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The lived experiences of women on intimate partner violence in a Victim Support Centre in Tshwane, South Africa

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The Lived Experiences of women on Intimate Partner Violence in a Victim Support Centre in Tshwane, South Africa

A report on a research study presented to

The Department of Social Work
School of Human and Community Development
Faculty of Humanities
University of the Witwatersrand

In partial fulfilment of the requirements for the degree Master of Arts in the field of Social Development

by

Nonhlanhla Precious Mpja
Supervisor: Dr. T. Nkomo

August 2020

DECLARATION

I, Nonhlanhla Precious Mpja, declare that this research report, entitled: **The lived experiences of Women on Intimate Partner Violence in a Victim Support Centre in Tshwane, South Africa** is my work. All the sources that have been used or quoted in this study were acknowledged by means of complete references. This research report has not been submitted before for any other degree or examination at this or any other university.



MPJA NP

DATE: August 2020

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Abstract

Intimate Partner Violence (IPV) is widespread all over the world. It is a major problem in the Western and developing countries, which apply different regulations to curb and tackle the problem. In Sub-Saharan Africa, this problem is prevalent in rural and urban areas. In South Africa, IPV is a common occurrence and is widespread, resulting in physical, mental and emotional scars not only on the women who experience it, but also on their families and communities. The aim of this study was to explore the lived experiences of women exposed to IPV at Re-bafenyi Victim Support Centre in order to understand how violence has impacted their lives. The study identified factors that lead to IPV by men against their partners. Further, intervention strategies that are most effective in empowering victims were examined. Purposive sampling was used to select 10 women aged between 18 and 59 years old who were survivors of IPV and were sheltered at Re-bafenyi Victim Support Centre. Semi-structured interviews were carried out to collect qualitative data and a thematic analysis technique was employed to analyse collected data. The findings of the study indicate that participants were adversely affected by physical violence, emotional violence, controlling behavior and sexual violence. The factors which contributed to the violence ranged from excessive conflict, male dominance in the household, men in multiple relationships with other women, alcohol and drug abuse, cohabitation and financial difficulties. The main conclusion drawn from the study was that IPV leaves permanent wounds with the women who experienced it, and the healing process get prolonged when there is no proactive response. The recommendations include the need for proactive responses in dealing with intimate partner violence cases by organisations rendering victim support services to avoid secondary victimization.

Key words

Intimate partner violence, domestic violence, gender-based violence, victim support centre, survivor, leaved experiences.

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CHAPTER ONE
INTRODUCTION AND ORIENTATION OF THE STUDY

1.1. INRODUCTION

Intimate Partner Violence (hereafter IPV) is one of the most common forms of violence against women. According to the World Health Organization (2012), this form of violence includes physical, sexual, and emotional abuse by an intimate partner. As a public health problem, violence against women affects approximately a third of women worldwide (World Health Organization, 2013). Women can be the perpetrators of violence in heterosexual relationships, but their violence is often used in the form of self-defense. The most common perpetrators of violence against women are male intimate partners or ex-partners (World Health Organization, 2012) and female instigators of this violence mostly occur in same-sex partnerships. The magnitude of this public health challenge is found in the fact that 35% of women worldwide have experienced either physical, and/or sexual IPV or non-partner sexual violence (World Health Organization, 2013). Whereas IPV is prevalent in all societies and permeates through social classes, the level and degree to which it is considered acceptable varies.

Countries of Sub-Saharan Africa have a very high prevalence of violence against women (Devries et al., 2013). For example, South Africa has an excessive incidence of IPV with a frequency of 31% (Gass et al, 2011). According to the South African Demographic and Health Survey (2017), one in five (21%) partnered women have experienced physical violence by a partner. This clearly indicates that violence against women in South Africa is rife. Recently, IPV has dominated the South African news headlines with reports of women suffering many forms of abuse and killed by their intimate partners. In response to this pandemic, the government and non-governmental organisations have developed different strategies and awareness programmes to prevent and eliminate gender-based violence.

Despite these government efforts, women are still subjected to severe forms of abuse by their intimate partners. The abuse has a serious emotional effect on the victims, their families, and the entire society. IPV is a very complicated problem because it involves psychological, emotional and developmental aspects of different individuals in a relationship. The prevalence of abuse and the type of abuse may also be reflective of the norms of a society. Studies found that socialization of women may contribute to their tolerance of abusive relationships (Abramsky et al., 2011). There are some cultural practices that encourage women to endure IPV for the sake of a relationship, marriage or the family and, as a result, this endurance hinders the reporting of abuse by the victims (Bowman, 2003).

Mkhonto, Sengane and Havenga (2014) noted that few studies have documented the actual voices of women discussing their experiences on IPV in South Africa. Particularly, Sibanda-Moyo, Khonje and Brobbey (2017) showed that there is a need to find out the process by which structural and social issues interact to produce violence against women in South Africa. This exploration should be carried out through the lenses of those who experience the IVP in order to inform substantive intervention. There is therefore a need for more research in this area to have sufficient knowledge on how to intervene effectively to reduce the occurrence and impact of the problem (Ward, Artz & Berg, 2012). It is in this connection that the researcher was prompted to explore the

lived experiences of women who have survived IPV in order to gain insights on the dynamics of the phenomena of IPV. The current study included documentation of women's voices as they speak about how the IPV pandemic has impacted their lives. It is important to understand IPV by way of exploring the dynamics within it because violence breeds hate that can be destructive not only to the victim, but also to the perpetrators. Additionally, IPV violates individual rights and can, in some instances, affect effective functioning of family life. Violence can bring dysfunctionality in the family, which in turn can destroy the social fabric of communities and the country at large.

The study provided a platform for the IPV survivors to share their views on the types of support and intervention women in abusive relationships need. This intervention platform was envisaged to assist the service providers to render services that are relevant and victim-centered to avoid secondary victimization. It is important that programmes aimed at empowering IPV survivors are developed in collaboration with the participation of the survivors so that these programmes are aligned with their most pertinent needs. In this way, the efficient use of resources and an increase the effectiveness of these programmes are assured. It is well documented that women who experience IPV have complex needs that may require services from many different sectors, including health care, social services, legal entities, and law enforcement (World Health Organisation, 2012). It is understood that comprehensive services do require a lot of resources, and that if the violence problem is not resolved, the country's economic development can be affected negatively.

1.2. *DEFINITION OF THE KEY CONCEPTS*

Intimate Partner Violence refers to a behavior in an intimate relationship, which causes physical, psychological or sexual harm to those in the relationship. These behaviors include acts of

- Physical violence such as slapping, hitting, kicking and beating;
- Sexual violence, including forced sexual intercourse and other forms of sexual coercion;
- Emotional (psychological) abuse, such as insults, belittling, constant intimidation, threats of harm, threats to take away children; and
- Controlling behaviours that include isolating a person from family and friends, monitoring their movements, and restricting access to financial resources, employment, education or medical care (World Health Organisation, 2012).

Domestic violence is defined as physical abuse; sexual abuse; emotional, verbal and psychological abuse; economic abuse; intimidation; harassment; stalking (repeatedly following, pursuing, or accosting a complaint); damage of property; entry into the complainant's residence without consent, where the parties do not share the same residence; or any other controlling or abusive behavior towards a complainant, where such conduct harms, or may cause imminent harm to, the safety, health, or wellbeing of the complainant (The Domestic Violence Act 116 of 1998).

Gender-based violence is defined, according to The UN Declaration on the Elimination of Violence against Women, as any act of gender-based violence that results in physical, sexual or

psychological harm or suffering to women, which include threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life. Violence against women shall be understood to include the following: physical, sexual and psychological violence occurring in the family (and in the community), including battery, sexual abuse of female, children dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation, sexual harassment and intimidation at work.

Victim support centre - is defined as a residential facility for women who have experienced violence providing short-term intervention in a crisis (two weeks up to approximately six months as the need dictates). This intervention includes meeting basic needs as well as support, counselling and skills development.

Survivor is defined operationally in this study to refer to a woman who has experienced violence at the hands of her partner.

The lived experiences refers to experiences of survivors in a relationship with a partner who perpetuates IPV.

1.3. *OUTLINE OF THE RESEARCH REPORT*

This research report is divided into six chapters. Chapter One presents the introduction and the general orientation to the study. The second chapter discusses the theoretical framework underpinning the study. In the third chapter, literature review on IPV is presented. Chapter Four describes the research methodology. The fifth chapter covers the presentation of data and discussion of findings. The final chapter (Chapter Six) presents the main findings, conclusions and recommendations.

CHAPTER TWO

THEORETICAL FRAMEWORK

2.1. INTRODUCTION

There is a number of theories used to explain domestic violence. The present study used two theoretical underpinnings to explain the problematic of gender-based violence; namely, Social Learning Theory and Feminist Theory. Each of these is explored in the following section.

2.2. *SOCIAL LEARNING THEORY*

Social learning theory posits that individuals learn how to behave through observation and imitation of behaviour of those they look up to (Uthman, Lawoko & Moradi, 2009). When this theory is applied to violence against women it is more often termed the intergenerational transmission of violence. Studies suggest that violence is learned in the context of socialization in the family, which is the primary agent of socialization (Renzetti, Edleson & Bergen, 2001). In other words, children who are exposed to domestic violence in their families often become perpetrators or victims in adulthood (Chen et al., 2013; LaViolette & Barnett, 2014; Berthelot et al., 2014). According to LaViolette and Barnett (2014), society exposes men and women, boys and girls to different expectations as part of learning their gender identities. Accordingly, sex roles magnify biological differences while society still values male traits more than female traits. These scholars reveal that this discrepancy reinforces teenage girls' recognition of their subordinate status. Uthman et al. (2009) attest that women are exposed to similar patriarchal social structures at the work place, which enhances the male supremacy.

As part of socialisation, women affiliate to certain structures within the society such as churches. In most of the churches, women are taught to be submissive to their husbands who happen to be perpetrators of the abuse. Therefore, one can argue that the way women are socialized exposes them to IPV and contributes to their behavior of tolerating the abuse. Worth noting is that behavioural theorists observed that behaviour is learned but it can also be unlearned.
The researcher believes that if the survivors of IPV can be well empowered they can also assist in empowering young girls and women in their communities to resist abuse instead of tolerating it. This can assist in breaking the cycle of abuse and violence. However, the critics of this theory aver that the assumptions made in this theory are wholly valid as not everyone who was abused as a child grows up to be violent (Arriaga & Oskamp, 1999; Renzetti, Edleson & Bergen, 2001).

The social learning theory is one of the most popular explanatory frameworks for violence against women. It assumes that individuals learn how to behave through both experience of and exposure to violence. South Africa's historical socio-political landscape has cultivated a culture of violence and inequality (Coetzee, Gray & Jewkes, 2017). Therefore, if women were exposed to violence in childhood, they can easily become victims of violence in adulthood and in turn tolerate the violence. For example, a woman who observed her mother being physically and emotionally abused but never left the relationship, can easily endure abuse in her relationship because she has learned that it is normal to stay in an abusive relationship. These aspects of this theory are suitable to provide understanding of the problem in question.

2.3. *FEMINIST THEORIES*

Feminist theory includes attempts to describe and explain how gender systems work, as well as a consideration of normative or ethical issues, such as whether a society's gender arrangements are fair. It encompasses range of ideas, reflecting the diversity of women worldwide. Feminism counters traditional philosophy with new ways of addressing issues affecting humanity, calling for the replacement of the presiding patriarchal order with a system that emphasizes equal rights, justice, and fairness (Tong,2001). Feminist theories argue that domestic violence is a result of inequalities between men and women (Bowman, 2003), which are linked with gender- based violence. In many societies in the world, there are massive gender inequalities with the man esteemed as the head of the household and main decision maker (Uthman et al., 2009). These patriarchal societies therefore render women subordinate and with fewer rights than men. This practice is still prevalent under most customary law systems and due to these deep inequalities violence against women is likely to continue.

Gender inequality is fueled by financial dependence of women on the perpetrators and partners making them vulnerable. Feminist theories look at domestic violence as one part of gender equality (Bowman, 2003). The Feminist theory is pertinent in that it regards patriarchy and gender inequality as key drivers of violence against women. South Africa is highly patriarchal with pervasive violence against women (Jewkes et al., 2010). Therefore, some aspects of feminist theory were suitable to make sense of the data in order to provide an understanding of the problem of IPV.

CHAPTER THREE

LITERATURE REVIEW

3.1. *OVERVIEW OF INTIMATE PARTNER VIOLENCE*

Intimate partner violence (IPV)) includes abusive and controlling behavior that involves physical, emotional or psychological harm, inflicted by either a former or a current intimate partner (Gilfus et al., 2010; WHO, 2012). It occurs in all settings and among all socioeconomic, religious and cultural groups (WHO, 2012) and it goes beyond social, economic and geographic boundaries (Peterman et al., 2017). Research shows that the majority of the IPV victims are women (WHO, 2012). Gas et al (2011) concur that perpetration of this violence is rather more severe in women than it is in men. This means that men are likely to be perpetrators while women become victims (Nybergh et al., 2013; Umubyeyi et al., 2014; Lee et al., 2014; Joshi & Sorenson, 2010).

