rarely attend to the traumas that are experienced by those who are not direct victims; this approach compromises the eradication of GBV to a significant extent. Victims of abuse are found to emotionally repeat the trauma by aligning themselves with people who will continue to abuse them in some way. They perpetuate the trauma behaviourally through repetition, re-enactment, and displacement of the abusive experiences (Luciano,

2023). This situation motivated the research objective - to identify coping strategies implemented by community members to deal with the effects of GBV. People exposed to violent behaviours, like acts of GBV, may learn violent behaviours, imitate those behaviours, and then repeat those behaviours in future relationships (Nojilana, 2023).

2.3. THE PREVALENCE OF GBV

GBV is a widespread and critical problem in South Africa, impacting nearly all aspects of individuals' lives. This situation, hence, demands intervention from both the government and various organisations within the country to prevent and address it (Enaifoghe et al., 2021).

2.3.1. The Prevalence of GBV in the Country

GBV is happening within communities at a distressing scale, and according to Graaff and Heinecken (2017), it is a progressively fundamental setback and a regularised anomaly in South Africa. The GBV crime scene is not limited to time and space, and it prevails in both public and private locations (Viol, 2016), and perpetrators are found in all social standings. According to the literature, men are found to be more perpetrators of GBV as compared to women (Enaifoghe et al., 2021). Much research has focused on the primary victims of GBV; however, less attention has been given to the psychological impact on those who witness or hear about such incidents within their communities.

Victims of violence often find themselves in a coercive situation where they feel compelled to choose between staying, for instance, in an abusive marriage or revealing their sexual orientation - decisions many find difficult to make. In South Africa, domestic violence is a prevalent crime affecting men, women, and children on a daily basis, with the country experiencing a continuous rise in such cases, despite government efforts to combat it. Furthermore, reliable statistics on these crimes are scarce due to significant underreporting, with Shearson (2021) noting that women, on average, endure 35 assaults by their partners before seeking help from law enforcement.

Reported GBV cases in South Africa are said to reveal that intimate partner violence and sexual coercion are the most common forms of GBV (Enaifoghe, 2021). According to literature, the alarming rate of GBV prevalence calls for state intervention (Enaifoghe & Dlamini, 2021; Mutinta, 2022; Graaff, 2021). The exact words from Enaifoghe & Dlamini (2021: 122), are - *"The prevalence of gender-based violence in South Africa is an intense and widespread problem that impacts almost every aspect of life. This call for state's intervention in the prevention of gender-based violence in the country*". Mutinta (2022) concurs with Enaifoghe & Dlamini, adding that the Human Rights Watch has branded South Africa the 'rape capital' of the world - that is how much the country needs intervention. Graaff (2021:117) confirms the need for state intervention by noting South Africa as - *"a country with extremely high rates of all forms of violence, and particularly gender-based violence; and a context where efforts to effectively address all forms of GBV are arguably more urgent than others".*

Literature also reveals that GBV is motivated by economic and social issues like unemployment, discrimination, as well as sex-related matters (Graaff & Heinecken, 2017; Tur-Prats, 2021; Athuman & Munishi, 2022). The nature of GBV demands different angles of intervention from both the government and various organisations within the country for its prevention, as it exhibits, the character of a vicious circle – turning victims into perpetrators (Phasha, 2021).

The lockdown measures implemented in response to the Covid-19 pandemic between January and April 2020 led to a substantial 70% increase in gender-based violence, highlighting the heightened vulnerability faced by individuals during unsual situations (Phasha, 2021). Mutinta's report (South African Crime Report of 2020/2021), extracted from the SAPS report covering the period between March 2020 to March 2021, it was highlighted that 10, 006 people were raped between April and June 2021; this marks an increase of 4, 201 cases, amounting to a 72.4% increase, as against the previous report. The number decreased to 2.8% if compared to a period before the lock down, 'the normal' period. A sample of 5, 439 rape cases revealed that 3, 766 of the rape incidents took place at the home of the victim or the home of the rapist, and 487 rape cases were domestic violence related. The SAPS report also showed an increase of 47.1% in recorded sexual offences when compared to the previous

reporting period affected by the Covid 19 dynamics. The figure was revised to 5.0% if compared to the previous normal period of 2019/2020 financial year (Mutinta, 2022). One disturbing fact about this rate is that evidence reveals that in most (80 to 90%) of these GBV crimes, victims and assailants know each other as friends, acquaintances, or people they go out with (Mutinta, 2022:05). South Africa's high crime rate, including domestic violence, not only diminishes citizens' quality of life but also hampers the country's economic growth and development (Phasha, 2021).

2.3.2. The Prevalence of GBV in Limpopo Province

The high rates of GBV are caused by a variety of socio-economic variables. These variables include, substance misuse, gender inequity, and cultural influences. One of the South African provinces with a high rate of GBV is Limpopo. According to Thobejane (2019), about 77% of women in Limpopo have been victims of emotional, financial, physical, or sexual abuse. In a similar vein, 100% of the participants in a 2013 study on GBV in four South African provinces (Gauteng, Limpopo, Western Cape, and Kwa-Zulu Natal) reported having experienced violence of some kind. In addition, participants had experienced "*both inside and outside of their intimate relationships, emotional, economic, physical, or sexual abuse at least once in their lifetime"* (Enaifoghe et al., 2021).

A cross-sectional household survey conducted in Limpopo, South Africa, identified the Province as having the highest rates of intimate partner violence (IPV) in the country. The study involved participants aged 18 and older from 80 randomly selected wards. It found that more than three-quarters of women had experienced some form of GBV (GBV) at least once in their lifetime, while nearly half of the men confessed to perpetrating GBV. The predominant form of GBV was IPV, with 51% of women and 44% of men reporting experiencing or committing IPV, respectively, rates that are higher than the national average (Allen, 2017).

2.3.3. The Prevalence of GBV in Vhembe District

The Vhembe District in Limpopo Province has the highest prevalence of GBV in South Africa, with 9990 cases reported between 29 March and 22 April 2019 (Nethavhani, 2023). Previous research indicated a high rate of intimate partner violence among women with protection orders, with the violence being reported as physical, sexual, and stalking (Holmes et al., 2022). According to research conducted by the Thohoyandou Victim Empowerment Programme (TVEP), the Vhembe District Municipality (VDM) in Limpopo Province has the greatest number of domestic abuse instances that have been documented (Rikhotso et al., 2023). Thobejane (2019) stated that In Vhufuli village, located in Thohoyandou, Limpopo Province of South Africa, women are being abused but are afraid of exposing their perpetuators to parents, siblings, partners as well as, law enforcement agencies because of fear of reprisals.

Further findings revealed that many women endure violence to preserve their marriages and protect their children, since reporting domestic violence often led to divorces in many families. More than half (65%) of the women expressed willingness to compromise to maintain their dignity and safeguard their children, however, many cases were reported but, subsequently, withdrawn before any hearings. Additionally, over half (60%) of the respondents attempted to resolve the issues within their families, but this did not prevent the recurrence of domestic violence (Nemasisi, 2018).

Research by Mulaudzi et al. (2022), revealed that married women in a certain hamlet experience everyday emotional abuse at the hands of their husbands, in their homes. It seems, the cultural scripts that these women live by may have an influence on their unwillingness to reveal their experiences of abuse. The husbands of participants seem to have authority over their wives because of the cultural institution of lobola, which weakens women, encourages aggression and the acceptance of violence. The female participants believed that because husbands had paid wives' wedding prices, the former should be free to treat the latter, in whatever way (Mulaudzi et al., 2022). Nemasisi (2018) supported this by highlighting several factors contributing to domestic violence. Cultural practices such as lobola, patriarchy, and the socialization process

reinforce the belief that men are superior to women, and non-conformity by women can result in violence.

Neshunzhi et al. (2021) stated that the TVEP statistics reveal that domestic violence cases for men being abused in Vhembe were only 4.2% compared to reported women abuse cases which was 23.6% in 2018, however, the author, also reported a rise in IPVs perpetrated by women. In a study conducted in four villages in the Limpopo Province in 2020, the findings revealed that 83.3% of participants agreed that cases of men being victims of GBV are increasing in their villages, regardless of the fact that men do not usually report GBV cases for fear of stigmatisation by family and friends, as well as victimisation by service providers like police officers (Neshunzhi, 2022).

Another study conducted in the Vhembe District of Limpopo Province confirmed that domestic violence against women and children is a critical issue in the Mankweng policing area, although, some cases involved victims misusing the Domestic Violence Act of 1998. Domestic violence has been a significant problem in Mankweng, Limpopo Province, for the past decade, where women are abused by their intimate partners and children by their parents (Phasha, 2021).

The World Health Organization estimates that up to 1 billion children, aged 2 to 17 have experienced physical, sexual, or emotional abuse or neglect. Research by the Thohoyandou Victim Empowerment Programme (TVEP) reveals that Vhembe District in Limpopo Province has the highest number of trauma and violence cases against children. Psychological effects of such exposure include depression, ADHD, OCD, anxiety disorders, and communication difficulties. Additionally, trauma can lead to emotional, cognitive, and behavioural dysfunctions, potentially resulting in health-risk behaviours like drug use. Without access to psychotherapy, children may develop severe mental health issues as a result of GBV (Tsheole et al., 2024). These findings indicate that children in South Africa, particularly in the Vhembe District, are frequently exposed to violence, are likely to continue experiencing trauma, that GBV is prevalent in our communities, and is motivated by various determinants.

2.4. FORMS OF GBV

On the 13th of November 2023 at 12h10, Khalanga, a presenter at Munganalonene FM interviewed a church member about a church minister who, allegedly, on several occasions, abused his wife even in the presence of some congregants and community members (Khosa, 2023). Many people around the world have undergone either a physical or sexual brutality, overwhelmingly executed by their spouses, sweethearts, and comfortable partners. At the same time, some family or close relatives are equally caught as culprits (Enaifoghe & Idowu, 2021).

2.4.1. Physical Assault

Among the most common types of GBV, physical assault is demonstrated in acts of violence, such as, hitting, slapping, beating, or stabbing; these acts start as minor physical conflicts and work their way to severe injuries that might be fatal (Ojo et al., 2023). These types of violence are acts of harm directed at victims, frequently occurring in public or private contexts – indicating the normalisation of such behaviour within communities (Fabiansson, 2023); these assaults often intensify in degree over time. For the victims, the repeated character of such abuse results in an on-going cycle of harm and terror (Boxall & Lawler, 2021). Studies suggest that physical assault frequently stems from patriarchal norms that sustain power disparities between genders, resulting in women and children being disproportionately victimised (Mhlongo & Khosa, 2023). The strong African cultural norms in Limpopo that support male dominance and traditional gender roles, mean that women in rural areas are especially prone to physical assault (Seabi, 2023). Exposure to violence, whether as a direct victim or an observer, has been associated with the normalisation of violent behaviours, perpetuating a cycle of abuse within families and communities (Smith et al., 2021). Victims' vulnerability is further compounded by economic reliance, restricted access to legal and social support, and geographic isolation. In some societies, social expectations that deter women from speaking out against abuse, help to uphold these standards

White and Gill (2022) assert that child abuse and GBV frequently culminate in heinous crimes, with offenders leveraging power and, unfortunately, societal complicity. Physical assault inflicts not only immediate physical injury but also induces long-term psychological trauma, such as post-traumatic stress disorder (PTSD), depression, and anxiety in primary and secondary victims, especially in rural areas with restricted mental-health services (White & Gill, 2022). Long-term physical disabilities including chronic pain, fractures, and mobility problems often follow from physical assault. Victims may also have reproductive health problems, internal injuries, and lifelong scarring (Ford-Gilboe et al., 2023). The physical health ill-effects can also aggravate financial situation since victims sometimes have medical bills and loss of output resulting from injuries. Particularly in close relationships, or in family settings, physical violence is sometimes accepted as a disciplinary tool in patriarchal countries (Makongoza et al., 2023), thus, this normalising of GBV discourages of victims from seeking help since they might view the violence as inevitable aspect of life or fear judgement and exclusion from their society. Dealing with this problem calls both cultural re-education and the advancement of gender equality.

Physical assault victims run an especially high risk of mental health problems, such as, depression, anxiety, and post-traumatic stress disorder (PTSD) (Herrera-Escobar et al., 2021). Feelings of hopelessness, low self-esteem, and suicidal thoughts are just a few of the emotional and psychological consequences of consistent physical violence, and recovery depends on access to varied psychological support and counselling yet in underdeveloped rural communities this is sometimes lacking (Sinko et al., 2024). Educational initiatives, counselling services, and empowerment programs for women and children are essential measures for disrupting the cycle of physical violence within the community (Sarmiento & Lau, 2020).

2.4.2. Emotional Abuse

Emotional abuse, marked by verbal insults, humiliation, intimidation, and controlling behaviour, is a less obvious but equally harmful kind of GBV (Srivastav, 2021). Unlike physical violence, emotional abuse leaves only deep psychological wounds rather than any physical scars. It frequently entails constant criticism, manipulation, and

results in the victim's sense of autonomy and uniqueness eroding (Yusri et al., 2024). These types of abuse trap victims in an abusive cycle by fostering a climate of fear and subjugation (Yusri et al., 2024). White and Gill (2022) posit that children exposed to violence may perceive it as a standard approach to conflict resolution, thereby heightening the probability of them perpetuating violence in their own lives.

Survivors of emotional abuse in Vhembe expressed profound feelings of worthlessness, powerlessness, and diminished self-esteem (Mulaudzi et al., 2022); this was corroborated by a study by Mhlongo and Khosa (2023) which discovered that victims or witnesses of violence may encounter feelings of powerlessness, potentially resulting in aggressive behaviour as a coping mechanism. The persistent devaluation and degradation erode victims' confidence and self-worth, hindering their ability to envision a life beyond the abusive relationship. Zhou and Zhen (2022) assert that emotional trauma can persist long after the cessation of abuse, undermining the victim's overall resilience and wellbeing.

Emotional violence can cause extreme and long-term psychological suffering including anxiety, depression, and post-traumatic stress disorder (PTSD). To help with their emotional suffering, survivors may also engage in maladaptive coping mechanisms including self-harm or drug abuse (Newton, 2021). One other thing that exacerbates this form of GBV is the cultural acceptance of emotional abuse as a private or minor concern; this view discourages victims from seeking help, resulting in social stigma and cultural barriers from them (Rana et al., 2023). According to Bitenga (2021), emotional abuse is sometimes minimised or dismissed in many civilisations; victims are usually advised to bear their suffering for the benefit of family or society peace. This normalising helps offenders to keep on their violent actions, free from consequences, so sustaining a culture of silence and abuse.

Literature has traced negative effects of GBV on social connections and relationships. This was reflected by Heron et al. (2022), that emotional-abuse survivors might also experience social isolation and challenges with creating healthy relationships, since the mistreatment sometimes makes people afraid of intimacy and become vulnerable, which impairs their capacity to trust others. Furthermore, isolating survivors is the stigma attached to reporting emotional abuse; and victims can be judged or blamed

for the situation (Goodman, & Epstein, 2022). To remove these obstacles and create surroundings that help survivors reconstruct their life, thorough interventions and community education are absolutely essential (Goodman, & Epstein, 2022).

2.4.3. Homicide

Intimate partner homicides frequently arise from motives centred on control and societal norms that reinforce male entitlement and dominance in relationships (Sarmiento & Lau, 2020). The Vhembe District's most extreme form of GBV is intimate-partner homicide, which often follows protracted violence (Neshunzhi, 2022), although this may be because of the low level of reported abuse by victims. Research by Smith and Peters (2021) identified a correlation between gambling-related stress, substance abuse, and the increase of domestic violence, with women as the predominant victims. Reports show that patriarchal societies that accept violence often have more of these situations (Mofokeng & Simelane, 2024).

Various factors exacerbate the prevalence of homicide. Poor law enforcement in Vhembe and rural Limpopo makes survivors more likely to die from GBV as limited police presence, slow reaction times, and resource constraints hinder victim protection (Hlungwane & Machethe, 2024). Literature also points to cultural shame about divorce or separation as a notion that keeps victims in violent relationships even if their lives are in danger. Mulaudzi et al. (2022) explains that rural Limpopo's traditional values prioritise family unity and discourage separation, forcing survivors to endure violence to avoid social stigma - if they divorce, women feel like they are failures. Mhlongo and Khosa (2023) highlights the effects of homicide on secondary and tertiary victims, especially children, who experience emotional trauma and abuse long after the violent incident.

It is noticeable from literature that there is an urgent necessity to improve frameworks that promptly provide justice for victims, community-based support for survivors, and the execution of preventative strategies addressing risk factors such as substance abuse and economic hardship. Additionally, it is essential to promote community

education initiatives that contest norms endorsing violence, but rather cultivate better interpersonal relationships (Smith & Peters, 2021).

2.4.4. Sexual Assault

For survivors, sexual assault, including coerced sexual acts and rape, has terrible consequences, especially in rural areas, according to Jewkes et al. (2021) who highlight the frequency of sexual violence in South Africa. Sexual assault, including rape and forced sexual acts, causes genital trauma, STDs, and unintended pregnancy (Bitzer, 2023) so affecting survivors both physically and psychologically. In such situations, in addition to the physical injuries, psychological consequences can bring extreme emotional suffering, a distorted self-image, and a destroyed sense of security.

