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THE EXPERIENCES OF DOMESTIC VIOLENCE SURVIVORS AMONG MIGRANT WOMEN DURING THE COVID-19 LOCKDOWN PERIOD OF 2020-2021 IN GAUTENG



A dissertation on a research study submitted to

The Department of Social Work

School of Human and Community Development

Faculty of Humanities

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For the degree Master of Arts in Social Work

By

PAMELA GUDUZA

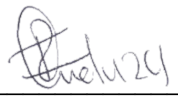
February 2023

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DECLARATION

I, Pamela Guduza, declare that the work which is submitted here is my own work and all the referenced material used in this study has been duly acknowledged. In addition, I declare that the work is being submitted for the first time at this university towards the Master's degree in Social work in the School of Humanities.



11/05/2023

Signature

Date

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My sincere gratitude goes to my supervisor, Dr Motlalepule Nathane-Taulela for her guidance, support, advice, and inspiration that enabled me to finish this study.

The management and staff at Jesuit Refugee Services (JRS) for all the assistance given to me during identifying and interviewing of participants for this study. To the participants, thank you for your stories.

Lastly, I would like to thank my husband Tonderai for supporting me throughout the study.

DEDICATION

I dedicate this work to my parents, Mr Renias Guduza and Mrs Pascal Guduza for your support, encouragement, and believing in my capabilities; to my children Tadiwanashe, Mufarowashe, and Hope, may you also one day be inspired by this work.

ABSTRACT

Although historically, men have been the dominant gender in migration, over the past years, there has been a global increase of independent women migration. Women migrate for various reasons including, seeking economic empowerment or independence, escaping conflicts or persecutions, and abuse. But migration offers a variety of opportunities, risks, and vulnerabilities for women migrants. Research shows that in their receiving communities they face challenges such as domestic violence, xenophobia, language barriers, discrimination, and sexual violence. Moreover, global statistics show that among women migrants there was an increase in cases of domestic violence during the COVID-19 induced lockdown period of 2020-2021. The current study explored the experiences of domestic violence survivors among migrant women during the COVID-19 induced lockdown period of 2020-2021 in Gauteng province (GP), South Africa. This qualitative study was conducted in Rosettenville, Johannesburg, at Jesuit Refugee Service (JRS) in GP. Initial participants were selected from a database of previous migrant women who accessed services through the Sexual and Gender-Based Violence (SGBV) programme at JRS. Participants were further accumulated using a snowball sampling method, ultimately 17 migrant women were recruited, whom the youngest was aged 18, and the oldest 50 years. A case study was used to explore and understand migrant women survivors' experiences of domestic violence. Data were collected using semi-structured interviews that were accumulated using an interview guide. Thematic data analysis was used for analysing the data for this study. The feminist theory was the framework that informed the study. It is anticipated that the findings from this study, may add to social work knowledge in guiding appropriate interventions to help alleviate domestic violence among migrant women through social workers. Key findings indicate that lack of legal documentation, unemployment, gender, and unequal power relations increase migrant women's vulnerability to domestic violence. The study concludes that attempts to address domestic violence among migrant women should include different stakeholders of whose interests are in supporting migrant communities.

Keywords: Migrant women, domestic violence, survivors, COVID-19, lockdown

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CHAPTER 1: INTRODUCTION

1.1 Introduction

The motivation for this study emerged from the researcher's observation during the coronavirus (COVID-19) induced lockdown for the period of 2020-2021. The COVID-19 pandemic increased gender-based violence (GBV) risks for migrant women at all stages of migration (United Nations [UN] Women, 2021). In South Africa, President Cyril Ramaphosa declared a 21-day state hard lockdown (stage 5) that was effective from March 26, 2020, to control the spread of COVID-19.

Globally, the number of migrant women has quadrupled in the past 15 years (Farley, 2019). In 1990, South Africa recorded 519 315 international migrant women, 1 007 320 in 2013 and 1.8 million in 2017 (Farley, 2019) . Statistics South Africa [Stats SA] (2021) estimates that there were about 3.95 million foreign-born people living in the country at the midpoint of 2021. The most recent global statistics show that there were about 281 million international migrants in 2020, among whom 135 million were women (World Migration Report, 2022). This confirms the reports that in recent years, the global number of migrant women has increased. Furthermore, by 2022, in Africa, women made up to 49% of the migrant population and most of them migrated to South Africa.

Migration as a process may involves migrants going through certain stages that include: a lack of preparedness, adjusting to the new environment, navigating the complex local systems, facing difficulties to engage in languages, and cultures that are foreign to them. These usually negatively affect migrant women's mental well-being by provoking in them distress and anxiety (Mukumbang 2021). Migration often exposes women in transit and at destination, to new social gender norms. But at large, migrant women are at greater risk of exploitation and abuse.

Xenophobia, racism, and patriarchy usually intersect to expose migrant women to triple discrimination. Black migrant women's discrimination is often based on their gender, racial identity, and being migrants. Hence they are usually subjected to physical, gender-based and/or sexual-based violence at all stages of their migration trajectory (Mbeve & Ngwenya, 2022; Mbiyozo, 2018). They also often find themselves working in concealed environments and hired as unskilled labor, for undervalued work, including in domestic, care, and agriculture sectors. In such environments they easily experience exploitation, abuse, underpayment or non-

payment, isolation, gender, and racial discrimination (Lombardi, 2017; Mbiyozo, 2018).

Worsening migrant women's challenges are factors such as legal status, age, culture, ethnicity, lack of language skills, inadequate access to appropriate jobs, and limited knowledge of their rights that reduces migrant women's capacity to protect themselves from abusive situations. Hence, they may be at risk of physical and sexual violence by state workers such as police officers, customs officers, and/or workers in detention centres. Violence against migrant women has severe consequences and costs related to their health and well-being. The health consequences of violence against migrant women include physical symptoms and injuries, mental health trauma, transmission of HIV, and other sexually transmitted diseases (Mbiyozo, 2018; Farley, 2019)

1.2 Background of the problem

United Nations International Children's Fund (UNICEF) and its partners in Bulgaria, Greece, Italy, and Serbia have highlighted that COVID-19 increased risk factors of GBV, and challenges to access care and support for migrant women who experience various intersecting forms of discrimination. Nearly all migrant women who arrived in Italy by 2020 experienced GBV, in the form such as sexual violence, domestic violence, female genital mutilation, and trafficking (UNICEF, 2020). Furthermore, Battinger-Lopez (2020) contended that global regions such as the Middle East and North Africa – that have fewest laws protecting women from domestic violence – already experienced a significant increase in domestic violence cases against migrant women.

The abrupt increase in domestic violence against migrant women during the COVID-19 period is associated with forced coexistence, cramped, and confined living conditions, economic stress, and fears of contracting the virus. This is intensified for migrant women who experience language barriers resulting in compromised access to essential services such as health, police, justice, economy, and social services (Mbeve et al., 2020; UN, Women 2021).

Additionally, Mukumbang (2020) mentioned that COVID-19 containment measures that were introduced by the South African government through the lockdown tremendously deepened the unequal treatment of migrant women in the country. Furthermore, Mutambara et al. (2021) stated that the COVID-19 induced lockdown increased migrant women's situations of violence and insecurities. Cleveland (2021) argued that for many, the home was not a safe environment

during the lockdown period. For migrant women, the situation seemed more complex because abusers were able to use immigration status to control their partners.

Noteworthy, many migrant women had already been facing various gender related vulnerabilities that are grounded on structural gender inequalities, therefore, COVID-19 increased the already existing vulnerabilities among migrant women (Mbeve & Ngwenya, 2022; Phillimore, 2019). Literature notes that violence against women is rooted in multiple systems of oppression and inequalities. Thus, the COVID-19 induced lockdowns and social distancing measures increased the number of factors that created situations conducive to domestic violence among migrant women (Freedman, 2021). This is further supported by (Mulu, 2021) that the COVID-19 pandemic amplified existing inequalities that were experienced by migrant women and created new ones, with long-term implications for their lives and livelihoods (Mbeve et al., 2020).

1.3 Statement of the problem and rationale for the study

Domestic violence has long been one of the leading causes of human rights violations (Lombardi, 2017). However, there is a wealth of research that shows that during the COVID-19 period there was an increase in domestic violence cases among migrant women (Cleveland & Waslin, 2021; Freedman, 2020; Phillimore et al., 2021; United Nations Women, 2021). The current study was conducted in Rosettenville, Johannesburg, at Jesuit Refugee Service (JRS) in Gauteng (GP), South Africa. Research was conducted at JRS because it is an organisation that works with immigrants.

According to Mutambara et al. (2021) COVID-19 increased migrant women's insecurities and intensified structural violence which renders them vulnerable. Migrant women were negatively impacted by existing structures of violence and their insecurities were worsened by the immediate consequences of the pandemic. These manifested through policy responses that ignored their needs by excluding them from targeted COVID-19 mitigation measures and/or imposing restrictions that directly affected their well-being. Furthermore, the 2020 lockdown period fuelled frustrations and opened new avenues to increase the suffering of migrant women – in form of socio-economic, and psychological difficulties including the domestic violence pandemic (Freedman, 2020; Mbeve et al., 2020; Mutambara et al., 2021; UN Women, 2021). Yet there have not been effective support programmes that were implemented to curb high domestic violence cases among migrant women (Freedman, 2020).

The rapid spread and COVID-19 related public health measures that were implemented by governments in the Southern African region to restrain and mitigate the outbreak, including lockdowns, curfews, travel, and movement restrictions had severe impact on the health and wellbeing of migrant women. Thus, COVID-19 exposed and increased gender inequalities against migrant women, while increasing their risks of domestic violence. COVID-19 also increased other GBV, sexual exploitation, and abuse risk factors, and vulnerabilities for migrant women such as job losses, reduced wages, and reduced access to informal employment, which affected individual, household incomes, and remittances (Mbeve et al., 2020; UNICEF, 2020). This led to increased economic insecurity and homelessness across Europe and other parts of the world, including Johannesburg (Mbeve et al., 2020).

Owing to the COVID-19 pandemic, the position of migrant women was more precarious because of increased dependency on their spouse/partner for emotional, economic (for daily expenses and childcare), and migration related reasons such as control of their passports. The lack of agency may force migrant women to continue staying in abusive relationships without seeking help. This is because reporting the abuse may result in deportation for their spouses/partners and separation from their children (Rai et al., 2020).

Further implications, of the measures to combat COVID-19, on survivors of domestic violence and migrant women is that they were trapped at home with their abusers when states announced mandatory lockdowns (Mushomi et al., 2022). Migrant women also faced additional obstacles such as language barriers, limited knowledge of the host context that resulted in insufficient access to health care. But this is a continuation of the already existing challenges that are faced by migrant women far before the pandemic, were they would avoid health assistance for fear of xenophobic related discrimination in South Africa, and being reported to immigration authorities to be detained or deported (Crush et al. 2021).

Moreover, various non–governmental organizations and government departments reported that since the beginning of COVID-19, the number of domestic violence acts against migrant women increased (Adamski, 2021). During the pandemic, many migrant women lost their jobs leading them to situations of subordination and vulnerability to abuse. The pandemic facilitated the exposure of gender inequalities and migrant women were the most affected, yet they are already categorised as the world's most vulnerable population because of their risks of sexual harassment, sexual exploitation, and domestic violence (Manirambona, 2021).

COVID-19 induced lockdown that was imposed in most European Union countries had specific impacts on many migrant women. It increased the forms of structural violence and discrimination to which they have already been exposed to pre-COVID-19 times. Mostly migrant women, among other displaced populations, were confronted with diverse structural restrictions to access their rights, political participation, access to economic opportunities, faced risks of violence, and GBV (UNICEF, 2020).)

Before the COVID-19 induced lockdowns, foreign-born migrants living in South Africa had weaker social support structures, bleak socio-economic prospects, unequal access to health care, tenuous living and working conditions, higher risks of exploitation, and abuse (Mukumbang et al., 2020). Research has shown that migrant women have more disadvantages related to their social status and basic human capital resources compared to migrant men. They often cannot actively participate in networks as their male counterparts do. As such, migrant women may face barriers to safety that include lack of resources for battered women, social isolation or lack of local kin, and economic instability.

Migration increases gender-based vulnerabilities for migrant women. They are often cut off from extended family and support systems, lack language and employment skills that are needed to access crucial information or secure an independent source of income (Erez, 2002). Additionally, owing to COVID-19, temporary closure of immigration offices during the pandemic prevented migrant women from obtaining or renewing their permits. Resultantly, owing to the lack of legal residence documents, many migrant women could not access benefit schemes that were put in place to mitigate negative economic impacts of the COVID-19 pandemic (Mutambara et al., 2021). Yet, most domestic violence cases against migrant women are caused by poor socio-economic status. Therefore, migration increases their dependence on, and often, put them at mercy of their husbands, partners, sponsors, and employers.

Nevertheless, there is limited literature that reports on the key socio-economic factors that can trigger domestic violence among migrant women. Therefore, the current study seeks to contribute towards closing that gap by investigating experiences and challenges of migrant women survivors of domestic violence. The rationale of this study is derived from the fact that domestic violence against migrant women is considered a serious problem in society, despite the existing preventive initiatives. Furthermore, there is some previous limited research on the topic but no available research addressing the topic of experiences of domestic violence for survivors among migrant women during the COVID-19 induced lockdown period of 2020-

2021 in GP. That is why migrant women are a specific group whose experiences should be explored to understand their experiences of surviving domestic violence during the COVID-19 induced lockdown period of 2020-2021 in GP.

