

https://dspace.org/

Military psychologists' perspectives on managing intimate partner violence in the military context

Matsemela, Plantinah Raisebe

2023-06

University of the Witwatersrand, Johannesburg

https://hdl.handle.net/10539/40028

Matsemela, Plantinah Raisebe. (2023). Military psychologists' perspectives on managing intimate partner violence in the military context. [Master's dissertation, University of the Witwatersrand, Johannesburg]. WIReDSpace. https://hdl.handle.net/10539/40028

Downloaded from a DSpace repository. https://dspace.org/

MILITARY PSYCHOLOGISTS' PERSPECTIVES ON MANAGING INTIMATE PARTNER VIOLENCE IN THE MILITARY CONTEXT

By

PLANTINAH RAISEBE MATSEMELA

A Masters Thesis

Submitted to the Department of Psychology

University of the Witwatersrand

In partial Fulfilment of the Requirements

For a Master's in Social and Psychological Research Degree

June 2023



Supervisor: Dr Daniella Rafaely

Declaration

I, Plantinah Raisebe Matsemela (student no.: 1113401) am a student registered for Masters in Social and Psychological Research in the year 2023. I hereby declare the following:

- I am aware that plagiarism (the use of someone else's work without their permission and/or without acknowledging the original source) is wrong.
- I confirm that the work submitted for assessment for the above course is my own unaided work except where I have explicitly indicated otherwise.
- I have followed the required conventions in referencing the thoughts and ideas of others.
- I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing.

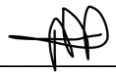
Signature:  Date: 11/10/2023

Table of Contents

Declaration **2**

List of Acronyms and Abbreviations **7**

Overview **9**

Chapter 1: Introduction **10**

1.1 Problem Statement 10

1.2 Aims and Objectives 12

1.3 Rationale 12

Chapter 2: Literature Review **14**

Section 1: The Military 14

2.1.1 The South African National Defence Force 14

2.1.2 The Structure of the SANDF 16

2.1.3 Roles and Responsibilities of the SANDF 16

2.1.4 The SANDF Policy and Guidelines 17

Section 2: Military Psychology 17

2.2.1 Clinical and Counselling Psychology Professions 17

2.2.2 Ethical Dilemmas in Military Psychology 18

2.2.3 Military Psychologists' Roles 20

2.2.4 Psychological Services 21

2.2.5 Common Approaches to Therapy 22

Section 3: Intimate Partner Violence 23

2.3.1 Gender-Based Violence and Intimate Partner Violence in the DOD 23

Section 4: Causes of IPV 24

2.4.1 Hypermasculinity, Power struggle and Patriarchy 24

2.4.2 Religious Beliefs 26

2.4.3 Justice System 27

2.4.4 Stigmatisation and a Lack of Support Structure 27

2.4.5 Childhood Trauma (Post-Traumatic Stress Disorder [PTSD]) 28

Section 5: IPV and Mental Health 28

2.5.1 Effects of IPV 28

Section 6: Recent Studies on GBV 29

2.6.1 The Ministerial Task Team (MTT) Key Findings 29

2.6.2 Other Studies....30
Section 7: Research Questions....31

Chapter 3: Methodology....32
3.1 Research Design....32
3.2 Participants....33
3.3 Sampling Method and Procedure....33
3.4 Data Collection....34
3.5 Data Analysis....35
3.5.1 Familiarising Yourself with Data....35
3.5.2 Generating Initial Codes....35
3.5.3 Searching for Themes....36
3.5.4 Reviewing Themes....36
3.5.5 Defining and Naming of Themes....36
3.5.6 Producing the Report....36
3.6 Qualitative Rigour (credibility and trustworthiness)....36

Chapter 4: Ethical Considerations....38
4.1 Autonomy and Respect for the Dignity of Persons....38
4.2 Non-maleficence....39
4.3 Beneficence....39
4.4 Justice....39