Just like other GBV incidents, acts of sexual violence are often underreported due to fear, shame, and the stigma associated with accusing family members (White & Gill, 2022). Due to stigma and cultural taboos, many survivors of sexual violence in rural communities, such as Vhembe, experience these effects alone (Dzimiri, 2022). Seeking justice presents challenges for victims in Vhembe and Limpopo, arising from victim-blaming attitudes and fear of reprisals. In Vhembe's close-knit communities, survivors may worry about being shunned or about reprisals for incident reporting.

In rural communities, sexual violence is insidiously normalised, exacerbated by insufficient awareness, inadequate law enforcement responses, and cultural taboos regarding discussions of sex and abuse. Sarmiento and Lau (2020); and Mhlongo and Khosa (2023) assert that survivors of familial sexual violence frequently encounter substantial obstacles in pursuing justice, including cultural norms that prioritise familial cohesion over individual welfare. Limited access to healthcare and counselling services in rural areas like Vhembe, in Limpopo Province, aggravates long-term effects for survivors. Governmental and non-governmental organisations must collaborate to improve the accessibility of counselling and legal services for survivors, thereby, ensuring they obtain the support and justice they merit (Smith & Peters, 2021).

2.5. EFFECTS OF GBV

GBV (GBV) is a profound and widespread problem in South Africa, impacting almost every aspect of life (Enaifoghe et al., 2021). It is an issue entrenched in gender inequality and amounts to significant defilement of human rights (Iyanda & Salcido Giles, 2021). In addition to causing loneliness and melancholy, GBV can have major negative effects on one's physical, mental, emotional, and social well-being (Enaifoghe et al., 2021; Wanjiru, 2021); in addition, it may hinder survivors from reaching their full economic potential, due to the shame and physical and psychological harm brought on by the assault.

GBV has detrimental effects on survivors' lives on a social, emotional, financial, and personal levels; for example, studies reveal that GBV lowers women's self-esteem, impairs their physical and mental health, and decreases their vitality. The survivors may have chronic agony, physical handicap, substance misuse, and mental health issues, including depression, and it can also result in death (Leburu, 2023; Wanjiru, 2021).

2.5.1. Physical Effects

Physical and social constraints placed by abusers to make the victim's world smaller are common in cases of domestic abuse and some other types of GBV, but once survivors are released, this physical isolation frequently has particularly painful consequences (Pădure & Țurcan-Donțu, 2022). This also adds to the effects because, according to Gouni and Verny (2023), isolation can have long-term psychological repercussions that were previously misinterpreted as the spatialisation of traumatic bonding, such as making it impossible to leave the location where it happened and requiring the acquisition of new coping mechanisms and according to Pain (2022) these are typical signs of post-traumatic stress disorder.

Individuals who have experienced physical abuse are at a higher risk of sustaining severe injuries such as fractures, sprains, cuts, burns, and bites. They also commonly experience infections such as anal, vaginal, and pelvic infections, alongside symptoms

like dizziness, numbness, and long-term disabilities such as asthma, abdominal pain, muscle pain, irritable bowel syndrome, miscarriages, unwanted pregnancies, and in extreme cases, death. A study conducted by Phasha in 2021 highlighted the gravity of these consequences from physical abuse.

According to responses given by participants in a study by Thobejane (2019), discomfort, injuries, bruises, and scars from GBV have hampered their well-being. Kuupiel et al., (2024) discovered that injuries, cuts, and internal bleeding - all of which may require hospitalization and medical attention - are physical repercussions of GBV. As physical assault has a substantial impact on the physical and emotional health of abused women, there are some chronic health conditions associated with GBV victims - arthritis, bowel dysfunction, chronic pain, pelvic discomfort, ulcers, and migraines - and serious injuries that might be fatal (Kuupiel et al., 2024). The authors also argue that women who experience physical violence are more prone to high blood pressure, anxiety when they are close to others, suicidal thoughts, alcoholism, drug usage, and low self-esteem. A saddening discovery was made in a study examining the impact of sexual violence and mental health on wound healing and inflammation; one participant had discovered alterations in the immune responses within the female reproductive tract among individuals with a history of chronic sexual abuse and depression (St. John & Walmsley, 2021).

2.5.2. Social Effects

According to a study by Rikhotso et al. (2023), participants' social isolation was either imposed upon them as a result of their spouses' abusive or controlling behaviour or as a sign of depression because they became cut off from social interaction. Social isolation is a symptom of post-traumatic stress disorder among women who have experienced GBV (Pain, 2022). A study carried out in Australia supports these conclusions by demonstrating that GBV causes social isolation. Additionally, in South Africa, where only 40% of cases are recorded, the social isolation regarding GBV victims was apparent (Rikhotso et al., 2023).

GBV may result in the transfer of violence across generations and has terrible repercussions for victims as well as society at large (Phillimore et al., 2022). In addition, women who experience physical abuse at the hands of family members or romantic partners are more prone to reprimand their children violently. In research conducted by St. John & Walmsley (2021), a participant shared her concerns about her child's aggressive and angry behaviour, which she believed to be the result of seeing violence against her. A participant in a study by Rikhotso et al. (2023) stated how GBV resulted in her becoming very angry, frequently, towards her children and would easily shout at them, for no apparent reasons. Children from non-violent homes are less likely to accept violence and grow up to be violent adults or adolescents as compared to children reared in violent homes when they see acts of aggression or encounter violence themselves (Debowska et al., 2021). One significant outcome of GBV (GBV) and the associated anger is that children often exhibit troubling behaviours towards their peers; as a participant in a study by Rikhotso et al.,(2023) recounted being constantly called to her child's school due to reports of her child bullying other children.

Childhood exposure to violence in the home and to physical punishment - which young people may ultimately come to view as the appropriate tool for resolving conflicts - are likely to instil a tolerance for interpersonal violence. It has been demonstrated that views that condone violence serve as a moderator in the link between violent conduct and early violent experiences. Boys tend to be more affected by this impact than girls, hence, after experiencing violence themselves, the former are more likely to support and engage in violence against women (Debowska et al., 2021). Children of women victims are more likely to miss classes and are likely to fall behind in age or grade advancement, when effects on survivors' children's academic performance are evaluated (Morrison & Orlando, 2005).

2.5.3. Psychological Effects

According to Bonilla-Algovia and Vázquez (2020), the frequency of abuse has a direct effect on psychological discomfort and an indirect effect on general welfare. Dread and frustration are abundant among those who had been exposed to GVB; they also

expressed emotions of despair, hopelessness, a lack of purpose in life, low self-esteem, and mental anguish – all symptoms of depression or mental ill-health (Maldonado & Cuevas, 2015).

According to a study involving 209 women in Kenya, GBV was discovered to cause anxiety, sadness, and PTSD in its victims (Rikhotso et al., 2023). Effective post-GBV healthcare interventions are still uncommon in the country, particularly in mental health settings. Psychiatric treatment is vital for patients because of the long-term repercussions of mental ill-health issues and the vulnerabilities they have to further face. The quality of life and health outcomes of survivors' offsprings are significantly impacted by mental health issues such as posttraumatic stress disorder (PTSD), anxiety, and depression (St. John & Walmsley, 2021). Psychological abuse victims commonly exhibit symptoms like - anxiety, hyper-vigilance, perfectionism, submissiveness, feelings of inadequacy, powerlessness, worthlessness, humiliation, sleep and eating disturbances, self-harm, avoidance of triggers, emotional outbursts, and low self-esteem. Such individuals, hence, often suffer from trauma, including anxiety and PTSD (Phasha, 2021).

Domestic violence has been shown to have negative impacts on both physical and mental health, with the latter including chronic illnesses, drug misuse, despair, and hazardous sexual conduct. Additionally, GBV victims have increased levels of post-traumatic stress symptoms, anxiety, despair, low self-esteem, and hopelessness (Opanasenko et al., 2021; Thobejane, 2019; Phasha, 2021). Psychological isolation is a well-known method used by abusers to distance their victims from social networks and undermine their mental health, making it more difficult for them to acquire information to confront violence. For many years, medical and governmental initiatives, as well as public attitudes, have incorrectly identified the impacts on mental health and self-esteem as risk factors for misuse of drugs (Pain, 2022). Domestic violence has the potential to cost nations their productive labour force, which could otherwise boost the economy, but is instead taken away by the psychological and physical toll that occurs on survivors (Opanasenko et al., 2021). It can, therefore, be said that the financial costs associated with GBV exposure for both the people affected and the witnessing society as a whole may be attributed to the psychological and physiological effects of exposure (Opanasenko et al., 2021).

Participants in a study by Rikhotso et al. (2023) acknowledged that the abuse they went through has had a profound impact on them. They mentioned how they struggle with trusting others and find themself reacting defensively or aggressively at times, sometimes, totally unnecessarily. Participants in the study shared how GBV (GBV) directly contributed to their experiences of depression. One participant mentioned that her depression began after experiencing GBV and having their child taken away by her partner. Another participant noted feeling depressed after discovering their daughter had also been sexually abused. These conditions not only affect GBV victims' own quality of life but also impact the health and well-being of those around them, therefore, without long-term mental health support, individuals may experience psychotic episodes, persistent anxiety, and depression and could be at risk of suicide (St. John & Walmsley, 2021).

2.5.3.1. Character Formation

Impact of GBV on character formation is very noticeable on children. According to Amakye (2022), exposure to GBV during formative years profoundly influences character development since children may acquire behavioural problems including aggression, disengagement, or defiance. Growing up in settings marked by violence compromises children's sense of security and stability, which results in ongoing low self-esteem. Many times, this instability shows up in adulthood as survivors work to define their identity and heal emotional scars (Smith, 2024).

Children who see GBV run the danger of internalising violence as a normal behaviour or seeing aggression as a reasonable approach to conflict resolution (Guleva-Govender, 2022). In Vhembe and other areas of Limpopo, cultural stories that either accept or excuse GBV help to support these negative ideas (Rammbuda, 2023), thus, these youngsters might either start their own violent behaviour or become victims of it, thereby creating a generational cycle of abuse. Early intervention and education to set good examples will help to break this cycle (Nyaranga, 2022). The author further argues that this exposure to GBV sometimes causes children to lose their concentration and drive in the classroom, thereby compromising their academic performance and future prospects. The upheaval in their homes might cause affected

children to miss school, struggle to focus, or grow anxious about safety. These disturbances can drastically reduce future prospects in rural areas like Vhembe, where resource constraints already present challenges for education, so extending poverty and inequality. Often, in struggling with confidence and trust, victims and witnesses of GBV find it challenging to create and preserve healthy relationships (Handy, 2024), thus, growing up in violent surroundings leaves emotional scars that lead to insecurity and sensitivity to vulnerability. In Vhembe, where close-knit communities sometimes depend on personal relationships, these challenges can cause social isolation and trouble adjusting into the society (Mueletshedzi and Thobejane, 2024).

Intervention programs are crucial to provide those impacted by GBV strong support systems and good role models. Mentoring initiatives in Vhembe that link impacted young people with community leaders or survivors who have surmounted these hardships can provide direction and hope, so argues McIntyre-Mills, & Corcoran Nantes (2022). Similarly, schools, faith-based organisations, and traditional authorities also have great responsibility for creating safe and supportive surroundings that advance healing and personal development in the aftermath of GBV (McIntyre-Mills, & Corcoran Nantes (2022).

For secondary victims that is, siblings or family members of GBV survivors, altered family dynamics and emotional turmoil are common causes of stress (Woldetsadik et al., 2023). These authors add that in homes impacted by GBV, power disparities and fear can sour family ties and produce settings characterised by conflict and mistrust, and secondary victims may also struggle to offer support while coping with their own emotional pain and feeling guilt-ridden or helpless.

Literature has it that supporting GBV survivors emotionally drains teachers, social workers, and healthcare providers as well as other community carers (Moganedi et al., 2024). Mtaita et al. (2023) supports the above statement by explaining the high caseloads, limited resources, and poor professional support in Vhembe that overwhelms these carers, hence, burnout, compassion fatigue, and less ability to deliver competent treatment can follow from high caseloads. It is then crucial to provide training courses and support systems for carers, to help them minimise these

consequences so they may keep providing vital help to survivors and their families, says Mtaita et al. (2023).

2.5.3.2. Feeling Emotional Pain

Literature has it that betrayal often causes great emotional trauma for GBV survivors, especially if the offender is someone they trusted, like a partner or family member (Griffin, 2023). Sinko, et al. (2022) add that such betrayals can be especially painful in areas where close-knit communities value familial and relational loyalty. Survival of emotional pain often leads to social isolation, worsening loneliness and hopelessness. In rural communities like Vhembe, cultural stigma and fear of judgement can exacerbate these feelings and deter survivors from seeking treatment or sharing their stories (Mueletshedzi & Thobejane, 2024).

GBV is found to undermines social cohesion, causing suffering for survivors and society in Vhembe, where GBV stigma and family or community divisions may undermine group efforts to solve the problem, thereby, marginalising survivors (Sikhitha, 2023). Furthermore, community-based support groups help survivors meet their emotional needs by providing safe spaces for them to share experiences and receive empathy and encouragement (Sikhitha, 2023). For this process, Limpopo organisations and faith-based groups can use culturally sensitive methods.

Nethavhani, L (2023), asserts that counselling is essential for trauma survivors to heal. Mobile counselling programmes and partnerships with nearby health clinics help survivors in rural areas like Vhembe to connect with mental-health professionals who can provide psychological support and practical advice. Secondary victims, such as siblings or friends of GBV survivors, often feel helpless and guilty for not stopping the violence (Woldetsadik et al., 2023). In close-knit communities like Vhembe, these feelings can be strong for those who blame themselves for not acting sooner or more forcefully, causing emotional turmoil (Rasool, 2022).

Vicarious trauma may develop in GBV witnesses, such as neighbours or extended relatives, as they process the emotional intensity of the events. Trauma can cause

anxiety, depression, and relationship issues, affecting mental health and social life, however, increased awareness and strategies can reduce vicarious trauma in rural areas.

Vhembe survivors usually turn to extended families or cultural leaders for intervention, however, when these networks fail to support survivors and secondary victims, they may feel abandoned or betrayed, worsening their emotional scars (Saan et al., 2022), although through education and capacity-building, these networks can better handle GBV.

GBV survivors and secondary victims can develop chronic anxiety, depression, and suicidal thoughts (Dlamini, 2022). Treating these results requires trauma-informed care that considers Limpopo residents' social and cultural contexts.

2.5.3.3. Trauma

Trauma from GBV includes flashbacks, nightmares, and hypervigilance. Survivors often experience severe trauma, including intrusive thoughts, flashbacks, nightmares, and an exaggerated startle response and these symptoms can affect daily tasks and trusting relationships (Sinko et al., 2022). In rural communities like Vhembe, low mental health awareness could lead survivors to misinterpret their symptoms, so aggravating their suffering (Friedberg et al., 2023). Long-term mental illnesses, including anxiety and PTSD, can result from GBV trauma. These disorders affect survivors' social and occupational abilities, thus extending poverty and isolation (Friedberg et al., 2023).

Lack of trauma-informed care in rural areas such as Vhembe leaves survivors with their mental-health issues unsolved. Without therapy, trauma can cause suicidal thoughts, self-harm, and drug abuse, and solving these issues calls for local practitioners' trauma-care training and bettering of the healthcare facilities (Alabi, 2022). In Vhembe, rural trauma survivors and secondary victims deal with financial restrictions, geographical isolation, and social stigma that prevents trauma-support

access (Friedberg et al., 2023). Subsidised treatment and community-based trauma centres as recommended by Alabi (2022) help to balance these problems.

Culturally sensitive community-based trauma treatment, combining modern therapies with rituals and elders' consultations can be delivered in Vhembe by parties, such as religious groups or traditional leaders to enhance acceptance and involvement. Dealing with trauma in rural communities calls for constant work to lower stigma, boost mental-health services' availability and acceptability. Public debates on the psychological consequences of GBV and educational campaigns can help to establish a supportive atmosphere, therefore, in Vhembe, more mobile clinics and telehealth tools will enable survivors receive consistent, timely and private treatment.

Internalised trauma from household GBV can cause children to become aggressive, withdraw from activities or have academic difficulties (Alabi, 2022), hence Vhembe children might also suffer from anxiety or depression, which prolongs family dysfunction. According to Alabi (2022), early intervention programs in community centres and educational institutions help to spot and handle these problems.

GBV causes anxiety and safety concerns for community members, and according to Bengtsson (2024), this has a knock-on effect that makes women and girls particularly vulnerable. In support, Block, et al. (2022) maintain that those who have seen GBV either directly or indirectly could start to mistrust community institutions, and van Steden, and Mehlbaum (2022) have highlighted do-it-yourself initiatives like "Safe Spaces" and "Neighbourhood Watch", which can help impacted communities to reduce GBV. Without proper intervention, anxiety, fear, and dysfunctional relationships in next generations can result into intergenerational trauma experienced in GBV families (Mphaphuli, 2023). Dealing with trauma in one family member can transform the entire Vhembe household, where intergenerational processes are rather common.