According to Heise and Garcia-Moreno (2002), IPV occurs in numerous ways and can be categorized into four categories; namely:

- ***Physical violence***: this involves using actual physical force to inflict pain or harm and includes slapping, hitting, kicking and beating, throwing something, pushing or shoving, pinching, pulling a woman's hair, choking, clubbing, kicking, dragging, burning, throwing acid or boiling water, threatening or actually using a weapon (Heise & Garcia-Moreno,2002).

- ***Sexual violence:*** this involves forced sexual intercourse or the performance of sexual acts that may be degrading or humiliating, specific attacks on the breasts or genitals and other forms of sexual coercion (Heise & Garcia-Moreno, 2002).

- ***Emotional violence***: it involves a woman being insulted or made to feel bad about herself, being belittled or humiliated in front of others, intimidation and harassment in private and in public. Emotional violence may also take the form of threats to hurt someone or destroy something the woman cares about or threats to take away the children or divorce or intensions of taking another wife (Heise & Garcia-Moreno, 2002).

  Controlling behavior: this involves a woman being kept from seeing friends by her male partner, being restricted from seeing her family of birth, monitoring her movements and other forms of isolation such as ignoring her or treating her with indifference. Controlling behavior may also manifest in anger, excessive jealousy and possessiveness if the woman spoke to another man, by being suspicious that she was unfaithful (Bowman, 2003). It may also be seen in restricting access to medical care, deprivation of physical and economic resources, employment and education opportunities (WHO, 2005; Burrill, Roberts & Thornberry, 2010); WHO, 2012).

3.2. *FACTORS LEADING TO INTIMATE PARTNER VIOLENCE*

An ecological model is commonly used to understand the causes of violence (WHO, 2012). This model posits that violence results from factors that are attributable at individual, relationship,

community and societal levels. Below is a list of some risk factors that are interlinked across the levels.

- ***Individual factors*** – these risk factors are linked to an increased potential of the man to be violent towards his partner. These factors include immaturity, low level education, childhood exposure to violence, abuse of alcohol and drugs and personality disorders (Heise & Garcia-Moreno, 2002; WHO, 2010). Male perpetrators usually accept violent behavior as normal (Johnson & Das, 2009) and they would have a history of attacking women in the past (WHO, 2012).
  There are also risk factors that make women susceptible and more prone to experience violence from her partner. These factors include low levels of education, exposure to violence at home, childhood sexual abuse, perception that violence is normal and having been attacked in the past (WHO, 2010 and Abramsky et al., 2011)

- ***Relationship factors*** - these are factors linked to the perpetration of violence by men and victimization of women. They include conflict in the relationship, male dominance in the household and financial difficulties (Uthman, Lawoko & Moradi, 2009; WHO, 2010). Men with multiple relationships with other women (WHO, 2010) and whose partner is more educated are also likely to be perpetrators of IPV (Chan 2009).

- ***Community and societal factors*** – these risk factors create an environment that directly or indirectly perpetuates violence such as social norms that promote gender inequality. Here manliness is associated with aggression and dominance. Such communities have high rates of poverty, low social and economic status for women, weak laws to protect women and their rights and justice is usually not effectively carried out on offenders (Uthman et al., 2009; WHO, 2010). In these communities conflicts are resolved through violence and there is generally a high prevalence of violence in the community (Heise & Garcia-Moreno, 2002).

3.3. *OTHER RISKS FACTORS FOR IPV*

Various scholars such as Jewkes et al. (2002); Abrahams et al. (2006); Jewkes et al. (2010); Gilfus et al. (2010) Zembe et al. (2016) have also studied the risk factors for IPV, which ranged from cohabitation, excessive conflict, infidelity, and gender attitudes to social norms. The researcher deemed it necessary to discuss identified key factors for the perpetration of IPV from generation to generation.

3.3.1. *Gender and power inequality as a cause of IPV*

Gender- based violence originates in the patriarchal nature of society, and ideals of masculinity that are based on controlling women and celebrating male strength (Jewkes et al., 2010). Gender is an important dimension of IPV because it provides a conceptual frame for understanding complex social positions that influences people's sources of personal and social power (Gilfus et al., 2010). It was established that male dominated relationships increase the risk of sexual IPV for women (Jewkes et al., 2011; Conroy, 2014). The inherent imbalances in relationships results in abuse (Zembe et al., 2015) and prevents the abused women from seeking care despite available resources offered by gender-based violence legislation (Umubyeyi et al., 2016). To this end, gender inequality is an important factor in addressing the elimination of IPV (Abrahams et al., 2006).

3.3.2. *Exposure to childhood trauma*

Children exposed to marital violence are learning harmful lessons about interpersonal relationships. It is well established that these children learn to believe that violence and aggression are viable solutions to problems (LaViolette & Barnett, 2014). An observation by Jewkes (2002) indicated that experiences of violence in the home in childhood inadvertently teach children that violence is normal. These children who are exposed to domestic violence are up to 3.8 times more prone to becoming perpetrators or victims in adulthood (Chen et al., 2013). On the other hand, (Berthelot et al., 2014) discovered that childhood maltreatment is a huge risk factor for the perpetration of IPV in adulthood. In the findings from UN multi-country study on men and violence in Asia and the Pacific, the results showed a co-occurrence and a cycle of abuse with childhood trauma that leads to violence against women and child maltreatment. In turn, this increases the risk of experience or perpetration of violence during adulthood (Fulu et al., 2017). This clearly indicates that the men's violent behavior against women and women's tolerant attitude to violence are a learned social behavior.

3.3.3. *Alcohol or drug abuse*

Literature indicates a greater relationship between alcohol or drug abuse and the perpetration of IPV. Substance use may result in a partner's violent behavior that exposes the woman to great risk (Davies, 2014). Heavy alcohol consumption by men and often women correlates with IPV (Jewkes, 2002). The IPV is higher in relationships where one or both partners had problems with alcohol (Abramsky et al., 2011). A multi cross sectional study in Asia and the Pacific established that partner characteristics associated with women's past-year of IPV experience were the male partner's regular alcohol use or past-year drug use (Jewkes et al., 2017). Substance using women are at the risk of violence being perpetrated against them (Carney et al., 2017). However, harmful alcohol use is also identified as a coping mechanism for IPV survivors (WHO, 2013).

3.4. *THE EFFECTS OF IPV*

3.4.1. *Physical trauma*

IPV correlates with many health consequences, but the most direct effects are fatal and non-fatal physical injuries. Research shows that the head, neck and face are the most common locations of injuries related to partner violence, followed by musculoskeletal injuries and genital injuries (Garcia-Moreno et al., 2013). The physical assault by a partner include injuries to the head and attempted strangulation injuries and both type of injuries can result in traumatic brain injury (Kwako et al., 2011). A study conducted in Malaysia established a high prevalence of maxillofacial injuries associated with IPV among women (Saddki et al., 2010). Garcia-Moreno et al., 2013) found that 42% of women who have been physical and or sexually abused by a partner have experienced injuries as a result of that violence.

3.4.2. *Mental health*

IPV experience is associated with depression, depressive symptoms, depressive disorder and suicide in both high and low-income settings (Devries et al., 2011; Devries et al. 2013). A systematic review that included 41 studies reported a higher risk of experiencing IPV in women with depressive disorder (Trevillion et al.,2012). Gibbs et al. (2017) also found higher depressive symptoms associated with more IPV on women in a study conducted in one clinic in EThekwini Municipality in South Africa. A cross-sectional study established that exposure to economic and emotional IPV was associated with increased depressive symptoms (Gibbs et al., 2018).

3.4.3. *IPV and HIV*

Violence against women can be a cause or consequence of HIV. A systematic review study in both middle and low-income countries found a higher association between IPV and HIV infection among women (Li et al., 2014). A study in ten Sub-Saharan African countries showed that there were consistent and strong associations between HIV infection in women and physical violence, emotional violence, and male controlling behavior (Durevall & Lindskog, 2015). On the other hand, Jewkes et al. (2010) found that unequal power relations increase the risk of HIV infection among young South African women. A cross-sectional study conducted on 607 HIV positive post-natal women established that 6.2 % had experienced physical and or sexual partner violence and 11.9 % emotional abuse in the past 12 months (Peltzer, 2013). A cross-sectional study on men found that men under 25 years who had been physically violent towards their partners were likely to have HIV. As a result, this finding provides an understanding as to why women who experience violence have a higher HIV prevalence (Jewkes et al., 2011; Coetzee et al., 2017).

3.5. *RESPONSE TO IPV*

In the United States, in the 1970s "the battered wife syndrome" became a major concern within the women's movement, and it shifted the problem of domestic violence out of the hands of the medical and social service. In the judicial sphere, the courts recognized a history of violent abuse as defense in cases where women killed their abusive husbands.

By the early 1990s, industrial countries enacted a new legislation that criminalized violence against women. These developments matched with the international human rights movement and that played a significant role in the mobilization of international actors and states to protect women against discrimination and violence. This concept gained legal status in the international legal system that emerged after World War 11. From the beginning, the conception of human rights articulated in the international system included gender equality. Campaigns by gender activists have made this commitment explicit, resulting in the 1979 Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). The strategies of the international women's movement have also influenced the struggle against domestic violence in Africa (Burrill, Roberts & Thornberry, 2010).

A key moment in the development of women's movement in South Africa was the transition from apartheid to democracy. The posing of fundamental questions about the nature of the new political and social order in South Africa provided women with the opportunity to assert their claims for women's rights into the institutional fabric of the new democracy (Hanson & Patel, 2014).

Since the post-apartheid era, different strategies have been implemented in response to gender-based violence until a legislation to combat discrimination against women was developed. The South African Constitution Act 108 of 1996 stipulates that everyone is equal before the law and has the right to equal protection and benefit of the law. The Domestic Violence Act 116 of 1998 was promulgated with a purpose to afford the victims of domestic violence the maximum protection from abuse. Since then, women had a privilege to apply for protection orders against their abusers (Hanson & Patel, 2014). A National Development Plan that contextualizes the United Nations Sustainable Development Goals vision 2030 into the South African context was developed in 2012. The National Development Plan aims to ensure that women should have no fear for crime by 2030 and to advance women's equality.

However, women still suffer abuse in the hands of their intimate partners. One should, therefore, argue that this goal may not be attained if more prevention measures are not put in place to end the violence against women. Although there are growing efforts to involve men and boys in the prevention of violence against women, more still needs to be done. It is also important to note that there are programmes such as Stepping Stone and Image that are believed to have potential to effectively fight gender-based violence (Peltzer et al. (2013).

According to Peltzer et al. (2013) worldwide, two models of care dominate for abused women and that is, Social Services of counseling and safe shelter and legal actions of arrest and protection orders. A study on the evaluation of 13 shelters in the Western Cape discovered that most of the shelters did not have an exit strategy or referral pathway for clients out of the shelter back to the community which meant that there were failing to successfully integrate victims back into their communities (Briginshaw et al., 2015). This gap might cause the survivors to return to their abusers. This presents a need for an effective program that will continuously empower the women to remain independent and resilient to break the cycle of abuse.

CHAPTER FOUR
RESEARCH METHODOLOGY

4.1. INTRODUCTION

This chapter presents the research methodology. The study was guided by four research questions.

4.2. *RESEARCH QUESTIONS*

The main research questions of this study were as follows:

- What factors lead to IPV against women?
- What have been the experiences of IPV survivors at Re-bafenyi Victim Support Centre?
- What influences women to remain in violent prone relationships?
- What interventions can be done to effectively assist and support victims and survivors of gender-based violence?

4.3. *PRIMARY AND SECONDARY OBJECTIVES OF THE STUDY*

4.3.1. *Primary aim of the study*

The primary aim of the research study was to explore the lived experiences of women on IPV at Re-bafenyi Victim Support Centre in order to understand how violence has impacted their lives.

4.3.2. *Objectives of the study*

The secondary research objectives of the study, were listed as follows:

- To identify factors that contribute to IPV against women in Tshwane Municipality.
- To explore the lived experiences of the women who are survivors of IPV at Re-bafenyi Victim Support Centre.
- To determine the availability and accessibility of victim support centres to women who are victims of IPV in Tshwane Municipality.
- To identify the relevant and appropriate interventions in developing a Victim Empowerment Approach that is victim centered that has an effective after care programme.

4.4. *RESEARCH STRATEGY (APPROACH AND DESIGN)*

This research employed the qualitative approach as it was a means to have a clearer understanding of the lived experiences of abused women. Qualitative research entails the exploratory and interpretive in-depth tools in order to give a clearer view of a social phenomenon found among individuals and groups (Goulding, 2005; Creswell, 2014). The social meaning people attach to their experiences, circumstances, and situations are the focus of qualitative research (Hesse-Biber & Leavy, 2011). Qualitative approaches involve understanding the subjective meanings that individuals give to their social worlds.

It allows research procedures to evolve as more data is collected and permits the use of subjectivity to generate deeper understandings of the meanings of the subject matter under study (Rubin & Babbie, 2016).