Chapter 5: Results....40
5.1 Theme 1: Features of IPV....40
5.1.1. Sub-theme 1: National Problem....40
5.1.2 Sub-theme 2: IPV is not Gender Bound....41
5.1.3 Sub-theme 3: Any Form of Abuse....42
5.2 Theme 2: Causes of IPV in the Military....45
5.2.1 Sub-theme1: Nature of Work....45
5.2.2 Sub-theme 2: Military Culture....46
5.2.3 Sub-theme 3: Rank....48
5.3 Theme 3: Therapeutic Challenges....49
5.3.1 Sub-theme 1: Chains of Command....49
5.3.2 Sub-theme 2: Clash of Statutory Bodies....49
5.3.3 Sub-theme 3: Multiple Roles....50

5.3.4 Sub-theme 4: Stigmatisation of Psychological Services....51
5.4 Theme 4: Managing IPV....52
5.4.1 Sub-theme 1: Therapeutic Approaches....53
5.4.2 Sub-theme 2: Civilian Practices....56
5.4.3 Sub-theme 3: Destigmatising Mental Health....57

Chapter 6: Discussion....59
6.1 Features of IPV....59
6.2 Causes of IPV....60
6.3 Therapeutic Challenges....62
6.4 Management of IPV....64
6.5 Strengths and Limitations of the Findings....65
6.6 Recommendations....66
6.6.1 More Awareness of Psychological Services....66
6.6.2 Destigmatise Psychology Profiles....66
6.6.2 Standardising Supervisory Training....67
6.6.4 Psychology Resilience Programmes....67
6.6.5 Military Psychology Annual Conferences....67
6.6.6 More Psychologists on the Ground....67
6.6.7 Future Research....67
6.6.8 Women Empowerment Programmes....68
6.6.9 Education on Role Shift....68

Chapter 7: Conclusion....69

References....71

Appendix A: Participant Information Sheet....86

Appendix B: Consent Form....88

Appendix C: Interview Schedule....89

Appendix D: Ethical Clearance (1MHREC)....91

Appendix E: Ethical Clearance (University of the Witwatersrand)....93

Appendix F: Request permission to conduct research (Office of the Surgeon General)....95

Appendix G: Request permission to conduct research (SAMHS – Psychology Department).....97

Appendix H: Authority to conduct research in the Department of Defence.....98

Appendix I: Authority for use off Department of Defence (DOD) information 99

Appendix J: Editor's declaration 100

List of Acronyms and Abbreviations

1MREC	1 Military Hospital Research Ethics Committee
ANC	African National Congress
APLA	Azanian People's Liberation Army
ARMSCOR	Armaments Corporation of South Africa
CAR	Central African Region
CBT	Cognitive Behavioural Therapy
CDC	Centers for Disease Control and Prevention
CHA	Comprehensive Health Assessment
CO	Candidate Officer
DI	Defence Intelligence
DOD	Department of Defence
DRC	Democratic Republic of Congo
FDC	Four Dimensions Criteria
GBV	Gender-Based Violence
HCP	Health Care Professional
HPCSA	Health Professions Council of South Africa
IFP	Inkatha Freedom Party
IPV	Intimate Partner Violence
JSCD	Joint Standing Committee of the Defence
MK	Umkhonto We'Sizwe
MP	Military Police
MPI	Military Psychological Institute
MSD	Military Skills Development
MTT	Ministerial Task Team
NGO	Non-governmental organisation
OC	Officer Commanding
PAC	Pan-African Congress
PCT	Person-Centred Therapy

PTSD	Post-Traumatic Stress Disorder
RSA	Republic of South Africa
SA	South Africa/South African
SAAF	South African Air Force\
SADAG	South African Anxiety and Depression group
SADF	South African Defence Force
SAMHS	South African Military Health Service
SANDF	South African National Defence Force
SAPS	South African Police Services
SONA	State of the Nation Address
USA	United States of America
WHO	World Health Organization