The significance of this study to the discipline of Social Work is that the findings can guide appropriate interventions that can help to alleviate the problem of domestic violence against migrant women in the country through social workers and counsellors.

1.4 Research question

What were the experiences of domestic violence survivors among migrant women during the COVID-19 lockdown period of 2020-2021 in Johannesburg, Gauteng?

1.5 Research aim

The aim of the study was to explore the experiences of domestic violence survivors among migrant women during the COVID-19 lockdown period of 2020-2021 in Johannesburg, Gauteng

1.6 Objectives of the study

a. To identify the experiences of domestic violence survivors among migrant women during the COVID-19 lockdown period of 2020-2021 in Johannesburg, Gauteng.
b. To determine whether migrant women who experienced domestic violence accessed any support systems during the COVID-19 lockdown period of 2020-2021 in Johannesburg, Gauteng
c. To ascertain the socio-economic determinants that makes migrant women to be more vulnerable to domestic violence.
d. To elicit views from migrant women survivors of domestic violence on how these experiences can be mitigated.

1.7 Summary of the research methodology

This is a qualitative study that used snowball sampling method for the recruitment of participants. The study recruited 17 migrant women whom the youngest was 18, and the oldest 50 years old. A case study was used to explore and understand the experiences of domestic violence survivors among migrant women during the COVID-19 lockdown of 2020-2021

period. Data were collected using semi-structured interviews that focused on relevant issues set out in an interview guide. Data were then analysed using the thematic data analysis method.

1.8 Definition of key concepts of the study

COVID-19 (SARS-CoV-2):- an infectious disease caused by coronavirus, which is associated with clinical symptoms such as mild to severe respiratory infection (Singh, 2021). The rapid spread of COVID-19 and the public health measures that were taken by governments to restrain and mitigate the outbreak, including lockdowns, curfews, travel, and movement restrictions have severely impacted the health and wellbeing of migrant women (UN Women, 2021).

Domestic violence: - refers to physical abuse, sexual abuse, economic abuse, intimidation, harassment, stalking, and entry into complainant's residence without her/his consent or any other controlling or abusive behaviour taking place in domestic relationships (Mittal & Singh, 2020; National Strategic Plan on Gender-based Violence and Femicide, 2020). For the current study, National Strategic Plan on Gender-based Violence and Femicide's definition is adopted because the study is interested in exploring the experiences of domestic violence survivors among migrant women during the COVID-19 lockdown period of 2020-2021 in Gauteng.

Lockdown: - an official order to control the movement of people or vehicles because of a dangerous situation (Hornby, 2010). Amaechi et al. (2021) explained that one of the conditions that increased cases of domestic violence during the lockdown period was the confinement of people in their homes. It caused frustrations and emotional/psychological traumas leading to conflict and venting of frustrations by men to their partners because of the lack of social interaction. This resulted in an increase of the cases of domestic violence. The explanation by Amaechi (2021) is adopted for the current study to explain what lockdown meant for partners or couples.

Migrant women: - There is no universally accepted definition of a migrant (Mbiyozo, 2018). However, the International Organisation for Migration (IOM) defines a migrant as any person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The United Nations Recommendations on Statistics of International Migration defines an "international migrant" as any person who has changed his or her country of usual residence, distinguishing between "short-term migrants" (those who have changed their countries of usual residence for at least three months, but less than a year) and "long-term migrants" (those who have done so

for at least one year) (World Migration Report, 2020). The current study adopted the definition by IOM. Women migrants in South Africa are made up of different categories which are, women with permanent residency status, work visas, study visas, refugees, asylum seekers, irregular, and undocumented migrants (Mulu & Mbanza, 2021). In this study, migrant women mean any migrant women from other African countries.

Survivors: - A person who continues to live despite being nearly killed or has experienced great danger or difficulty (Hornby, 2010). Women in abusive relationships are described as 'survivors,' opposed than 'victims.' The term survivor implies resilience, confidence, and self-awareness. Scholars use the survivor's theory to suggest that abused women take a more purposeful role to seek help while considering their and their children's safety (Tukahebwa, 2019). For the current study, the definition by Tukalebwa is adopted.

1.10 Chapter outline of the research report

Chapter 1 is an introduction of the study. The chapter includes the statement of the problem and rationale for the study. The chapter also includes the aim, objectives, and theoretical framework underpinning the study. Chapter 2 is the literature review, and it consists of a detailed discussion of the existing literature on domestic violence and migrant women. The historical background on domestic violence and migrant women, COVID -19 and the experiences of domestic violence, socio-economic factors, and support programmes are discussed.

Chapter 3 provides a discussion of the methodology used for this study. It locates the study in descriptive framework with a focus on a sample of 17 migrant women who told their stories. A detailed description of data collection and analysis methods is presented to demonstrate that the data that were obtained in this study are complete, relevant, and meaningful. The chapter also explains the ethical considerations of the study. Using thematic data analysis, and referring to theory, Chapter 4 presents an in-depth presentation and discussion of the findings of the study. The last chapter (Chapter 5) consists of the conclusions and recommendations of the study.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter presents literature relating to domestic violence among migrant women, and the discussion is respectively focused on the following; Gender based violence; COVID-19 and the experiences of migrant women of domestic violence; socio-economic factors, intervention or support programmes and theoretical framework underpinning the study.

2.2 Gender-Based Violence

Globally, researchers do not agree on the definition of gender-based violence (GBV). The Committee on Elimination of Discrimination against Women (CEDAW) (1979) described GBV as a form of violence that disproportionately affects women. The National Strategic Plan on Gender-based Violence and Femicide (2020), further describes GBV as any act against women that is likely to, or results in physical, sexual, economic, psychological harm, or suffering threats of such acts as coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Some common forms of GBV include sexual violence, violence against women, domestic violence, and harmful traditional practices, such as female genital mutilation

According to The Domestic Violence Act No.116 of 1998, domestic violence is a physical sexual emotional, verbal, psychological, economic, intimidatory abuse, harassment, stalking, damage to property, entry into the complainant's residence without consent, where the parties do not share the same residence, or any other controlling or abusive behaviour towards a complainant, where such conduct harms, or may cause imminent harm to, the safety, health or wellbeing of the complainant. Detailed descriptions of domestic violence are in section 1.8. of the said Act.

One cannot study GBV independent of femicide. The latest policies on GBV in South Africa have seen an increase in GBV and femicide cases. Furthermore, during 2018 and 2019, South Africa acknowledged the crisis of GBV and femicide. South Africa also confirmed the negative impact that GBV has on the lives and wellbeing of survivors, children, families, communities, and society. In South Africa, femicide is defined as the killing of a female person or woman, whether in a committed domestic relationship, interpersonal relationship or by any other person (National Strategic Plan on Gender-based violence and Femicide, 2020).

Globally, there are policies that were formulated to eradicate GBV against women (Mukanangana et al., 2014). These policies include: the Convention on Elimination of all

Forms of Discrimination against Women of 1979; the CEDAW recognises full equality of women and men under the law. It also proscribes discrimination against women in education, employment, political participation, healthcare, and economic life (UN Women, 1979). Furthermore, the Fourth World Conference on Women: Action for Development, Equality and Peace held in Beijing, China, in 1995,) states that the 1995 World Conference on Women presented the world community with the opportunity to reaffirm, support and strengthen women's rights as an integral part of the international human rights paradigm (Platiner, 1995).

Governments around the world announced their commitment to women's rights. For example, the Declaration on Gender and Development on the Prevention and Eradication of Violence against women and Children of 1997 was designed to eradicate violence against women and girls (WHO, 1997). It focuses on violence in families, rape, sexual assault, violence against women in situations of conflict and displacement, and violence against the girl child. At a national level, South Africa has policies and legislations that were put in place to protect women against GBV. These include the Constitution of the Republic, the Domestic Violence Act 116 of 1998, Criminal Law (Sexual Offenses and Related Matters) Amendment Act 32 of 2007, Protection from Harassment Act 17 of 2011, and Maintenance Act 99 of 1998 (Gutura & Nunlall, 2020). Despite the existence of these policies and legislations, GBV remains a big problem in the country.

South Africa is amongst the countries with highest rates of GBV (Dlamini, 2020). But the rates increased due to the COVID-19 induced lockdown since March 2020. The 2018 Global Peace Index reported that South Africa is one of the most violent places in the world, ranked 38 out of 163. Furthermore, globally, it has the highest rates of murder outside of the war zone (National Strategic Plan on Gender-based Violence and Femicide, 2020).

Nonetheless, domestic violence remains a global phenomenon that knows no geographical, cultural, social, economic, ethnic, or other boundaries (De Lange & Mitchell, 2014). Domestic violence can be found in heterosexual relationships, in which men attack their women partners (Simister, 2012). Hence, the current study focused on domestic violence in heterosexual relations. Noteworthy, there are also male victims of domestic violence, although this was not the focus of this research.

Migrant women are affected by domestic violence and were also the victims of the increased GBV during the COVID-19 induced lockdown (Mutambara et al. 2021). The United Nations Recommendations on Statistics of International Migration defines an "international migrant"

as any person who has changed his or her country of usual residence. The international migrants are divided into short-term migrants[1] and long-term migrants[2] (World Migration Report, 2020).

In the context of migration, GBV is fundamentally structural violence that demonstrates unequal power and life chances (Tastoglou et al., 2021). Institutions, laws, policies, and practices relating to migration governance may directly generate or fail to protect migrants from violence that is perpetrated structurally. Structural violence refers to harms that are preventable and where no actor (person) commits the violence, but the harms emerge from inequality built into the structures (Phillimore et al, 2021). Structural violence is an outcome of the unequal and exclusionary South African economy. This is violence that is underpinned by various factors. Such factors include exploitation, undervaluing unpaid work, unequal pay for equal work, inflexible labour policies, unsafe and unhealthy working conditions, and precarious jobs affecting women (National Strategic Plan on Gender-based violence and Femicide, 2020).

The Domestic Violence Act 116 of 1998 offers options to victims of domestic violence, and maximum protection from domestic abuse that the law can provide. It was also set to provide measures that seek to ensure that the relevant organs of the State give full effects to the provisions of this Act. Thus, to convey that the State is committed to the elimination of domestic violence. The main aim of the Act is to provide effective legal procedures for victims of domestic violence and facilitate procedures that can be pursued in the magistrate's court (Clark, 2020).

There has been a significant increase in the overall number of international migrants in South Africa since the dawn of democracy in 1994. Most migrants in South Africa come from neighbouring countries. The number of African women migrating to South Africa has been growing substantially (Hiralal, 2017). The United Nations Department of Economic and Social Affairs (UN DESA) estimated that the number of women migrants in 2017 (1.8 million) had more than quadrupled since 2001 (400 000) (UN DESA, 2017).

Domestic violence occurs globally, but it takes different forms in different social contexts. Migration of women across borders increases their vulnerability to violence (Merry, 2009). For

[1]Those who have changed their countries of usual residence for at least three months, but less than one year.
[2]Those who have changed their countries of usual residence for at least one year.

many of the 8.5 million migrant women, the onset of the COVID-19 pandemic led to the dismissal from jobs, with their health and safety ignored and, in some cases, violated. However, this is not an entirely new phenomena, since before the COVID-19 pandemic started, migrant women already had to deal with different forms of discrimination and inequalities, xenophobia, gender specific restrictions in migration policies, insecure forms of labour and racism. (UN Women, 2021).

The COVID-19 induced lockdown increased the vulnerabilities for many migrant women who were trapped with their perpetrators in their homes and isolated from their relatives and friends for support. Henceforth, there was an increase in violence, since perpetrators could lash-out due to socio-economic strains that were caused by the pandemic. Yet women's chances of leaving or resisting these abusive relationships diminished (John et al, 2020). The cycle of abuse is described by Caffrey and Cait (2020) as a social theory that explains the behaviours observed in an abusive relationship.

The iterative cycle of abuse has three distinctive phases namely; a) increase in tensions in the relationship, b) acute episode of physical or emotional abuse and c) de-escalation of tension and abuse. In most domestic abuse cases, victims usually remain in the relationship, despite continuous acts of violence. There are various factors that influence women to continue staying in abusive relationships. These factors are reported elsewhere (Caffrey & Cait, 2020), and include self-blame, denial, marriage devotion, and children's protection.

2.3 COVID-19 and experiences of migrant women of domestic violence

On the 30th January 2020, World Health Organisation (WHO) declared the COVID-19 outbreak as a public health emergency of international concern. For the first time in December 2019, some patients suffering from respiratory problems were admitted to hospitals in Wuhan, China. The patients had mild symptoms such as fever and dry cough. Though some of the patient's health improved, some developed severe complications such as acute respiratory infection and organ failure. As such, WHO announced COVID-19 a health emergency (Singh & Singh, 2021).

In South Africa, President Cyril Ramaphosa declared a 21-day state hard lockdown to control the spread of COVID-19 effective March 26, 2020. All non-essential activities were suspended, the lockdown included curfews, stay and work from home for non-essential workers, and restrictions on gatherings and public transport (Navsaria, 2021). The COVID -19

pandemic came with many implications and one of them was an increase on GBV among women. As such, the COVID-19 induced lockdowns subjected many women who were trapped with their perpetrators in their homes to risks of GBV while isolated from their relatives and friends for support (John et al, 2020).