2.5.3.4. Loss of Purpose

According to literature, trauma from GBV can cause survivors to feel hopeless and unable to see a better future or recovery (Mashile, 2021; Mphaphuli, 2023; Sinko, 2021). In support of this Acharya, (2022) argues that because of GBV's psychological and emotional toll, survivors sometimes feel lost in life's meaning or purpose; they may also feel disconnected from themselves. In Vhembe, where cultural identification and community ties define personal purpose and ways of living, GBV-induced alienation can aggravate helplessness and despair (Mashile, 2021).

Islam (2024) thinks the circle from victimization to hopelessness can be broken by targeting survivors' social and financial reintegration. Through tailored vocational training and mentoring, survivors can restore their life and find agency and purpose (Islam, 2024). From this author, supporting local businesses and getting involved in culturally sensitive programs, including traditional crafts, farming, or small-scale entrepreneurship in Vhembe can help survivors rebuild confidence and financial independence.

GBV events have exposed flaws in local law enforcement, healthcare, and social support; this may have caused loss of trust in local systems and institutions, thereby, lowering community morale, moral standards and social fabric (Peeters, & Dussauge Laguna, 2021). Restoring faith and community resilience in Vhembe calls for enhancing of intervention establishments and supporting honest communication. Some restoring also calls for recovery programs, particularly if their contributions have impacted families or communities, otherwise, according to Gueta, et al. (2022), GBV survivors in Vhembe could suffer from spiritual and cultural alienation. Losing cultural identity lessens families' and communities' motivation. In recovery programs, traditional healing and spiritual counselling can help them to recover the essential components of their identity (Gueta et al., 2022).

Recovering from GBV depends on providing survivors with both professional and personal growth possibilities, like scholarships, leadership initiatives, and community service to enable survivors to regain control (Wyatt, 2023). Vhembe can heal and lower GBV stigma with these initiatives and community-based support systems.

2.5.3.5. From GBV Victim To Perpetrator

Domestic violence does not just impact the victims directly but also has far-reaching effects on those around them, including children and society as a whole. Nemasisi, (2018) presents these as a manifestation of negative consequences in various forms, such as - substance abuse, overeating, physical dominance, verbal abuse, and emotional harm. Research has shown that children are particularly vulnerable to the effects of domestic violence within families, leading to emotional distress that can contribute to dropping out of school (Nemasisi, 2018). The repercussions of domestic violence are widespread, affecting individuals directly involved as well as those indirectly impacted, such as children witnessing violence or the community (Phasha, 2021). Leburu affirms that any individual or group that experiences harm, such as bodily or psychological harm, financial loss, or a significant impairment of their rights, due to violent acts committed in violation of national law or internationally recognized human rights standards, is considered a victim (2023).

Intergenerational transmission, in which children witness their parents' violent conduct and internalise them, seems to be one of the main processes driving the rising acceptability of GBV (Debowska et al., 2021). Children learn specifically by imitation of actions shown or rewarded for by others, as well as through direct behavioural conditioning. Accordingly, children from violent homes, where they witness aggressive conduct or experience violence themselves, are more likely, than those from non-violent homes to accept violence and grow up to be violent adolescents and adults (Debowska et al., 2021). The authors continue that when a mother experiences abuse at home, her children are deeply affected both visibly and subtly. They witness, hear, and sense the abuse, leading to confusion, stress, fear, and feelings of guilt, anger, as well as responsibility (2021). This exposure to abuse can manifest in physical symptoms like headaches, ulcers, bedwetting, sleep disturbances, and abdominal pain. Furthermore, it can shape their future relationships, with sons more likely to become abusers and daughters more likely to be victims (Phasha, 2021).

One fundamental issue with GBV is that trauma and the failure of women to heal from it can lead to violent behaviour, therefore, violence is a related factor and a consequence when there is a lack of healing (Matumbu, 2023). In addition to abusers,

communities and the government frequently and successfully isolate survivors, which leads to the neglect and even approval of abuse (Pain, 2022). According to Fahs, Di Marco, and Evans (2023), offenders therefore believe that an individual's self-definition as an aggressive individual is contingent upon their past exposure to and experiences with violence. The concept of intergenerational transmission, often referred to as the "cycle of violence," posits that individuals replicate the behaviours they observed during childhood (Debowska et al., 2021); consequently, violence becomes a coping strategy for stress or a method for conflict resolution, perpetuated into adulthood through familial role models, including parents, siblings, relatives, and romantic partners. According to the social learning theory, money, stress, and alcohol misuse can all act as triggers for the learned habit of violence, and there is proof that certain abusive behaviour patterns are connected to either experiencing or witnessing violence (Wanjiru, 2021; Debowska et al., 2021).

Children who endure abuse often exhibit a range of behavioural and psychological issues, including withdrawal, truancy, hyperactivity, low self-esteem, and difficulty with showing empathy. They may experience nightmares, insomnia, memory repression, anger management problems, suicidal thoughts or actions, self-harm, and depression (Phasha, 2021).

2.6. COPING STRATEGIES

GBV has negative effects on the victims, and perpetrators are possibly the results of GBV trauma in the past. Literature has revealed that GBV has psychological, social and physical effects that victims – both direct and indirect – suffer from (Rikhotso et al., 2023; Pain, 2022; St. John & Walmsley, 2021). The physical consequences of GBV against women have received much of the attention. A physical injury is a serious matter; however, it is also important to consider its psychological effects, which are now known to have more lasting and severe effects not just on the victims but also the children, and other witnesses (Matumbu,2023). The chance of GBV is greatly increased by a violent past (Iyanda & Salcido Giles, 2021). Children who have witnessed GBV in the past are also seen to be tolerant of violent behaviours committed against them (Debowska et al., 2021).

2.6.1. Dependency on Substances

To deal with emotional and psychological trauma, survivors of GBV sometimes turn to drugs or alcohol (Shiva et al., 2021) and although under-reported, survivors without support structures often display these behaviours. Drugs can ease emotional suffering and trauma associated with GBV; however, they also foster dependency (Vilhjalmsdottir et al., 2023). These coping strategies mirror systematic problems such as limited mental-health resources, social services, and safe healing environments. Without intervention, substance usage can endanger long-term psychological and physical health.

2.6.2. Unspoken Coping Strategies

Some coping strategies have been identified in the literature, Conderacci (2024) adds that some GBV survivors turn to unspoken coping mechanisms because of ignorance, shame, or fear of judgement. They might withdraw emotionally from relationships, self-harm, oversleep, or overreact (Conderacci, 2024). For survivors, there is a need for the identification of these coping mechanisms. Understanding these unspoken strategies helps mental-health professionals, social workers, and advocacy groups to customise treatments to every survivor's need. Hien and Litt, (2024) acknowledge that the complexity of these coping strategies helps intervention organisations to avoid one-size-fits-all answers and support individualised, sympathetic healing.

Many survivors find their mental-health treatment or counselling hampered by financial constraints, cultural norms, lack of awareness and discouragement from getting treatment, due to social stigma (Robinson et al., 2021; Schomerus et al., 2021). Lack of help keeps damaging coping mechanisms in place and keeps survivors from healing properly. There is a desperate need for thorough trauma intervention programs addressing root causes of maladaptive behaviours as well as symptoms. Long-term recovery calls for both mental-health treatment and community support, as well as education.

Reducing negative coping mechanisms requires community education. Learning about GBV's psychological consequences and the long-term consequences of maladaptive coping mechanisms help communities lower the stigma around getting help (Diko, 2023). School programs, public awareness campaigns, and seminars can all help to raise trauma and mental health consciousness. Educated communities are more likely to encourage survivors in their search for treatment; in addition, education can enable survivors to feel validated and understood instead of being judged for their coping mechanisms.

2.7. INTERVENTION FOR SECONDARY AND TERTIARY VICTIMS OF GBV

2.7.1. Empowerment

The high prevalence of GBV and the depth of its effects dictates a vigorous intervention in order to build a healthy community. According to Heise et al. (2021) GBV can be combated through education and awareness aimed at facilitating social change, eliminating tolerance for violence, and enhancing the community's capacity to prevent GBV. Abramsky et al. (2022) maintain that male-centric interventions and the engagement of community institutions, including educational and religious organisations, as some effective strategies for mitigating violence and advancing gender equality.

Given the prevalence of GBV, Mueletshedzi and Thobejane (2024) argue that there is an urgent need for awareness campaigns to promote non-violence and enhance gender equality. With the volume of citizens who are captured by social media, Sundani et al. (2022) advocate for the employment of a variety of social media sites as a vehicle to combat GBV, which when coupled with Abramsky et al. (2022) approach to engage community institutions, including educational and religious organisations, can go a long way, in sensitising people about GBV.

2.7.2. Capacity Building

Sabri et al. (2023) assert that a multifaceted approach is more efficacious than a singular method in tackling victimisation and perpetration. Support can be provided through using - education or psychoeducation, psychotherapy, skills enhancement, gender-transformative initiatives, community involvement, and health promotion activities, including HIV or STI prevention - as pivotal elements of interventions. Nevertheless, regardless of the integrated approach, any effective empowerment initiatives must be customised to the distinct dynamics of the communities they aim to serve, ensuring sustainability and community ownership (Jewkes et al., 2023).

During the intervention campaigns, it is essential to encourage the participation of individuals impacted by GBV in programs that capacitate their self-esteem, resilience, and assertiveness skills, allowing them to flourish within their communities (Mueletshedzi & Thobejane, 2024). Such programmes may involve more women since men are generally recognised as perpetrators more often than women, it follows that women frequently assume the role of victims. A study by Nethavhani (2023) promotes the empowerment of women to seek assistance in mitigating societal exclusion, which may result in feelings of depression and anger towards their children, who also need support in managing the effects of GBV against their mothers.

2.7.3. Psychosocial Support

Turner et al. (2021) assert that counselling services assist survivors in processing trauma and mitigating the likelihood of enduring psychological consequences, including depression, anxiety, and post-traumatic stress disorder (PTSD). Jewkes et al. (2023) posit that community-based programs foster resilience by establishing supportive environments that enable individuals to articulate their emotions and obtain validation. Moreover, incorporating institutions that specialise in GBV support guarantees that services are customised to the distinct needs of the affected individuals. Heise et al. (2021) highlighted the necessity of integrating psychosocial support into comprehensive GBV prevention and response initiatives, particularly in underprivileged rural regions where such services are often limited.

Social support provides individuals with a sense of being loved, encouraged, and valued, thereby, fostering a sense of belonging and trust within a group or society. In Palestine, it was observed that social support negatively correlates with family violence, aggression, and antisocial behaviours among adolescents. Social support, self-regulation, and religiosity were identified as mediators in the relationship between familial violence and aggression. Women in the occupied Palestinian territories (oPt) who encountered GBV frequently encountered a pervasive deficiency of social support attributable to individual, healthcare, and societal obstacles. Factors including unawareness of available services, apprehensions regarding healthcare's emphasis on physical ailments, insufficient privacy during consultations, distrust in confidentiality, fear of being labelled as "mad," and the potential loss of custody of their children inhibited them from seeking assistance for domestic and community violence (Veronese et al., 2023).

2.8. PSYCHOLOGICAL WELLBEING OF COMMUNITY MEMBERS

GBV is seen as - physical, sex-related and emotional abuse towards both men and women that occurs in a household and outside of it - according to Opanasenko et al. (2021). It has been discovered that experiences and signals from one's social surroundings have significant influence on the healing process (Sink & Saint Arnault, 2020). A community or society is a collection of people who have shared social, cultural, religious, or ethnic links. It upholds the status quo of the family unit and the distribution of power within families and society (Wanjiru, 2021).

The phrase "psychological wellbeing" describes overall mental health and wellness. Psychological health encompasses several aspects, such as an individual's positive self-evaluation (self-acceptance), life satisfaction, purpose in life, self-determination, and positive interpersonal interactions. By fostering emotional support, communities can improve psychological states of its members (Wohn & Lampe, 2018). According to Adler et al. (2017, p123), “psychological well-being is the simultaneous presence of enabling factors like positive emotions, meaningful relationships, environmental mastery, engagement, and self-actualization, and the absence of crippling elements

of the human experience like depression, anxiety, anger, and fear," so, the absence of mental diseases, such as depression or schizophrenia, is a component of psychological wellness.

The lack of good mental health can greatly impair women's ability to respond to intimate partner violence (IPV), perpetuating a cycle of violence and disempowerment. This creates especially vulnerable situations in social environments where violence against women is socially accepted, often termed "coercive settings". In these environments, women may blame themselves or their behaviour for the violence they experience (Mannell et al., 2018). People who exhibit a variety of social support traits, such as - maintaining relationships with family and friends; focusing on relationships; emotionally bonding with relevant others; attending social events; and giving to and getting money from relatives and distant children - are more inclined to report better psychological well-being (PWB) than people who exhibit social isolation and little to no social support (Gyasi et al., 2019). Given the complex interactions between experiences of IPV and the social settings women are in, interventions that only address the psychiatric aspects of IPV's mental health consequences, without considering the broader contextual realities, are of limited value. Recent academic studies have investigated the capacity of place-based communities or neighbourhoods to alleviate the detrimental effects of intimate partner violence on women's mental health. Robust evidence indicates that social interaction enhances positive health outcomes (Mannell et al., 2018).

Social support was recognised as a vital determinant of improved health, with individuals receiving greater support indicating enhanced physical, mental, and overall well-being, alongside reduced psychological distress and depression. Furthermore, familial social support reduced both the occurrence and prevalence of intimate partner violence (IPV). Indicators of social support, including social connectedness, robust network ties, and perceived supportive communities, were crucial in enhancing resilience among abused women in South Africa (Veronese et al., 2023). When women report violence and receive affirmative and supportive reactions from community members, they are less prone to experiencing post-traumatic stress. Community members are more inclined to intervene in instances of intimate partner violence, such as by mediating conflicts or offering refuge, when they observe similar

actions by others in their community. Communities are more likely to assume personal responsibility when intimate partner violence (IPV) is perceived as a communal concern; however, literature from resource-limited environments underscores the difficulties these communities encounter in tackling IPV and its mental health ramifications. Communities frequently exhibit ambivalence towards women subjected to violence, potentially normalising intimate partner violence (IPV) as an integral aspect of women's lives, thereby perpetuating significant stigma (Mannell et al., 2018).

2.9. SUMMARY

GBV impact negative effects on the victims, and perpetrators are possibly victims of GBV trauma, in the past. Literature has revealed that GBV has psychological, social and physical effects that victims, both direct and indirect, suffer from (Rikhotso et al., 2023; Pain, 2022; St. John & Walmsley, 2021). The physical consequences of GBV against women have received much of the attention. Physical injuries are serious matter, however, it's also important to consider its psychological effects, which are now known to have more lasting and severe effects not just on the victims but also on the children, and even community members (Matumbu, 2023). The chances of GBV are greatly increased by a violent past and children who had witnessed GBV in the past are also seen to be tolerant of violent behaviours committed against them (Debowska et al., 2021; Iyanda & Salcido Giles, 2021).

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

The aim of the study is to explore and describe the effects of GBV on the psychological wellbeing of exposed community members in a selected rural village in the Vhembe District of Limpopo. The research methodology is the framework that researchers must follow to conduct their investigations (Sileyew, 2019). This section delineates the research methodology utilised in the study. The topics addressed will include the research methodology, design, population and setting, sample and sample size, data collection instrument, collection technique, data analysis, study limitations, trustworthiness, and ethical considerations.

3.2. RESEARCH APPROACH

The researcher employed the qualitative research method in the study to gather comprehensive data from the target population (Hassan & Khairuldin, 2020). Qualitative research often tries to preserve the voice and perspective of participants and can be adjusted as new research questions arise (Bhandari, 2023). Another advantage of using a qualitative research method is its flexibility. Bhandari (2023) contends that this method allows researchers to modify the data collection and analysis process as new concepts or patterns arise, rather than adhering to a predetermined approach. Another essential thing about the qualitative research method is that it includes analysis of the data, which enables a comprehensive approach to the topic (Marshal, 2016). GBV has been thoroughly explored on its impact on the primary victims; a qualitative research approach will provide deeper insights also into the untouched population of community members who are also victims so that information can be exhausted, allowing the study to yield substantial evidence of the findings.

3.3. RESEARCH DESIGN

The researcher employed an exploratory research study design. Exploratory research design is a qualitative methodology approach that is primary in nature (Brink, 1998). This type of research design can be useful where there is a general idea or a specific question one wants to study, but there is no preexisting knowledge or paradigm with which to study it (Hassan & Khairuldin, 2020). The researcher aspired to explore the effects of GBV on the psychological wellbeing of community members. An exploratory research design was found relevant to the study in that it helped to explore and describe research questions that had not previously been studied in depth (Hassan & Khairuldin, 2020). GBV has been extensively studied, focusing on its effects on direct victims and their immediate family members, usually the ones they reside with. Focusing on the effects of GBV on community members - secondary and tertiary victims - has not yet been studied in depth as a way to help in reducing GBV and its effects. Exploratory research is also useful when the issue you are studying is new, because collecting information on a previously unexplored topic can be challenging, however, this type of research assists in narrowing the topic and formulating a clear problem statement. According to Tegan (2023), exploratory research design is reliable because of its interpretive, flexible, descriptive, exploratory, explanatory, and open-ended nature (Hassan & Khairuldin, 2020). This was helpful in exploring, understanding, and engaging the effects that GBV has on the psychological wellbeing of community members.