The selection of qualitative approach was informed by its openness, flexibility and unstructured approach to enquiry, which were relevant to the nature of this study (Kumar, 2014). It also produced detailed description of participants' feelings, opinions, and experiences. As the researcher, I was able to interpret the meanings of their actions (Rahman, 2017). Therefore, this type of research method was applicable to the present study because it emphasised description of feelings, perceptions, and experiences instead of their measurement (Kumar, 2014).

A descriptive design was utilized to describe IPV as experienced by the survivors at Re-bafenyi Victim Support Centre. A descriptive design seeks to describe an aspect of social life (Hesse-Biber & Leavy, 2011). It tended to be concerned with conveying a sense of what it's like to walk in the shoes of the people being described, providing detailed information about their environments, interactions, meanings, and everyday lives than with generalizing with precision to a larger population (Rubin & Babbie, 2016). Descriptive research design has originated in the human sciences and philosophy. Therefore, the methodology focuses on the way in which human beings make sense of their subjective reality and attach meaning to it. This type of design was necessary, therefore, to yield the descriptive details on the IPV as experienced by the survivors.

4.5. *POPULATION, SAMPLE AND SAMPLING PROCEDURES*

The researcher's population was the women at Re-bafenyi Victim Support Centre in Atteridgeville (Tshwane). These women were survivors of IPV and were sheltered at the Centre. The Centre was authorised to accommodate 40 survivors from 18-59 years old and these formed the target population. From the target population, a sample of 10 heterosexual survivors was selected to participate in the study using purposive or judgmental sampling method. Lesbian, gay, bisexual and transgender individuals were not included because the study wanted to explore male-female IPV. Only survivors who could read and write were selected to participate in the study because participants were expected to read and understand the objectives of the study on the information sheet before signing the consent form. The use of convenience sampling which represents a purposeful or criterion-based sampling was ideal for this research where accessibility of the ideal respondents was limited (Creswell, 2009). The rationale in selecting this method was based on the availability of survivors of the IPV. According to Rubin & Babbie, (2016), this sampling method relies on the researcher's judgment about which units are most representative or useful. The researcher selected only survivors who had been in a relationship and living with a partner perpetuating IPV for more than one year as they were likely to have more information relevant to the study.

4.6. *RESEARCH INSTRUMENTS*

An interview guide was designed by the researcher and was used as an appropriate instrument to engage with the participants in semi-structured interviews. The interview guide consisted of questions relating to the aim and objectives of the study. The interview guide contained questions that collected socio-demographic information and open-ended questions that collected qualitative data on the interviewees' lived experiences with violent intimate partners.

4.6.1. *Piloting the measuring instrument*

According to Grimm (2010), it is important to carry out a pilot test to reduce a wide range of errors associated with research. It consists of applying the measuring instrument which, in this case, was the interview guide, to a small number of people with similar characteristics to those of the target group of respondents. The interview guide was pre-tested on two women who were survivors of IPV in order to assess its effectiveness and relevance in capturing the lived experience of IPV survivors. The researcher requested two women from Atteridgeville (Tshwane) who were survivors of IPV and they participated in the pre-pilot study. The researcher requested the Centre's social worker to randomly retrieve the files of two survivors who were previously admitted to the Centre and had since exited to be part of the pre-pilot study. The information gathered was not utilized for the study.

4.7. *METHODS OF DATA COLLECTION*

The exploratory and inductive nature of the research needed the use of semi-structured in-depth personal interviews to extract the appropriate information (McCusker & Gunaydin, 2015). According to Creswell (2009), semi-structured interviews with the participants help in soliciting comprehensive information. The emphasis of the lived experiences, relation to information and reflective nature of the data collected made it necessary to delve into this inquiry (Cope, 2005). This study conducted one-hour semi-structured interviews with the selected respondents. The semi-structured, one-to-one interviews were used to collect audio-recorded data. The researcher was also jotting down field notes of all impressions about the interviews at the end of each interview session.

4.7.1. *Method of data analysis*

Data processing and analysis comprise categorizing, manipulation and summarizing of data in order to obtain answers to research questions (Kothari, 2004). The collected data needed to be examined so as to detect any errors or omissions and so as to correct them promptly. All recorded verbatim interviews were carefully transcribed as soon as the interview was over to ensure that the data gathered was accurate and consistent.

Thematic analysis was used to analyse the data for this study. The thematic analysis provided a basis to test the phenomena against the themes that have been elicited from the literature (Creswell, 2009). Thematic analysis was ideal for this research as it allowed for the identification, analysis and patterns within the data. Thus, selecting thematic analysis enabled rigour to deduce meaningful perspectives to provide answers to the questions raised in the study (McCusker & Gunaydin, 2015). Thematic Analysis (TA) was used to group themes together to enable the researcher to execute the discourse analysis. Discourse analysis was utilised to analyse the data. The researcher began by actively reading through each transcript to achieve data immersion. The researcher re-read the transcripts for coding and analyzed each transcript manually. The codes were related to the aim and objectives of the study.

The researcher avoided bias through ensuring that all interviews were recorded and through verbatim transcription of the interviews. This process presented a credible audit trail for the interviews and information. The rigorous process ensured that the data was relevant and reliable for the research.

4.8. *ETHICAL CONSIDERATIONS*

For any inquiry project, ethical research practice is grounded in the moral principles of respect for persons, beneficence, and justice (Marshall & Rossman, 2011). To ensure honesty and respect for participants (Gravetter & Forzano, 2014), an ethical clearance was obtained from the University of the Witwatersrand, Human Research Ethics Committee (non-medical). The participants were informed of the study's background and objectives in a consent form presented to them and consent was obtained prior the commencement of the interview. The participants were assured of privacy, confidentiality and anonymity throughout the whole research process and even when the research process was over. The researcher encouraged the participants to read the consent form and also to ask questions concerning benefits or risks of participating in the study. Information about who to consult should they have any questions concerning the study was made available for the participants.

They were given a freedom to decide whether they wanted to be part of the study or not when they seemed to understood the study objectives. Those who consented to participate in the study were requested to sign the consent form. Two copies were signed by both the researcher and the participant. The participant remained with one copy and the other copy was kept by the researcher. Each participant was given identification number. They were also assured that no one would have access to the information they provided except the researcher and her supervisor. Rubin & Babbie, (2016) suggest that the respondents' names and addresses should be removed from questionnaires and replaced with identification numbers. A master identification file was created to link numbers to names so that later correction of missing or contradictory information is possible. This file was kept privately and access was limited to the researcher. Furthermore, participants were informed that should they experience distress during the interviews, counseling service was to be rendered by the Centre's Social worker.

4.9 Limitations

The study demanded that the participants should share sensitive information concerning their experiences on IPV. However, there was quite a few disturbances during the interview sessions with some of the participants. Firstly, most of the participants had small children and the children were moving in and out of the interview room seeking for their mother's attention. Therefore, those participants might have provided limited information due to the divided attention. Secondly, the office allocated for the interviews was opposite a dining hall. The people in the dining hall were very loud in such that it drew the participant's attention. Furthermore, some staff members were frequently coming into the interview room unannounced claiming to be searching for their belongings. Thus, the participants might have felt that their privacy was compromised and withheld some of the information although the researcher assured them about their confidentiality.

4.10 Time frame

Data collection was conducted at the Centre between October and December 2019.

4.11 Budget

The researcher required funds for petrol as she was travelling from her house to the Victim Support Centre. Stationary was also purchased for taking notes during the interviews. The overall cost was R 1000 which was borne by the researcher.

CHAPTER FIVE
PRESENTATION OF DATA AND DISCUSSION OF FINDINGS

5.1. INTRODUCTION

In this chapter, the researcher presents and discusses the findings of data collected through semi-structured interviews. A descriptive design was used to describe Intimate Partner Violence (IPV) as experienced by the survivors at Re-bafenyi Victim Support Centre. A purposive sampling method was used. The total population of women who were survivors of IPV was 40 women sheltered at Re-bafenyi Victim Support Centre in Atteridgeville (Tshwane). From the target population, a sample of 10 heterosexual survivors were selected to participate in the study using purposive or judgmental sampling method. Lesbian, gay, bisexual and transgender individuals were not included because the study wanted to explore male-female IPV. Only survivors who could read and write were selected to participate in the study.

The use of convenience sampling which represents a purposeful or criterion-based sampling was ideal for this research based on ease of accessibility of the respondents (Creswell, 2009). The rationale in selecting this method was based on the availability of survivors of IPV. According to Rubin & Babbie, (2016), this sampling method is based on the researcher's judgment about which units are most representative or useful. Only survivors who have been in a relationship and living with a partner perpetuating IPV for more than one year were selected to participate in the study as they were more likely to have more information relevant to the study.

The researcher designed an interview guide consisting of sixteen questions used for collecting data. The interview guide was pre-tested on two women who were survivors of IPV to assess its effectiveness and relevance in capturing the lived experiences of IPV survivors. The researcher requested two women from Atteridgeville (Tshwane) who were survivors of IPV to participate in the pre-pilot study. The Centre's social worker randomly retrieved files of two survivors who were previously admitted in the centre. The information gathered from the study pilot was not utilized for the study.

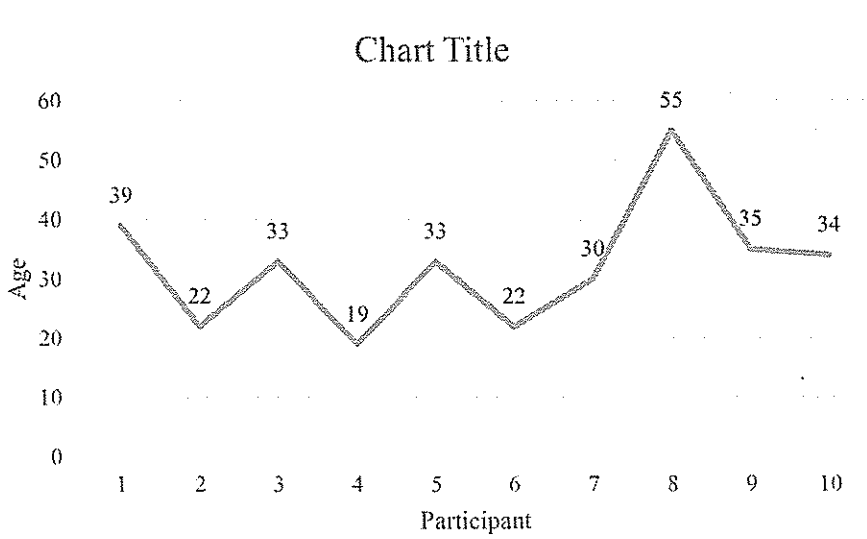
The researcher had one interview session with each participant. The venue used for the interviews was one of the offices in the centre. Most of the women who volunteered to participate in the study had small children and they were searching for employment. This delayed the data collection process because they were frequently absent in the centre during the day as they were busy submitting CVs where there were job opportunities. The researcher had to exercise patients from the beginning of the data collection process until the end.

5.2. DEMOGRAPHIC INFORMATION OF PARTICIPANTS

Prior to the presentation of data and discussion of findings, the researcher deems it necessary to describe the demographic characteristics of the study sample in order to provide the background of the participants. A total number of ten (10) women accommodated at Re-bafenyi Victim Support

Centre volunteered to participate in the study. The participants involved were women who have experienced violence in the hands of their partners for more than one year.

5.2.1. *Age of participants*



The ages of the participants ranged from 19 to 55

Eight out of the ten participants were aged between 19 to 35 and the age of the other two participants ranged from 39 and 55. Nine out of the ten participants reported to have experienced violence in their intimate relationships since adolescent stage. This indicated that as early as adolescent stage, women are prone to IPV.

5.2.2. Gender

All the participants were heterosexual women.

The reason for this distribution was that the study wanted to explore male-female IPV. Furthermore, literature indicates that the overwhelming global burden of IPV is borne by women and the most common perpetrators of violence against women are male intimate partners or ex-partners (World Health Organization, 2012).

5.2.3. Level education

Participants	**Level of education**
Participant 1	Diploma in Hospitality
Participant 2	Dropped out in grade 11
Participant 3	Dropped out in grade 12

Participant 4	Dropped out in grade 8
Participant 5	Dropped out in grade 10
Participant 6	Dropped out in 2nd year doing Chemistry Degree
Participant 7	BA in Administration and Diploma in Information Technology
Participant 8	Dropped out in grade 11
Participant 9	Dropped out in grade 10
Participant 10	Diploma in Business Management

From the participants, only 3 out of the ten participants had qualifications obtained from the institutions of higher learning.

The other six participants dropped out of school before completing matric. .It has been found that low levels of education are a risk factor that makes a woman susceptible and more prone to experience violence from her partner (Abramsky et al., 2011, WHO 2010 and WHO, 2012).