Domestic violence is an aspect of authoritarianism. This entails cases where men try to be in control of their partners through use of violence (Simister, 2012). These sentiments are elaborated by Benagiano et al. (2010) who argues that globally, in a variety of ways, men try to exercise dominance over women who are often their partners or prospective partners, to an extent of resorting to violence. This is reported in all societies, including those that are most technologically advanced. Thus, domestic violence is widely present, and is deeply affecting the relationships between men and women. Noteworthy, domestic violence was already one of the most significant human rights violations in the world, prior the COVID-19 pandemic (Jared & Chattu, 2020). During the COVID-19 and other past epidemics women, including migrant women, were at heightened risk of domestic violence. Migrant women's risk of sexual and gender-based violence was increased by COVID-19 at all stages of migration. The most affected were migrant women with irregular migration status and least likely to report violence due to discrimination, or fear of arrest, and deportation (Merry, 2009).

Some migrant women were forced to live with potential or perpetrators of domestic violence and were not able to leave abusive relationships because of travel restrictions, lockdown measures or job losses. Among the existing weapons used by perpetrators of domestic violence against migrant are threats of deportation (Merry, 2009).

Migrant women are subjected to violence at all stages of the migration process. They face triple discrimination as racially Black, women, and migrants. Thus, racism, patriarchy, and xenophobia increase women's vulnerability to domestic violence. Often migrant women also majorly face language barriers, the inability to communicate in the local spoken languages. When migrant women cannot speak or understand local languages, they cannot report their abusers to the police (Hiralal, 2017).

Abusers often maintain control over their victims by limiting their access to outside world, language skills, and increasing their dependence on them. Isolation is used by abusers who use violence against their partners to keep family problems secret or to exert power and control (Evans, 2020). Most migrant women are more isolated and less aware of laws, even when they

are documented, and this makes them highly subjected to domestic violence that is perpetuated by their partners (Mbiyozo, 2018). The restrictions that emerged from the responses to the COVID-19 pandemic, such as social distancing measures increased factors that created situations conducive for domestic violence against migrant women.

According to Mbiyozo (2018) migrant women do not have the power to report their abusers to authorities because they fear losing their jobs, arrest, or deportation. Migrant women are also more likely to have their documentation status linked to and defined by their husband's statuses. This reduces their autonomy, in cases of abuse or divorce. Review of literature indicates that there is little research that reports on experiences of domestic violence survivors among migrant women during the COVID-19 induced lockdown period of 2020-2021.

2.4 Socio - economic factors

The increasing insecurities of migrant women were already reported in literature before the COVID-19 pandemic. Most of the insecurities are linked to women's migration status and employment situation – usually unemployment, precarious employment, and under-employment. Owing to the usual lack of legal status in the country of destination, it makes it impossible for some migrant women to secure formal employment despite their skills level. Most migrant women are employed in the informal sector and working as hairdressers, child minders and nail technicians. When lockdown started, their workplaces were closed resulting in job and income loss (Mbeve et al., 2020). Job loss often leads to a lack of financial independence for migrant women who then will have to continue relying on their partners for their and their children's upkeep (Mutambara et al., 2021).

The lack of economic independence among women is a key driver for domestic violence. It becomes difficult for migrant women who are economically dependent on their male partners to leave the relationships if they are abusive. Globally and locally, most women who lost their jobs during the COVID-19 pandemic became economically dependent on their partners. These historical and COVID-19 related socio-economic factors suggest that women will continue to be abused by their male partners, as since they remain dependent on their partners. Migrant women were reliant on their partners for their daily expenses and child care. This lack of financial independence may force migrant women to continue staying in abusive relationships without looking for help (Rai et al. 2020).

Pandemics increase economic vulnerabilities owing to their related rise in unemployment. Yet several studies link economic insecurities to increased GBV. Furthermore, economic dependence among women is identified as a cause for domestic violence. During the quarantine period, many women were in informal jobs and were laid off leading them to economic dependence on their male counterparts (Mittal & Singh 2020). Muldoon et al. (2021) assert that evidence from previous pandemics and emergencies shows that most common factors that increase the risk of domestic violence include economic insecurity, poverty related stress, job loss or reduced working hours, quarantine, and isolation. This partly explains why the COVID-19 pandemic increased migrant women's vulnerabilities and experiences of domestic violence leading to physical, emotional, and social consequences (Fornari et al., 2020).

Violence has been generally found to increase in the face of pandemics (Mittal & Singh 2020). The COVID-19 pandemic is no exception, hence the increase in GBV cases globally, including in South Africa. The COVID-19 pandemic introduced societal changes that heightened the risk for violence and decreased opportunities to access care among many women globally (Muldoon et al., 2021). Social isolation negatively affected access to support services for women in situations of violence, thus, they were not able to seek help and support from outside their homes. Global governments' COVID-19 induced lockdowns that enforced social isolation created an opportunistic setting for various problems at home, including domestic violence against women. (Fornari et al 2020). Furthermore, Amaechi et al. (2021) asserts that one of the conditions that were found to increase cases of GBV during the lockdown period was the confinement of people to their homes. The confinements led to frustrations and psychological traumas. The traumas eventually led to conflict and venting of frustrations by men to their partners because of limited social interaction, which led to the increase in cases of GBV.

The COVID-19 induced lockdown restrictions led to high exposure time since most women spent most of their time with their male abusers. Noteworthy, many women would prefer to remain with their abusive partners and endure the hardships because they fear for their and their children's safety. Dube (2021) reports that many people lost their jobs during the COVID-19 period. Migrant women were the most affected, and this resulted in depleted household sources of income.

In summary most women who lost their jobs during the COVID-19 pandemic stayed with their abusers and could not leave the abusive relationships because they were financially dependent

on their partners (John et al., 2020; Mutambara et al., 2021; Singh, 2021; Yenilmez & Bingol, 2020).

2.5 Intervention or Support programs

The COVID-19 pandemic has since resulted in limited social practices. The isolation has triggered women's vulnerability as it negatively affects women's sources of social support as well as health and other support services. Due to social isolation, access to support services for women in situations of violence, were also hampered, as they were not able to seek help and support from outside their homes. One of the measures that was taken to prevent the spreading of COVID-19 by governments all over the world was social isolation, there was guidance for the population to remain restricted to some domestic space, and this was a privileged setting for various problems in the home and domestic violence against women was one of them (Fornari et al. 2020).

However, some organisations put in place services of support to try securing support systems for the victims of GBV. For example, in the USA, the National Domestic Violence Hotline offered services via online chat or texting, to make it easier for victims to seek help while at home (John et al., 2020). In Ecuador, a local organisation made efforts to achieve gender equality and prevent GBV by adjusting its business to begin offering counselling services telephonically due to the COVID-19 outbreak. In Italy, the national network of domestic violence shelters kept their emergency telephone and Skype support services open and a Judicial court in Beijing used online court hearing and cloud based platforms to handle GBV cases during the epidemic (John et al., 2020).

In South Africa, platforms such as the free GBV whistle- blower hotline for women, and children who needed police help, and other organisations such as the National Shelter Movement and Rape Crisis, set up sites for women to report violence (Clark, 2020). JRS offered support to migrant women through food parcels and final assistance. Counselling was offered to survivors of domestic violence among migrant women.

2.6 Theoretical framework underpinning the study

The feminist theory by Dobash and Dobash (1979) is used to inform this study. The feminist approach maintains that gender inequality in society is the root of all forms of violence against women. Therefore, ground-breaking work on feminist theory from Dobash and Dobash's

(1979) book, "*Violence against Wives: A case against the patriarch,"* was used to unpack domestic violence as was experienced by women in the current study.

Domestic violence is a problem of patriarchy which is a system that promotes male domination over women. Several researchers have associated domestic violence to other factors such as patriarchy, cultural beliefs, community norms, unemployment, and low levels of education. Domestic violence in heterosexual relationships is because of men's desire to exercise power and control over their female partners (Mshweshwe, 2020).

According to Anderson (1997), feminist scholars argue that domestic violence is rooted in gender and power, where it represents men's active attempts to maintain dominance and control over women. Thus from feminist's perspective, gender and power are the ultimate root of domestic violence. Feminists find a strong relationship between domestic violence, age, cohabiting status, unemployment, and socio-economic status. The relationship suggests that other characteristics of the social structure may engender violence.

Domestic violence is a gender issue that cannot be understood through any lens that do not include gender as the central component of analysis. The foundational proposition of Dobash and Dobash (1979) is that wife abuse is an expression of male domination over women. Furthermore, the patriarchal domination of women through domestic violence is held over long cultural history of legally sanctioned male subordination, abuse, and outright ownership of women (Dobash & Dobash, 1979). It is difficult to avoid interpreting domestic violence in Africa without focusing on the widespread gender inequality. Most traditional African societies are patriarchal and a woman's place is being a subordinate. Domestic violence is often discussed by African authors as simply a brief subsection in articles on violence against women in general or about gender inequality. The conclusion reached by these authors is that unless the system of inequality between men and women is addressed, the problem of domestic violence will persist (Bowman, 2003).

Violence against women is not a problem of anger. It is a behaviour whose goal is to maintaining male dominance in socialisation about gender roles that produce male domination, male violence, and women subordination which remains a powerful force. Recent feminist analysis includes class, gender, and dominance, as crucial in understanding domestic violence. Although domestic violence occurs in all socio-economic groups, it is increasingly acknowledged that economic stress increases the likelihood of violence and severely reduces victims' abilities to effectively respond to violence once it has occurred (Mshweshwe, 2020).

The cause of wife assault is rooted in male domination in a patriarchal system. The issue of power is a critical component in feminist discourse. Men and women have differential access to structural resources, which is a result of society assigning values to certain gender characteristics and deeming them inferior or superior.

The global problem of domestic violence is primarily one of men's violence against women in intimate relationships. Literature has shown that women in marital or marital like relationships have experienced domestic violence. Physical violence is usually associated with other forms of intimidation and control. Men's violence has consequences for women victims, which may include physical injuries, severe and permanent, persistent health problems, and emotional consequences. The sociological explanations of domestic violence emphasise male privilege, power, control, and stress the importance of patriarchal beliefs and ideas and laws, policies and practices associated with them (Dobash & Dobash 2005)

Furthermore, feminist theory stresses the historical and contemporary existence of male violence across all societies and locate its perpetration within patriarchal ideals and practices that emphasise male power and control. In these instances, violence is seen as functional, a resource used by men's attempts to enforce and maintain their domination, and control. Additionally, as stated by Dobash and Dobash (1979), men who assault their wives are living up to cultural prescriptions that are cherished in Western societies that are: aggressiveness, male dominance, female subordination, and they are using physical violence to impose the dominance.

Furthermore, feminist theory views domestic violence as socialization of men and women into a patriarchal society in which men are provided with special privileges (Dobash & Dobash 2005). The control and abuse of women is supported by the historical, social, institutional norms, commonly held beliefs about women and men. The experience of domestic violence is understood to be constructed by values and beliefs that are associated with concepts such as power, womanhood, masculinity, and hegemony that are promoted within the community empowering men and disempowering women (Dobash, 1998). Feminism, as a theoretical framework, is relevant for this study because it helped in understanding the identified problem of the experiences of domestic violence survivors among migrant women during the COVID-19 lockdown period of 2020-2021 in GP.

2.7 Conclusion

This chapter reviewed literature from various studies that were conducted on domestic violence against migrant women. The chapter started by defining GBV and COVID-19. It further discussed the experiences of migrant women on domestic violence. It also discussed the socio-economic factors that affect migrant women and the intervention or support programs that they received, and lastly the theoretical framework that underpinned the study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research methodology for this study, with a focus on data collection methods, population and sampling procedures, data collection and data analysis. The chapter ends on discussing the study's data verification and ethical considerations.

3.2 Research approach

This was a qualitative study. Qualitative research involves collecting data directly from the sources or participants (McMillan & Schumacher, 2010). It allows the researcher an opportunity to gain independent and rigorous insights into the experiences of participants (Scott & Morrison, 2007). According to Green and Thorogood (2009) qualitative research is used when the aim of the study is to explore, elicit, and comprehend participants' perspectives about the phenomenon. Thus, being able to observe a process much deeper. As such, qualitative research approach is useful in exploring the "how" and "why" of a phenomenon. Therefore, it was appropriate to use qualitative research approach in the study to explore, migrant women domestic violence survivors,' perspectives on their experiences during the COVID-19 lockdown period of 2020-2021.

Saunders et al. (2016) argued that qualitative research is often associated with an interpretive philosophy. Interpretive research uses qualitative research methods with small sample sizes to collect rich, in-depth data that describes individual experiences of those being studied (Davies & Fisher, 2018). Interpretive approach focuses more on the importance of human perceptions in accepting social realities. By using interpretive approach, the researcher considers that the reality to be studied is about people's subjective practices of the outside world.

Qualitative research focuses on exploring and studying subjects from a social setting and how these subjects subscribe to a problem. The focus is on the opinions, attitudes, and feelings of the subjects. Researchers who employ a qualitative approach adopt an inductive way of reasoning, the investigation involves emerging questions, and procedures that ultimately become themes from which the researcher can develop meaningful conclusions (Creswell, 2014). The researcher used a qualitative approach for the current study because of its suitability to understand the opinions and feelings of the participants.

This study fused interpretive research and the feminist paradigm. The feminist paradigm assumes views and understands the society through the experiences of women. Consequently,

it sought to examine the generally deprived status of women in society through an ideology that advocates for total equality for the rights of women (Babbie, 2010).