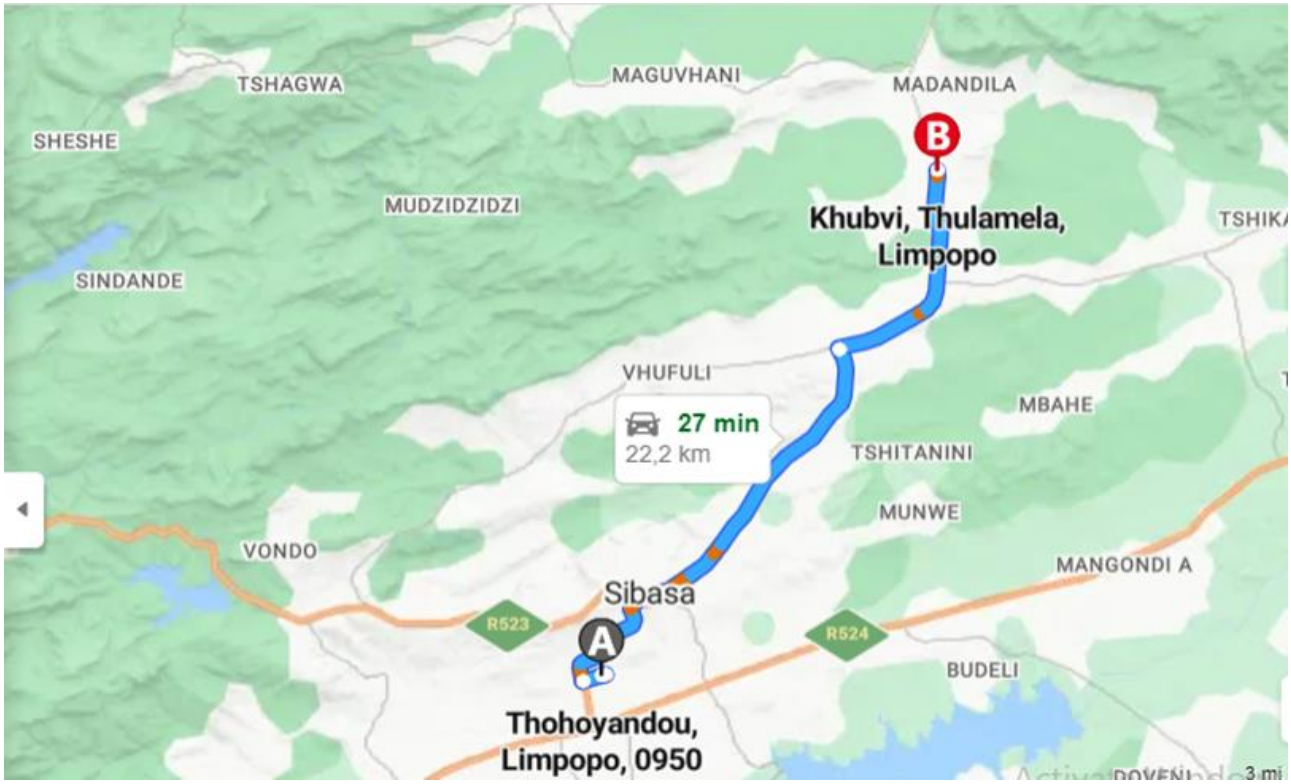
3.4. THE STUDY SETTING AND AREA OF STUDY

The study was conducted in Khubvi village in Vhembe District, which forms part of the Limpopo Province, together with the Capricorn, Mopani, Sekhukhune, and Waterberg Districts. Previously known as the Venda homestead during the apartheid regime, the Vhembe District is north of the Limpopo Province and shares borders with Zimbabwe through the Limpopo River. The dominant group of people in Khubvi are Venda-speaking. The population is culturally rich and adheres to traditional practices, including healthcare. While some individuals have transitioned from their traditional

cultural contexts to a more modern lifestyle influenced by European enculturation, others continue to uphold their traditional way of life. Conversely, some individuals opt for a combination of modern and traditional lifestyles. The community reportedly experiences numerous instances of GBV. Khubvi is situated in the Thulamela Local Municipality, Vhembe District, Limpopo province. Vhembe, according to Stats SA (2023), has a total of 1 653 022 people, with Thulamela Municipality at a total of 618,462 people (Stats SA, 2023). The Khubvi village population by Stats SA amounts to 10,271 in a total of 2,519 households, of which 53% are headed by women, and 83% of the population are female (Stats SA, 2023). Like other rural communities in the Vhembe District, the Khubvi community is affected by GBV.

Figure 3.4.1. Presents a map showing a part of the Vhembe District in the Limpopo Province, where Khubvi village is situated.

3.4.1. Map



A map of part of the Vhembe District in the vicinity of Khubvi Village

3.5. POPULATION AND SAMPLING

3.5.1. Target Population

Community members residing in Khubvi village in the Thohoyandou Policing Area were the target population to limit the scope of the study, in order to ensure the practicality of a sensible sample (Creswell & Creswell, 2018). The population from which the sample was selected was both males and females residing in Khubvi village.

3.5.2. Sample and Sampling

“Sampling is the act, process, or technique of selecting a suitable sample, or a representative part of a population for the purpose of determining parameters or characteristics of the whole population” (Campbell et al., 2020:2). The researcher employed a purposive sampling technique to isolate participants because this method has well-defined criteria based on a researcher’s expertise and knowledge (Obilor, 2023). With the help of the Khubvi Royal Council, the researcher was directed to some secondary and tertiary victims of GBV. Using purposive sampling ensured that the researcher was exposed to information-rich cases and participants who could address the research purpose and questions. Initial purposive sampling led the researcher to snowball sampling to add more participants; since the subjects in question were community members residing with people who have experienced GBV who may still be alive and getting assistance, in dread that it could cause hesitance amongst villagers to participate in the study because of its sensitivity; and further hinder the social visibility of the target population (Creswell & Creswell, 2018). Snowball is a sampling procedure in which the researcher is referred to other individuals of interest by the initial participants (Creswell & Creswell, 2018). Blanche et al. (2008) contend that, for several reasons, people with related life practices tend to seek out each other, hence, are well known with others with related practices.

The selected participants were between the ages of 19 and 55 years and residing in Khubvi in the Vhembe District. A sample of 12 participants was selected from the Khubvi community members who had directly or indirectly witnessed the onset of GBV.

The subjects of interest to the researcher were secondary and tertiary victims of GBV, particularly those who had witnessed or heard about a GBV incident in their village. To begin the sampling process, the researcher visited the Khubvi Royal Council to ask for permission and get a lead to some of the members who had witnessed the occurrence of GBV and those who had heard about the incident. The first four candidates who were contacted were requested to chain reference until data saturation was reached (Braun & Clarke, 2021).

3.5.3. Selection Criteria

3.5.3.1. Inclusion Criteria

Participants should possess the following characteristics:

- Reside in Khubvi Village
- Community members of Khubvi village who have heard about GBV events in their village.
- Community members of Khubvi village who have witnessed GBV events in their village
- Between 19 and 55 years of age,

3.5.3.2. Exclusion Criteria

The following people were not included in the study:

- Victims of GBV
- People younger than 19 and older than 55 years of age
- People who have never witnessed and never heard of anybody they know who has been affected by GBV
- People who do not reside in Khubvi village, as the village has been identified as one with significant number of GBV cases in the Thohoyandou Policing Area.

3.6. DATA COLLECTION INSTRUMENT

A semi-structured interview guide was prepared and utilised in a face-to-face interview. The guide is a set of prepared questions to be asked in the interview, which allows the interviewer to probe further with new questions in the interviewing process, if necessary, to gain more understanding (Marshall & Rossman, 2016). More open-ended questions were used in the interview guide because, according to Marshall and Rossman (2016), open-ended questions open the way for probing and maximising the quality and the validity of collected data. In order to understand the impact of phenomena, in-depth probing to dig into more understanding is necessary (Bhandari, 2023); hence, a semi-structured interview including open-ended questions was employed in the study.

3.7. PRE-TESTING

The researcher used two candidates of the research target population for pre-testing in order to gain assurance that questions were unambiguous, as well as testing the skills of the interviewer for the ability to conduct the interview with the specified questions. Questions on the interview guide were tried on the first two candidates of prospective respondents. Pre-testing refers to the assessment of a tool's validity, reliability, practicability, and sensitivity prior to its application in real data collection (Mohammed et al., 2023). The collected data from the pre-test candidates was not included in the data meant for the study and was used only to assess that the tool was valid and reliable, hence, able to bring responses required for the study. The primary goal of the pre-testing process was to identify survey questions that elicit responses that contain high levels of measurement error, resulting in poor reliability, substantial bias, or both; also to further explore the sources of the errors in order to gain insights as to their root causes (Mohammed et al., 2023).

3.8. DATA COLLECTION PROCEDURE

Data collection is a systematic process of gathering observations or measurements in order to gain first-hand knowledge and original insights into a research problem

(Bhandari, 2023). In this section, the researcher will detail the process of data collection employed in this study. The following procedures were discussed: data collection procedure, method, and instrument.

From the Khubvi Royal Council permission was requested to conduct research in the community. On receiving the clearance certificate from the University of Venda and the letter of permission, the researcher started participants' recruitment through a lead from the Khubvi Royal Council and, thereafter, made arrangements with participants. Having signed the informed consent, the participants were interviewed face-to-face, with the semi-structured interview guide. Each participant was interviewed in a place he/she was comfortable in.

The researcher used interviews as a data collection method. Interviews are a series of questions presented orally by an interviewer and are usually responded to orally by the participant (Bhandari, 2023); it is more common for interviews to be open-ended, allowing the participants to provide detailed answers (Bhandari, 2023). This method was deemed the best because it allowed the researcher to gather comprehensive data during the interview as the researcher and the interviewee were able to ask questions and seek clarity. A face-to-face interview was conducted, meaning the researcher was in the same place as the participants (Creswell & Creswell, 2018). The reason to conduct face-to-face interviews was to minimise non-responses to enable the needed quality and quantity of data to be collected and to further provide the researcher with an opportunity to observe both verbal and non-verbal communication (Marshall & Rossman, 2016).

3.9. DATA ANALYSIS

Data analysis is the systematic accumulation and examination of acquired data in order to expand comprehension of the subject at hand and validate or discard present theories (Jackson & Bazeley, 2019); the collected data was analysed employing thematic analysis. Braun and Clarke, (2024) define thematic information analysis as a descriptive presentation of data, a technique used for acquiring, examining, and reporting patterns within qualitative data. Subsequently, they outlined the succeeding

phases - familiarisation and immersion, inducing of themes, coding, reviewing themes, interpretation, and checking and the writing of the report. These steps followed in the analysis are explained below.

3.9.1. Phase 1: Familiarisation and Immersion

The researcher was actively involved, consequently, was immersed in the data. As the data was collected, participants were recorded during the interview, affording the researcher an opportunity to relisten during transcription. Initial ideas were jotted down as a result of listening to and reviewing the transcripts. Immersion in the acquired data was repeated at that stage until the researcher was familiar with the collected data's content.

3.9.2. Phase 2: Inducing Themes

Themes may emerge organically, as suggested by Creswell and Creswell (2018); the researcher will ensure their relevance to the research question. The interviewee's expressions define the theme's essence rather than abstract terminology. The researcher prudently refrained from summarising data and instead identified intriguing themes that were both contradictory and familiar.

3.9.3. Phase 3: Coding

The study established themes and implemented coding simultaneously (Creswell & Creswell, 2018). Diverse colours were employed in the collected data to emphasise themes, facilitating the rapid identification of thematic contexts within the discussions.

3.9.4. Phase 4: Reviewing Themes

The fourth phase involved a comprehensive analysis of the identified themes. The review aimed to elucidate the subtleties of meaning in the original coding and identify

any emerging themes previously overlooked (Blanche et al., 2016). At that point, the researcher decided to cartel, perfect, isolate, and discard some of the original themes. The researcher continued to code, expound, and recode to attain new discernment until saturation point was reached (Blanche et al., 2008).

3.9.5. Phase 5: Interpretation and Checking

The ultimate phase was a written report on the topic under investigation, hence, the themes as discovered throughout the research were then used as topics. At this point, the researcher paid attention to fixing weak points, checking if they were aspects that are just summaries of the interpretation, instances of over interpretations, or where the researcher was subjective (Jackson & Bazeley, 2019).

3.10. MEASURES OF TRUSTWORTHINESS

The study's trustworthiness indicates that the justification of the presented conclusions is comprehensive, thus, the results-based argument is justified (Amin et al., 2020). To ensure the level of trustworthiness in the study, the following criteria were employed: credibility, transferability, dependability, and confirmability.

3.10.1. Credibility

Credibility has to do with establishing the acceptability of qualitative research results from the viewpoint of the research participants (Mohamed et al., 2020). The objective of qualitative research is to articulate or comprehend the phenomenon of interest from the participants' perspective, making them the exclusive authoritative assessors of the study's credibility. (Mohamed et al., 2020). To establish credibility, a researcher utilises established research methodologies, conducts debriefings with respondents, and thoroughly elucidates the phenomenon under investigation. Field notes were recorded, and audio recordings were made during data collection to guarantee that the researcher obtains all pertinent information. Reflexivity was employed to reveal

circular relationships between cause and effect, especially as embedded in human belief structures (Dodgson, 2019). The researcher's perceptions, beliefs, and judgments were scrutinised as the research unfolds, including how they could have influenced the research (Dodgson, 2019). Elongated engagement assisted in unearthing further data from participants (Mohamed et al., 2020).

3.10.2. Transferability

The researcher relied on Lincoln and Guba's approach to represent the phenomenon completely and provide a robust and exhaustive account of interactions encountered during data collection (Amin et al., 2020), and thoroughly described the research context to ensure transferability. The researcher allowed more research questions to evolve while collecting data, hence, justifying the semi-structured interview guide being employed in the study. Thick description was used, which involves providing adequate details on the site, participants and methods or procedures used to collect data during the study (Hendren et al., 2023).

3.10.3. Dependability

Dependability is how reliable the data is over related circumstances (Janis, 2022). In order to accomplish this, the recorded audio and taken notes were relied upon. At the same time, in each phase of the research, the supervisor was engaged to validate the conclusion reached. In transcribing recordings and notes, the Jeffersonian transcription system was employed (Park & Hepburn, 2022). Much detail was unnecessary, as such, the transcription was condensed. Furthermore, specific transcription situations were emphasised to explain what was happening, hence, the transcription was submitted along with the research paper.

3.10.4. Confirmability

Confirmability is defined by Nourbakhsh, Safarzadeh, and Rahmani Khorami (2023) as the accuracy of the final product of the research, as confirmed by the participants.

To qualify for confirmability, all techniques charted throughout the study were ensured to corroborate and endorse the data. The methodology used and how data was collected were outlined in order to allow comparison with other existing studies; furthermore, the number of researchers and participants taking part in the study and, in conclusion, were revealed to allow for data auditing, involving assessment of data collecting and processing procedures to identify potential bias and distortion (Marshall & Rossman, 2021).

3.11. ETHICAL CONSIDERATIONS

Ensuring ethical consideration is when a researcher follows guidelines for conducting professional research. It also teaches and regulates researchers to ensure that they follow a strict code of ethics when conducting research (Hasan et al, 2021). The researcher considers research ethics as essential in a study because they govern the quality of behaviour of academic researchers, and ethical principles are also essential to protect the dignity and rights of research participants (Hasan et al., 2021). The proposal has received internal approval; the researcher ensured the maintenance of informed consent, anonymity, confidentiality, and participant welfare.

3.11.1. Internal Approval

All procedures pertinent to conducting the study were adhered to in compliance with ethical standards. The researcher submitted the research proposal to the Department of Psychology for evaluation, from there it was submitted to the Faculty Higher Degrees and Executive Higher Degrees Committees for recommendation to the University Ethics Committee for approval. An ethical clearance certificate was obtained before the data collection commenced.

3.11.2. Informed Consent

The researcher sought informed consent from participants before they engaged in the study. Participants in the interviews and consultations were apprised of the study's

objective and informed that their involvement would not be compensated. The consent form was provided and reviewed with the participants, enabling them to provide written consent for their participation in this study, which would be published for academic purposes. Participants were informed of their entitlement to request access to the study's final product.

3.11.3. Anonymity

The best way that researchers seek to protect research participants and individuals whose names may be mentioned during data collection is through the process of anonymisation (Moriña, 2021). The researcher safeguarded the respondents' identities, thereby respecting their privacy, which facilitated their comfortable participation. Pseudonyms were employed to safeguard the participants' identities. The researcher assured the participants that their data was available only to the researcher and the supervisor, and that their names would be concealed throughout the study.