Overview

This report comprises seven chapters, references and appendices. Chapter 1 of the report is composed of the introduction, which is broken down into the statement of the problem, the aims and objectives of the study and the rationale. Chapter 2 is the literature review with seven sections. Section 1 looks at the military, its formation, structure, roles and responsibilities, and policy and guidelines. It covers what the military entails. Section 2 outlines the military psychology and its functions in the South African National Defence Force (SANDF). Both clinical and counselling psychologists; scope of practice and ethical guidelines are discussed. Services provided and common approaches to therapy are highlighted. Section 3 discusses Intimate Partner Violence (IPV) and Gender-Based Violence (GBV). It takes this further by describing how they are related and what the differences are. Section 4 discusses causes of IPV, and Section 5 looks at IPV and mental health (what are its long-term and short-term effects). Recent studies on GBV in the military are discussed in Section 6. This covers the Ministerial Task Team (MTT) findings in the year 2020 and other studies conducted in the military. Chapter 3 comprises the methodology, while Chapter 4 lays out ethical considerations. Chapter 5 consists of the analysis of the study results, with the main and sub-themes identified. The discussion, Chapter 6, discusses the results and recommendations of the study. Chapter 7 concludes the report. It is followed by references that informed the conceptualisation of the study, and appendices.

Chapter 1: Introduction

1.1 Problem Statement

South Africa was struck by the COVID-19 pandemic in the year 2020, which resulted in high mortality rates amongst the immune-suppressed individuals (Centers for Disease Control and Prevention [CDC], 2020). This was a moment when the country went into a sudden silence. This brought about a number of changes. Clinics and hospitals were full of COVID-19-infected patients, since more and more people were being infected. Non-governmental organisations (NGOs) (trauma clinics, counselling centres and shelters) were also flooded with women suffering from Intimate Partner Violence (IPV) (South African Anxiety and Depression group [SADAG], 2020). Cases of IPV increased. Researchers recorded that one in seven (15%) people experienced either physical, sexual, psychological or technology-facilitated IPV since the COVID-19 outbreak. This was attributed to lockdown restrictions and other measures devised to decrease the infection rate (Van Gelder et al., 2020). While IPV has always been a concern among the human race, studies reported that there were signs that its severity has escalated and that it was new in relationships where it was never experienced before (Peitzmeier et al., 2021). Mahlangu et al. (2022) highlight several factors that might have increased the prevalence of IPV during this period. They were confinement to a one space, restrictions (in terms of escaping the abusive relationship), a lack of social support, conflict over resources and economic insecurity. Van Gelder et al. (2020) also built up on the points mentioned above. They indicated that isolation, more exposure to psychological and economic stressors and increased negative coping mechanisms might trigger an unexpected wave of IPV. These studies emphasise that measures in order to decrease the spread of COVID-19 might have increased the rate of IPV or Gender Based Violence (GBV) instead.

President Cyril Ramaphosa, in his State of the Nation Address (SONA) in the year 2020, referred to GBV as the second pandemic in South Africa (Ellis, 2020). By saying that, he was emphasising how much of a concern GBV is to the country. According to research, 27% of women and girls, 15 year and older, worldwide have encountered the physical or sexual form of IPV in their lives. It stressed that in South Africa it is one-third or up to 50% (Brits, 2022), meaning that South Africa is one of the countries in the world with the highest rate of GBV. The majority of the population attributed the sudden increase in cases of IPV to lockdown conditions and COVID-19 regulations (Dekel & Abrahams, 2021). Discourses generated from the fact that some married couples or partners living together struggled to adapt to new living conditions and routines (Roy et al., 2022).