3.3 Research design

Research design is a plan or approach that moves from making assumptions to specifying the choice of respondents, the information gathering procedures to be utilised, and the investigation to be conducted (Maree, 2010). A case study was used to explore migrant women domestic violence survivors' experiences during the COVID-19 induced lockdown period of 2020-2021. According to Saunders (2016), a case study is an in-depth inquiry into a topic or phenomenon within a real-life setting. A case study can be exploratory, descriptive, contextual, and explanatory.

The current study utilised a descriptive case study to describe the experiences of migrant women domestic violence survivors during the COVID-19 induced lockdown period of 2020-2021. According to Leedy (2015), researchers often focus on a single case, the reason being its uniqueness or exceptional so that they can promote an understanding or inform practice for similar phenomenon. In other cases, researchers' study two or more cases that are either similar or different in certain key ways. This enables them to make comparisons, build theory or propose generalisations, such an approach is called a multiple case study. For the current study, the researcher used a multiple case study in order to understand the experiences of migrant women domestic violence survivors during the COVID-19 induced lockdown period of 2020-2021 in Gauteng.

3.4 Research Site

This study was conducted at Rosettenville, Johannesburg at Jesuit Refugee Service (JRS). The site was chosen because of the high number of domestic violence among migrant women during the COVID-19 induced lockdown period of 2020-2021. Rosettenville is in the southern suburbs of Johannesburg, South Africa. It is to the south of the city centre under the municipality of the City of Johannesburg. Its geographical coordinates are 26° 15' 0" South, 28° 3' 0" East. The distance from Rosettenville to South Africa's capital Pretoria is approximately 57km. Research was conducted at JRS because it is an organization that is working with immigrants. The main services provided are in the field of education, health, livelihoods programmes and advocacy. Under livelihood programmes, JRS offers courses in Beauty (Nail, Massage and make up), hairdressing and computer to refugees, asylum seekers,

migrants and South African women. English classes are offered to all both men and women who mostly comes from non-English speaking countries.

Social workers offer psychosocial support, and address other social needs identified throughout the course.

Sexual and Gender-Based Violence (SGBV) is a sub-program within the skill programmes that offer psychosocial support to the victims and survivors of SGBV by offering individual and family counselling, group work, and community work through awareness and sensitization activities on SGBV. Referrals to other service providers not offered by JRS such as shelters, mental health are facilitated.

3.5 Population, sample, and sampling procedures

Research population is a larger proportion of the universe that includes units that are selected as a sample – a group or fragment of the population that will be investigated by the researcher (Bryman, 2012; De Vos et al., 2011). For the current study, a total of 17 participants were recruited using a snowball sampling technique. According to Babbie (2010), snowball sampling is a type of non-probability sampling. It is also called chain referral sampling, in which participants who are first contacted by the researcher and were asked to suggest additional potential participants. This technique is often used when the study is conducted with members of a special population that is difficult to locate. According to Maree (2010) the researcher penetrates the social network of the initial participants through referral. Thus, the researcher is referred to other members, of the social network of the initial participants, who might take part or make contributions to the study. This sampling strategy was relevant for the current study, it facilitated the researcher to intentionally recruit and accumulate a sample of participants who had specific attributes and experiences that the study sought to explore.

Seventeen participants were migrant women survivors of domestic violence during the COVID-19 lockdown period of 2020-2021. In addition, a key informant was recruited. This was a representative from JRS who worked with migrant communities.

The inclusion criteria was migrant women between the ages of 18 and 50 years, and had survived domestic violence during the COVID-19 lockdown period of 2020-2021. They were also supposed to be residents of Johannesburg, and have been staying in South Africa for three years and above. The organisation, JRS keeps records of migrant women who access their services through the Sexual and Gender-based Violence (SGBV) programme. The researcher asked for permission to access the caseload to identify participants for this study.

About Jesuit Refugee Service

JRS was founded in November 1980 by Father (Fr) Pedro Arrupe from the Society of Jesus (SJ), who then was the Superior General of the society. SJ was founded to respond to the plight of Vietnamese refugees who were fleeing war from their homeland. Therefore, JRS is a ministry of SJ which was incorporated as an international NGO whose mission is to accompany serve, and advocate for the rights of refugees, and forcibly displaced people.

Fr Arrupe then wrote to over 50 Jesuit provinces regarding the situation of the plight of refugees who were fleeing war in 1975. This was after recognising that the Jesuits, then numbering 27,000 men across the world, were well-placed to coordinate a global humanitarian response. When conflicts started in Central and Latin America, south-eastern Europe, and across Africa, JRS rapidly expanded from helping Vietnamese in a few camps, in south-east Africa, to work with refugees around the world. JRS South Africa works with refugees in urban areas of Johannesburg (home to the largest urban refugee population in the world) and Pretoria. In these cities, JRS works tirelessly with refugees, asylum seekers, and migrant women to create sustainable livelihoods. The main services that are provided or supported by JRS are education, health, advocacy, livelihoods programmes, and SGBV.

SGBV is a sub-programme within skills programmes that offer psychosocial support to victims and survivors of SGBV. In this programme they offer individual and family counselling, group work, and community work through awareness and sensitisation activities on SGBV. JRS social workers offer psychosocial support and address other social needs that are identified within migrant women. There are also referrals facilitated to other service providers whose services are not offered by JRS, such as shelter and mental health.

3.6 Research instruments

A semi-structured interview guide was used as a research instrument. According to De Vos et al. (2011), an interview guide is written to direct interviews. It furnishes the researcher with a set of predetermined questions that can be used as an appropriate instrument to engage with the participant. An interview guide is defined as an outline of topics and questions that researchers use to conduct in-depth interviews to accumulate rich data (Straits & Singleton, 2011).

The interview guide of the study focused on four main areas: 1) experiences of migrant women who are domestic violence survivors during the COVID-19 induced lockdown period of 2020-2021, 2) the support systems that were accessed by migrant women domestic violence survivors, 3) migrant women domestic violence survivors' perceptions on the socio-economic factors that led to domestic violence during the COVID-19 induced lockdown period of 2020-2021, 4) views of migrant women domestic violence survivors on how these experiences can be mitigated.

All the questions in the interview guide were asked in an open-ended manner, which enabled the participants to be flexible when answering and provide detailed responses. The interview questions were structured so that in the interviews, the researcher posed a collection of questions that were designed and listed on the interview guide beforehand. Interviews were conducted with participants face-to-face, and audio recorded. A pre-test was conducted at JRS with five participants. Participants were interviewed so that the researcher could asses if the interview guide was going to yield intended data, before the actual interviews were conducted.

3.7 Method of data collection

Face-to-face, individual interviews, which were conducted in JRS, Rosettenville, Johannesburg, were the main data collection method for this study. Maree (2010) defines interviews as a two-way communication were the researcher asks questions to collect statistics, learn about; thoughts, beliefs, views, opinions, and behaviours of the participant. The researcher used an interview guide, to collect data from participants. Each interview was about 30-45 minutes long, and were audio recorded for later transcription and analysis purposes. Data are stored in a password-protected computer for a period of five years – only the researcher and her supervisor will have access to the data.

3.8 Method of data analysis

Thematic data analysis method, a method commonly used in qualitative research, was used to analyse the data for this study. According to Saunders (2016) the purpose of thematic data analysis is to search for themes, patterns that occur across the data set. Thematic data analysis in the current study, was used to identify, analyse, and compile findings in a concise, logical, coherent, and non-repetitive qualitative report. Three key thematic data analysis steps were followed, as described below:

1. Becoming familiar with the data

   The researcher familiarised herself with raw data from the interviews so that she would later identify themes. During this step, the researcher produced interview transcripts, went through the data to find meanings, themes, and patterns.

2. Coding your data

   In this step, the researcher began writing capturing potential coding schemes. Ivankova (2015) defines coding as a technique that is used in qualitative data analysis, to help the researcher distil units of meaning and group or categorise them to show participants' common experiences of the studied phenomenon. Searching for themes and recognising relationships. Themes were refined until primary themes emerged. The researcher searched for patterns and relationships from the codes to create a short list of themes that related to the research question.

3. Refining themes and testing propositions

   In this step, the researcher refined and named the final themes that were used to compile this research report. The software, NVivo, was used for qualitative data analysis. Interview transcriptions were loaded onto NVivo, and themes emerged, grouped, and coded.

3.9 Data verification

For data verification in qualitative research, the researcher employs trustworthiness. In the current study, the researcher adopted four central components of trustworthiness, which are credibility, transferability, dependability, and confirmability (Shenton, 2004). These are discussed below:

Credibility: to achieve credibility, emphasis is placed on ensuring that the representations of research participants' socially constructed realities match what they intended (Saunders, 2016). The current study adopted well-established research methods and measures of the concepts being studied. Thus, consistent, tried, and tested data gathering and analysis techniques were followed.

To add to credibility of the current study, the researcher familiarised herself with all involved stakeholders before commencement of data collection. She also spent more time with participants while observing them and ensuring that they continued to gain comfort in talking

to the researcher. This was done with appropriate documents and visits that involved all stakeholders. The researcher also made use of multiple sources of data – the 17 participants and one key informant – to ensure the current study's credibility. In addition, the researcher's supervisor constantly checked the interview transcripts and analysed data to ensure credibility.

Transferability: transferability concerns the extent of the generalisability of the findings to a wider population and scenarios (Saunders, 2016). To ensure transferability in the current study, the researcher provided sufficient contextual information about participants and the study site to ease the transfer process. To corroborate transferability and the extent to which the study has a true proposition, other projects conducted in different settings but employing the same methods were accessed and evaluated by the researcher.

Dependability: is employing the same strategy/methods consistently and repeatedly in the same context with the same participants and obtaining similar findings (Shenton, 2004). The current study qualified as dependable because all processes were explained in detail to enable an in-depth scrutiny of the study and possible use by future researchers. The researcher achieved dependability by using an interview guide for data collection. This allowed consistency of the findings and made the study dependable.

Confirmability: is based on the view that integrity of the findings from the study is taken from the data collected from the participants and are not researcher biased. For this study, confirmability was achieved through reflecting on the real perceptions and experiences of the participants rather than those of the researcher. Thus, all the data that were transcribed and coded into themes was obtained from the information that was supplied by the participants not the researcher.

3.10 Ethical considerations

Before conducting the study, the researcher applied for an ethics clearance from the University's Human Research Ethics Committee (Non-Medical). A permission letter to conduct the research interviews was obtained from JRS. Saunders (2012) described research ethics as the appropriateness of the researcher's behaviour in relation to the rights of those who become the subjects of, or whom the research project affects.

Domestic violence is a sensitive topic and its survivors are likely to be emotional when narrating their stories. Some of the questions asked could make migrant women domestic violence survivors feel sad or upset. But the researcher was prepared to stop the interviews if

any upset or emotional breakdown emerged during the interview. Participants were also allowed not to answer questions that they were uncomfortable answering. Support and counselling services following the interviews were made freely available at JRS. The name of the counsellor was Ms Beata Sebakwiye, Social worker (SGBV) and the contact details for the counselling service is 0871642333. Psychological debriefing is defined as an intervention conducted by trained professionals shortly after a catastrophe, allowing victims to talk about their experiences and receiving information on normal types of reactions to such an event (Mirzamani, 2006).

The ethical considerations that the researcher adhered to during the execution of this study were informed consent, anonymity, confidentiality, and management of information. These considerations are discussed further below:

Informed consent: according to Saunders (2016), informed consent involves giving sufficient information to those involved in the research project as participants. Participants must have an opportunity to ask questions, and time to consider their participation without pressure or coercion to reach a fully informed decision to take participate.

The current study's researcher took considerations of the professional ethic of informed consent. All participants were fully informed about the process of the study before being interviewed. The researcher gave participants an informed consent form (APPENDIX D) which provided participants with the information regarding the study so that they could make informed decisions about participating.

Anonymity: Neuman (2014) defines anonymity as being able to protect the identity of specific individuals from being known. In the study the researcher ensured participants' anonymity when submitting the final report by making use of pseudonyms other than their actual names. Participant's names were not recorded during the transcription of data as well as the writing of the report. Pseudonyms kept the participants' names unknown to the public.

Confidentiality: confidentiality is defined by Punch (2014) as respect for the right to privacy, and functions as a precautionary principle. In of the study the researcher informed the participants that she was not going to divulge any form of information that she received from them to anyone else. Furthermore, the recordings were going to be kept locked where the researcher only has access. The researcher ensured that nothing written on the transcripts from the interviews would have any link to the participants.

Management of information: is a way of streamlining the information that the researcher needs to extend their knowledge. This is done by finding the information, labelling it, recording it, and storing it so that they can find it again, whenever they are need (Orna, 2009). The researcher kept all the tools that she used for gathering the data, thus, recordings of interviews. These are hidden, locked away, and the researcher used pseudonyms instead of the actual names on the recorded tapes.

3.11 Limitations of the study

The focus of this study was to explore the experiences of domestic violence survivors among migrant women during the COVID-19 lockdown period of 2020-2021 in Gauteng. Therefore, the scope was within the specified lockdown period and cannot be generalised pre and post COVID-19 period. Moreover, this study experienced barriers such as time and access to participants. As such, personal contact and insight might have compromised findings through criticism on personal bias.

3.12 Conclusion

This chapter provided an in-depth discussion of the methodology, and justifications for why they were used in this study. The sampling procedures and data collection methods that were used in this study were discussed, the analysis of data procedures were also discussed and lastly the ethical matters taken into consideration when the study was conducted were also described.

CHAPTER 4: PRESENTATION OF FINDINGS AND DISCUSSIONS

4.1 Introduction

This chapter presents and discusses the research findings in the form of themes. The findings are in response to the study's aim and objectives. The researcher did not use the participant's real names to protect their identities.