3.11.4. Confidentiality

All ethical guidelines clearly state that confidentiality is an essential element of social and medical research and that research participants should be made aware of who will have access to their data as well as be provided with details about the processes of anonymisation (Moriña, A. 2021). The intentional breaking of confidentiality is an action that is frowned on by the research community, except when the participant discloses - having committed or about to commit a crime or if a researcher feels a moral duty if a study participant reports being a victim of crime, or is at risk of harm - however, in this study there was no need for any of these actions (Wiles et al., 2008). A confidentiality clause was included in the Information and Consent form and signed by both the researcher and the participant. Participants were interviewed at their own convenience and none of the information supplied by participants was disclosed to anyone, except for supervision purposes. Data was reviewed and analysed in a private setting to maximise the confidentiality of participants' information. The results of the research were revealed, in a manner concealing a direct link to a particular participant.

Furthermore, the researcher continuously ensured that only authorised research study personnel were present during research-related activities.

3.11.5. No-Harm to Participants

It is fundamental that no harm must come to participants as a result of their involvement in a study (Aluwihare, 2012). The researcher ensured that participants were not exposed to pain or danger in the course of the research (Purvis et al., 2020), hence, did not receive any report of adverse consequences to any individuals as a result of their participation. Researchers' ethical concerns are closely tied to the ethical obligation to do no harm, hence, during the process of collecting the data no harm was inflicted on the participants (Purvis et al., 2020).

Through an informed consent, participants were made aware of all possible risks from participation. Measures were put in place in case participants reflecting on their personal issues, developed emotional distress (Lambert et al., 2020). The researcher ensured readiness in case this happened in terms of offering counselling and follow-up assistance.

3.11.6. Care for the Vulnerable Groups

To ensure freedom and comfort, participants were allowed to participate at their convenient time. In addition, although emotional harm was not anticipated, the researcher encouraged participants to get further help for emotional harm if it happened. If participants needed mental-health assistance, the researcher would handle their debriefing sessions personally or arrange with the Thohoyandou Victim Empowerment Program (TVEP).

3.12. DELIMITATION OF THE STUDY

Delimitation of a study is what the researcher includes and excludes in a study in order to make a project manageable and focused on the research questions (Coker, 2022).

It is also crucial to show the scope and limit of the study because social issues can be timeless and limitless (Akanle et al., 2020). While social problems and issues are unlimited, and researchers are free and have the licence to research any issue, there are critical decisions all researchers must make (Akanle et al., 2020). These decisions are in terms of the sextet pragmatic questions known as the '4Ws2Hs' of social research, which determine the scope and limitations of relevant and good social research, which are: *"(1) what to study (2) why it must be studied (3) when it must be studied (4) why what is not (to be) studied (5) how much and (6) how it must be studied"* (Akanle et al., 2020: 105). The study was limited to Khubvi villagers within the Thohoyandou Policing area, with community members between the ages of 19 and 55. These community members were some of those who had experienced GBV as secondary and tertiary victims within the Khubvi village. The researcher was able to find the effects that GBV has had on the psychological wellbeing of community members.

3.13. DISSEMINATION OF THE RESULTS

The findings of the study will be disseminated through the University of Venda library repository to ensure that the public can access it. Research participants will be notified as soon as the publication is ready. Research articles from the study will be published in accredited journals. To bring it to the attention and understanding of participants and the Khubvi community, a copy of findings of findings and recommendations of the study will be made available and explained to the participants through the royal council.

3.14. CONCLUSION

This chapter detailed and outlined the inclusive methodology employed in the study. The research design, data collection process, and ethical considerations to ensure the reliability and integrity of the findings were detailed. The use of semi-structured interviews, pre-testing, and thematic analysis enabled the collection and analysis of in-depth data, while measures of trustworthiness such as credibility, transferability, dependability, and confirmability reinforced the study's validity. Ethical principles,

including informed consent, confidentiality, and no harm to participants, were rigorously adhered to throughout the research process. Finally, the study's delimitations were clearly defined, and the dissemination plan ensures that the findings will be accessible and beneficial to both academic audiences and the Khubvi community.

CHAPTER 4

PRESENTATION OF DATA

4.1. INTRODUCTION

This chapter presents a thorough analysis of the research findings from the study. The procedure commences with the researcher delineating the participants' biographical details, succeeded by the exposition of the identified themes. Thematic analysis was employed to examine the data and present the research findings derived from interviews with twelve participants. This chapter presents the findings thematically.

4.2. PARTICIPANTS' BIOGRAPHICAL INFORMATION

Participants in this study were community members from Khubvi village. Sampling was done amongst participants of different ages, from twenty-five to fifty-five years of age and all participants are Venda speaking. The twelve participants comprised six males and six females. Participants had witnessed GBV acts at different levels, involving cases of homicide, sexual assault, physical assault, and emotional abuse. Four participants, as secondary victims, had witnessed the occurrence of GBV with community members. At a tertiary level, eight participants had heard of GBV incidents that occurred to community members within their village. Table 4.1 below presents the biographical information.

Table 4.1. *Biographical Information of Participants*

Demographic variable	Category	Frequency (n)	Percentage (%)
Gender	Female	6	50.0
	Male	6	50.0
Age Group	20–35 years	2	16.7
	36–50 years	7	58.3
	51+ years	3	25.0
Level of GBV Experience	Tertiary	5	41.7
	Tertiary Secondary and	7	58.3

4.3. PRESENTATION OF THEMES

This study identified four themes coupled with subthemes that are analysed in this section. The themes are summarised in Table 4.2 as follows:

Table 4.2. *Themes and Sub-Themes*

Themes	Sub-themes
1. **Forms of GBV**	• Physical Assault • Emotional Abuse • Homicide • Sexual Assault
2. **Effects of GBV on psychological wellbeing**	• Character formation • Feeling Emotional Pain • Anxiety/Fear • Suicidal Tendencies • Loss of Purpose

3. Coping Strategies for Secondary and Tertiary Victims of GBV	• Religious Belief Systems • Self-directed Change
4. Intervention for Community Members as Secondary and Tertiary Victims of GBV	• Empowerment • Psychosocial support • Contempt towards Psychosocial Support

The themes in Table 4.2. are explained in paragraphs below:

THEME 1: FORMS OF GBV

In their stories, participants shared different forms of GBV they had been exposed to. This exposure was due to being eyewitness to the event or being told of what transpired by community members that they know (secondary and tertiary exposure). This theme encompassed four subthemes derived from collected data - Physical Assault, Emotional Abuse, Homicide, and Sexual Assault.

Physical Assault

Seven of the participants revealed their encounter with GBV actions in the form of witnessing physical assault being committed on a community member. Below are the extracts from the participants:

> *"While I was playing as a child, I saw two people - a man and a woman - walking. Not so long, they were arguing. Then, shortly, the woman started running, and the man chased from behind, hitting her with stones and other stuff. The woman was screaming in her run, looking for help." (Participant 5).*

> *"My father used to beat my mother a lot. At times, my mother would leave for her home for a while." (Participant 7).*

"My husband always beat my children, and now one of my children has a girlfriend, and he now beats her as well." (Participant 12).

Emotional Abuse

The findings of this study reveal that Khubvi community members are exposed to emotional abuse. Four participants in the study showed that there are forms of GBV that ensue in an emotional form. These includes - forcing relationships, cheating, as well as non-communication. Below are extracts from participants:

"It is about a man and a woman in a relationship when they were about to end, the man was not willing. And so was forcing the woman into a relationship when she wanted out." (Participant 4).

"My neighbour, who happens to be my relative, has married a woman in civil marriage and is so much in love with her. He even bought her a car. The woman cheated with another married man" (Participant 6).

"The woman reached a point of no longer listening to this man as he no longer has money. And the man is already old and no longer working. They now resent him. He becomes resented like he was not the one who made the home to be the way it is." (Participant 2).

Homicide

In this particular village, homicide is one of the forms of GBV. Many (nine) participants revealed they had witnessed killings perpetrated by community members. This is shown by the following participants' verbatim extracts:

"Around July one of my cousin beat and kill his own wife which was caused or influenced by his gambling." (Participant 8).

"A six-year-old girl was raped and murdered by her own father in the street adjacent to ours." (Participant 11).

"I remember that in another family not far from where we are, there was a police officer who killed a woman when being told that the children are not his." (Participant 9).

One participant revealed a homicide that exposed young children to emotional abuse from witnessing murder and spending the whole night with the corpse.

"The ones I have heard, the first is the murder case that happened recently right here at Khubvi this month. About a traditional healer who murdered his fiancée; he murdered and left her kids with the corpse there." (Participant 4).

Sexual Assault

Participants revealed sexual violence as another form of GBV occurring amongst all ages in the village. This is according to the following verbatim extracts.

"There was a father who was arrested in this area after raping and killing his own daughter." (Participant 12).

"It is about an elderly woman who is quite old, and her grown up son rapes her." (Participant 2).

"We have a case that is troubling everyone in this village, a son rapes the mother, while the mother does not want to report it." (Participant 4).

THEME 2: EFFECTS OF GBV ON THE PSYCHOLOGICAL WELLBEING OF COMMUNITY MEMBERS

Participants in the study revealed different effects caused by secondary or tertiary exposure to GBV incidents within their village. Information on the effects was extracted from participants who have observed and heard and therefore suffered secondary and

tertiary effects of GBV. Effects include - character formation, feeling emotional pain, anxiety/fear, and suicidal tendencies.

Character Formation

Data collected in the study revealed that exposure to GBV has the capacity to elicit a violent character. This is evident in the words said by the following participants:

> *"As I said, the exposure I had while growing up in an environment with GBV, did not bring out the best in me…I inflicted violence in my own home because I grew up in an environment with GBV." (Participant 7).*

> *"When I see him beat this young one, I make sure that he also feels pain. He is now using a small cell phone as I throw his smartphone into the toilet. If you do not fight for these young ones, nobody else will protect them." (Participant 12).*

> *"It is hard for me to trust a man. Once you show him money, he wants it all. If my sister had not revealed her whole pay, she would not have been abused by this man. My husband will never know the money I earn." (Participant 3).*

Feeling Emotional Pain

Pain is one of the effects mentioned by all participants in this study. Participants expressed heartbreak, feelings of pain, as well as being hurt as a result of their exposure to GBV incidents.

> *"As a community member, I feel pain because the information remains stuck in my head causing trauma." (Participant 11).*

> *"It's heartbreaking that even innocent people, including children, get caught in the middle of GBV conflicts or even lose their lives - what did the kids do wrong?" (Participant 9).*

"Honestly, I feel so much pain in my heart because it is a situation that a man committed – I did not say he did it intentionally or not – yes, he did it out of fury and killing her is not a solution. He should have taken another resolution." (Participant 4).

Anxiety/Fear

Participants in this study expressed feelings of anxiety brought about by exposure to GBV within the community. Findings from the study revealed that GBV causes anxiety and fear in exposed community members. Participants are anxious about what might transpire in future, and they fear making decisions, as shown in the following extracted words from the data collected.

"Whether I will make it alive to the next day, or something might just happen during this night. For incidents of GBV even occur in the afternoon these days. Night and day are very much the same these days." (Participant 3).

"I am not married. I have seen a lot of violence happening in different families. I do not want to see myself beating a wife who is disrespectful. I think I will need to be very careful before I marry. I have really seen a lot." (Participant 11).

"It is very scary to leave your children by themselves because nowadays not only girls are abused sexually but boys as well, and for me who is exposed to this abuse its very scary to trust a man when it comes to leaving my children home alone." (Participant 12).

Suicidal Tendencies

Community members' experience with GBV have led them to have suicidal tendencies. The following two participants' verbatim responses support the effect:

"There are people who end their lives because they are unable to share the traumas that they are going through." (Participant 1).

"I remember that I also wanted to commit suicide with my two children, after hearing that my sister was shot at church by her ex-husband. I had the baby, and I couldn't find the older one, I wanted to go and get into the water and drown with my children." (Participant 8).

Loss of Purpose

One of the participants revealed a feeling of loss of purpose brought about by secondary exposure to GBV.

"At the time, seeing someone getting hurt as a child, you would feel bad. But as a child you find that there was nothing you could have done, not even to speak about it. You feel helpless, with no assistance to offer the person." (Participant 4)

THEME 3: COPING STRATEGIES FOR COMMUNITY MEMBERS EXPOSED TO GBV

Participants' responses revealed some coping strategies that are used by secondary and tertiary victims of GBV. The subthemes reflecting the strategies used are - religious, self-directed change, and unidentified strategies.

Religious Belief Systems

Some participants relied on religious belief systems as a coping strategy. This is shown by the following extracts from participants' data:

"We live in fear, we are not safe even in our own homes, we just leave it upon Jehovah, for He alone knows it all." (Participant 3).

"I was just sharing my problems with the women about the problem because sometimes if you do not have anyone to share the information with, it adds to the problem. I talked to women whom I pray with and go to church with, some I work with them, everyone comes with their story, and it heals." (Participant 8).

"What can I say, am thankful of being alive and safe as per God's will, as long as we are able to see the next day." (Participant 12).

Based on participants verbatim expressions, the researcher discovered that community members find the ability to cope being beyond their control, hence, They look into their religious belief systems to find coping ability.

Self-directed Change

Some participants highlighted that community members survive by putting their focus on their own will to keep going. The following extracts from participants' data reveal that:

"As for myself, I take it one day at a time. I try to accept it as life challenges, so that I may be able to move on with life." (Participant 5).

"Nothing helped me into becoming the way I am now. I just grew up and learned to speak less. I did not learn anywhere not to become like my father. It came just the way I said earlier, I like to drive my life into better ways." (Participant 7).

"What can I say, I am thankful for being alive and safe as per Gods will, as long as we are able to see the next day… Coping is not easy, I am just focusing on moving on." (Participant 12).

THEME 4: INTERVENTION FOR COMMUNITY MEMBERS AS SECONDARY AND TERTIARY VICTIMS OF GBV

Participants suggested interventions to help with their GBV exposure and its effects. The word “intervention” is used interchangeably with “support” by participants. Some participants mentioned empowerment and psychosocial support as necessary forms of intervention strategies. Ten out of twelve participants suggested a need for intervention upon the effects of GBV. None of the participants had received any form of intervention.

All participants’ responses showed a need for intervention for community members in Khubvi village. Most participants raised a need to get someone to talk to. This is derived from the following words by participants:

> *“I did not get any support. I did not get anything. But they can help me even if it is through talking to me so that I get to accept the whole situation.” (Participant 1)*

> *“I needed someone to talk to, someone who can help me to accept everything. I did not receive any help.” (Participant 8).*

Findings of this research show that secondary and tertiary victims of GBV do need intervention strategies in order to accept, control their temper, and heal.

Empowerment

Participants suggested empowerment as another form of intervention - empowerment as a means of imparting knowledge on GBV matters that affect participants. This is shown by the following data extracts from participants’ interviews:

> *“I think we are in an era where young men should be taught that women are to be respected and never hit.” (Participant 11).*

"We need people to be educated about democracy and GBV. People should be summoned to the royal family by groups for them to be educated about democracy so that it will reduce the number of GBV." (Participant 9).

Capacity building

Participants agree that there is a need for capacitating the workforce with knowledge about, and responsibility to bring an awareness of GBV. Findings from this study reveal that community members need capacity building in terms of capacitating teachers, bringing institutions into the community, as well as teaching community members on how to deal with GBV. The following words were extracted from the collected data to reflect on the intervention.

"I think we need to have GBV Awareness campaigns in our community, particularly those that deal with men. Institutions like churches may also be utilised to bring awareness about GBV." (Participant 11).

"Even in my secondary years of study, I have witnessed people whom we know to be in a relationship… What was happening is that a person was being hit for unfaithfulness. GBV does not occur with parents in families only; I have witnessed it even on students. Teachers should be knowledgeable on how to help students to eradicate GBV." (Participant 5).

"Departmental institutions that work with issues of GBV, institutions like "Munna ndi Nnyi"; they may help if they come to Khubvi village. So, you see that way, I may access needed and appropriate help, because this is something that I have learned. I do not know when it will resurface and based on which cause; all I know is that I need help." (Participant 7).

Psychosocial Support

Participants revealed a need for psychosocial support as a means of intervention upon effects of their experience of Gender based violence.

"I would like it so much if we can get assistance to help us control our temper. So that we may not be found at fault for acts like hitting, chopping, or chasing away another person." (Participant 7).

"We also need counsellors who will sit with us individually, so that we may voice out things that are hurting and pressing to us." (Participant 11).

"I did not get any support. I did not get anything. But they can help me even if it is through talking to me, so that I get to accept the whole situation." (Participant 12).

Contempt Towards Psychosocial support

Participant 5 express words that shows contempt about the efficacy of psychosocial support that may be offered to community members who are secondary and tertiary victims. As shown by the following verbatim extract.

"The other thing is, I am not sure of how much support people with GBV trauma receive. I feel like the government needs to look at that as well. The trauma when you have witnessed, and upon experiencing GBV cases. I know that those who experience it directly are taken somewhere. Though I may not be sure whether the support given there to us community members may be enough" (Participant 5).

4.3. CONCLUSION

The study revealed through the participants that community members are exposed to incidents of secondary and tertiary GBV, and they bear effects on their psychological well-being. It further revealed that Khubvi Community members employ a variety of coping strategies, including, religious-based strategy and self-directed change. Participants also raised the need for an intervention to restore and maintain their well-being.