Since GBV was regarded as a South African pandemic, the South African military community was also affected by it. This is evident in the statement by Nosiviwe Mapisa-Nqakula, the former Minister of Defence, when she said that the South African National Defence Force (SANDF) is not immune to GBV (Felix, 2020). In her statement she expressed concern over alarming cases of GBV among members of the Department of Defence (DOD) and the civilian world. Studies have also indicated that military members are at a greater risk of becoming victims of IPV or perpetrating it (Jewkes, 2022). The author further pointed out that the military is deeply patriarchal, places more emphasis on toughness, culture and honour, and that this does not only end in the military environment, but filters into intimate relationships and homes and the culture of alcohol consumption. This shows how the military culture contributes to IPV. Studies reported that factors associated with military operations might increase the risk of perpetrating IPV among military members (Kwan et al., 2020). Research was conducted on variables associated with IPV in a deploying military sample (Fonseca et al., 2006). Furthermore, it was found that about 449 members reported IPV in the past. Predictors included less education, less relationship satisfaction, risky alcohol use behaviour, young age and increased stress (Fonseca et al., 2006). All these factors are common in the military environment and they either contribute to a member being a victim or a perpetrator of IPV. While most cases of IPV are deemed social work cases, many of these clients end up consulting with military psychologists, due to mental health issues sustained. However, there are barriers to help seeking. Some members or dependants could benefit from consulting military health facilities or psychological services, but are not able to consult due to a number of reasons. Some of these reasons are a lack of information, fear, a lack of support, a lack of perceived victim support, stigma, military culture and difficulties with coordination between civilian and military judicial services, especially where the victim is a civilian (Alves-Costa et al., 2021). Studies have shown a close association between IPV victimisation and mental health disorders (Sparrow et al., 2017). Since the military is highly bureaucratic and structured, mental health professionals often find themselves having to navigate the system to provide quality mental health services to these victims. The military itself is a unique system and there might be a need to look at IPV differently compared to the civilian world. As much as the military is a part of the country, there are factors that might perpetrate or maintain IPV in the military, compared to the civilian context. The majority of studies have focused on GBV and sexual harassment in the military (Mpumlwana et al., 2020), but perspectives of practitioners who deal with such issues on a daily basis have not been investigated. Currently there is an interim policy on sexual harassment, which was initiated after the study that was carried out by the Ministerial Task

Team (MTT). The interim policy on Sexual Harassment in the SANDF was published in 2022, which mainly focusses on sexual abuse in the workplace. Apart from the work environment, the military culture still prevails since there are military communities in which members live. Once a person is a military member, their immediate family becomes part of the military system. They form part of the military community and are entitled to the military medical scheme. It is the duty of military healthcare professionals to provide health care to the dependants of members. According to research, IPV causes a destruction in military families (Tasso et al., 2016). As much as sexual harassment is a problem in the military, IPV is also a problem. It is the least documented type of violence in the military since it takes place in the households and mostly away from work. The military might not be so concerned about IPV since it does not impact on work performance like sexual harassment does, but it impacts indirectly on members, thereby decreasing productivity in the work context.

1.2 Aims and Objectives

The aim of the study was to understand military psychologists' perspectives on managing IPV in the military community. The objective of the study was to understand the dynamics involved and challenges faced by military psychologist in counselling clients who are going through or have been through IPV, and to identify knowledge gaps and training tailored for addressing IPV cases. In achieving the above-mentioned objectives, the study would have also created an opportunity for mental health practitioners to share their own perspectives on dealing with IPV.

1.3 Rationale

There is a dearth of literature on IPV in the South African Military, since it takes place away from work, behind closed doors. This also comes as a sensitive issue, as the military is the backbone of the country and it is supposed to be a strong structure. This puts military personnel in a position where they believe that they have to be strong at all times and that they do not have to show any weakness. Like any other person in the country, military members go through challenges. GBV, as a plague in the country, affects everyone. IPV is the most prevalent form of GBV and it has received minimal attention due to culture, stigma attached and societal norms. This affects the majority of the military members. It tends to be prominent in the rate of absenteeism, poor work performance and interpersonal challenges at the workplace. While there are social and psychological services available to address such cases, there is limited knowledge and intervention tailored specifically for such cases, especially from a psychological perspective.