Respective to thematic data analysis that was used in this study, the first step was to become familiar with the raw data, through repeatedly actively reading the interview transcripts. The next step was formulating codes from the transcripts. Similar concepts and codes were grouped together to develop themes. After this stage themes were polished according to the aim of the study which is on migrant women domestic violence survivors' experiences during the COVID-19 period of 2020-2021 in GP. Qualitative data analysis software NVivo (version 12, 2022) was used for the coding process and data analysis. NVivo was utilised for data analysis in this study because it was easier as compared to using the manual process. There was considerable reduction in execution time by using the software application and it also helped the researcher to reflect on the data gathered. The researcher had previous experience in using NVivo, hence it was utilised in this study.

4.2 Demographic information of the participants

Figure 1 shows that 17 migrant women participants were interviewed for this study.

i. Migrant women

The sample consisted of 17 migrant women between the ages of 18 – 50 years. All participants were African women, Black in race, and had been residing in South Africa for at least five years. Participants were from seven countries, namely, Burundi (1), Eritrea (1), Democratic Republic of Congo [DRC] (4), Malawi (1), Nigeria (2), Tanzania (1), and Zimbabwe (6). All migrant women participants were not permanently employed. Most of them had participated in informal economy in form of part-time jobs in industries such as; domestic worker, self-employed, hair salons, and selling food-stuffs from their countries. This confirms the findings by Mutambara et al. (2021) which states that the lack of legal documentation makes it difficult for migrant women to find jobs in formal employment, regardless of their skills levels. Figures 1, 2, and 3 respectively describes the participants according to their nationality, age group, and level of education.

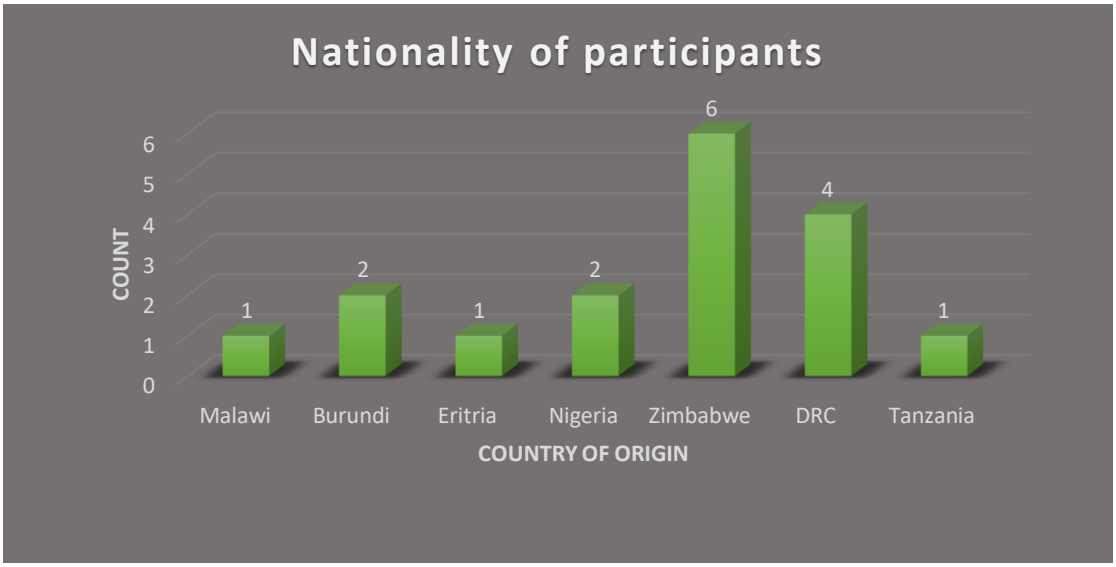


Figure 1: Nationality of participants

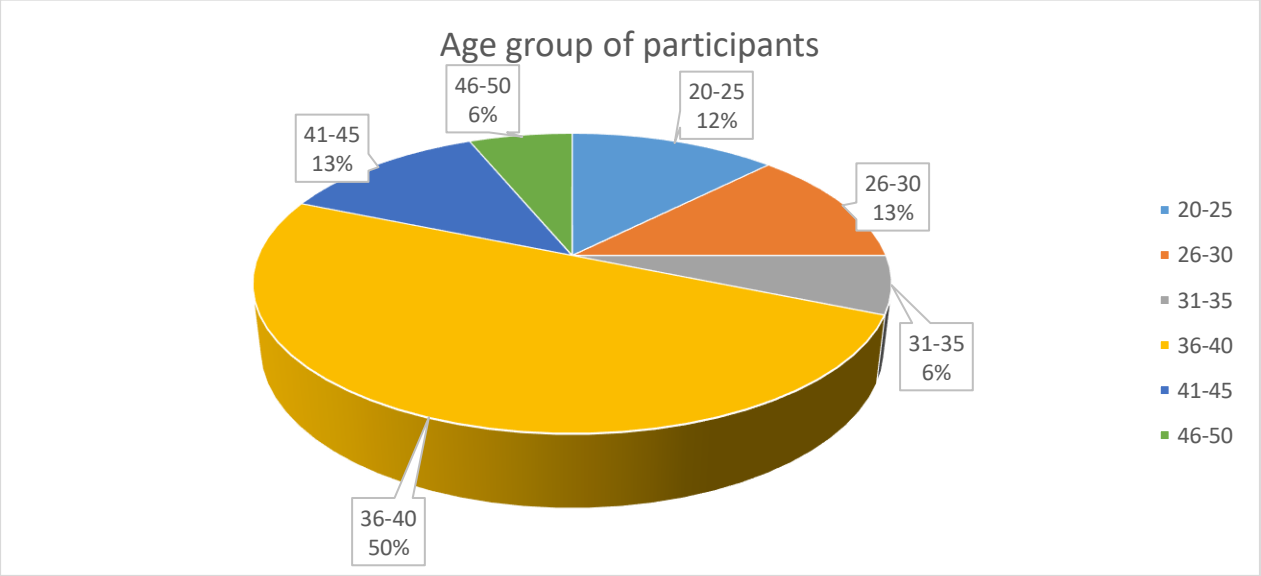


Figure 2: Age distributions of participants

Figure 2 illustrates the age distribution of participants. For the age categories (20-25, 26-30, and 41-45) there were two participants each, thus a cumulative total of six (n=6) participants. In age categories (31-35 and 46-50) there was one participant each (cumulative total = 2). The 36-40 age category had most (9) participants.

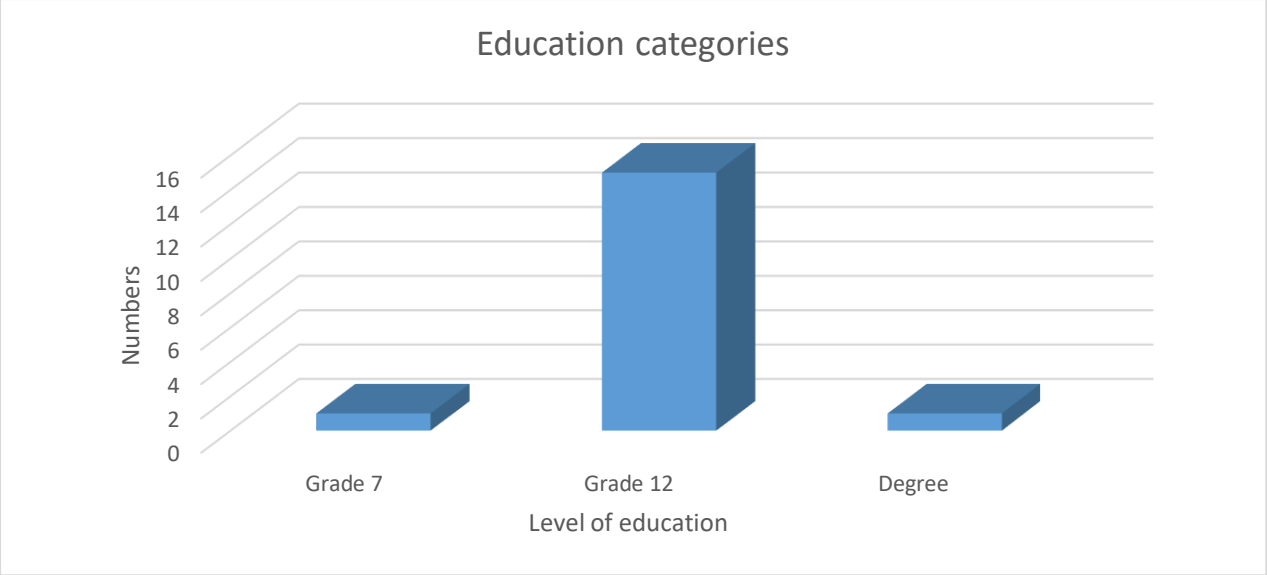


Figure 3: Participants' level of education

Figure 3 depicts participants' level of education. The respective highest levels of participants' educational qualifications were as follows: Grade 7 (n=1), Grade 12 (15), and higher education degree (1). The education system in Africa is divided into four parts, primary education, secondary education, further education and higher education. Most participants finished their secondary education, which could be more or less equivalent to Grade 12 in South Africa. These educational qualifications are not surprising for migrant women. Hiralal's (2017) findings had already shown that many women migrants are disadvantaged by their low literacy levels. This could also explain their limited chances of securing employment at their destinations – as also seen on participants for the study, whose employment statuses were insecure.

Table 4.1 Demographic information of key informant

Participant	**Gender**	**Designation**	**Race**
MS	Female	Social Worker	Black

Table 4.1 describes a social worker from JRS, the key informant for this study. The social worker plays an important role in the community where the migrant women resided. The role of the social worker is to offer emotional support through counselling and assessment of migrant women's situations. Survivors of domestic violence are requested to join the skill programme because that is the main part of the organisation's women empowerment.

4.3 Findings

Findings that are presented and discussed in this dissertation are in form of the following themes (table 4.2).

Table 4.2 Themes that emerged from data analysis

Themes	**Sub – themes**
Different forms of domestic violence experienced by migrant women	Physical abuse
	Emotional abuse
	Sexual abuse
	Economic abuse
Support systems received by migrant women during the COVID-19 lockdown period	Family/Friends
	Church visitation
	NGOs working with migrant women
	Hospital visitation
Employment status for migrant women	Unemployed
Views from migrant women on how these experiences can be mitigated	Need for women empowerment Sharing of experiences and coping strategies Engage more migrant men in support groups

4.3.1 Different forms of domestic violence experienced by migrant women

Findings for this study suggest that most participants experienced domestic violence in their relationships during the COVID-19 lockdown period of 2020-2021 in Johannesburg GP. The different forms of domestic violence that were experienced by the migrant women included physical, emotional, sexual, and economic abuse.

4.3.1.1 Theme 1: Physical abuse

Most migrant women experienced physical abuse, as narrated by the 17 participants and the key informant. Most of them associated physical abuse with being beaten using hands (fists and being slapped) or objects in the house, strangled, kicked, and stabbed with a knife. They also had their heads slammed on the wall, and clothes torn. The key informant described physical abuse as the most common form of abuse which was reported during the COVID-19 lockdown period. Seven out of the 17 participants cried when they narrated their experiences of physical abuse. Out of the17 participants; 12 were no longer together with their partners, they had moved out of the abusive relationships.

These were some of the responses from participants when narrating their experiences of physical abuse:

"That guy was beating me with fists when I was trying to run away, he hold me until the dress I was wearing was torn into two pieces and I started running naked. I ran for a distance of about 1km, he followed me and grabbed me so that he can take me back to his house. I fell on the ground, he pulled me, and I even have the scars on my back. He pulled me with my leg for that 1km going back to the house, mind you I am naked. Until I told myself that this man was not going to stop beating me that is when I took facial cleanser and drank it because I just wanted to die, the pain was too much. In my time of drinking the facial cleanser in the bathroom, he came and found me drinking it, and he said to me, Ooh, okay, you have that spirit of killing yourself, let me kill you just once. He beat me again, all I still remember was a big slap and I collapsed. Later on I when I woke up after two hours, I found myself wet, he was trying to give me milk so that I can vomit the facial cleanser that I had drank, but I didn't vomit. He locked me in the room for the whole week so that no one could see my swollen face, back and the leg." (PM, 45 years, Zimbabwe)

"Physically, I still have a problem with my ear and leg. When he beat me, he was using a stick, so my leg and ear were swollen and it took time to recover and it looked like blood was not circulating nicely." (AN, 37years, Burundi)

"One day he stabbed me with a knife on my back and promised to kill me with the child." (MM, 40 years, Malawi).

Some participants described physical abuse as being beaten by their intimate partners whilst pregnant. They narrated that they did not know what to do and were concerned about the safety of the unborn baby that they were carrying:

"He started beating me even for small things. There was a time he beat me when I was having my second child pregnancy." (OS, 38 years, Nigeria)

Most participants' children were also beaten by their intimate partners during arguments:

"Other times he will beat me, and also the children, he doesn't want to see any mistakes from the children. He would beat the child like an animal, so the moment I see him doing that I jump, and tell him to kill me rather than a child." (AN, 37 years Burundi)

"It was worse in everything, even with the children, he would also beat and shout at them, and I told him he should not beat and shout at children, but correct them with love, be a good father, set an example to them, but he never listened." (OS, 38 years, Nigeria)

Findings in this study revealed that all participants experienced physical abuse from their partners. The above findings on physical abuse correlated with the findings from Rojan et al.'s (2021) findings in which some migrant women described their experiences of physical abuse by their partners and spouses. In narrating their physical abuse, their experiences included physical harm and use of force against their bodies such as kicking, slapping, pulling their hair out, and beating.