CHAPTER 5

DISCUSSION AND INTERPRETATION OF THE STUDY FINDINGS

5.1. INTRODUCTION

This chapter presents a discussions and interpretation of the findings presented in Chapter 4. The data was gathered from 12 participants in Khubvi, a rural village located in the Vhembe District of Limpopo Province. The researcher will adhere to the study's research objectives and the discourse on the themes outlined in the preceding chapter. The four themes were - forms of GBV; effects of GBV on psychological wellbeing; coping strategies for secondary and tertiary victims of GBV, as well as intervention for community members exposed to secondary and tertiary GBV. The discussions will show the effects of GBV on the psychological wellbeing of exposed community members in a selected rural village in the Vhembe District of Limpopo.

5.2. FORMS OF GBV

Based on the theme, Khubvi community members are exposed to different forms of GBV. Participants outlined the following forms of GBV: physical assault, emotional abuse, homicide, and sexual assault.

5.2.1. Physical Assault

Physical assault was the most frequently reported form of GBV among the Khubvi community members, as detailed by participants. Fabiansson (2023), explains physical assault as a form of violence that includes acts of harm inflicted on victims, often in public or private settings, and highlights the normalisation of such behaviour in communities. Findings of this study reveal private and public displays of physical assault amongst spouses and on children by parents. These reflects the violent and unacceptable nature of physical assault and the lack of immediate intervention to protect victims, which later influenced the formation of violent behaviours among some of the victims. The social learning theory has it that individuals learn social behaviours

by observing and imitating others (Koutroubas & Galanakis, 2022). In support of abuse being the influencer of later violent behaviours, Cherry (2022) contends that this type of learning happens from observation to modelling - the observer first identifies the behaviour and then, through the process of modelling, imitates it (Cherry, 2022).

These accounts stress the widespread nature of physical assault within the community. Research indicates that physical assault is often rooted in patriarchal norms that perpetuate power imbalances between genders, rendering women and children disproportionately victimised (Mhlongo & Khosa, 2023) and looking at participants' responses, such power is exerted chiefly against women and children. Furthermore, exposure to such violence, whether as a direct victim or a witness, has been linked to the normalisation of violent behaviours, contributing to a cycle of abuse within families and communities (Smith et al., 2021).

Physical assault does not only cause immediate injuries but also contributes to long-term psychological distress like - post-traumatic stress disorder (PTSD), depression, and anxiety among victims and witnesses, particularly in rural communities with limited access to mental-health resources (White & Gill, 2022). The normalisation of physical assault, as evident in participants' narratives, perpetuates a culture of fear, subsequently breeding silence, making it challenging for victims to escape abusive environments. For this reason, there are accounts of long-term unresolved physical abuse incidents.

In the context of the Khubvi community, physical assault represents a manifestation of a deeply rooted forms of GBV that require prompt intervention. Addressing this anomaly involves not only legal measures to protect victims and subsequently hold perpetrators accountable but also community-based initiatives aimed at challenging cultural norms that condone violence. Educational campaigns, counselling services, and empowerment programs for women and children are crucial steps toward breaking the cycle of physical assault in the community (Sarmiento & Lau, 2020).

5.2.2. Emotional Abuse

Emotional abuse was identified as another form of GBV in the Khubvi community. This type of abuse includes non-physical actions such as, manipulation, humiliation, and neglect, that undermine an individual's emotional and psychological wellbeing and although emotional abuse is subtle and not easily recognised, it carries a significant long-term consequence.

This study's findings indicate that emotional violence in Khubvi manifests itself in multiple forms – non-verbal coercion in relationships, infidelity, and neglect. Manipulation by spouses indicates a dominance-filled form of violence that undermines an individual's autonomy and decision-making. Literature elaborates that, emotional abuse stems from a desire to control or dominate, a behaviour pattern deeply rooted in patriarchal norms, and violating personal boundaries, leading to anxiety, stress, and a diminished sense of self-worth for the victim (Smith et al., 2021).

Infidelity, neglect, and non-communication are other forms of emotional abuse revealed in the study. According to White and Gill (2022), emotional infidelity undermines trust and creates feelings of betrayal and inadequacy in the victim; it is as psychologically damaging as physical infidelity, often leading to depression, resentment, and interpersonal conflict. Neglect and non-communication are a form of abuse especially in a situation where a spouse is ignored and resented for losing financial stability. Mhlongo and Khosa (2023) stress further that neglect, whether manifested through inadequate communication or emotional detachment, significantly contributes to psychological distress, including depression, diminished self-esteem, and a sense of isolation. Emotional abuse is increasingly emphasised within the broader context of GBV.

Emotional abuse in the Khubvi community, as evidenced by the participants' narratives, highlights the complexities of this form of GBV. In support, the literature highlights some of these complexities, including - the struggle of victims to prove they are being abused, the normalisation and sometimes encouragement of abuse as part of traditional gender roles, and victims' self-doubt due to prolonged exposure to abuse. All these complexities cause difficulties for victims when they try to seek justice

(Jenkins, 2017; Smith, 2023; Moulton Sarkis, 2024). Even though it does not leave visible scars, emotional abuse comes with complex psychological effects such as Post-Traumatic Stress Disorder (PTSD), Social withdrawal and isolation, Depression and anxiety, Suicidal thoughts and behaviour, as well as Low self-esteem and self-doubt (Healthline, 2023).

5.2.3. Homicide

Homicide was also identified as one of the most severe forms of GBV by community members as participants in Khubvi village. Participants revealed cases where community members lost their lives, predominantly women and children, as a result of violent acts perpetrated by community members and some by their immediate partners; finances were found to be in the forefront in propelling homicide, particularly, among women.

Homicide incidents like the murder of women and young children exposes and highlights the profound vulnerability of children in households - either as direct or secondary and tertiary victims - revealing the deficiency of institutional and societal systems to protect women and children from violent perpetrators. White and Gill (2022) say that where there are child abuse and GBV events, they often lead to monstrous crimes, with perpetrators exploiting their power and, regrettably, societal silence. Research by Smith and Peters (2021) recognised a connection between gambling-related stress, substance abuse, and the escalation of domestic violence, with women being the primary victims. In support, Sarmiento & Lau (2020) argued that intimate partner homicides often stem from control-based motives and societal norms that entrench male entitlement and dominance in relationships. Mhlongo and Khosa (2023), also emphasised the impact of homicide on secondary victims who endure emotional trauma and abuse long after the violent act; exemplified by children who spend the whole night with their mother's dead body as a result of homicide by their mother's spouse.

All the accounts provided highlight the extreme and tragic consequences of GBV, reflecting both interpersonal and systemic challenges in addressing GBV in rural

communities. Homicide, as a manifestation of gendered violence, represents the most lethal occurrence within the Khubvi community, revealing entrenched challenges such as toxic masculinity, deficient conflict resolution strategies, and inadequate institutional responses against GBV.

5.2.4. Sexual Assault

Sexual assault, another prevalent form of GBV in the Khubvi community, affects individuals of all ages and reveals deeply entrenched societal issues. Participants related distressing accounts of sexual violence, including incest and intergenerational abuse, highlighting the gravity of this form of GBV in society.

Narrating distressing acts, like a father, sexually assaulting and murdering his daughter, assault of an old mother by her adult son, highlights the unfortunate vulnerability of women, children, and the elderly even in an environment where they ought to experience maximum security. White and Gill (2022) attest to the occurrence of such acts of violence, mentioning that they are frequently underreported due to fear, shame, and the stigma encountered by accusing relatives. Furthermore, cases that encompass both sexual violence and homicide illustrate the severe repercussions of unrestrained violence within familial settings (Timm et.al., 2022). Such incidents expose the disturbing reality of familial power dynamics that are, often driven by fear of social shunning and the disruption of family structures. In support, Mhlongo and Khosa (2023) highlight how survivors of sexual violence within families often face significant barriers to seeking justice; these include cultural norms that prioritise family unity over individual wellbeing.

Sexual violence is subtly normalised in rural communities like Khubvi, further compounded by a lack of awareness, inadequate law enforcement responses, and cultural taboos surrounding discussions of sex and abuse. Sarmiento and Lau (2020) assert that victims of sexual assault frequently experience long-term psychological consequences, including post-traumatic stress disorder (PTSD), depression, and anxiety, particularly in cases where the abuse remains unaddressed.

The accounts shared by participants point to a broader pattern of silence and complicity that allows sexual violence to persist, because the victims procrastinate in reporting the matter, while some end up not reporting at all. Aina-Pelemo, Olujobi, and Yebisi (2023) elaborate this further by saying that when sexual violence is perpetuated by a family member, the cultural and social norm of being one with family outplays the notion of individual wellness.

The study demonstrated that Khubvi community members are exposed to various forms of GBV, including physical assault, emotional abuse, homicide, and sexual assault. These forms are prevalent across different age groups and genders, highlighting the widespread nature of GBV in the community. The data suggest that GBV is deeply rooted in social and cultural dynamics, with incidents often occurring in domestic and interpersonal relationships. These findings reflect the pervasive and normalized nature of GBV in rural communities, requiring targeted awareness and preventive measures.

5.3. EFFECTS OF GBV ON PSYCHOLOGICAL WELLBEING

Direct or indirect exposure to GBV has far-reaching effects on the psychological wellbeing of the community. Participants in this study revealed the far-reaching effects of witnessing or hearing about GBV, with many reporting that it shapes their worldview, emotional responses, and behaviours. In this section, the effects of GBV on the community's psychological wellbeing are discussed.

5.3.1. Character Formation

This section focuses on how exposure to GBV influences the way individuals perceive and react to the world around them. It is evident in the findings that exposure to GBV often results in the formation of violent and defensive characters. Literature supports this by arguing that people exposed to severe intimate partner violence are at an increased risk of displaying aggressive behaviours, themselves (Akram, 2024; Kgolane, 2023; Villardón-Gallego et al., 2023). For several participants, witnessing

violence in their community or families led them to internalise aggression as an acceptable response to conflict.

Among the most significant psychological effects identified were changes in character, including the development of violent tendencies, heightened mistrust, and distorted views of relationships; to some, it led to a fear of being in an intimate relationsip, while others resorted to being violent in their homes. This illustrates how individuals who are exposed to violence, especially at a younger age, are at risk of developing violent behaviours. The 'violence as trauma' theory has it that people exposed to violent behaviours, like acts of GBV, may learn violent behaviours, imitate those behaviours, and then repeat those behaviours in future relationships (Mudau, 2024). This is consistent with White and Gill (2022) who suggest that children who witness violence may come to view it as a normative method of handling conflict, thus increasing the likelihood of perpetuating violence in their own lives. The social learning theory developed by Bandura explains this well that, the observer first identifies the behaviour and then, through the process of modelling, imitates it (Cherry, 2022).

An account of a woman who throws his husband's phone into the toilet in response of seeing him abuse their son reflects reactive aggression; it shows how exposure to GBV can lead to feelings of anger and a desire for retribution, translating into violent actions, thereby reinforcing the idea that aggression is the way to ensure safety or justice. An account well explained by the theorists of 'violence as trauma' is that GBV-induced trauma can potentially incite violent behaviour in community members who are not direct victims of GBV. According to this theory, trauma likely contributes to violence via direct avenues, like social learning, as well as indirect avenues, like substance use (Mudau, 2024). The above response is consistent with research by Mhlongo and Khosa (2023), who concluded that victims or witnesses of violence may struggle with feelings of powerlessness, which can result in aggressive behaviour as a coping mechanism.

In a process of character formation, GBV induces mistrust toward spouses, particularly in the context of financial control and manipulation, hence, the findings reveal a tendency of individuals not wanting their spouses to know about their earnings. This behaviour suggests that exposure to GBV can distort one's perceptions of

relationships, particularly regarding trust and financial autonomy. Witnessing or experiencing abuse is discovered to be traumatic, inducing emotional withdrawal and an unwillingness to engage in relationships as individuals seek to protect themselves from further harm. All the findings are consistent with Sarmiento and Lau (2020) who assert that such experiences often lead to the development of maladaptive coping strategies, such as emotional detachment and avoidance, which can negatively affect future relationships.

The psychological impact of GBV on character formation is evident in the way individuals begin to view and react to the world around them. For those exposed to GBV, the psychological effects are not just limited to immediate trauma but extend into long-term changes in personality and behaviour - including the normalisation of violence, emotional withdrawal, and a heightened sense of distrust, which may perpetuate the cycle of violence across generations (Sarmiento & Lau, 2020).

5.3.2. Feeling Emotional Pain

The experience of emotional pain due to GBV exposure was a sub-theme focused upon by all participants. They all consistently expressed feelings of heartbreak, sorrow, and emotional distress whether through the trauma of witnessing violence, hearing about violent incidents, or empathising with the suffering of others. Feeling pain is evidence of how exposure to GBV can evoke deep emotional responses, leading to long-lasting psychological consequences. In support, literature has it that vicarious trauma, or the emotional pain experienced by witnesses or those who hear about traumatic events, is a common consequence of prolonged exposure to violence, particularly in close-knit communities, and that is according to the American Psychological Association (2022).

Many participants described the anguish they felt when hearing about or witnessing violent incidents, particularly when innocent individuals, such as children, became victims. For instance, feelings of pain because the memory remained stuck in the head, causing trauma, thus, reflecting the lasting emotional impact that exposure to GBV can have. Literature also confirm that witnessing or even hearing about violence

can result in intrusive thoughts and emotional distress, leading to trauma symptoms, such as flashbacks, nightmares, and anxiety (Omopo, 2024; Demiralay, 2024).

Participants, constantly, expressed heartbreak over the vulnerability of children. The emotional toll of witnessing or hearing about violence involving children can be particularly distressing, as it disrupts the natural sense of safety and security in the community. This is also reflected in research by Foster and Young (2021), which revealed that children who are exposed to violence, whether directly or indirectly, often experience heightened levels of anxiety, fear, and confusion, which can manifest as emotional pain that lingers well into adulthood.

In addition, the intense emotion from hearing about a woman killed by her partner highlights the depth of pain that arises from witnessing acold-blooded death. The grief that accompanies the loss of life due to violence and the perpetrator being known to the community is a significant psychological challenge. The pain is not limited to the victim's immediate family but is further extended to the broader community, which may feel collective grief, anger, and helplessness. The pain is explained by Dube and Dagon (2020), who note that the emotional toll on communities witnessing such violence can lead to a sense of collective trauma, where the entire community suffers the loss and the disruption caused by GBV.

All the findings show that the emotional pain experienced by those who witnessed GBV have far-reaching consequences, leading to long-term psychological distress. This pain manifests not only as sorrow but also as a sense of helplessness, mainly when participants express frustration at the inability to prevent such violence or protect vulnerable individuals. For instance, a study by Jarus, Marcus, Oren, and Rapaport, (2023), found a positive association between exposure to violence and psychological distress among middle-aged Muslims in northern Israel, highlighting the far-reaching mental health implications of witnessing violence. Similarly, a study on the mental health of children who witness domestic violence reported that children who witnessed severe domestic violence were almost three times more likely to have mental disorders compared to those who had not witnessed such violence (Nassoba & Samanik, 2022). These emotional responses demonstrate the profound impact of GBV on the collective

psyche of communities and emphasise the need for interventions that address the emotional wellbeing not only of direct victims but also of secondary and tertiary victims.

5.3.3. Anxiety/ Fear

The findings of this study reveal that exposure to GBV generates significant feelings of anxiety and fear among community members. Many participants expressed a constant sense of insecurity and uncertainty about their safety and the safety of others. This anxiety stems from the unpredictability of when and where GBV may occur again. This aligns with literature that holds that experiencing GBV disempower an individuals' and communities' capacity to cope and brings about - fear, tension, and helplessness - leading to the development of symptoms such - as dissociative amnesia, lack of concentration, anxiety, lack of sleep, as well as derealisation, which may worsen and develop to post-traumatic stress disorder (Gathi, 2023).

An individual's fear of not surviving the next day is pervasive in a GBV environment; this constant state of vigilance leads to heightened stress and fear. This aligns with previous research by Lawson et al. (2021), who found that individuals living in communities with high levels of GBV often experience chronic anxiety, exacerbated by the unpredictability of violent events and the constant threat of harm. Additionally, the witnessing of violence was reflected as shaping perceptions of future relationships amongst victims, triggering a strong desire to be extremely cautious before entering marriage, due to fearing the possibility of perpetrating violence. This situation reflects an underlying anxiety about repeating the cycle of violence. Studies by Sarmiento and Lau (2020) demonstrated that secondary exposure to GBV often leads to fears of perpetrating violence or becoming trapped in abusive relationships, contributing to high levels of anxiety in affected individuals. The concern about perpetuating learned behaviours is a typical psychological response observed among those who witness violence, and in relation to violence in trauma theory, trauma likely contributes to violence through direct avenues, like social learning, as well as indirect avenues, like substance use (Fritz et al., 2023).

The fear of leaving children unsupervised highlights a pervasive anxiety about trust and the safety of loved ones, particularly in a community where GBV is extensive. Dube and Gagnon (2020) also indicate that exposure to GBV in the community can cause widespread anxiety, especially, concerning the safety of children. Parents and guardians often report heightened worry about their children's vulnerability to abuse, leading to protective behaviours that stem from fear, rather than rational decision-making.

Overall, these themes suggest that exposure to GBV creates a culture of fear, where individuals are not only anxious about their own safety but also about the wellbeing of others, leading to persistent uncertainty and hesitation in everyday decisions.