5.2.4. Employment status

All the participants reported to be unemployed. It became clear that the participants were solely depending on their partners during the period of experiencing the violence. It has been established that financial dependence of women on the perpetrators and partners make them vulnerable to violence (Bowman, 2003). Furthermore, low economic status has been found to be a risk factor for women to suffer violence in the hands of their intimate partners (WHO, 2010, 2012).

5.2.5. Marital status

From the sample, five participants were married, four were involved in cohabitation relationships and one was divorced. The married women and the divorced woman reported to have tolerated the violence in the hands of their partners for many years as they hoped that their partners would change. This clearly indicates that the women could not leave the abusive relationships because of the belief that the partners would change their abusive behaviour. According to LaViolette and Barnett (2014) for many women, the honeymoon stage in Walker's cycle of violence theory provides reason to hope and its termed Learned Hopefulness. The authors further described Learned Hopefulness as a battered women's ongoing belief that her partner will change his abusive behaviour or that he will change his personality.

5.2.6. Ethnic group

All the participants were African women. Eight participants were South Africans, one from Zimbabwe and the other one from Botswana. This clearly indicated that IPV affects women from all walks of life regardless of their ethnic group or nationality. It has been observed that IPV transcends social and geographic boundaries (Peterman et al., 2017).

5.2.7. Language

From the sample, 4 participants were Sepedi speaking, 2 isiNdebele speaking, 1 Shona, 1 siSwati Speaking, 1 Xitsonga and 1 isiXhosa speaking participant.

The area in which the Victim Support Centre is situated is dominated by Pedi speaking people. All the participants were familiar with Sepedi, but four participants preferred to be interviewed in English. The six participants preferred their vernacular, but some would switch to English in the middle of the interview. The researcher then followed their lead.

5.3. THEMATIC ANALYSIS (TA)

Thematic analysis was ideal for this research as it allows for the identification, analysis and patterns within the data. Thus, selecting thematic analysis enabled significant rigour to extract meaningful perspectives to provide answers to the questions raised in the study (McCusker & Gunaydin, 2015). Thematic Analysis was utilized to analyse data collected through the semi structured interviews, field notes and audio tape. Central themes were extracted from the responses of the participants and literature. Participants' names were not recorded and were replaced with identification numbers to ensure confidentiality. The data is presented according to the order of the participants' identification numbers. The first participant to be interviewed was participant one then followed the others until participant 10. In cases where two or more participants made the same comments, their identification numbers are specified.

5.4. FACTORS LEADING TO IPV AS REPORTED BY THE PARTICIPANTS

In this section, participants were asked to share their views on what caused their partners to be violent which could help to identify risk factors. The following risk factors were identified:

5.4.1. *Men with multiple relationships with other women as a risk factor*

It was found that men became violent because they were involved in relationships with other women. The women suffered violence in the hands of their partners each time they confronted their partners about the cheating. This was confirmed by the following statements:

"My husband was cheating with a young girl and the young girl fell pregnant, he started to beat me when I confronted him about the affair" (P7).

"My partner found a new girlfriend and he stopped maintaining his child and was not buying food in the house. He will hit me every time I asked him about the new girlfriend" (P8).

"I lost my job and my husband started to have extra marital affairs and when I confronted him he will say the girlfriends were useful to him because they were giving him money for petrol. He then started to insult me and said I am useless" (P10).

This corroborates the view that men with multiple relationships with other women serves as a risk factor linked to the perpetration of violence by men and victimization of women (WHO, 2010, 2012; Abramsky et al.,2011).

5.4.2. *Cohabitation as a risk factor*

Two of the participants reported that they were exposed to violence after they started living together with their partners. These women suffered violence in the hands of their partners after they engaged in a cohabitation relationship with the partners as noted by the following:

"My boyfriend invited me to move from Eastern Cape to live together with him in Atteridgeville. Our relationship was good when I was in the Eastern Cape but his behaviour changed completely after we started living together in Atteridgeville" (P4).

"I invited my boyfriend to live with me in my house because he was originally from Zimbabwe and had no stable place to stay. He discovered that I had no parents after he moved to live with me in my house and started to abuse me" (P9).

This corroborates the view by Gilfus et al. (2010) and Abramsky et al. (2011) that cohabitation is a risk factor for male to perpetrate IPV against women.

5.4.3. *Financial difficulties as a risk factor*

Two of the participants mentioned financial difficulties as one of the contributing factors to the violence they suffered in the hands of their partners. The women suffered violence in the hands of their partners because there were financial difficulties in their households as noted by the following:

"My husband was financially unstable and I suffered for his sins. I had financial support from my family and this caused the conflict in our relationship" (P1).

"I lost my job and there was too much financial constrains in the family. We had too much bills to pay but little income. My husband started to blame me for our financial difficulties and he started to insult me and accused me of being useless" (P10).

Financial difficulties were found to be one of the factors linked to the perpetration of violence by men and victimization of women (Uthman, Lawoko & Moradi, 2009; WHO, 2010, 2012).

5.4.4. *Alcohol or drug abuse as a risk factor*

Seven out of the ten participants indicated that alcohol and other addictive substances played a role in the violence they experienced. The women experienced violence in the hands of their partners because their partners were using alcohol and other addictive substances. This was confirmed by the following statements:

"My boyfriend was using alcohol excessively and he will be more violent when under the influence of alcohol" (P4).

"My husband was using alcohol and he later started to smoke dagga and his violent behaviour became worse" (P5).

"My boyfriend was using alcohol and dagga and these contributed a lot to the conflicts we had in our relationship" (P8).

This corroborates the view by Davies (2014) that substance use may result in a partner's violent behavior that expose the women to great risk. It was also discovered that heavy alcohol consumption by men is associated with IPV (Jewkes, 2002, Abramsky et.al., 2011; Jewkes, 2017).

5.4.5. *Relationship conflict as a risk factor*

All the participants reported to have experienced high level of conflict with their partners. Excessive conflict contributed to the violence the women experienced in the hands of their partners as noted by the following:

"I experienced conflict every day with my partner" (P1).

"I experienced conflict with my boyfriend twice a week because of his relationship with the other woman" (P2).

"We quarrel every weekend with my partner" (P6).

Conflict in the relationship has been found to be a risk factor for IPV (WHO,2010; WHO,2012). On the other hand, Jewkes et al. (2002) observed that the frequency of verbal disagreement and high levels of conflict in relationships are strongly associated with physical violence.

5.4.6. *Male dominance in the household*

All the participants reported that their partners were not involving them in key decision making in their relationship, which led to conflict. These women suffered violence in the hands of their partners when they question the men's decision making. This was confirmed by the following statements:

"My husband wanted to be heard and he did not want to listen to me, he was the one making decisions in our home and this caused conflict in our marriage(P1).

"He used to involve me in making decisions but things changed when he was promoted at work and he started to say he is the man and I must not question his decision and when I questioned him then he will beat me" (P3).

"My partner was making decision all by himself and I did not have a say. This led to conflict in our relationship" (P4).

It has been observed that male dominated relationships increase the risk of sexual IPV for women (Jewkes et al., 2011; WHO, 2012; Conroy, 2014). Furthermore, the high relationship power imbalance results in abuse (Zembe et al., 2015).

5.5. FORMS OF VIOLENCE EXPERIENCED BY THE PARTICIPANTS

In this section the women were requested to describe how they experienced violence in their relationships which could help to identify forms of violence they experienced. The following forms of violence were identified:

5.5.1. *Physical violence*

It was found that the majority of the participants suffered physical violence in the hands of their partners. The excessive conflict that the women experienced in their relationship led to the physical violence as noted by the following:

"My boyfriend was hitting me every time I confronted him about his relationship with the other woman. I was pregnant but he did not care and continued to hit me" (P2).

"My partner and I were always fighting over small things and sometimes when I denied him sex then he will hit me. One day he took a bottle of a beer and hit me on my face" (P4).

"My husband exposed me in many forms of abuse, he was always beating me even in the presents of family friends. One day we went to the stadium to watch soccer and he accused me of having an affair with a family friend. He started kicking me and dragged me on the steps. He kicked me at my back in such that I had to be admitted in the hospital (P7).

Physical violence has been identified as a form of IPV (Heise & Garcia-Moreno, 2002; WHO, 2010, 2012). Furthermore, Jewkes et al. (2002) observed that the frequency of verbal disagreement and high levels of conflict in relationships are strongly associated with physical violence.

5.5.2. *Emotional violence*

All the participants reported to have suffered emotional violence in the hands of their partners. These women were subjected to emotional violence in their intimate relationships as reflected below:

"I received too much insults from my partner and I was worried that I might lose my unborn child because I was too stressed" (P2).

"My husband insulted me in the presents of my friends and neighbours. I became a joke in my community. He accused me of witchcraft and said I was the reason he had bad luck. He also threatened to kill me" (P3).

"My husband was shouting at me and called me all sorts of names saying I am a witch and said he wished that I could die. His younger sister joined him and started to insult and harassing me. I have on several occasions applied for protection orders against him but his friends who are police officers convinced me to withdraw the cases" (P7).

Emotional violence has been identified as one of the forms of violence that women suffer in the hands of their intimate partners (Heise & Garcia-Moreno, 2002, WHO,2010; WHO,2012).

On the other hand, Participant 7 did not only suffer the emotional violence from her partner but from her sister in law as well. In this regard, Annan & Brier, (2010) found that extended family members may also perpetrate emotional abuse against women and may in fact exacerbate violence in the aftermath of conflict.

5.5.3. *Sexual Violence*

Two of the participants indicated that their partners abused them sexually. These women were subjected to sexual violence in their marriage and some became vulnerable to sexual violence because of alcohol use as noted by the following:

"My husband demanded sex from me even when I did not feel well because he believed I had no right to deny him sex because we were married. At times, he will arrive home being drunk with his friends and allowed them to forcefully have sex with me" (P1).

"My husband raped me in December 2018 and this is how it happened, there was a wedding in the family and I drank alcohol as we were celebrating.

He arrived in the room during the night and found me sleeping with my children. He saw that I was drunk and took advantage of me.

He demanded sex although he could observe that I was very tired. When I refused, he chained my hands with a belt and forcefully penetrated my anus with his penis. I felt so much pain as I was not used to this kind of sex and he was very rough" (P3).

Alcohol use has been found to be associated with sexual violence victimization among women (Carney et al., 2017).

5.5.4. *Controlling behavior*

Six out of the ten participants indicated that their partners were very controlling. Controlling behavior was found to be another form of violence that these women suffered in the hands of their partners as noted by the following:

"My partner had anger and was jealous. If I speak with a male person, then I will be accused of cheating" (P2).

"My husband forced me to leave my job because he wanted me to depend on him" (P6).

"My partner was a very jealous man, he accused me of being unfaithful. He started to lock the gates so that I cannot go out. He prevented me from visiting my relatives and he did not want me and my children to socialize with people in my community' (P9).

Controlling behaviour has been recognised as one of the forms of IPV (Bowman, 2003, WHO, 2005; Burrill, Roberts & Thornberry, 2010; WHO, 2012).

5.6. THE EFFECTS OF IPV

In this section participants were asked to share how the violence affected their lives which could help to identify the effects of IPV. The following effects of IPV were identified:

5.6.1. *Physical trauma*

Four out of the ten participants reported to have experienced injuries and have scars as a result of the physical and sexual violence perpetrated by their partners. These women have injuries and scars because of the violence they suffered in the hands of their partners. This was confirmed by the following statements:

"I was injured in my anus as a result of the rape by my husband, I was bleeding after he finished raping me and I took my child's T-shirt and tried to stop the bleeding. The following day I felt something hot in my buttocks and when I check I found that I have soiled myself. It was as if I have diarrhea and I struggled to walk as it was very painful" (P3).

"I have a scar on my face because of the violence I experienced in the hands of my partner" (P4).

"I was seriously injured because of the beating. I lost my teeth. My spinal cord was broken; I could not walk or stand then I ended up using a wheel chair" (P7).

"I suffered injuries on my neck and my noise was bleeding because of the beating by my partner" (P8).

This corroborates the view by Garcia-Moreno, et al (2013) who found that 42% of women who have been physical and or sexually abused by a partner have experienced injuries as a result of that violence. Furthermore, some of the participants are currently not enjoying a good state of physical health as a result of the violence they suffered in the hands of their partners. It has been observed that abused women are likely to report poor health and physical health problems, even if the violence occurred years ago (WHO, 2012).

5.6.2. *Mental health*

From the sample, almost all the participants suffered from depression or experienced depressive symptoms because of the emotional violence perpetrated by their partners against them. The violence that these women suffered resulted to poor mental health as noted by the following:

"I was in and out of the hospital as I was stressed and I was later diagnosed of depression. I am currently taking anti-depressant and I don't know for how long. I am worried because I am getting bigger by day because of the medication" (P1).

"I lived in fear and developed anger because of the violence I suffered. I was too stressed and thought that I might lose my unborn child" (P2).

"I lost hope in life and tried to commit suicide. I did not see a reason for me to live. I was depressed and I survived stroke two times" (P3).

"I was always sad and lived in fear because I knew that when he comes back from work he will hit me" (P4).

"The violence affected me in such that I felt like I am losing my mind. I nearly developed mental illness and even currently people still see me as a woman who has mental illness" (P5).