Secondly, the current study shows that migrant women were being beaten by their spouses whilst they were pregnant. These findings confirm those from Mehta and Gagnon's (2016) study, where migrant women were physically abused by their partners during pregnancy. The presence of physical violence turned their pregnancy into a stressful experience. In addition, the study by Erez (2009) found that half of the migrant women reported being battered while they were pregnant, with the abuser often trying to hit, kick, or otherwise interfere with the pregnancy.

Thirdly, in the current study some participants described physical violence as when their children were also beaten by their intimate partners during arguments. These findings corroborate Makuch et al.'s (2021) findings where migrant women reported situations of men being physically and verbally violent with their children. Mutambara et al. (2021) reported that the tensions and violent attitudes of men during lockdown led to violence towards children in the house. Furthermore, Lemma et al. (2021) reported that the increased violence and fear for

their own children's safety were the primary reasons that migrant women broke the silence of physical abuse.

Most participants in the current study experienced physical violence from their partners during the lockdown period. The physical abuse experienced by participants included being beaten using hands (including fists and being slapped) or objects, strangled, kicked, and stabbed with a knife. They also had their heads slammed on the wall, and clothes being torn. The physical abuse on migrant women by their intimate partners suggests that there are gender inequalities between men and women. Domestic violence is rooted in gender and power, and it represents men's active attempts to maintain dominance and control over women. Most traditional African societies are patriarchal and a woman's place is being a subordinate.

4.3.1.2 Emotional abuse

The majority of migrant women in this study reported to had experienced emotional abuse in their intimate relationships. They associated emotional abuse with shouting, hurtful words from their intimate partners, insulting, controlling, and humiliation. The key informant also identified emotional abuse as one of the main domestic abuse types that was reported by migrant women. A few responses from participants to support this are presented below:

"For me it was emotional abuse. He doesn't raise his voice, he is a quiet but the words that comes out of his mouth are too much. Maybe someone passes a comment to say I am beautiful, my partner will say no you are not, and pull me down, he will say now you are too fat, you have stretch marks your mother left you and where can you go. He wants me to feel that without him I will never survive." - (GT, 23 years, Burundi)

"He started controlling me, even if I get a "please call" he will start to shout at me, taking the phone and calling that number where the "please call" came from. He will shout the whole night." (MM, 40 years, Malawi)

"My experiences were more emotional that I was not firstly aware of, for me it was normal but sometimes I get words that hurt me from my husband as he is the only breadwinner in the house. I was feeling uncomfortable and also answering back just made the exchange of words even worse and it was now done even in front of the children. For example he would say that I am stressing him too much with my demands, sometimes he would give me a silent treatment whereby he wakes up early in the morning and not even speak to me. It was also frustrating me

and the tension was too much in our marriage. Not talking to each other, even me I was building so much anger" (SP, 40 years, DRC*)*

The above findings confirm those from Afrouz et al.'s (2021) study in which migrant women also experienced emotional abuse. The emotional abuse that they described included being controlled, isolated from others, verbally abused, bullied and threatened. Similar to other findings, in the current study participants' experienced emotional abuse in form of bullying, criticism, being scared of their partners, and feeling betrayed (Lemma et al. 2021). Furthermore, El Abani and Pourmehdi (2021) argued that the most common patterns of domestic violence included emotional violence such as verbal abuse and negligence. Verbal abuse was the first frequently mentioned type of abuse by the current study's participants.

Generally, migrant women experienced emotional abuse from their intimate partners. The emotional abuse that was experienced was in form of shouting, insulting, controlling, and humiliation. This might be attributed to that there are unequal power relations between men and women. Gender inequality factors also contributed to emotional abuse among migrant women. Men domination and control created emotional abuse among migrant women during the COVID-19 induced lockdown period. Emotional abuse was used by partners to restrict migrant women's efforts of becoming more independent in a foreign country. The reasons behind emotional abuse could be associated with patriarchy and male domination – men thinking that they are superior to women in many respects and can abuse them and justify it.

4.3.1.3 Sexual abuse

Migrant women in this study revealed that they experienced sexual abuse from their intimate partners. Sexual abuse involved situations where migrant women were forced to have sexual intercourse with their partners against their will. A total of 12 out of all 17 participants identified sexual abuse as one of the types of domestic violence that they experienced. They reported to had experienced being raped by their intimate partners, partners wanting to have sex when they were on their monthly period or unwell. Some migrant women also reported being infected with a sexually transmitted infection (STI) because the partner or spouse was on multi-concurrent sexual relationships, or the women were forced into oral sex. Below are some responses from participants to support this:

"Sexually, he wanted sex too much because I was weak, and sometimes had not eaten anything, but he will force me to have sex with him and the child will be crying and hungry." (EV, 44 years, DRC).

*"On the sexual part, as an African woman, when you get married they tell us that you should not say no when your husband wants to have sexual contact with you. Sometimes I felt so uncomfortable and I was not in the mood of this and that, he will just come, and you end up giving yourself even when you don't feel it for the sake of peace." (*SP, 40 years, DRC)

As reported by the above participants, O'Connor and Colucci (2016) also noted that sexual violence included unacceptable sexual practices such as forcible oral sex, sex during menstrual periods or when the woman partner is unwell. Thus, findings of the current study correspond with literature discussed above. Afroz et al.'s (2021) findings also show that some participants experience sexual abuse from their intimate partners. One participant reported that she was infected with an STI because her intimate partner had multiple-concurrent sexual partners.

Overall, migrant women experienced sexual abuse. In their narratives of sexual abuse, they reported experiencing rape in their intimate relationships, partners forcing sexual intercourse when they had their monthly period or were unwell, and some were forced into oral sex. Some migrant women in the current study were infected with STIs. This suggests that men intimate partners may use sexual abuse as a way of showing their control and dominance over women. Several studies have shown that sexual abuse is viewed as a taboo hence less discussed in various African cultures. Because sexual abuse is not openly discussed, it allows their men intimate partners to maintain control in relationships, and they continue sexually abusing women. Previous studies also showed that sexual abuse has been associated with other problems such as post-traumatic stress disorder, gynaecological problems, STIs, and chronic stress.

4.3.1.4 Economic abuse

Findings show that migrant women experienced economic abuse from their intimate partners. The economic abuse was experienced when participants' partners withheld money for use in the household or implemented restrictions on the usage of the money. Some participants reported that their intimate partners did not allow them to eat food in the house. In addition, the key informant identified economic abuse as among the main forms of domestic violence that were experienced by migrant women. Below are some of the responses from participants in relation to economic abuse:

"It was very hard, sometimes he did not pay rent or buy food, but he was working a nice job and nice money but he could not buy anything for me even a panty or hair food. I had to fight

*so he could give me the money. He would give R300 for each child and with that money we were supposed to use it for the whole month, so it was very hard." (*AN, 37 years Burundi*)*

"Sometimes I would spent 3 days without eating anything. Even if he buys the food, the next thing he can even tell you not to eat it." (PM, 45 years, Zimbabwe)

Some participants reported having experienced economic abuse when their intimate partners did not allow them to work. This restricted them to be financially independent.

"He knew what he wanted, if I say I want to work or study, he would not allow me to do that." (BS, 36 years, DRC)

Other participants reported that they experienced physical abuse when they were earning more money than their intimate partners.

"I have experienced the beatings. Last year towards Christmas, we couldn't understand each other because of the messages that were in his phone. I wanted him to explain what was happening. I bring in more income in the house and he brings in nothing at the moment because he is not working." (MK 28 years, Zimbabwe)

The overall findings of this study suggested that all migrant women experienced economic abuse. This was experienced when migrant women's intimate partners were withheld money to use in the household or restricted the ways that the money was supposed to be used. Furthermore, some participants in the current study associated economic abuse with not being allowed to work by their intimate partners. Thus, restricting them from financial independence. These findings confirm those reported by Mehta and Gagnon (2016) that abuse is common among migrant women who are financially dependent on their partners. This can be caused by men not allowing their women intimate partners to work – forcing women into financial dependence on men.

Findings also revealed that other participants experienced physical abuse from their partners when earning more money than their partners. This finding corroborates the study that was conducted by O'Connor and Colucci (2016) which reported that a migrant woman is likely to experience physical abuse if she is employed, and earning a salary close to or higher than her partner's. Erez (2009) reported that for migrant women who were working, they experienced abuse and domination from their partners. Migrant women controlled little to none of the money they earned.

In conclusion, this sub- theme showed that migrant women experienced economic abuse. This might be attributed to that most of them were not permanently employed. When the COVID-19 induced lockdown started, most migrant women lost their jobs hence they could not support themselves and their children. Financial dependence on their men intimate partners forced migrant women to be economically abused. Multiple studies have shown that migrant women that experience domestic violence are more likely to also be isolated mostly because of language barriers and lack of knowledge regarding services that may help them out of this situation (Hiaralal, 2017; Mbiyozo, 2018; Farley, 2019; Lormbadi, 2017).

4.3.2 Theme 2: Support systems received by migrant women

Findings revealed that some migrant women received support from their families, friends, church, NGOs working with migrant women, and the hospitals during COVID-19 induced lockdowns period. The key informant also identified the church as the first option for migrant women to seek support because most of them did not have extended family members. Those who had family members did not feel free to share their problems with family because they were afraid of being judged.

4.3.2.1 Family and friends

Six out of 17 participants were able to seek support from their relatives and friends. However, the key informant reported that most migrant women did not have extended family members in South Africa. Those who had extended family members did not feel free sharing their problems with them because they avoided being judged. This is illustrated by the following quotes:

"Yes, that time, my relatives were very supportive, they tried to support me and the children. Even his family, they tried to come and talk to us and resolve the problems." (LG, 41 years, Zimbabwe)

"Seeing from my situation that I was afraid I was going to be depressed. I had lost so much weight .and had an unplanned pregnancy. So because of all of this, I just opened up to my family." (SP, 40 years, DRC*)*

Some participants did not seek any support or help from family members because they did not have any family in the country. Other participants who did not seek help from family and friends mentioned that they felt embarrassed to talk about being beaten by their partners:

*"I don't have family here in South Africa, my siblings are also not working back in Nigeria, and so no one supported me." (*WS, 37 years, Nigeria)

"I did not tell anyone about the abuse that was going on. I think it's embarrassing to tell people that your partner is beating you. So, I did not get any support from family or friends." (MN, 38 years, Zimbabwe)

Similarly, Mehta and Gagnon's (2016) study states that friends and relatives are the first people that migrant women turn to for material and emotional help or support during abuse. In addition, ties with family and friends were important in providing support to migrant women during the COVID-19 pandemic (Mbeve et al., 2020; Mulu & Mbanza, 2021). Makuch (2021) reported that it is common for women who suffer physical abuse to want to keep the situation private as a personal matter, because they believe that making the situation public will bring shame to themselves.

From the current study's findings, some participants were able to seek support from their families and friends whilst most did not. This suggests that most migrant women did not talk about their physical abuse with their families and friends because they were afraid of being judged. Owing to shame and secrecy that surrounds domestic violence, migrant women continue to be vulnerable to abuse because they do not talk about it to seek help and support.

4.3.2.2 Church visitation

Some migrant women reported that they received support from the church. In total, out of the 17 participants, only 10 participants received support from church. Participants viewed the COVID-19 induced lockdown period as a difficult time for them. They were not working and did not receive any money to support their children. Resultantly, they went to church for support. From church, migrant women participants received support in form of counselling, food, and monetary donations. The key informant also reported that church was considered the first preference by migrant women in seeking support. Migrant women reported:

*"The only person that I would call was my pastor. He was also helping us financially with the children by buying food and clothes for the children." (*OS, 38 years, Nigeria*)*

"I also approached my elder from Roman Catholic Church, if he could come and talk to us about what was happening in my marriage." (SP, 40 years, DRC)

But the other seven participants did not seek any support from the church because they were not part of any congregation. These were some of their responses:

"I have never gone to church, and I don't have a congregation that I am going to." (MK, 28 years, Zimbabwe)

These findings confirm those reported in Mutambara et al.'s (2021) study that state that migrant women depended on the support from civil society organisations such as the church. The church played an important role in helping migrant women by distributing monetary and food aid to them. In addition, Mulu and Mbanza (2021) reported that social networks and churches were important in helping migrant women cope during the COVID-19 pandemic.

Overall, most of the migrant women in this study were able to seek support in form of food parcels, monetary donations, and counselling from the church during the COVID-19 induced lockdown period.

4.3.2.3 NGOs working with migrant women

All migrant women mentioned that they received support from JRS. They stated that the organisation offered them assistance in form of food parcels and rentals for a few months. Emotional support was also offered to migrant women through counselling, and support groups. Furthermore, the key informant reported that there was a skills programme that was the main part of JRS women empowerment. After migrant women attended skills programmes for 5 to 6 months, they were linked to saloons so that they could secure a job. Below are some of the responses from participants:

"I was assisted by JRS when they gave me money for rent and food. It was not easy at the beginning but its better now." (TN, 23 years, Tanzania)

"I want to start my own make-up shop if I can get stuff. From the skills that I got from JRS. Now doing massages, make-up, nails and hair." (GT, 23 years, Burundi)

"I was introduced to JRS and I received support for paying rent and food parcels as well as counselling. I also got skills on doing hair, nails and massage. With the skills that I received from JRS I want to open my own business, open my spa and salon and be independent." (HK, 49 years, Zimbabwe)

Findings in this study revealed that all migrant women participants visited an NGO for support. The above are similar to those from a study that was conducted by Mehta and Gagnon (2016) that found that a variety of community organisations were visited by migrant women. In most cases migrant women visited these organisations to seek help after they had been abused by their intimate partners. This notion is also reported by Mulu and Mbanza (2021) that NGOs

played an important role in providing social protection to vulnerable migrant women during the COVID-19 induced lockdown period.