5.3.4. Suicidal Tendencies

Exposure to GBV has profound psychological effects, and one of the most alarming outcomes reported by participants in this study is the development of suicidal tendencies. Some community members, deeply affected by the trauma they have witnessed or experienced, contemplate or even attempted suicide as a way of escaping the psychological pain caused by GBV.

With this theme we learn that individuals may choose suicide because they feel they cannot share the trauma they have experienced or witnessed. The sentiment echoes findings from studies on secondary and tertiary exposure to trauma, where individuals exposed to traumatic events, mainly through witnessing violence, experience a psychological burden that they feel unable to articulate or alleviate (Jones et al., 2020). The inability to seek support or process trauma can lead to feelings of despair, which, in extreme cases, result in suicidal ideation.

Similarly, participants' experience of wanting to commit suicide upon learning that a relative was killed highlights the profound emotional and psychological toll that GBV can have on individuals, especially when they experience the trauma of losing a loved one to violence. This aligns with previous literature which reflects that the idea of suicide as an escape from the overwhelming pain is seen as a typical response to

prolonged exposure to trauma (Wilkins et al., 2021). For those who witness or are indirectly affected by GBV, such as through the loss of a loved one or the ongoing distress of knowing someone who is a victim, the emotional weight can be unbearable. Similarly, research by Sarmiento and Lau (2020) maintain that individuals exposed to GBV, especially those who experience it indirectly or as secondary and tertiary victims, are at heightened risk of developing suicidal thoughts. Findings of this study reflect that emotional numbness, despair, and hopelessness that often accompany trauma can lead individuals to view suicide as a viable escape from their psychological suffering. These show the urgent need for comprehensive mental-health interventions in communities affected by GBV.

5.3.5. Loss of Purpose

The feeling of losing purpose, as revealed by one participant in this study, illustrate the emotional and psychological burden of secondary exposure to GBV. Witnessing violence without the ability to intervene or aid, often leaves individuals with a sense of helplessness and purposelessness.

Feeling of helplessness upon witnessing a physical abused, reflects the emotional paralysis and sense of inadequacy that can arise when witnessing acts of violence, particularly during formative years. This aligns with previous study by Kumar et al. (2021), which maintains that exposure to traumatic events, even indirectly, can undermine individuals' sense of agency and purpose. Similarly, McGlothan (2023) argues that secondary trauma disrupts personal goals and the ability to find meaning in life as individuals struggle to accept their inability to prevent harm to others; this is particularly significant in children and adolescents, as exposure during these stages may lead to long-term psychological effects, including low self-esteem, difficulty setting goals, and challenges in forming social connections.

The loss of purpose is often linked to feelings of guilt and self-blame, even when individuals are not directly involved in the traumatic events (Sweeney et al., 2022). For those exposed to GBV in their community, the inability to take action to help victims can lead to a lingering sense of inadequacy and emotional distress. This phenomenon

is aggravated in environments where support systems are lacking, leaving individuals to internalise these feelings and suffer in silence (Sweeney et al., 2022).

Exposure to GBV, whether directly or indirectly, has a profound impact on the psychological wellbeing of community members. The findings revealed that such exposure leads to character changes, emotional pain, heightened anxiety, suicidal tendencies, and feelings of helplessness or loss of purpose. These psychological effects indicate that GBV is not just a social or criminal issue but also a public health concern. These results reveal the long-term emotional scars left on victims and the urgent need for comprehensive psychological interventions.

5.4. COPING STRATEGIES FOR SECONDARY AND TERTIARY VICTIMS OF GBV

Coping strategies play a crucial role in helping secondary and tertiary victims of GBV navigate the psychological and emotional aftermath of their exposure. Participants in the study revealed various approaches they use to cope with the effects of GBV in their community. These strategies, shaped by personal, social, and cultural contexts, are indicative of the resilience displayed by community members in the face of persistent trauma. This study identified three key coping strategies: reliance on religious belief systems, self-directed changes, and unspecified or informal strategies. Each of these approaches reflects the ways in which individuals attempt to make sense of their experiences, regain a sense of control, and protect their psychological wellbeing.

5.4.1. Religious Belief Systems

Religious belief systems emerged as a significant coping strategy for secondary and tertiary victims of GBV by Khubvi community members. Participants in the study expressed reliance on faith and religious practices as a means of finding solace, emotional support, and psychological resilience amidst the challenges brought about by exposure to GBV. Previous studies by Pertek (2024) and Dos Reis Santos da Silva

(2023) align with this notion by highlighting the dependence of survivors on faith communities for resilience and sustainable practices to face intimate partner violence.

When participants have feeling of lack of safety, some tend to leave it to Jehovah - a step that highlights the role of faith in providing a sense of security and hope when external circumstances seem uncontrollable. Similarly, attribution of survival to divine intervention shows reliance on religious practices, such as prayers and communal worship; these serve as vital platforms for sharing and emotional healing, just like talking to women in prayer groups to seek healing. This reveals that religion not only provides individual strength but also fosters a sense of community, creating an environment where victims can share their experiences, find mutual support, and collectively process their trauma. These findings resonate with studies emphasising the psychological benefits of religious coping strategies. According to Mathew et al. (2021), individuals exposed to trauma often turn to religion as a source of comfort, meaning making, and stress reduction. Faith-based practices are particularly relevant in communities with limited access to professional psychological services, providing an alternative pathway to healing and resilience (Brown & Sorsoli, 2022). Furthermore, religion provides a moral framework that helps individuals reinterpret their experiences and restore a sense of control over their lives, even in the face of persistent challenges.

Religion as a coping may present limitations, as over-reliance on divine intervention could deter individuals from seeking tangible support or practical solutions to their problems (Smith et al., 2020). By that, Smith et al. (2020) explained that while religious belief systems are a vital coping mechanism, they should ideally be complemented by other strategies to address the psychological and social effects of GBV comprehensively.

5.4.2. Self-directed Change

Self-directed change emerged as a significant coping strategy among participants in the study. This approach reflects the inner resilience and agency demonstrated by individuals exposed to GBV as they navigate the psychological and emotional

consequences of their experiences. Participants shared that their coping ability relied on their determination and self-reflection rather than external interventions.

A need to be able to move on with life, and reliance on self-improvement and personal discipline directed this theme, stressing the urgency of acceptance and a forward-looking perspective as mechanisms to cope with the emotional demands of GBV exposure. Furthermore, it highlights the victims' conscious effort to break cycles of violence and create a better path for themselves.

The theme aligns with contemporary research, suggesting that self-directed change is a vital coping strategy in trauma recovery. A study by Kira et al. (2021) also support this theme when they identified the role of cognitive reframing, acceptance, and resilience in mitigating the psychological effects of trauma when they state that individuals who adopt a mindset of personal growth and self-efficacy are often better equipped to cope with adversity, even in the absence of formal support systems. Similarly, Kalmakis and Chandler (2022) suggest that self-directed coping fosters a sense of urgency, enabling individuals to reclaim control over their lives and reduce feelings of helplessness, commonly associated with secondary trauma.

Self-directed strategies are empowering; however, they may have limitations, mainly when individuals suppress emotions or avoid seeking external support. According to Smith and Pollard (2023) self-reliance without complementary social or professional support can sometimes exacerbate isolation and hinder long-term recovery, therefore, while self-directed change is a valuable coping mechanism, it should ideally be integrated with broader support networks to ensure holistic healing.

The study identified various coping strategies employed by secondary and tertiary victims of GBV, including reliance on religious beliefs, self-directed change, and other undefined mechanisms. These strategies reflect the resilience of individuals in the community as they navigate the psychological toll of GBV, however, the findings also suggest that many coping strategies are limited and insufficient, pointing to the need for structured-support systems, such as counselling and community-based interventions, to provide sustainable coping mechanisms.

5.5. INTERVENTION FOR COMMUNITY MEMBERS EXPOSED TO SECONDARY AND TERTIARY GBV INCIDENTS

Participants in the study noted the importance of interventions to address the effects of GBV within their community. The suggestions focused on empowerment and psychosocial support as critical strategies for mitigating the impact of secondary and tertiary GBV exposure. These interventions were identified as necessary to raise awareness, foster understanding, and equip individuals with the tools to challenge GBV and its effects. It is rather concerning to note that none of the participants had received any form of intervention, further highlighting the urgency of implementing these strategies.

5.5.1. Empowerment

Empowerment emerged as a significant form of intervention recommended by participants. They suggested that educating the community, particularly men and the younger generations, about the importance of respect, equality, and the consequences of GBV could lead to positive change.

Based on this sub-theme, a need was expressed by participants to educate young men to be taught to respect and not to assault women. This reflects the need for fostering cultural and behavioural shifts through targeted education. In highlighting the role of social and religious institutions as platforms to educate and influence positive behaviour, based on the need to involve institutions like churches and schools, to maximise outreach, also advocating that teachers should be knowledgeable on how to help students to eradicate GBV. This suggestion targets early intervention and the role of religious leaders and educators in preventing and addressing GBV at an early stage.

These themes align with literature which suggests empowerment as a crucial strategy in combating GBV and its effects. According to Heise et al. (2021), empowerment through education and awareness programs fosters social change, reduces tolerance for violence, and increases the community's capacity to prevent GBV. Similarly,

Abramsky et al. (2022) advocate for male-focused interventions and the engagement of community institutions, including schools and religious organisations, as effective strategies for reducing violence and promoting gender equality. While empowerment is critical, it is also essential to ensure that interventions are sensitive to local culture and are context specific. Jewkes and colleagues (2023) note that empowerment initiatives must be tailored to the unique dynamics of the communities they aim to serve, ensuring sustainability and community ownership.

5.5.2. Psychosocial Support

Participants identified psychosocial support as a critical intervention needed to mitigate the effects of secondary and tertiary exposure to GBV. They recommended counselling services and community-based institutions to provide emotional and psychological assistance. The current lack of support structures within the community demonstrates a significant gap in addressing the psychological aftermath of GBV incidents.

Participants stressed the need for psychological support, advocating for access to counselling services to help them process and cope with the emotional and mental strain caused by GBV exposure. A need for counsellors, someone to offer emotional support, institutional support, and an expectation of someone talking to victims was raised. These findings highlight the unmet need for structured psychosocial interventions to foster emotional healing. Psychosocial support is well-documented in previous literature as an essential intervention for GBV survivors and those indirectly exposed to it, as highlighted by Turner et al. (2021), that counselling services provide survivors with coping mechanisms to process trauma and reduce the risk of long-term psychological effects - depression, anxiety, and post-traumatic stress disorder (PTSD). The need for institutional support demonstrates the community's reliance on external organisations to fill gaps in locally available support systems. Concurring, previous literature by Jewkes et al. (2023), notes that community-based programs enhance resilience by fostering supportive environments where community members are able to express their emotions and receive validation. Furthermore, the inclusion

of institutions that specialise in GBV support ensures that services are tailored to address the unique needs of those affected (Raftery et al., 2022).

A lack of psychosocial interventions can leave individuals vulnerable to prolonged psychological distress, potentially perpetuating cycles of violence. Heise et al. (2021) emphasise the importance of integrating psychosocial support into broader GBV prevention and response programs, particularly in under-served rural areas where such services are often scarce. Implementing accessible and culturally appropriate support mechanisms in Khubvi village would not only alleviate the psychological burden of GBV exposure but also promote community-wide healing and resilience.

5.5.3. Scepticism Towards Psychosocial Support

While psychosocial support was primarily recognised as a necessary intervention by many participants, some expressed reservations about its efficacy in addressing the needs of secondary and tertiary victims of GBV. This perspective highlights scepticism regarding the adequacy of current or potential support mechanisms in mitigating the psychological effects of GBV.

In the study articulated doubts were raised about the level of care and attention given to those indirectly exposed to GBV, indicating participants uncertainty on the level of support people with GBV exposure receive. The feeling was for the government to look at that point as well. One participant questioned whether the existing resources and services could effectively cater to the emotional needs of community members who are enduring secondary and tertiary trauma. Such accounts indicate a broader concern about the government's role and the effectiveness of support systems in rural areas like Khubvi village. These perspectives align with findings from Jewkes et al. (2023), who note that while psychosocial support is crucial, it must be paired with systemic interventions targeting the root causes of violence, such as gender norms, cultural beliefs, and socio-economic disparities. Similarly, Heise et al. (2021) argue that psychosocial services alone cannot fully address GBV-related trauma unless complemented by community exhaustive efforts to challenge gender inequalities and promote social cohesion.

Scepticism toward psychosocial support could stem from participants' previous experiences where interventions were inadequate or inaccessible. According to Turner et al. (2021), mistrust in service efficacy is common in under-served areas where resources are limited, and follow-up care is inconsistent. To address these concerns, tailored interventions that combine psychosocial support with educational initiatives and community-based programs may be more effective in restoring trust and meeting the complex needs of GBV-affected communities.

Based on the theme, the need for empowerment and psychosocial support as critical interventions to mitigate the effects of GBV was discussed. Empowerment through education and awareness campaigns, particularly targeting men and youth, was stressed as essential to addressing the root causes of GBV. Additionally, psychosocial support, including access to counselling services and social-support networks, was identified as a key intervention for addressing the emotional and psychological needs of victims, despite these suggestions, there was scepticism about the availability and efficacy of such interventions, indicating gaps in current institutional responses to GBV.

5.6. CONCLUSION

This section presented discussions and interpretation of findings which were derived according to the four themes based on the objectives of the study: the forms of gender-based violence that community members are exposed to; the effects of GBV on the psychological wellbeing of community members, the coping strategies employed by community members to deal with GBV incidences, and the intervention strategies suggested by community members to help eradicate and remedy GBV and its effects. The study revealed that GBV (GBV) has significantly impacted the Khubvi community, affecting both direct victims and secondary or tertiary witnesses. These findings demonstrate the urgent need for comprehensive, community-driven solutions to address GBV and its widespread effect.

CHAPTER 6

SUMMARY, CONCLUSION, RECOMMENDATIONS

6.1. SUMMARY OF THE STUDY

GBV is prevalent in our society and is known to bear detrimental effects on the victims. The aim of this study was to explore and describe the effects of GBV on the psychological well-being of exposed community members. The problem is that South African initiatives primarily focus on supporting direct victims of GBV, while leaving out community members who had witnessed the act. The system, hence, needs to go beyond the primary victims and attend to other community members who are also indirect victims of trauma, in order to help eradicate GBV and to manage its impact.

Literature reveals that GBV is a problem for the whole nation, particularly in the Limpopo Province, where the Vhembe District was found to have an alarmingly huge percentage of GBV incidences. Considerable research have been previously conducted to explore the effects of GBV on victims, yet very little has been done to understand the effect on secondary and tertiary victims - community members who directly or indirectly witnessed the incidents of GBV. The researcher employed the theoretical framework of the social learning theory and the concept of violence as traumatic.

The research employed a qualitative methodology and an exploratory design, engaging 12 participants from Khubvi village in the Thohoyandou Policing Area. The participants, aged 19 to 55, were selected through purposive and snowball sampling due to the study's sensitive nature. Data was collected through face-to-face interviews, with a semi-structured interview guide containing open-ended questions as the tool; data was analysed using thematic content analysis. The trustworthiness of the study was ensured, and all ethical protocols were followed.

The study revealed that Khubvi community members are exposed to multiple forms of GBV (GBV), including physical assault, emotional abuse, homicide, and sexual assault. These exposures have significant psychological effects, such as character

formation, feelings of emotional pain, anxiety or fear, suicidal tendencies, and loss of purpose. Participants also reported various coping strategies, including reliance on religious belief systems, self-directed change, and unidentified strategies. Additionally, participants expressed a strong need for interventions, specifically empowerment and psychosocial support, although some showed scepticism toward the effectiveness of these services. These findings highlight the multifaceted impact of GBV on the community and the urgent need for targeted interventions

6.2. CONCLUSIONS

The findings from community members align with the aim of this study, which required the exploration of the effects of GBV on the psychological wellbeing of exposed community members in Khubvi, affording insights into the lived truths of individuals in this rural setting.

Based on objective 1, it can be concluded that the Khubvi community members have been deeply affected in a pervasive manner with GBV. Forms of GBV experienced were - homicide, physical assault, sexual assault, and emotional abuse - which left far-reaching effects on the psychological wellbeing of community members.

Based on objective 2, it can be concluded that forms of GBV elicited effects that prominently impacted on the psychological wellbeing of community members. The effects identified were - anxiety, emotional pain, loss of purpose, as well as suicidal tendencies.

Based on objective 3, the conclusion is that community members employed different strategies when trying to cope with the effects of GBV. Strategies identified in the study were - reliance on religious beliefs, and self-directed change – however, these were inadequate to address the effects of GBV in Khubvi village.

Based on objective 4, it can be concluded that participants saw the urgent need for necessary intervention such as psychological support and empowerment through education and awareness campaigns. Interventions should be aimed at mitigating the

prevalence of GBV, addressing psychological effects, as well as supporting community members in their journey towards recovery and empowerment.

6.3. LIMITATIONS OF THE STUDY

6.3.1. Limited Geographical Scope

The current study sample was limited to Khubvi community village, which may limit generalisation to other villages as it may not fully represent the experiences of other communities in the Vhembe District.