"I was emotionally drained. I started smoking and I could not bath. I was later diagnosed of mental illness and was admitted in mental institution for three months" (P6).

"I had suicidal thought because I was stressed. The veins on my neck were very painful because of the tension" (P8).

"I was depressed and had stroke. I am currently taking anti-depressant. My left hand is not functioning as a result of stroke. I was unable to do things for myself and depended on my nine-year-old daughter for assistance" (P9).

"I lost self-confidence and started to isolate myself from friends because I thought they will laugh at me" (P10).

It has been observed that IPV experience is associated with depression, depressive symptoms, depressive disorder and suicide in both high and low-income settings (Devries et al., 2011; Trevillion et al.,2012; Devries et al. 2013; Gibbs et al. 2017).

5.6.3. *Children exposed to IPV and its effects*

About half of the participants reported that their children witnessed the violence and that the children were victimised in the process as noted by the following:

My son became the victim of the violence as his father hit him when he tried to break the fights between us. His performance at school dropped because he was traumatised by the violence" (P1).

"My children witnessed the violence and my daughter became a victim as my partner physically assaulted her and she was badly injured. I have a son who lives with disability and my partner forced my nine-year-old daughter to take care of him as I was not able to do anything." (P9).

"My children witnessed the violence as he was hitting me in their presents. They also became victims as my partner was hitting them at times" (P8).

"He was bringing girlfriends in our matrimonial house and when I question him he will insult me in the presents of my children. My children were very traumatised by the violence" (P10).

Another half of the participants reported that their children were exposed to violence and victimized as a result of the violence between them and their partners. This indicates a high possibility of the perpetration and toleration of violence by these children in the future as children can learn certain behaviours through observation. It has been discovered that children who are exposed to domestic violence are more likely to become perpetrators or victims in adulthood (Jewkes, 2002; Chen et al., 2013). Furthermore, the participants reported that the violence had negative effects on their children's well-being. It has been observed that children's victimization related to IPV has damaging effects on their well-being and development (Izaguirre&Calvete 2015; Fulu et al., 2017).

5.7. COPYING STRATEGIES

In this section the researcher wanted to find out as to how the women managed to cope with the violence. The following responses were prototypical:

"I kept the abuse to myself because I was trying to protect my marriage and my children. I never had a friend that I can trust and I thought if I can tell someone that person will tell other people. I pretended to be happy but I was not" (P1).

"I was hopeless and kept the abuse to myself" (P2)

"I called family meetings several times as I wanted them to intervene but they encouraged me to persevere because I am a woman. They said I should be grateful because he was buying food and he was taking care of the children. When I reported about the sexual abuse they said it was not possible that he raped me because we were married. They said I should keep quiet about the rape and requested me to forgive him. They wanted me to forgive him but he did not show any remorse. He told me that even if I can lay charges against him, his police friends will make the evidence disappear because he has money. I became confused and did not know what to do. I however managed to report the matter to the police after three days" (P3).

"I was hopeless and continued to stay because I had nowhere to go. I informed my friends about the abuse but they could not accommodate me in their house as they were living with their boyfriends. I had no choice but to tolerate the abuse" (P4).

"I am a very patient person. I used to read books a lot and I was praying with a hope that my partner will change one day" (P6).

"I lived with my partner for more than 30 years hoping that he will change, I learned to tolerate the violence. I was listening to gospel music to make myself feel better" (P7).

"I was not coping but I had to tolerate the violence because I had nowhere to go. I grew up not knowing my parents and therefore I depended on him" (P8).

"I was always feeling sorry for myself and I blamed myself for inviting my partner to live in my house. I was crying every day and prayed to God for my partner to change" (P9).

"I was praying every day for my partner to change and I requested my pastor to pray with me so that the violence can stop" (P10).

About half of the participants reported that they tolerated the violence because they were hoping that their partners would change and another half gave reasons for tolerating the violence as helplessness, commitment to the relationship and intimidation by the partner.

It became evident that the reasons mentioned above caused the women to remain in the abusive relationships. It has been discovered that the hope that the partner will change, lack of alternative means of economic support, relationship commitment, hopeless and intimidation are barriers to help seeking for women who experience IPV(WHO,2012;LaViolette&Barnett,2014;Dare, Guadagno&Muscanell,2013, Beaularier, Seff&Newman,2008).

5.8. VIEWS OF THE COMMUNITY ABOUT IPV

In this section participants were asked on the views of their communities regarding IPV and that how did their communities resolve these conflicts and the following responses were recorded:

"In the complex where I was staying, there were people from DRC and every time my husband was beating me they would say it was our culture that a husband must beat the wife. They did not want to interfere as they did not see it as abuse because he is my husband" (P1).

"My community believes that a husband and wife should resolve their problems on their own. They just look away and do not want to be involved in intimate partners' affairs" (P2).

"The older women in my community encouraged me to persevere and said it shall be well one day. They never wanted to interfere in matters of married people" (P3, P5).

"In the area where my partner and I were renting a room, people suggested that the fact that he hit me it means he loves me. They did not want to interfere on intimate partners' issues" (P4).

"People in my community view IPV as a personal matter in a sense that they feel the pain that you are being abused but they do nothing about it" (P6).

"I used to scream when my husband was beating me but neighbours kept quiet and never came to assist me. I think they are ignorant and they are not willing to assist" (P7).

"My partner was hitting me on the streets at times but no one came to assist me. My community just look away on issues that concerns people who are in a relationship" (P8).

"In my neighbourhood people are against the abuse of women and children. My neighbours reported the matter to social workers. I have noticed that community members are encouraged to report abuse to the organisations that assist in protecting women" (P9).

"In my area, people are very busy with their own business and they believe that couples should resolve their problems. Issues like this are resolved within the family without the involvement of legal system" (P10).

Most of the participants reported that people avoid interference and they do not assist when it comes to issues that concerns intimate partners. This is evident in Participant 10's version that people mind their own businesses in the hopes that the couples should resolve their own problems.

It is, therefore, evident that although communities are encouraged to adopt the culture of acting against the abuse of women, many are still turning a blind eye especially to the IPV.

This is due to social norms and cultural beliefs that promote gender inequality and in turn perpetuate IPV (WHO, 2012). It is evident that IPV is still viewed as a private matter in most communities regardless of the efforts made by the state to publicise it. Based on the women's narratives, there are still those family members, neighbours and friends who encourage women to tolerate the abuse- a social behavior that in turn hinders them from seeking professional help. This corroborates the view by Rasool (2012) that informal networks in South Africa privatise women abuse and that responses to domestic violence reflect a family violence perspective on women abuse. This perspective depoliticises the issue and undermines feminist efforts to publicise the issue in the public domain.

5.9. VIEWS REGARDING VICTIM EMPOWERMENT PROGRAMMES

5.9.1. *Accessibility of Victim Support centres*

It was found that accessibility to Victim Support Centres is an important resource to have so that women who experience IPV has a place where they can obtain support and shelter from the abuser. Most of these women were not aware about the existence of shelters for abused women and this contributed in their failure to seek help. Participants noted the following:

"A friend informed me to visit the Department of Social Development offices so that I can get assistance concerning my problem. Most of women are not aware about centres for abused women. The centres are actually not accessible maybe it is because of safety reason I don't know" (P6).

"I was not aware about the existence of centres like this one. One day my partner hit my daughter so badly and the community members reported the matter to the social workers. The social workers referred me and my children to the centre after realising that my life was in danger" (P9).

"I was afraid that my husband might kill me and I went to the police station to apply for a protection order. The police referred me to the social workers and I was admitted to the centre" (P10).

This corroborates the view by Rasool (2012) that few women are aware of the existence of shelters and their role and that the lack of knowledge has been a critical factor in abused women's delayed help-seeking. Furthermore, it became evident from the women's narratives that they were referred to the centre after they liaised with the South African Police Services and the Department of Social Development.

This therefore confirms previous research findings that, worldwide, two models of care dominate for abused women; namely, Social Services of counselling and safe shelter and legal actions of arrest and protection orders (Peltzer et al. (2013).

5.9.2. *The importance of Victim Support Centres*

In this section participants were asked if they thought being sheltered in a Victim Support Centre is helpful to them. It was found that participants find the value of being sheltered in a victim support centre. Victim support centres are very important in empowering women who are victims of IPV as noted by the following:

"I think being sheltered in the centre is very helpful because they empowered me to be strong for my children so that when I exit the centre I should be able to provide for them. I have a skill of sewing mats and the centre encouraged me to use my skill to generate income. I sell my mats to walk in clients in the centre and the centre's employees buy my mats at times" (P1).

"The centre is very important and helpful. I feel like a heavy load has fallen. I am able to sleep peacefully at night but in my house, I was not able to sleep because of fear" (P3).

"The centre assisted me and my children a lot. They assisted me to apply for a social grant for my child who is living with disability and I currently have peace of mind" (P9).

"Being sheltered in the centre has provided me with an opportunity to think about my future. They managed to boost my confidence and I am currently planning to my own business when I exit the centre. I am good in marketing and I plan to join the group of women who are selling forever products so that I can have my own money" (P10).

Similar observation was made in a study conducted for evaluation of shelter services for victims of crime and violence in the Western Cape where it was found that shelter services have positive effect on clients who reported positive change and some level of empowerment (Briginshaw et al., 2015).

5.9.3. *After Care services*

In this section participants were asked on how would they describe their need for support after exiting the Victim Support Centre. It was found that the women needed to be linked to income generating programmes and to receive aftercare services to mitigate against their unemployment status. The the centre's skills development programme appeared to be notnot effective in meeting the individual needs of the women and this might be an obstacle for them to secure employment after exiting the centre. Therefore, the uncertainty about finding employment after exiting the centre, caused the participants to deem it pivotal to be in the forefront in the fight against gender-based violence through raising awareness in their communities instead of sitting at home and do nothing. This was confirmed by the following statements:

"I need assistance to find work so that I cannot see a need to return to the violent partner. I have a child and I must maintain the child. The centre is currently empowering us with sewing skills and I am not interested in sewing" (P2)

"I will need support such as educational services. I do nails and hair and I think if they can enroll me in schools where I can get formal training based on my talent my life will be better because I

need to generate income. I have heard that other centres in Johannesburg they do have this kind of services" (P6)."I need to be busy instead of sitting at home doing nothing. I wish to assist in conducting awareness campaigns and I can be a witness to encourage other women to break the cycle of abuse" (P7).

"I have no place to go to when I exit the centre. I am currently in search of employment as the centre give us time to go and submit our CVs where there are job opportunities. I will need employment to be able to rent a room where I will live with my child after exiting the centre" (P8).

In a 2012 research report, Shelters Housing Women who have Experienced Abuse: Policy, Funding and Practice. Information from five shelters in Gauteng detailed problems faced by abused women seeking access to its service. It stipulated that the skills development programmes were not effective in assisting women secure employment after exiting the shelter. On the other hand, Runganga (2017) found that the programmes rendered in one of the shelters in Gauteng were not based on the strength of the victims which served as an obstacle for them to generate income after exiting the shelter.

5.10. RESPONSE TO IPV

In this section participants were asked if there was anything else that they thought could be done by organisations providing victim empowerment services. It was found that most of the participants were concerned about their safety after exiting the centre. The impose of harsher sentences to perpetrators was deemed to be an important factor that can assist to win the fight against IPV. This was confirmed by the following statements:

"I think organisations providing victim empowerment services should ensure that the perpetrators are sentenced to life imprisonment. I think currently the victims and the perpetrators are treated the same because I am in the centre and my husband is out there. My life might be in danger when I exit the centre. We as women we are really suffering" (P1).

"The organisations need to raise more awareness about IPV. Women needs to be encouraged to report incidents of IPV. Furthermore, the perpetrators must be jailed to ensure the safety of the women and their children" (P2).

"The courts must sentence the perpetrators for a longer period as this will encourage other women to report the abuse. It is very discouraging to open a case and the following day you see the perpetrator walking freely on the street" (P9).

The same observation was made by Sibanda-Moyo, Khonje and Brobbey (2017) where women suggested some harsher punishments as a strategy to overcome the persistence of violence against women. The participants in this study perceived the response of officials in the justice system as passive in protecting victims of IPV and this exposes the victims to secondary victimisation. Similar observation was made in a 2018 research brief, unpacking the gaps and challenges in addressing gender-based violence in South Africa where it was discovered that due to the passive and negative attitudes expressed by SAPS officials, victims either feel discouraged to report cases or withdraw their cases because of the secondary victimisation they encounter. The participants believed that more awareness about IPV, victim support centres and their role in empowering survivors of IPV is needed to win the fight against gender-based violence.

CHAPTER SIX

MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1. INTRODUCTION

This chapter focuses on the main findings, conclusions and recommendations based on the empirical findings, goals, and objectives of the research. The broader aim of the study was to explore the lived experiences of women on IPV at Re-bafenyi Victim Support Centre in order to understand how violence has impacted their lives. An interview guide, which consisted of sixteen questions, was used to collect data from the participants through semi- structured interviews. Ten participants were interviewed and the empirical findings were gathered based on the information provided by the participants during the one on one interview sessions.