The current study's migrant women participants visited one NGO (JRS) that was working with migrant women for assistance and support. NGOs are well-known to play an important role in providing support to vulnerable groups in the community.

4.3.2.4 Hospital visitation

Out of all the 17 participants, only six sought medical attention after experiencing physical abuse. The key informant also reported that migrant women only sought medical attention if they were injured by their intimate partners. Here are some of the responses:

"Yes, when he beat me, I had to go to the hospital because it was bad, it was not that beating when you wake up in the morning you take Panado no, my head, face, and leg were swollen." (AN, 37 years, Burundi*)*

Five participants who did not seek medical attention reported to not have valid legal documentation. Here are some of the responses:

"Because as a foreigner I didn't have enough papers and two, I was afraid that if I report him, where I was going to stay." (PM, 45 years, Zimbabwe)

Some migrant women reported that they were ashamed of what had happened to them, hence they did not go to the hospital after the physical abuse:

"I felt ashamed, I was having black eyes and I decided to stay indoors, because I didn't want people to ask me what happened to me. I felt like at the hospital they would need a police report to show there was abuse, so I avoided all those things and decided to stay indoors." (LG, 41 years, Zimbabwe)

Findings in theme show that firstly, few migrant women were able to seek medical attention after the physical abuse. Mehta and Gagnon (2016) reported similar findings by stating that migrant women were able to seek health services after the physical abuse. Erez (2009) mentioned that some migrant women required hospitalisation to treat the injuries that resulted from the battering.

Secondly, the current study found that the lack of valid legal documentation restricted migrant women to seek medical attention after the physical abuse. These findings mirror those reported by Mutambara et al. (2021) that in South Africa there are existing barriers to healthcare for

migrant women. In most cases migrant women are deprived by their legal status and xenophobia amongst health staff (Mbiyozo, 2018). The current study's participants mentioned that they were dismissed, chastised, or made to wait longer than South Africans. Pregnant migrant women reported that medical staff criticised them for having too many children in South Africa (Mutambara et al., 2021).

Furthermore, findings in the current study revealed that some migrant women did not seek any medical attention after being victims of physical abuse because they felt ashamed of what had happened to them. Similarly, Lemma et al. (2021) reported that domestic violence is not discussed openly because of the shame that is associated with it. Domestic violence is viewed as a private matter and the fear of public shame influences how women respond to the abuse. In addition, Erez (2009) reported that marital problems were to be kept private and should not be disclosed to anyone else.

4.3.3 Theme 3: Employment status of migrant women

The social and economic factors such as income, education, employment, and social support can strongly affect people's ability to make appropriate choices in life. As shown in the demographic information of the participants, 15 participants attained grade 12, one participant grade 7, and one participant an honour's degree. All 17 participants were not permanently employed. Before the COVID-19 induced lockdowns started, most participants were employed, but they subsequently lost their jobs. Therefore, by the time of this study, most participants were involved in part-time jobs such as being domestic workers, some were self-employed as hairdressers in salons, and selling foodstuffs from their countries. Participants associated unemployment with their lack of valid legal documents to work in the country. The key informant identified socio-economic problems which were, lack of employment or lack of income as main factors that rendered migrant women vulnerable and caused them to experience abuse from their intimate partners. A few extracts to support this are presented below:

"I am currently self-employed, working in a salon doing hair." (MN, 38 years, Zimbabwe)

"I am a qualified nurse from my country but it has been difficult to get a job here in South Africa because of papers. I have 13 years now using an asylum seeker paper but I can't work." (EV, 44 years, DRC)

"I am working part-time as a beauty therapist." (GT, 23 years, Burundi)

"I have a degree in Commerce. I have been here for a long time, and looking for a job has been quiet difficult that is why I decided to start something on my own and with also my age, job opportunities are becoming very slim." (SP, 40 years DRC)

Generally, the findings of the current study showed that all the participants were not permanently employed. The above findings support those from Gillespie's (2022) study that revealed the lack of employment opportunities made some migrant women vulnerable by increasing their reliance on abusive intimate partners.

According to Mutambara et al. (2021), after the COVID-19 induced lockdown, many migrant women were not able to return to their previous employment hence they experienced permanent job and income losses – which forces most migrant women to remain in abusive intimate relationships where they may earn a living. Yet migrant women that are undocumented already find it hard to secure jobs in the formal sector hence they become informal traders (Mbeve et al., 2020; Mbeve & Ngwenya, 2022; Raniga & Fitshane, 2022). Hiralal (2017) also stated that the informal sector has been an important source of livelihood for many migrant women.

Overall, most migrant women in the current study were not permanently and formally employed. This might be attributed to the fact that most of them did not have valid legal documentation to work in South Africa. That is why most of them were working as domestic workers and in salons to look after their children and families back in their home countries. The lack of source of income during the lockdown period made migrant women stay with their abusive partners because they could not provide for themselves and their children.

4.3.4 Theme 4: Views from migrant women on how these experiences can be mitigated

Migrant women reported their own views on the ways to mitigate domestic violence. Their views, discussed in this theme, can help in designing ways to deal with domestic violence that is experienced by migrant women. Migrant women's views included empowering themselves, sharing of experiences and coping strategies and working together as migrant women to come up with solutions and to leave abusive relationships.

4.3.4.1 Need for women empowerment

Migrant women spoke about women empowerment, where they are financially independent and not to depend on their partners financially. This is illustrated by the following quotes:

"Domestic violence is very painful, when you come out of the relationship, that's when you are traumatised because you remember everything that happened to you, the way he was beating you. Women should work for themselves and not depend on men. When you don't have your own money that is when men start abusing you." (AN, 37 years, Burundi)

"Women need to empower themselves. Working for themselves and their children is the only way to avoid being abused." (MN, 38 years Zimbabwe).

Overall, most participants felt there was need for women empowerment in order to take care of themselves and their children. Empowerment can only be attained through employment and learning skills to generate an income. The above findings support those from Karulkar's (2020) study which revealed that financial independence and education are fundamental ways of empowering a women. By being financial independent, a woman becomes self-sufficient and would not need to depend on anyone else.

4.3.4.2 Sharing of experiences and coping strategies

Most participants felt the need for sharing their experiences and coping strategies with one another. This is illustrated by the following quotes:

"All I can say to all the ladies, let's put our heads together, the more we share the problems, the more we can come up with solutions in dealing with domestic violence." (PM, 45 years Zimbabwe).

Findings showed that participants viewed sharing of experiences and coping strategies as a way of dealing with abuse. These findings mirror those reported by Karulkar (2020) stating that women can share their experiences with each other which would give them support and share coping strategies. Self-disclosure is therapeutic and healing.

4.3.4.3 Engage more migrant men in support groups

The key informant who is also a social worker working with migrant women suggested that involving more migrant men in support groups to help with dealing with domestic violence among migrant women. Thus, using the support groups to educate migrant men on how migrant

women feel about, and what should be done to reduce the incidents of GBV. Below was the key informant's response:

"We need to introduce discussion forums with men and discuss more on the issue of domestic violence. The men should be given a platform to express themselves, being given a space to offload so that when they go back home, they are relaxed and would be able to cope with what is happening at home. Also to equip them with coping mechanisms. I should also add and say that there are migrant men who have been victims of GBV, some were soldiers in their country of origin and were sexually abused, and they still carry that inside them. If we do not give them a platform to narrate their stories, not that it's an excuse to abuse their partners but it's for them to be able to become aware and be able to deal with that previous abuse." (MS, Key informant, Social worker)

From the above findings, participants provided their views, and most of them suggested the need for women empowerment and sharing of experiences and coping strategies. Thus, working together as migrant women to come up with solutions and leaving abusive relationships. Participants did not mention anything on policies and legislations that are formulated in South Africa, and globally to eradicate GBV against women. This could be because they were not aware of these policies and legislations as migrant women in a foreign land, or were not educated about them.

The existing legislations include the Constitution of the Republic of South Africa, The Domestic Violence Act 116 of 1998, Criminal Law (Sexual Offenses and Related Matters) Amendment Act 32 of 2007, Protection from Harassment Act 17 of 2011, and Maintenance Act 99 of 1998 (Gutura & Nunlall, 2020). Mukanangana et al. (2014) lists some of the global policies that were formulated to eradicate GBV against women. These policies include The Convention on Elimination of all Forms of Discrimination against Women of 1979, The UN General Assembly of 1993, Fourth World Conference on Women: Action for Development, Equality and Peace held in Beijing, China, in 1995, The Declaration on Gender and Development on the Prevention and Eradication of Violence against women and Children of 1997, and the Domestic Violence Bill of 2006.

4.4 Research findings related to study objectives

The current study's findings fulfil the objectives of the research study. The objectives of the study were (1) to identify the experiences of domestic violence among migrant women during

the COVID-19 induced lockdown period of 2020-2021 in Johannesburg, GP. All 17 participants narrated their experiences of domestic violence through interviews. These forms of abuse included physical, emotional, sexual, and economic abuse. The key informant identified physical and emotional abuse as some form of abuse which were often reported by migrant women when they visited JRS.

The second (2) objective was to determine if migrant women who experienced domestic violence accessed any support systems during the lockdown period. All participants identified different support systems that they received and these included family, friends, church, NGOs working with migrant women, and hospitals. The third (3) objective was to ascertain the socio-economic determinants that make migrant women more vulnerable to domestic violence. The findings showed that all the 17 participants were not permanently or formally employed. They were involved in part-time jobs such as being hairdressers and domestic workers. Abuse is common among migrant women who are financially dependent on their partners. Because of the COVID- 19 pandemic most migrant women lost their jobs and they became vulnerable to abuse from their partners. The final (4) objective was to elicit views from migrant women domestic violence survivors, on how their experiences can be mitigated. All the 17 participants had different views on how domestic violence could be mitigated. These included empowering themselves, engaging more migrant men in support groups, sharing of coping strategies, women sharing their experiences of domestic violence in support groups so that other women can make wise decisions and working together as migrant women to come up with solutions and to leave abusive relationships.

My involvement and observations in the study were also an important aspect to put into consideration. As I was listening to migrant women's stories of abuse that they experienced, I felt sad when some of the participants started crying when narrating what they experienced at the hands of their partners during the COVID-19 pandemic. Information from the findings also showed that migrant women experienced different forms of abuse from their partner's namely physical, emotional, sexual and economic abuse. Migrant women received support from their families and friends, church and organisations that work with migrant women. Most of them had lost their jobs during the lockdown period and it was difficult for them to look after themselves and their children. Some of them continued staying with their abusers because they didn't have anywhere to go and did not have any source of income.

4.5 Conclusion

This chapter reported on the findings of the study in relation to the main objectives. The first part of the chapter described the demographic information of all participants. Four themes that emerged from data analysis were discussed in detail. The first theme discussed different forms of domestic violence that was experienced by migrant women who participated in this study. The second theme described different support systems that were used by migrant women. The third theme discussed the current employment status of the migrant women, and the last theme discussed the views of migrant women on how their experiences of GBV can be mitigated.

CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This final chapter provides a summary of the main findings, conclusions, and recommendations for further research. The purpose of this study was to explore the experiences of domestic violence among migrant women during the COVID-19 lockdown period of 2020-2021 in Gauteng.

The objectives were:

- To identify the experiences of domestic violence survivors among migrant women during the COVID-19 lockdown period of 2020-2021 in Gauteng.
- To determine whether migrant women who experienced domestic violence accessed any support systems during the COVID-19 lockdown period of 2020-2021 in Gauteng.
- To ascertain the socio-economic determinants that makes migrant women to be more vulnerable to domestic violence.
- To elicit views from migrant women survivors of domestic violence on how these experiences can be mitigated.

5.3 Summary of findings

This study was guided by four main objectives which aimed at addressing the overall aim of the study. Therefore, the bellow conclusions are presented respective to the main themes that fulfilled the research objectives of this study.

5.3.1 Different forms of domestic violence experienced by migrant women

Participants described different forms of violence that they experienced during the COVID-19 induced lockdowns period. The forms of violence experienced were physical, emotional, sexual, and economic abuse. Most participants experienced physical in form of being beaten by their intimate partners using hands (slapping, strangling, and fists) or objects in the house, their heads slammed on the wall. Participants also reported being kicked, stabbed with a knife, and their clothes being torn. Other participants described physical abuse as being beaten by their intimate partners while pregnant. The key informant understood physical abuse as the most common form of abuse which was often reported during the COVID-19 induced lockdown period.

Most participants described emotional abuse as shouting, hurtful words, insulting, controlling, and humiliation from their intimate partners. The key informant also identified emotional abuse as one of the types of domestic abuse that were often reported by migrant women. Most participants, experienced sexual abuse in form of rape from their intimate partners, being forced to engage in oral sex, partners wanting to have sex when they were on their monthly period or were unwell. Some participants were infected by STIs because their intimate partner or spouse was involved in multi-concurrent sexual partnerships. All the participants described economic abuse as when their intimate partners withheld or restricted the use of money in the house, and not being allowed to eat the food in the house by their spouses and partners. Some participants associated economic abuse with their intimate partners not allowing them to work, thus, restricting them from economic independence. In other cases, participants faced abuse because they were earning more money than their partners.