To address this, the findings will be addressed acknowledging the unique cultural and social dynamics of Khubvi. By addressing this limitation through the outlined strategies, the study was conducted successfully, providing valuable insights into the effects of GBV and coping mechanisms among the Khubvi community members.

6.4. RECOMMENDATIONS FROM THE STUDY

The findings of the study led to the proposal of the following recommendations in order to address the effects of GBV on the psychological well-being of community members. Recommendations are proposed for Khubvi village and other similar rural communities.

6.4.1. Engaging Men and Boys in GBV Prevention

Participants suggested teaching young men and boys to respect women and not to assault them. The study suggests the development of programs by the Department of Education in collaboration with the Department of Social Development to address men and boys on harmful gender norms and to promote non-violent behaviours.
Facilitating dialogue forums where men can openly discuss issues of masculinity, power dynamics, and their role in preventing GBV can be a good initiative. The Department of Women, Youth, and Persons with Disabilities (DWYPD) because they

advocate for gender equality can lead discussions on masculinity and power dynamics, working together with (NGOs) like Thuthuzela Care Centres and Gender Links which specialise in GBV prevention. It is also essential to work with community-based organisations, faith leaders, and traditional leaders to initiate programs directed towards adjusting GBV-directed attitudes and behaviours.

The Department of Social Development (DSD), as a key government body working on social issues, should coordinate efforts among various stakeholders, and involve stakeholders such as traditional leaders, faith-based organisations, NGOs, schools, and government institutions in all GBV-prevention and intervention efforts.

6.4.2. Community Awareness and Education Campaigns

Participants mentioned empowerment in a form of bringing awareness to community members, as a way to eradicate GBV. The study recommends government agencies – the Department of Social Development, the Department of Health, and the Department of Education – to work together in conducting GBV-awareness campaigns focused on educating people about the destructive consequences of GBV.

Schools and youth centres (through educators and counsellors), working with government departments (Department of Education, and Department of Women, Youth, and Persons with Disabilities), need to introduce empowerment programs in schools and youth centres to educate young people about GBV and promote values of respect and non-violence.

The Department of Education and curriculum development bodies with local NGOs, churches, and schools need to educate people on conflict resolution, gender equality, and healthy communication while ensuring that the awareness and education campaigns are done in a culturally sensitive form and in the local language in order to enhance understanding. This will advocate for the inclusion of GBV-related education in school curricula to ensure the younger generation is equipped to recognise and address gender inequalities.

6.4.3. Accessible and Affordable Psychosocial Support

The study proposes that the Department of Social Development and the Department of Health establish easily accessible psychosocial support services for the Khubvi community, such as community-based counselling centres, where affected individuals can receive professional assistance to cope with the psychological effects of GBV.

The South African Council for Social Service Professions and the Health Professions Council of South Africa should train community-based counsellors, social workers, and faith leaders in trauma-informed care so that they may act as agents in supporting survivors of GBV and those exposed to secondary and tertiary trauma.

There is a need for traditional leaders and community representatives to partner with government departments like Social Development and Health to allocate resources for mobile counselling units that visit rural areas like Khubvi village.

6.4.4. Strengthening Law Enforcement and Justice Systems

Findings of the study also revealed a need for the Department of Justice and Constitutional Development to improve the justice system, and law enforcers to do their job on time when handling GBV cases, making sure that perpetrators go to jail so that the victims experience justice.
The researcher advocates for community leaders and traditional authorities to establish Community Policing Forums (CPFs) in Khubvi to enhance collaboration between the police and community members in addressing GBV cases.

The South African Police Service (SAPS) Training Academy needs to provide training for law enforcement officers on handling GBV cases sensitively and effectively, ensuring that survivors feel safe in reporting these incidents. SAPS must ensure swift legal action against GBV perpetrators to discourage others from committing similar acts.

6.4.5. Ongoing Monitoring and Research

To ensure that the interventions stay effective and relevant, the study recommends conducting regular studies to monitor the prevalence and effects of GBV in Khubvi and similar communities and to use the findings of these studies to improve GBV prevention and intervention programs. The Department of Social Development, Department of Health, and Department of Justice in collecting and analysing GBV data for policy development, can work with Universities and research institutions in conducting academic and evidence-based studies on GBV trends.

By implementing these practical and community-centred recommendations, the Khubvi community and other similar settings can begin to address the deep-rooted causes and effects of GBV, creating a supportive, safer, and more equitable, environment for all.

6.5. RECOMMENDATIONS FOR FUTURE STUDIES

This study focused on Khubvi village and based on the current study findings, limitations and recommendations, future research should focus on assessing the effectiveness of existing intervention strategies, such as psychosocial support programs, empowerment workshops, or GBV-awareness campaigns. Research in this area could help identify best practices and refine intervention approaches for better outcomes. Investigating the accessibility and effectiveness of mental health services for rural communities like Khubvi could highlight gaps in service delivery and inform strategies for improving support systems.

Since the study highlighted a need for education on democracy and its implications for GBV, future research could explore how civic education programs influence attitudes toward gender equality and GBV prevention in rural communities.

Future research could examine the effects of GBV on varied communities, including both rural and urban settings within the Vhembe District, the wider Limpopo Province,

and other parts of the country. Such research could provide comparative insights into how geographical and cultural factors influence the experiences and effects of GBV.

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Appendix A. SEMI-STRUCTURED INTERVIEW GUIDE

Section 1 Biographical Questions

2. How old are you?
3. Where were you born?
4. What is your home language?
5. What race would you classify yourself as belonging to?
6. Tell me more about yourself.

Section 2 Knowledge about Gender-based violence

1. What do you understand about GBV?
2. What do you think is the cause of GBV?
3. Have you ever been a victim or perpetrator of GBV? Please elaborate on your answer.

Section 3 Secondary Exposure to GBV

1. Have you ever been exposed to an incident of GBV in your community?
2. Please explain what transpired during the incident.
3. How did you feel when it was happening?
4. How did you cope afterwards?
5. Please Explain the support you needed after witnessing the GBV incident.

Section 4 Tertiary Exposure to GBV

1. Has GBV ever occurred in your community to a person you know, and you happened to hear about it?
2. Please explain what transpired during the incident.
3. How did you feel when it was explained to you?
4. How did you cope afterwards?
5. Please explain the support you needed, after hearing that somebody you know was victimised.

Section 5 Advice to those in Governance

1. What do you think is the solution to GBV?
2. What would you advise the leadership of the country with regard to the handling of GBV cases?

********End of Interview Guide********

Appendix B. INFORMED CONSENT

RESEARCH ETHICS COMMITTEE

UNIVEN Informed Consent

Appendix 2

LETTER OF INFORMATION

Title of the Research Study : A CASE STUDY EXPLORING EFFECTS OF GBV ON THE PSYCHOLOGICAL WELLBEING OF EXPOSED COMMUNITY MEMBERS IN A SELECTED RURAL VILLAGE IN VHEMBE DISTRICT OF LIMPOPO PROVINCE.

Principal Investigator/s/ researcher : Lusani Mavis Maselesele

Co-Investigator/s/supervisor/s : Prof. M. Radzilani

Brief Introduction and Purpose of the Study:

This study seeks to explore the effect of GBV on the psychological wellbeing of exposed community members in a selected rural village in the Vhembe District of Limpopo, to gain a deeper understanding of how community members exposed to GBV are psychologically impacted in their lives. The purpose of the study is to understand how community members suffer from exposure to GBV incidents within their communities, so that it may facilitate other researchers develop interventions to address ways to help the secondary and tertiary victims of GBV, which is also a way to help reduce the possibility of victims turning into GBV perpetrators in the future.

Outline of the Procedures :

- Khubvi village community members between the ages of 19 – 55 years will be requested to participate in a face-to-face interview, using a semi-structured interview guide.
- The interview will take about 45-60 minutes.
- Permission will be requested to allow that the interview be audio-recorded to ensure data quality and that the researcher captures what participants have said accurately.

Risks or Discomforts to the Participant:

There are no known risks or discomforts that will affect participants in the study. Participants will be assured of the confidential nature of the interviews, and should they need to consult with anyone to discuss their concerns they will be referred to the Khubvi village leadership, as well as the Research Supervisor.

Benefits :

There are no benefits for participation in the study except that the information will contribute to understanding the trauma suffered by secondary and tertiary victims, and this will lead to the development of intervention strategies.

Reason/s why the Participant May Be Withdrawn from the Study:

Participants are free to withdraw from the study at any given time if they no longer wish to continue with the study. There will be no adverse consequences for the participant should they choose to withdraw.

Remuneration :

Participants will not receive any monetary or other types of remuneration for participation in the study.

Costs of the Study :

No costs will be incurred by participants.

Confidentiality :

All information provided to the researcher will be kept private and confidential. The researcher and supervisor are the only people who will access the information. The researcher will respect the privacy and shall conceal the names of the study's respondents and ensure that with every member involved, pseudonyms will be used.

Research-related Injury :

There are no anticipated injuries that will happen during the study, but participants will be encouraged to get further help for emotional harm and other injuries. Should participants need mental-health assistance, they may feel free to consult the researcher, who will handle their sessions personally or arrange with the Thohoyandou Victim Empowerment Program (TVEP)

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

(Supervisor: Prof. Makondelele Radzilani.; e-mail: makonde@univen.ac.za) Please contact the researcher (076 535 4634), my supervisor (082 491 2784) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Supervisor

General:
Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population

CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Lusani Mavis Maselesele, 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 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 will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.
- I understand that the findings of this form will be published in an article.

Full Name of Participant Date Time Signature

I, …… …… …… ……

herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher

…… Date…… Signature……

Full Name of Witness (If applicable)

…….. Date …… Signature……

Full Name of Legal Guardian (If applicable)

…… Date…… Signature……

Please note the following:

Research details must be provided in a clear, simple and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade 10 level- use Flesch Reading Ease Scores on Microsoft Word), selecting of a non-threatening environment for interaction and the availability of peer counseling (Department of Health, 2004)

If the potential participant is unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the participant e.g. parent, sibling, friend, pastor, etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).

If anyone makes a mistake completing this document e.g. a wrong date or spelling mistake, a new document has to be completed. The incomplete original document has to be kept in the participant's file and not thrown away, and copies thereof must be issued to the participant.

References:

Department of Health: 2004. *Ethics in Health Research: Principles, Structures and Processes*

http://www.doh.gov.za/docs/factsheets/guidelines/ethnics/

Department of Health. 2006. *South African Good Clinical Practice Guidelines*. 2nd Ed. Available at:

http://www.nhrec.org.za/?page_id=14

Appendix C: ETHICS APPROVAL CERTIFICATE Maselesele L.M. 9904381

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Mrs LM Maselesele

STUDENT NO:
9904381

PROJECT TITLE: The Effects of Gender-Based Violence on The Psychological Wellbeing of Exposed Community Members in a Selected Rural Village in Vhembe District of Limpopo Province.

ETHICAL CLEARANCE NO: FHS/24/PSYCH/03/0708

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof M Rootman	UNIVEN, PSYCHOLOGY	Supervisor
Mrs H Magodoni	UNIVEN, PSYCHOLOGY	Co-Supervisor
Mrs LM Maselesele	UNIVEN, PSYCHOLOGY	Investigator – Student

Type: Masters Research
Risk: Minimal risk to humans, animals, or environment (Category 2)
Approval Period: August 2024 – August 2025

The Human and Clinical Trials Research Ethics Committee (HCTREC) 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 deviation 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.

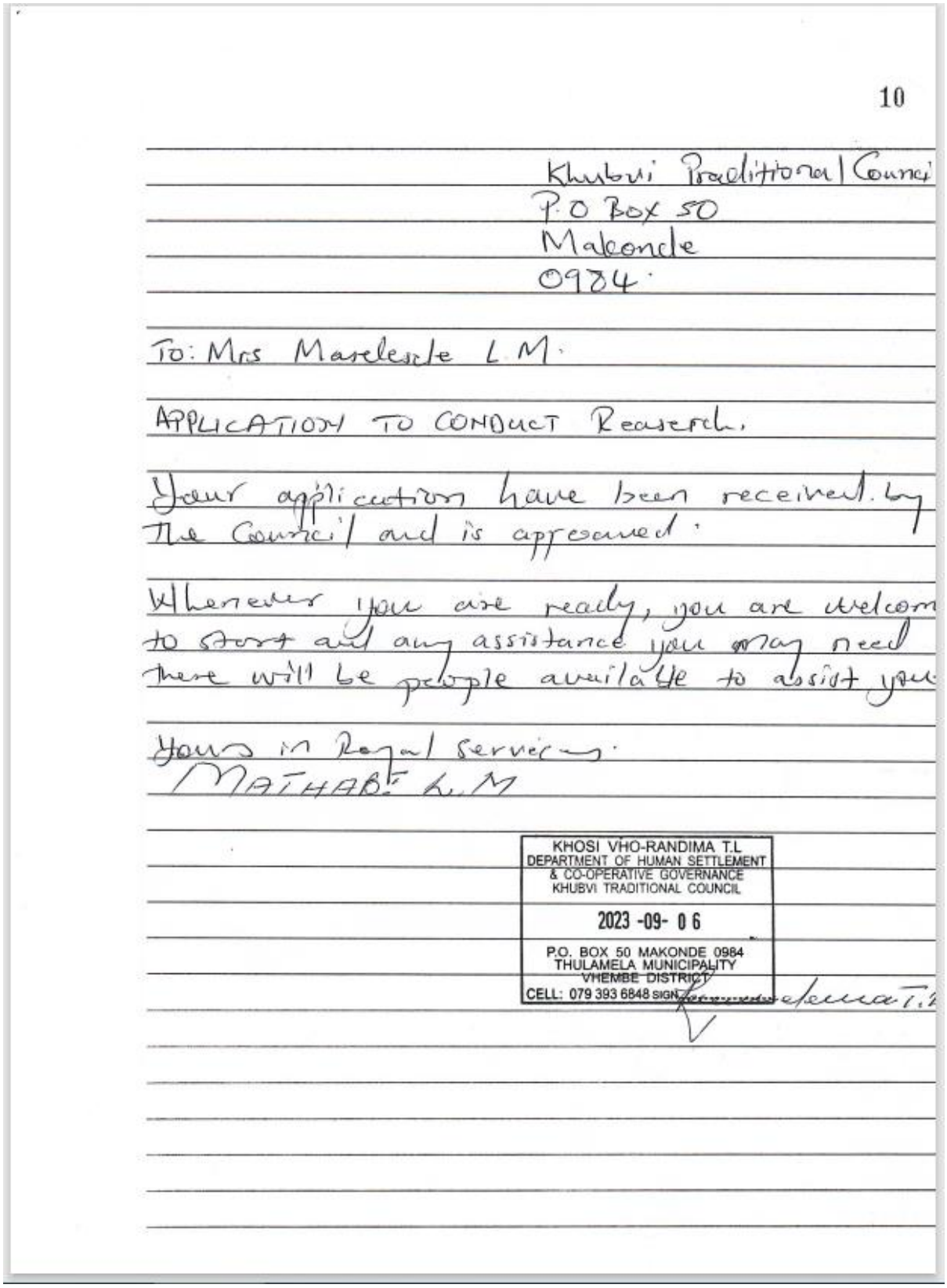
ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: August 2024

Name of the HCTREC Chairperson of the Committee: Prof NS Mashau

Signature:

UNIVERSITY OF VENDA
OFFICE OF THE DIRECTOR
RESEARCH AND INNOVATION
2024 -08- 07
Private Bag X5050
Thohoyandou 0950

Appendix D: PERMISSION LETTER FROM KHUBVI Maselesele L.M. 9904381



10

Khubvi Traditional Council
P.O Box 50
Makonde
0984.

To: Mrs Maselesele L.M.

APPLICATION TO CONDUCT Research.

Your applications have been received by the Council and is appreciated.

Whenever you are ready, you are welcom to start and any assistance you may need there will be people available to assist you

Yours in Royal Service.
MAITHABE L.M

KHOSI VHO-RANDIMA T.L
DEPARTMENT OF HUMAN SETTLEMENT
& CO-OPERATIVE GOVERNANCE
KHUBVI TRADITIONAL COUNCIL
2023 -09- 06
P.O. BOX 50 MAKONDE 0984
THULAMELA MUNICIPALITY
VHEMBE DISTRICT
CELL: 079 393 6848 SIGN

Appendix E: LETTER FROM EDITOR Maselesele L.M. 9904381

PROOF OF EDITING

20 February, 2024

This is to certify that I, Dr P Kaburise, have proofread the dissertation titled - **THE EFFECTS OF GENDER-BASED VIOLENCE ON THE PSYCHOLOGICAL WELLBEING OF EXPOSED COMMUNITY MEMBERS, IN A SELECTED RURAL VILLAGE IN VHEMBE DISTRICT OF LIMPOPO PROVINCE -** by Maselesele Lusani Mavis (student number: 9904381). 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).

Appendix F: TURNITIN REPORT **Maselesele L.M. 9904381**

Gender Based Violence

by Lusani Maselesele

Submission date: 23-Feb-2025 06:11PM (UTC+0200)
Submission ID: 2596025850
File name: Maselesele_Final_Dissertation_B_22_February_2025.docx (936.37K)
Word count: 34560

Gender Based Violence

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