6.2. *OBJECTIVES OF THE STUDY*

The following objectives were pursued:

- To identify factors that contribute to IPV against women in Tshwane Municipality.
- To explore the lived experiences of the women who are survivors of IPV at Re-bafenyi Victim Support Centre.
- To determine the availability and accessibility of victim support centres to women who are victims of IPV in Tshwane Municipality.
- To identify the relevant and appropriate interventions in developing a Victim Empowerment Approach that is victim centered that has an effective after care programme.

6.3. *MAIN FINDINGS*

6.3.1. *Factors contributing to IPV were found to be as follows:*

The study found that there were risk factors that contributed to IPV. These included unresolved conflicts between the partners which are often caused by infidelity and multiple relationships and financial difficulties. In addition, women who were financially dependent were more at risk because they had fewer options. Women who had partners using alcohol excessively, and those using drugs, suffered severe violence in the hands of their partners as the men became more violent when under the influence of alcohol and other addictive substances. Furthermore, co-habitation , male chauvinism and inherent belief in male superiority exposed the women to IPV.

6.3.2. Forms of violence experienced by the women at Re-bafenyi Victim Support Centre

The study found that participants experienced different forms of violence in the hands of their partners. These included physical violence where the women were kicked, dragged on the ground and beaten by their partners. The participants suffered emotional violence as they were insulted and humiliated by their partners. In addition, some of the participant's partners were too controlling and this manifested its self through monitoring the women's movements, accusing them of being unfaithful and being restricted from visiting their family of birth. These women were also subjected to sexual violence as their partners had sex with them against their will.

6.3.3. Effects of IPV

The results of the study on the effects of IPV are as follows:

(i). ***Physical trauma***- the participants who have been physical or sexually abused by a partner reported to have experienced injuries and scars as a result of that violence. They reported poor health and physical health problems, although the violence occurred years ago.

(ii). ***Mental health*** –the participants suffered from depression or experienced depressive symptoms because of the emotional violence perpetrated by their partners against them.

(iii). ***Children exposed to IPV and its effects***- the participants reported that their children were exposed to the violence and it had negative effects on their well-being and development.

6.3.4. *Reasons for women to stay in abusive relationships*

The participants reported that they tolerated the violence because they were hoping that their partners will change. Some endured the violence because they were solely depending on their partners financially and others tolerated the violence due to feelings of helplessness, commitment to the relationship and intimidation by the partner. It is noteworthy that even as these women tolerate the abuse, the community members avoid interfering in the domestic affairs of the partners with very few isolated cases that are reported by these members. In this connection, it is evident that the non-interference attitude of the community members gives approval of what constitutes gender inequality and its manifestation in the IPV.

6.3.5. *Accessibility of Victim Support centres*

Most of the participants were not aware about the existence of shelters for abused women and as a result, they failed to seek help. Apart from this, it became evident from some of the participant responses that victim support centres in Tshwane are available, but they were not easily accessible.

6.3.6. *The importance of victim support centres*

The study participants reported that being sheltered in a victim support centre is very helpful. Therefore, victim support centres are very important in empowering women who are victims of IPV.

6.3.7. *After care services*

The majority of the participants reported that they needed to be linked to income generating programmes as they were unemployed. It was found that the center's skills development programme was not effective in meeting the individual needs of the women, which served as an obstacle for them to generate income after exiting the shelter.

6.3.8. *Response to Gender Based Violence*

The participants believed that imposing harsher sentences to perpetrators can assist to win the fight against IPV.

The participants in this study perceived the response of officials in the justice system as passive in protecting victims of IPV and in turn exposing the victims to secondary victimization.

6.4. *CONCLUSIONS*

Based on the information provided by the participants in this study, the researcher concludes that IPV has negative effects in the lives of women who have experienced it and that of their significant others.

These participants were adversely affected by physical violence, emotional violence, controlling behavior and sexual violence in the hands of their intimate partners.

The violence experienced has left permanent wounds that these women must carry for the rest of their lives and the wounds' healing process get prolonged when there is no proactive response.

Social norms and cultural beliefs that promotes gender inequality perpetuates IPV and in turn hinders the abused women to seek help.

Victim support centres are available in Tshwane municipality but not easily accessible as most of the participants in this study were not aware of the centres' existence and its roles in empowering victims of IPV.

It can be said with no doubt that excessive conflict, male dominance in the household, men with multiple relationship with other women, alcohol and drug abuse, cohabitation and financial difficulties expose many women to IPV.

Victim support centres are of great importance in empowering victims of IPV but more still needs to be done by organizations rendering victim support services.

6.5. RECOMMENDATIONS

Based on the findings of the present study, the researcher would like to make the following recommendations:

Re-bafenyi Victim Support Centre should strengthen its skills development programme to ensure that it meets the individual needs of the women sheltered at the Centre.

The skills development programme must enable the survivors to generate income and to be independent to ensure that they do not see a need to return to their abusers after exiting the Centre.

Organisations rendering victim support services should conduct more awareness about IPV, the availability of victim support centres and their role in empowering survivors of IPV.

Organisations rendering victim support services should be proactive in dealing with IPV cases to avoid secondary victimization.

IPV social clubs must be established by organisations rendering victim support services in all communities to ensure that survivors participate actively in the fight against gender-based violence in our society.

References

Abrahams, N., Jewkes, R., Laubscher, R., & Hoffman, M. (2006). Intimate partner violence: prevalence and risk factors for men in Cape Town, South Africa. *Violence and victims, 21*(2), 247.

Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., . Heise, L. (2011). What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health, 11*(1), 109.

Annan, J., & Brier, M. (2010). The risk of return: intimate partner violence in Northern Uganda's armed conflict. *Social science & medicine*, 152-159.

Arriaga, X. B., & Stuart, O. (1999). *Violence in Intimate Relationships.* London: Sage Publications,Inc.

Beaulaurier, R. L., Seff, L. R., & Newman, F. L. (2008). Barriers to Help-Seeking for Older Women Who Experience Intimate Partner Violence: A Descriptive Model. *Journal of Women&Aging*, 231-248.

Berthelot, N., Hébert, M., Godbout, N., Goulet, M., Bergeron, S., & Boucher, S. (2014). Childhood maltreatment increases the risk of intimate partner violence via PTSD and anger personality traits in individuals consulting for sexual problems. *Journal of Aggression, Maltreatment & Trauma, 23*(9), 982-998.

Bowman, C. G. (2003). Theories of Domestic Violence in the African Context, American University Journal of Gender, Social Policy & the Law, 11(2):12-41.

Burrill, E. S., Roberts, R. L., & Thornberry, E. (2010). *Domestic Violence and the Law in Colonial and Postcolonial* (Vol. 103): Ohio, Ohio University Press.

Briginshaw, L.,Clarke, S.,Masa E.M.,Van Der Merwe,N.,Meredith,M.,Yered-West,C.(2015) An Evaluation of Shelter services for Victims of Crime and Violence in the Western Cape. A research report commisioned by the Western Cape Department of Social Development.

Carney, T., Myers, B., Kline, T. L., Johnson, K., & Wechsberg, W. M. (2017). Aggressive behaviour among drug-using women from Cape Town, South Africa: ethnicity, heavy alcohol use, methamphetamine and intimate partner violence. *BMC women's health, 17*(1), 93.

Chan, K. (2009). Sexual violence against women and children in Chinese societies. *Trauma, Violence & Abuse*, 10(1):69–85.

Chen, P.-H., Jacobs, A., & Rovi, S. L. (2013). Intimate partner violence: childhood exposure to domestic violence. *FP essentials, 412*, 24-27.

Coetzee, J., Gray, G. E., and Jewkes, R. (2017). Prevalevance and patterns of victimization and polyvictimization among female sex worker in Soweto, a South African township:a cross-sectional, respondent driven sampling study. Global Health Action, 10: 1403815(1-17).

Cope, J. (2005). Researching Entrepreneurship through Phenomenological Inquiry: Philosophical and Methodological Issues. *International Small Business Journal*, *23*(2), 163–189. https://doi.org/10.1177/0266242605050511.

Creswell, J. W. (2009). Research design : qualitative, quantitative, and mixed methods approaches (3rd ed.). Thousand Oaks, CA: Sage Publications.

Creswell, J.W. (2014). *Research Design, International Student Edition, Fourth Edition.* London: Sage Publications.

Dare, B., Guadagno, R., & Muscaneli, N. (2013). Committment: The Key to Women Staying in Abusive Relationships. *Journal of Interpersonal Relations, Intergroup Relations and Identity*, 47-54.

Davies, J., & Lyon, E. (2013). *Domestic violence advocacy: Complex lives/difficult choices* (Vol. 7): Thousand Oaks, CA: Sage Publications.

De Vos, A. (2005). Qualitative data analysis and interpretation. In A.S. de Vos, H. Strydom, C.B. Fouché & C.S.L. Delport (Eds.). Research at Grass roots–For the social sciences and human service professions, Pretoria: Van Schaik.

Devries, K.M.,Mak,J.Y.,Bacchus,L.J.,Child,J.C.,Falder,G., et. al. (2013) Intimate Partner Violence and Incident Depressive Symptoms and Suicide Attempts: A systematic Review of Longitudinal Studies. *PLoS Med 10(5):e1001439.doi:10.1371/journal.P.med.1001439.*

Devries,K.,Watts,C.,Yashihama,M.,Kiss,L.,Schraiber,L.B.,Deyessa,N.,Heise,L.,Durarand,J.,

Mbwambo,J., Jansen, H.,Berhane,Y.,Ellsberg,M.,Garcia.Moreno,C. (2011). Violence against Women is strongly associated with suicide attempts: Evidence from the WHO multi-country study on women's health and domestic violence against women. *Social Science&Medicine*, 79-86.

Duverall,D.,Lindskop,A.(2015). Intimate Partner Violence and HIV infection in Sub-Saharan Africa. *World Development. Vol, 72, http://dx.doi.org/10.1016/j.world dev.2015.02:12,* 27-42.

Fulu,E.,Miedema,M.A.,Roselli,T.,McCook,S.M.A,Chan,K.L.,Haardorfer,R.,Jewkes,R.(2017).Pathways between childhood trauma, intimate partner violence,and harsh parenting:findings from the UN Multi-country Study on men and violence in Asia and the Pacific. *THE LANCET' GLOBAL HEALTH. Vol,(5). DOI:https://doi.org/10.1016/s2214-109x(17)30103-1.*

Gass, J.D., Stein, D.J., Williams, D.R., &Seedat, S. (2011). Gender differences in risk for intimate partner violence among South African adults. *Journal of Intepersonal Violence,26(14),*, 2764-2789.

Gibbs, A.Carpenter,B.,Crankshaw,T.,Hannas-Hancock,J.,Smit,J.,Tomlinson,M.,Butler,L.(2017). Prevalence and factors associated with recent intimate partner violence and relationships between disability and depression in post-partum women in one clinic in e Thekwini Municipality, South Africa.PLOS ONE 13(4): e0194885.

Gibbs, A.,Dunkle,K.,Jewkes,R.(2018). Emotional and economic partner violence as key drivers of depression and suicidal ideation: A cross-sectional study among young women in informal settlements in South Africa.

Gilfus, M. E., Trabold, N., O'Brien, P., & Fleck-Henderson, A. (2010). Gender and intimate partner violence: Evaluating the evidence. *Journal of Social Work Education, 46*(2), 245-263.

Goulding, C. (2005). Grounded theory, ethnography and phenomenology: A comparative analysis of three qualitative strategies for marketing research. *European Journal of Marketing,* 39(3/4), 294–308. https://doi.org/10.1108/03090560510581782.

Grimm, P. (2010). Pretesting a questionnaire. In Wiley International Encyclopedia of Marketing (eds J. Sheth and N. Malhotra). doi.org/10.1002/978144416568.wiemo2051.

Hanson, S., & Patel, L. (2013). How Theory Shapes Practice: Approaches to Woman Abuse and Child Abuse in South Africa. *The British Journal of Social Work, 44*(8), 2237-2253.

Heise, L., & Garcia Moreno, C. (2002). Violence by intimate partners. In: Krug EG et al., eds. *World report on violence and health.* Geneva, World Health Organisation, 2002:87– 121.

Hesse-Biber, S.N.,&Leavy,P. (2011). *The practice of Qualitative Research. Second Edition.* London: Sge Publications,Inc.

Izaguirre, A., & Calvete, E. (2015). Children who are exposed to intimate partner violence: Interviewing mothers to understand its impact on children. *Child Abuse & Neglect* , 58-67.

Jewkes, R. (2002). Intimate partner violence: causes and prevention. *The Lancet, 359*(9315), 1423-1429.

Jewkes, R., Sikweyiya, Y., Morrell, R., & Dunkle, K. (2011a). Gender inequitable masculinity and sexual entitlement in rape perpetration South Africa: findings of a cross-sectional study. *Plos One, 6*(12), e29590.