5.3. 2 Support systems received by migrant women

Participants were able to seek support from their families, friends, church, NGOs working with migrant women, and the hospital. A few participants received support from their family and friends but most participants narrated that they did not have family in South Africa. Most participants received support from church, and those who did not, they were not attending church. All participants received support from JRS. They reported that they received counselling, financial assistance, and joined a skills development programme. After experiencing physical violence, few participants received help from the hospital. Those who did not receive help from the hospital they did not have access because of various reasons such as a lack of valid legal documentation, and others were ashamed of what had happened to them.

5.3.3 Employment status for migrant women

All migrant women participants were not permanently employed. They were involved in part-time jobs such as being domestic workers, self-employed, working in hair salons, and selling foodstuffs from their countries of origin. Participants associated unemployment with lack of valid legal documents that could allow them to work in South Africa.

5.3.4 Views from migrant women on how these experiences can be mitigated

Participants gave their own different views on how domestic violence can be mitigated. Most participants spoke about women empowerment, working together as migrant women to come up with solutions and leaving abusive relationships.

5.4 Conclusions

Findings have shown that domestic violence was part of everyday life during the COVID-19 induced lockdown period for the migrant women. This was revealed from migrant women's narratives of their experiences of domestic violence. They described different forms of domestic violence which included physical, emotional, sexual, and economic abuse. Several studies have shown that the cause of domestic violence is rooted in male domination and gender inequality in a patriarchal system. The violence and vulnerability which was experienced by migrant women were associated with the patriarchal system.

Domestic violence against women was already a global and public health problem before the COVID-19 induced lockdowns. The confinement measures that were placed by countries increased domestic violence among migrant women as they were locked in their homes with their abusers. They were restricted to seek help and support from families, friends, church, and other organisations. Furthermore, findings from this study revealed the different support systems that were received by participants during the COVID-19 induced lockdown period. They received support from their families, friends, church, NGOs working with migrant women, and hospitals.

However, it was noted that some participants did not seek any form of support because of the shame that is associated with domestic violence. Findings revealed the employment status of migrant women. It was found that all participants were not permanently employed, hence they were involved in part-time jobs to secure an income and cater for their children. Various studies conducted on domestic violence and migrant women indicated that the lack of valid legal documentation to work and their dependence on their partners increases their vulnerability to domestic violence.

5.5 Recommendations

The following recommendations emerged from the study's findings.

5.5.1 Women empowerment

Migrant women need to be empowered so that they become financially independent. This can be done through supporting the existing programmes that facilitate financial independence among migrant women and they should be easily accessible. Additionally, migrant women empowerment can be done through the introduction of programmes that can directly benefit

them. Programmes such as offering migrant women skills on small scale business initiatives to enhance their economic status.

5.5.2 Awareness campaigns on domestic violence among migrant women

These could be awareness campaigns including different stakeholders that focus on fighting domestic violence against migrant women. NGOs working with migrant women can offer awareness campaigns through outreach community meetings with migrant women. During these gathering meetings NGOs would share information on domestic violence, its different types, its health consequences, and available pathways for migrant women.

5.5.3 Research

This study only explored migrant women domestic violence survivors' experiences and used a small sample that was accessed from one NGO. Future studies could incorporate a larger sample from different NGOs working with migrant women. There is a need for further studies to be conducted within the migrant community to better understand the dynamics and challenges that are faced by migrant women on domestic violence. Further research would benefit the migrant women better when developing programmes and interventions that investigate existing and long-term challenges that are experienced by migrant women.

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APPENDICES

1. **Ethics clearance certificate**
2. **Participant information sheet**
3. **Participant information sheet – key informant**
4. **Consent form**
5. **Interview guide for participants**
6. **Interview guide – key informant**
7. **Permission letter**

APPENDIX A: Ethics clearance certificate

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

Research Office

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

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H22/07/08**
PROJECT TITLE	The experiences of migrant women survivors of domestic violence during the COVID-19 lockdown period of 2020-2021 in Gauteng
INVESTIGATOR(S)	Ms P Guduza
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	22 July 2022
DECISION OF THE COMMITTEE	Approved Risk Level: Medium
EXPIRY DATE	18 August 2025
DATE 19 August 2022	**CHAIRPERSON** _____ (Professor J Watermeyer)

cc: Supervisor : Dr M Nathane- Taulela

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 submit an amendment of the protocol to the Committee. **I agree to completion of a regular progress report. For Minimal and Low studies, this is due annually on 31 December. For Medium and High Risk studies, this is due twice annually on 30 June and 31 December.**

_____ **Signature**

20 /08 /2022 **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX B: Participant information sheet



04 August 2022

Tittle of the study: **The experiences of domestic violence survivors among migrant women during the COVID -19-lockdown period of 2020-2021 in Gauteng.**

Good day

My name is Pamela Guduza and I am a postgraduate student registered for the degree MA in Social Work at the University of the Witwatersrand. As part of the requirement for the degree, I am conducting research regarding the experiences of domestic violence survivors among migrant women during the COVID-19 period of 2020-2021 in Gauteng.

As a member of the migrant community, you are ideally positioned to contribute to my research. I therefore wish to invite you to participate in my study. If you agree to take part, I will arrange to interview you at place and time that is suitable to you. The COVID-19 safety precautions will be followed.

During the interview, I will ask some open-ended questions relating to your experiences of domestic violence as a migrant woman during the COVID-19 lockdown period of 2020-2021. The interview will last approximately 30-45 minutes. If you decide to participate, I will ask your permission to tape-record the interview.

The interview will be confidential and anonymous. When I share the results of the research study, I will not include your name or anything else that could identify you. If you choose to participate, you may withdraw from the study at any time and your participation would be voluntary. If you agree to participant, you will not be advantaged or disadvantaged in any way. Even though participation in this research study will not have a direct personal benefit to you, your participation could help broaden knowledge in the discipline of social work in mitigating domestic violence among migrant women in the country.

Some of the questions asked may make you feel sad or upset. If this happens, I will stop the interview and continue another time. You may also refuse to answer any questions that you feel uncomfortable with answering. If you need some support or counselling services following the interview, these are available free of charge at Jesuit Refugee Service. The name of the counsellor is Ms Beata Sebakwiye, Social worker (SGBV) and the contact details for the counselling service is 0871642333. I would also want to let you know that I accessed your contact details from the social worker at Jesuit Refugee Services under their Sexual Gender Based Violence (SGBV) program.

This research study will be written up as a research report. The report will be available on the university library website. If you would like to receive a summary of this report, I will be happy to send it to you. The data collected from this research study will be digitally stored in a password-protected computer for five years.

If you have any questions during or afterwards about this research study, feel free to contact me or my supervisor on the details listed below. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za.

Yours sincerely

Researcher: Pamela Guduza

Email: 2491193@students.wits.ac.za

Contact: 078 523 8298

Supervisor: Dr Motlalepule Nathane-Taulela

Email: Motlalepule.Nathane-Taulela@wits.ac.za

Contact: 011 717 4471

APPENDIX C: Participant information sheet – Key informants (Counsellors and Social Workers at Jesuit Refugee Service)



4 August 2022

Tittle of the study: **The experiences of domestic violence survivors among migrant women during the COVID -19-lockdown period of 2020-2021 in Gauteng.**

Good day

My name is Pamela Guduza and I am a postgraduate student registered for the degree MA in Social Work at the University of the Witwatersrand. As part of the requirement for the degree, I am conducting research regarding the experiences of domestic violence survivors among migrant women during the COVID-19 period of 2020-2021 in Gauteng.

As an employee of the Jesuit Refugee Service, as a counsellor or social worker, you are ideally positioned to contribute to my research. I therefore wish to invite you to participate in my study. If you agree to take part, I will arrange to interview you at place and time that is suitable to you. The COVID-19 safety precautions will be followed.

During the interview, I will ask some open-ended questions relating to your experiences with domestic violence survivors among migrant women during the COVID-19 lockdown period of 2020-2021. Under the SGBV programme in your organisation. The interview will last approximately 45-60 minutes. If you decide to participate, I will ask your permission to tape-record the interview.

The interview will be confidential and anonymous. When I share the results of the research study, I will not include your name or anything else that could identify you. If you choose to

participate, you may withdraw from the study at any time and your participation would be voluntary.

If you need some support or counselling services following the interview, these are available free of charge at Jesuit Refugee Service. The name of the counsellor is Ms Beata Sebakwiye, Social worker (SGBV) and the contact details for the counselling service is 0871642333.

This research study will be written up as a research report. The report will be available on the university library website. If you would like to receive a summary of this report, I will be happy to send it to you. The data collected from this research study will be digitally stored in a password-protected computer for five years.

If you have any questions during or afterwards about this research study, feel free to contact me or my supervisor on the details listed below. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za.

Yours sincerely

Researcher: Pamela Guduza

Email: 2491193@students.wits.ac.za

Contact: 078 523 8298

Supervisor: Dr Motlalepule Nathane-Taulela

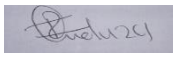
Email: Motlalepule.Nathane-Taulela@wits.ac.za

Contact: 011 717 4471

APPENDIX D: Consent form for participating in the study

APPENDIX D: CONSENT FORM FOR PARTICIPATING IN THE STUDY

Title of the study: The experiences of domestic violence survivors among migrant women during the COVID -19-lockdown period of 2020-2021 in Gauteng.

Name of researcher: Pamela Guduza Signature: 

I, …….., agree to participate in this research project.

I agree to the following:

(Please circle the relevant options below)

The research study was explained to me. I understand what this study is about.	YES	NO
I understand that I can volunteer to take part in the study	YES	NO
I agree that the interview may be audio recorded.	YES	NO
I agree that direct quotations from my interview may be used by the researcher in their research report.	YES	NO
I agree that my participation will remain anonymous (my name will not be used by the researcher in their research report)	YES	NO
I agree that other researchers may use the information I provide in my interview (depending on their own ethics clearance being obtained) but my name and any personal information will not be used or passed on	YES	NO
I agree that I was told that I can withdraw from participating at any point	YES	NO
I agree that I was provided with contact details of a counsellor	YES	NO

Name of participant……

Signature……

Date……

APPENDIX E: Interview guide for participants

Section A: Biographical Information

Place of residence:

Age Categories:

Nationality:

Level of Education:

Employment status:

Section B:

Interview Guide

Introduce myself; describe the nature of the study and signing of consent forms.

1. Can you tell me about yourself, your place of residence, age, nationality, level of education and your employment status?
2. Could you tell me more about the experiences of violence you have experienced in your relationship with your partner?

a) Tell me more about the different ways in which the violence was inflicted on you.

3. Were there any support systems that you received during the lockdown period on domestic violence?

a) Were you able to talk to friends and relatives about the domestic violence that was happening?
b) Did you seek any medical attention?

4. Could you tell me more about what lead to incidences of violence?

a) Were there any changes in your partner's behaviour during the lockdown period, meaning in the way he spoke to you, raising of his voice, the use of demeaning words or any physical abuse like pushing and slapping?
b) What was your source of income prior to the lockdown period?

5. Have you disclosed any information about the violence to either a friend, relative or religious leader or health care professionals?
6. Did you reach out to any family members for help when you experienced the violence?

a) Is there anything else about the topic that you would like to add or talk about before we finish?

APPENDIX F: Interview guide – Key informants

INTERVIEW GUIDE: KEY INFORMANTS: Counsellors and social workers at Jesuit Refugee Service

1. Share with me some of your observations on the violence experienced by migrant women.
2. In your experience with working with migrant women and domestic violence, what can you say about the cases that you worked with during the lockdown period of 2020-2021?
3. Do migrant women who experience domestic violence seek any support from friends, relatives, religious leaders or health care professionals?
4. In working with migrant women and domestic violence, what could be the socio-economic problems that they face which increases their vulnerability to domestic violence?
5. What are the different types of violence that the migrant women experience?
6. What services are available to migrant women survivors of domestic violence that are seeking help?
7. What can you say was the worst case of domestic violence that you have attended to with migrant women?
8. Any suggestions on how the problem of domestic violence among migrant women can be mitigated?
9. Is there anything else on the topic that you would like to add or talk about before we close?

APPENDIX G: PERMISSION LETTER

PERMISSION LETTER FROM JESUIT REFUGEE SERVICE

28 JUNE 2022

For Attention: Dr M Nathane-Taulela

University of Witwatersrand

RE: RESEARCH TO BE CONDUCTED IN JESUIT REFUGEE SERVICE

Dear Dr M Nathane-Taulela,

With this letter, JRS is giving permission to Ms Pamela Guduza, a master's degree social work student from the University of Witwatersrand, to conduct her research in our organisation.

We have a project that offers livelihood programmes to the refugees, asylum seekers, South Africans and migrants women staying in the urban cities and surroundings of Pretoria and Johannesburg. Within this bigger project, we have a subprogram focusing on victims and survivors of Gender Based Violence (GBV) victims. JRS will be able to provide the student with a list of refugees, asylum seekers and migrant women, who are victims or survivors of GBV of which the student will contact and seek permission and consent from them to conduct her research. JRS will also provide her with the venue to conduct the interviews. We believe it is a wonderful research project and we will offer her our support in any way possible.

If you need more information, do not hesitate to contact our SGBV social worker, Beata Sebakwiye on 0871642333 or 076 418 6397.

Mr Jacob Skhosana



Country Director

JRS South Africa