Jewkes, R., Sikweyiya, Y., Morrell, R., & Dunkle, K. (2011b). The relationship between intimate partner violence, rape and HIV amongst South African men: a cross-sectional study. *Plos One, 6*(9), e24256.

Jewkes, R. K., Dunkle, K., Nduna, M., & Shai, N. (2010). Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *The Lancet, 376*(9734), 41-48.

Jewkes,R.,Fulu,E.,Naved,R.T.,Chirwa,E.,Dunkle,K.,Haardorfer,R.,Garcia-Moreno,C. (2017). Women's and Men's reports of past-year prevalence of Intimate Partner Violence and rape and women's risk factors for intimate partner violence: A multi Country Cross-Sectional Study in Asia and the pacific. *PLoS Med 14(9):e1002381.http://doi.org/10.137/journal.pmed.1002381.*

Jewkes, R., Morrell, R. (2010) Gender and Sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and perceptions. J Int AIDS. Soci 13(6).

Joshi,M.,&Sorenson, S.B.(2010). Intimate Partner Violence at the Scene: Incident characteristics and implications for public health surveillance. Evaluation Review,34(2),116-136.

Kumar, R. (2014) Research Methodology, a step-by-step guide for the beginners: Fourth Edition. London: Sage Publications.

Kothari, C. R. (2004). Research Methodology Methods and Techniques, New Age International Publishers.

Kwako, L. E., Glass, N., Campbell, J., Melvin, K. C., Barr, T., & Gill, J. M. (2011). Traumatic brain injury in intimate partner violence: A critical review of outcomes and mechanisms. *Trauma, Violence, & Abuse, 12*(3), 115-126.

LaViolette, A.D.,&Barnett,O.W. (2014). *Why battered women stay: It could happen to anyone. Third Edition.* United States of America: Sage Publications,Inc.

Lee, M., Stefani, K. M., & Park, E.-C. (2014). Gender-specific differences in risk for intimate partner violence in South Korea. *BMC Public Health, 14*(1), 415.

Li, Y., Marshall, C. M., Rees, H. C., Nunez, A., Ezeanolue, E. E., & Ehiri, J. E. (2014). Intimate partner violence and HIV infection among women: a systematic review and meta-analysis. *J Int AIDS Soc, 17*(1), 18845.

Makongoza, M. F. (2016, July 26). Intimate partner violence (IPV) among young people from Soweto, Johannesburg. *Wiredspace.wits.ac.za*, pp. 1-185.

Marshall,C.,&Rossman,G.B.(2011). *Designing Qualitative Research. Fifth Edition.* London: Sage Publications.

McCusker, K., & Gunaydin, S. (2015). Research using qualitative, quantitative or mixed methods and choice based on the research. Perfusion, 30(7): 537–542. https://doi.org/10.1177/0267659114559116.

Mkhonto, F., Sengane, M., & Havenga, Y. (2014). Experiences of women on intimate partner violence in a public hospital in Tshwane, South Africa: gender-based violence. *African Journal for Physical Health Education, Recreation and Dance, 20*(Supplement 1), 333-351.

Nybergh, L., Taft, C., Enander, V., & Krantz, G. (2013). Self-reported exposure to intimate partner violence among women and men in Sweden: results from a population-based survey. *BMC Public Health, 13*(1), 845.

Organization, Centre for the Study of Violence and Reconciliation (C.S.V.R. (2017). Violence Against Women in South Africa: A country in Crisis.

Organization, WHO (2012). Understanding and addressing violence against women: Intimate partner violence.

Organization,WHO (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence.

Peltzer, K. (2013). Intimate partner violence among new HIV positive mothers in South Africa. *Gender and Behaviour, 11*(1), 5056-5063.

Peltzer, K., Pengpid, S., McFarlane, J., & Banyini, M. (2013). Evaluation of the effectiveness of protection orders for female victims of intimate partner violence in Vhembe District of South Africa. *Journal of Psychology in Africa, 23*(3), 489-493.

Peterman, A., Pereira, A., Bleck, J., Palermo, T. M., & Yount, K. M. (2017). Women's individual asset ownership and experience of intimate partner violence: evidence from 28 international surveys. *American Journal of Public Health, 107*(5), 747-755.

Rasool, S. (2012). Abused women's experiences with social workers and shelters. *The Social Work Practitioner-Researcher*, 103-119.

Renzetti, C. M., Edleson, J. L., & Bergen, R. K. (2001). *Sourcebook on Violence Against Women.* London : Sage Publications, Inc.

Rubin,A.,&Babbie,E. (2016). *essential research methods for social work. forth edition* . United States of America: Cengage Learning.

Runganga, O. (2017). Victim empowerment services through developmental social work: the case of Ikhaya Lethemba. *repository.up.ac.za*, 1-97.

Saddki, N., Suhaimi, A. A., & Daud, R. (2010). Maxillofacial injuries associated with intimate partner violence in women. *BMC Public Health, 10*(1), 268.

Sibanda-Moyo, N., Khonje, E., & Brobbey, M. (2017). Violence Against Women in South Africa: A Country in Crisis. *The Africa Portal* , 1-76.

Tong, R. (2001). Ferminist Theory . *International Encyclopedia of the Social & Behavioral Sciences*, 5484-5491.

Trevillion, K., Oram, S., Feder, G., & Howard, L. M. (2012). Experiences of domestic violence and mental disorders: a systematic review and meta-analysis. *Plos One, 7*(12), e51740.

Umubyeyi, A., Mogren, I., Ntaganira, J., & Krantz, G. (2014). Intimate partner violence and its contribution to mental disorders in men and women in the post genocide Rwanda: findings from a population based study. *BMC psychiatry, 14*(1), 315.

Umubyeyi, A., Persson, M., Mogren, I., & Krantz, G. (2016). Gender inequality prevents abused women from seeking care despite protection given in gender-based violence legislation: A qualitative study from Rwanda. *Plos One, 11*(5), e0154540.

Uthman, O. A., Lawoko, S., & Moradi, T. (2009). Factors associated ith attitudes towards intimate partner violence against women: a comparative analysis of 17 Sub-Saharan countries. BMC International Health and Human Rights. doi: 10.1186/1472-698X-9-14.

Ward, C.L., Artz, L., Berg, J., Bononzaier, F., Crawford-Browne, S., Dawes, A., Foster, D., Matzopoulos, R., Nicol, A., Seeekings, J., Van As, A.B.S., Van der spuy, A. (2013). Violence, Violence Prevention, and Safety: Aresearch agenda for South Africa. South African Medical Journal. 102(4) Capetown.

WHO/LSHTM.(2010). *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Geneva/London, World Health Organization/ London School of Hygiene and Tropical Medicine, 2010.

Zembe, Y. Z., Townsend, L., Thorson, A., Silberschmidt, M., & Ekstrom, A. M. (2015). Intimate partner violence, relationship power inequity and the role of sexual and social risk factors in the production of violence among young women who have multiple sexual partners in a peri-urban setting in South Africa. *Plos One, 10*(11), e0139430.

APPENDIX A

RE-BAFENYI
Victim Empowerment Programme
033-830-NPO

T: 012 373 7948
F: 012 373 8659 / 086 6713671
E: admin@rebafenyi.org
W: www.rebafenyi.org
16 Ramushu Street, Atteridgeville, 0008

Date: 24/01/2019

Re: Nonhlanhla Mpja

TO WHOM IT MY CONCERN

Dear sir / madam

This letter is confirm that permission is granted for Mrs. Nonhlanhla Mpja, a post graduate student registered for the degree MA in Social Development to conduct a research study in our organisation (Rebafenyi Victim Empowerment Programme, centre for the abused women and children.)

The research title is: **The lived experiences of women on intimate partner violence in a victim support centre in Tshwane, South Africa.**

Enquiry: Nomthandazo Goodness Ramoshaba 083 9498 144/ 072 6716 926(centre manager)

: Engelinah Mohlala 076 422 5188 (Social worker)

Hope you find the above in order

Regards

Social Worker (1034664)

Signature...

RE-BAFENYI (NPO no. 083-083)
VICTIM EMPOWERMENT PROGRAMME
16 RAMUSHU STREET
ATTERIDGEVILLE 0008
TEL 012 752 8990/CELL 082 947 7731
FAX 086 671 3871
E-mail: sandrathema@mweb.co.za

Executive Chairperson & Founder Sandra Malebo Thema | Chairperson Kgomotso Maphoga |
Corporate Governance Lilian Morokeng • Nosena Kgomotso Shongwe | Auditing Murray Musenda
Professionals Dr Tshepo Jerry Maswee • Dr Tshepo Jerry Maswee • Tatalo Kgomotso Roberta Maphoga • Dr. Sheila Mokobotso-Swane

APPENDIX B

INTERVIEW GUIDE FOR WOMEN ON INTIMATE PARTNER VIOLENCE

1. **Demographic information of participants**

   Age:

   Gender:

   Level of education:

   Employment status:

   Marital status:

   Ethnic group:

   Language:

2. **Views regarding Intimate Partner Violence**

   Individual factors

   1. How did you find yourself in a conflicting relationship with your partner?
   2. What do you think caused your partner to be violent in your relationship?
   3. Do you think alcohol use or any other addictive substance played a part in the violence you experienced?

   Relationship factors

   1. How often did you experience conflict with your partner?
   2. What was the cause of the conflict?
   3. Was the conflict related to key decision making in your relationship?
   4. Describe how you experienced violence in your relationship?
   5. How did the violence affect your life?
   6. How did you cope?
   7. Is there anything else you would like to add about the violence that you experienced in the hands of your partner?

Community and societal factors

1. What are the views of your community regarding Intimate Partner Violence?
2. How does your community resolve these conflicts?

3. Views regarding Victim Empowerment Programmes

1. Describe your experience regarding accessing Victim Support Centres?
2. Do you think being sheltered in a Victim Support Centre is helpful to you?
3. How would you describe your need for support after exiting the Victim Support Centre?
4. Is there anything else that you think can be done by organisations providing victim empowerment services?

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050• Tel:011 717 4472 •Fax: 011 717 4473• E-mail:socialwork.SHCD@wits.ac.za

APPENDIX C

PARTICIPANT INFORMATION SHEET

Title of the study: The lived experiences of women on Intimate Partner Violence in a Victim Support Centre in Tshwane, South Africa.

Good day,

My name is Nonhlanhla Precious Mpja and I am a postgraduate student registered for the degree MA in Social Development at The University of the Witwatersrand. As part of the requirements for the degree, I am conducting research regarding the lived experiences of women on Intimate Partner Violence. It is hoped that the information gathered will assist to raise more awareness about the problem and that the women's voices concerning the problem are documented. Furthermore, the study will provide a platform for the intimate partner violence survivors to share their views on the types of support and intervention women in abusive relationship need. This will assist the service providers to render services that are relevant and victim-centered to avoid secondary victimization.

As a survivor of Intimate Partner Violence accommodated in a victim support centre, you are ideally positioned to contribute to my research. I therefore would like to invite you to participate in my study. If you accept my invitation, your participation would be entirely voluntary and you are free to withdraw at any time without penalty. There are no consequences or personal benefits of participating in this study. If you agree to take part, I would arrange to interview you in an office allocated by the Centre for the interview. The researcher is multi lingual, therefore, the interview will be conducted in a language that you understand without assistance of an interpreter.

The interview will last approximately one hour. If you choose to participate, you may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable answering. If you decide to participate, I will request your permission to tape-record the interview.

No-one other than the researcher and the supervisor will have access to the tapes. The tapes will be kept in a locked cabinet for two years following any publications or for six years if no publications emanate from the study. A copy of your interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report.

The results of the research may also be used for academic purposes (including books, journals and conference proceedings) and a summary of findings will be made available to participants on request.

Please contact me on 082 887 9893 or 1778296@students.wits.ac.za or my supervisor, Dr. Thobeka S Nkomo on 011 717 4481 or Thobeka.Nkomo@wits.ac.za if you have any questions regarding my study. We will answer them to the best of our ability. If you have any concerns and complaints about the study, please contact ***Human Research Ethics Committee (Non-Medical) Contact Details:*** The administrator: Ms Shaun Schoeman Tel 011 717 1408 or Shaun.Schoeman@wits.ac.za. Should you experience distress during the interviews, you will be referred to the Centre social worker for free counselling services. Please contact Ms. Engelinah Mohlala, the Centre's social worker on 076 422 3188 or www.rebafenyi.org.za.

Thank you for taking the time to consider participating in the study.

Yours Sincerely,

Nonhlanhla Precious Mpja

APPENDIX D

CONSENT FOR PARTICIPATION IN THE STUDY

I hereby consent to participate in the research study. The purpose and procedures of the study have been explained to me.

I understand that:

- My participation in this study is voluntary and I may withdraw from the study without being disadvantaged in any way.
- I may choose not to answer any specific questions asked if I do not wish to do so.
- There are no foreseeable benefits or particular risks associated with participation in this study.
- My identity will be kept strictly confidential, and any information that may identify me, will be removed from the interview transcript.
- A copy of my interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research.
- I understand that my responses will be used in the write up of a master's project and may also be presented in conferences, book chapters, journal articles or books.

Name of Participant: _____

Date: _____

Signature: _____

APPENDIX E

CONSENT FORM FOR AUDIO-TAPING OF THE INTERVIEW

I hereby consent to tape-recording of the interview.

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password protected computer) with restricted access. Only the researcher and the researcher's supervisor will have access.
- The recording will be transcribed and any information that could identify me will be removed.
- When the data analysis and write-up of the research study is complete, the audio-recording of the interview will be kept for two years following any publications or for six years if no publications emanate from the study.
- The transcript with all the identifying information directly linked to me removed, will be stored permanently and may be used for future research.
- Direct quotes from interview, without any information that could identify me may be cited in the research report or other write-ups of the research.

Name: _____

Date: _____

Signature: _____

APPENDIX B

DIPHATOGANONG GO BASADI BAO BA TLORISWAGO DIKAMANONG TSA LERATO LE BALEKANI BA BONA

1. **Tshedimoso ka ba tseakarolo**

   Mengwaga:

   Bong:

   Maemo a thuto:

   Maemo a moshomo:

   Maemo a lenyalo:

   Morafe:

   Leleme:

2. **Maemo mabapi le tlaiso dikamanong tsa lerato le molekani**

   Tseo di amago motho ka boyena

   1. Naa! o ikhwetsa bjang onale molekane yoo lesa kwaneng?
   2. Naa! ke eng se o naganang gore se dirile gore molekani wa gago abe le boganka mo go rataneng ga lena?
   3. Naa! o nagana gore dinotagi goba diritifatsi e kaba ele tsona di hlolang gore a etshware ka tsela yeo?

   Ditaba mabapi le dikamano

   1. Le kgagana bo kaakang le molekani wa gago?
   2. Sebakwa yabe ele eng?
   3. Naa phapano yeo e be e amana diphetho tse di kgolo kamanong ya lena?
   4. Hlalosha gore o hlorishega jwang ka gare ga lerato le la lena le molekani wa gago?
   5. Go hlorishwa goo gogo tshwentse go fihla kae?
   6. O kgonne jwang go phela ka gare ga seemo sa mohuta owe?
   7. Naa go nale se o ratang go tlaleletsa ka sona mabapi le go hlorishwa ke molekani wa gago ?

Ditaba mabapi le setshaba

1. Naa setshaba sona se reng ka go hlorishwa ga basadi ke balekani ba bona?
2. Naa setshaba se rarolla bjang taba ye?

3. Ditaba mabapi le mananeo a go maatlafatsa bahlokofatswa

1. Hlalosa maitemogelo a gago mabapi le go fihlelela mafelo a go thekga le go maatlafatsa bahlokofatswa?
2. Naa o nagana gore go dula mafelong a go thekga le go maatlafatsa go a thusa?
3. O ka rata go thuswa bjang ge osetse o tswile lefelong la thekgo le go maatlafatsa?
4. Naa go nale se seng se o naganang gore seka dirwa gape ke mekgatlo ye e thekgang ba tswa sehlabelo goba bahlokofatswa?

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050• Tel:011 717 4472 •Fax: 011 717 4473• E-mail:socialwork.SHCD@wits.ac.za

APPENDIX C

Letlakala la tshedimoso go batseakarolo

Hlogo: Maitemogelo a basadi dikamanong tsa lerato le balekani ba bona lefelong la thekgo ya bahlokofatswa kwa Tshwane, Afrika-Borwa.

Thobela

Leina laka ke Nonhlanhla Precious Mpja, moithuti yo a ingwadiseditsego tikrii ya MA in Social Development le yunibesithi ya Witwatersrand. Bjalo ka karolo ya dimejawa ke dira dinyakishisho mabapi le maitemogelo a basadi tlaisegong dikamanong tsa lerato le balekani ba bona. Ke a tshepa gore dinyakishisho tse tsaka ditla thusha boitemegelo ka bothata bjo, le gore maikutlo a basadi mabapi le taba ye a ngwalwe ka pukung tse kgolo. Gape le gore basadi ba ba kgonneng go fenya thloriso ye, ba kgone go bontshana le ba bangwe mabapi le thekgo yeo basadi ba hlorishwang ke balekani ba bona ba e nyakang. Seo setla thusa gore ba mekgatlo ya ditirelo ba kgone gofa ditirelo tsa maleba go leka go shireletsa batswa sehlabelo gore basesa hlorishwa gape.

Jwalo ka motswa sehlabelo yo a dulang lefelong la thekgo ya bahlokofatswa, yo mo maemong a mabotse a goka ka thusha mo dinyakishishong tse tsaka. Ka gona ke go mema go tsea karolo dinyakishishong tse tsaka. Ge o dumela, go tsea karolo ga gago le go ithaopa, o ka itokolla ntle kotlo. Ge o dumela go tsea karolo, re tla beakanya go boledisana lefelong leo re fiwago ke mokgatlo. Monyakishishi wa taba tse, o kgona go bolela maleme a mantsi ebile poledishano ye ya lena etla tswela pele ka leleme le o le kwishishang. Le toloki e kase nyakege.

Dipuledisano di ka tsea nako ya go lekana iri ye tee. Ge o kgetha go se hlole o tswela pele, o nale tokelo ya go tshwamoga mo dithutong ka nako efe kapa efe.

O nale tokelo gape ya go se fetole dipotsisho tseo o sa kgotsofalleng godi araba. Ge o kgetha go tswela pele, ke tla kgopela gore ke gatishe polelo ye ya rena.

Gago motho yo a tlo tsebang ka poledishano ye ya rena goba a kgona go theeletsa seo se gatishitsweng goba segatishi sesa rena ntle le nna le mmereki mmogo waka wa ka godimo gaka(supervisor). Di gatiswa tse di tlo notlelelwa gare ga sebolokelwa nako ya mengwaga e mebedi morago gage di tsweleditswe goba mengwaga ye tshela ge ele gore gase dia tsweletswa pepeneneng. Seripa se seng sa kgatisho yeya kopano ya rena se tla beiwa ka gare ga sebolokelo ntle le go tsweletsa maina a lena go fihlela se tlo shumishwa di nyakishisho tse ding nako ye e sa tlang. Efela kele tshepisha gore maina a lena a bo itsebisho a tlo shireletswa mme a kase tsweletswe kgatishong ya mafelolo ya dinyakisho tse tsa go hlorishwa ga basadi. Ditlamorago tsa dinyakishisho tse tsa rena di ka shumishwa dithutong (dipukung goba ditshipidishong tsa dikopano). Kakaretso ya dinyakishisho e ka fiwa batseakarolo ge ba kgopela.

Ge go nale dipotsisho mabapi le dithuto tse tsaka, nka hwetsagala nomorong ye ya sella thekeng: 082 887 9893 goba go 1778296@student.wits.ac.za, goba go morutishi waka dithutong Dr Thobeka S. NKOMO mogo 011 717 4481 or Thobeka.Nkomo@wits.ac.za. Ge go nale sele le hlokang gose tseba goba se le sa se kgotsofalleng mabapi le dithuto tse, le dumeletswe gore leka ikopantsha le ba **Human Research Ethics Committee(Non-Medical) Contact details: The Administrator: Ms Shaun Schoeman Tel (011) 717 1408 or Shaun.Schoeman@wits.ac.za.**

Ge o ka ikhwetsa o sa swarega gabotse moyeng morago ga kopano ye ya rena, thusho ya mokgwa wa khanseling etla fiwa. Le ka ikopantsha le Ms Engelinah Mohlala elego Modirela leago (Social Worker) mo go 076 422 3188 goba go www.rebafenyi.org.za.

Ke leboga nako le maitapisho a lena go tseyeng karolo ga lena mo dithutong tse bohlokwa tse.

Wa lena



Nonhlanhla Precious Mpja

APPENDIX D

TUMELO YA TSEA KAROLO

Ke a dumela go tsea karolo ka dinyakishisho tse, mabaka le tshepediso ke di hlaloseditswe

Ke a ikana gore:

- Go tsea karolo ga ka ke go ithaopa, nka itokolla ntle le go kweswa bohloko.
- Nka no se arabe diputsiso tse dingwe ge ke sa dumele.
- Ga go na moputso goba bobe bja go sepetsana le go tsea karolo.
- Kgatisho ya poledishano ye e tlaba sephiring gomme le maina aka a tla tloshwa.
- Kgatisho ya poledishano ye ntle le maina aka e ka bolokwa sephiring goya goile ebile eka shomishwa mengwaga yeo etlago.
- Ke a kwishisha gore dikarabo tsa ka di ka shomishwa dithutong, dikgaolong tsa dipuku le mabakeng a mangwe a dithuto.

Leina la motseakarolo: _____

Letsatsikgwedi: _____

Mosaeno: _____

APPENDIX E

TUMELO YA GO GATISHA DIPOLELISANO

Ke a dumela gore dipolelishano dika gatishwa.

Ke a ikana gore:

- Kgatisho yc c tla notlclclwa go lcfclo lco lc bolokcgilcgo, monyakishishi go ba mohlahli wa monyakishishi, ke bona fela batla hwetjago tumelelo ya go se fihlelela, mowe se tlabego se bolokilwe gona.
- Kgatisho c tla ngwalwa ka tscla yco c ka sc tshweletsego boitsebisho bja ka
- Ge dinyakishisho tsa sengwalo se le kgatisho di feditse go beakanywa se tla bolokwa mengwaga ye mebedi go latela go tsweletswa ga sona goba mengwaga ye tshela, ge se sa tsweletswe
- Re kgonthishisha gore maina a gago aka se tsweletswe gomme a tlaba sephiri dipoelong tsa dinyakishisho gomme ditla shomishwa go ithuta bokamosong.
- Ditsopolwa gotswa go di nyakishisho tse ntle le go tsweletsa maina aka di ka shomishwa go ithuta

Leina la motseakarolo: _____

Letsatsikgwedi: _____

Mosaeno: _____

UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Mpja

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H19/04/16**
PROJECT TITLE	The lived experiences of women on intimate partner violence in a victim support centre in Tshwane, South Africa
INVESTIGATOR(S)	Mrs N Mpja
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	26 April 2019
DECISION OF THE COMMITTEE	Approved
EXPIRY DATE	04 August 2022

DATE 05 August 2019 **CHAIRPERSON** (Professor J Knight)

cc: Supervisor : Dr T Nkomo

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

Signature

06/08/2019
Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES



Office 9 110 (First Floor)
Cnr Clarenkloof & Hillcrest
Nelson Mandela Square
Sandton
2196
Tel: + 27 (0) 11 [illegible]
Email: info@lebaba.co.za
Fax: + 27 (0) 86 [illegible]

Reg. No: 2012/[illegible]/07
Postnet suite # 179
Private Bag x 7, Northcliff, 2115

website: [illegible]

Date: 03 July 2020

TO WHOM IT MAY CONCERN

Re: Confirmation of editing and proofreading: Nonhlanhla Freda Mpja

I am writing to confirm that's Ms Nonhlanhla Mpja's thesis entitled "*The Lived Experiences of Women on Intimate Partner Violence in a Victim Support Centre in Tshwane, South Africa*" was edited and proof-read by our expert language editor. I attest that the thesis, provided the corrections are successfully carried out, will be of acceptable standard.

Should you have any question, please do not hesitate to contact me as above.

Sincerely,
Ms Lindokuhle Ndlovu
Manager- Language Services

APPENDIX D

CONSENT FOR PARTICIPATION IN THE STUDY

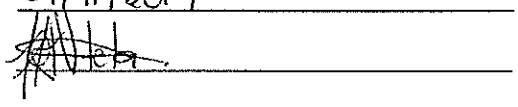
I hereby consent to participate in the research study. The purpose and procedures of the study have been explained to me.

I understand that:

- My participation in this study is voluntary and I may withdraw from the study without being disadvantaged in any way.
- I may choose not to answer any specific questions asked if I do not wish to do so.
- There are no foreseeable benefits or particular risks associated with participation in this study.
- My identity will be kept strictly confidential, and any information that may identify me, will be removed from the interview transcript.
- A copy of my interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research.
- I understand that my responses will be used in the write up of a master's project and may also be presented in conferences, book chapters, journal articles or books.

Name of Participant: Ondenny

Date: 07/11/2019

Signature: 

APPENDIX E

CONSENT FORM FOR AUDIO-TAPING OF THE INTERVIEW

I hereby consent to tape-recording of the interview.

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password protected computer) with restricted access. Only the researcher and the researcher's supervisor will have access.
- The recording will be transcribed and any information that could identify me will be removed.
- When the data analysis and write-up of the research study is complete, the audio-recording of the interview will be kept for two years following any publications or for six years if no publications emanate from the study.
- The transcript with all the identifying information directly linked to me removed, will be stored permanently and may be used for future research.
- Direct quotes from interview, without any information that could identify me may be cited in the research report or other write-ups of the research.

Name: Onaleng

Date: 07/11/2019

Signature: 

1778296:NP_research_Report_IPV1_final_simple.docx

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