The rationale of the study was to generate rigorous research highlighting military psychologists' views on managing IPV in the military community. The knowledge gained from professionals' perspectives would sensitise professional workers, military personnel and authorities about issues pertaining to IPV in the military. Understanding and documenting psychologists' perspectives would further assist in generating more literature on the subject matter and encourage further research. It would further aid in developing well-informed intervention strategies to prevent and manage IPV within the greater military community.

Chapter 2: Literature Review

The literature reviewed explored the SANDF, its origin, structure, composition and role. It further shed some light onto clinical and counselling psychology as specialised fields of psychology, their scope of practice, roles of military psychologists, how the department of psychology is structured, and services provided at the primary (community) and tertiary (hospital) level. The military context is not unique compared to the wider South African community as it functions under the South African Government on the soil of the country. The SANDF community goes through the same issues encountered in the civilian societies (Birkley & Eckhardt, 2015). IPV, as a form of GBV, its causal factors and maintaining factors were also explored. These factors were explored in order to understand IPV in connection to the military context.

Section 1: The Military

2.1.1 The South African National Defence Force

The military started as the South African Defence Force (SADF), which was dominated by white males (Engelbrecht, 2007). It later integrated black males who did not occupy combat positions but served as labourers under white males. White females were also employed under support services later in the 1970s (Stott, 2002). In the 1960s, the African National Congress (ANC) and the Pan-African Congress (PAC) turned to armed struggle to fight against the apartheid state. They established the military wing of the ANC, Umkhonto We'Sizwe (MK), and the Azanian People's Liberation Army (APLA). They were located outside the country, in Tanzania, Angola, Mozambique, Swaziland and Zambia. These armed forces consisted of black women and men. Black women trained alongside men and they occupied combat positions (Heinecken, 2020). After the transition to democracy in South Africa in 1994, all armed forces came together and gave rise to the South SANDF. Among the armed forces, there were Transkei, Bophuthatswana, Venda and Ciskei armed forces and the Kwazulu-Natal self-protection force of the Inkatha Freedom Party (IFP). All armed forces were different in terms of culture and training. The non-statutory forces such as the MK and APLA had to undergo selection and training to be integrated into the SANDF. This marked an era where black women were integrated into the military (Stott, 2002).

After apartheid, with the formation of the SANDF, a black male, Mosiuoa Lekota, was elected as a Minister of Defence (Mongwaketse, 2020). Studies reported that the transformation officially started in 1994 and that the formation of the SANDF was one of the major outcomes of the transformation of South Africa (Bredenkamp & Wessels, 2012). The election of a black

female as a Defence Minister marked a huge transition in leadership. The first female Defence Minister to be elected was Lindiwe Sisulu (2009), followed by Nosiviwe Mapisa-Nqakula (2012), and later Thandi Modise (current). Women were not only integrated into the armed forces. They were also integrated into leadership positions, where they occupied higher ranks.

This is the era where the SANDF saw a need to change the uniform to display their newly found identity (Van Wijk, 2003). Research reported that a change of symbols by the SANDF signalled breaking away from the past. It symbolised a unified identity. Studies refer to the military uniform as an essential symbol in expressing affiliation and loyalty. Dress is considered a significant artefact used to convey identity and values. Perceived adherence to observed cultural elements, like uniform, predicts commitment to the organisation values by its members (Allen, 2017; Haer & Banholzer, 2015; Van Wijk, 2003). This means that a uniform on its own creates a sense of belonging and that when people see an individual wearing a particular uniform, they know to which group they belong. Wearing a military uniform signals that the person belongs to the military community. Since the military is divided into four arms of service, it is through the uniform that the military members are able to know which person belongs to which arm of service. Each arm of service has its own colour and ranks, but the South African Military Health Service (SAMHS) and the Army share the same ranks. Although research argues that different uniform colours and rank structures might have created a division between members (Engelbrecht, 2007), it does contribute to members being committed to their arm of service (Van Wijk, 2003). Camouflage is still standard among the arms of services . It unifies all members, especially in deployment areas. South Africa is the bigger structure that consists of individuals from different cultures, but what makes this interesting is that South Africa has a culture of its own at a country level. As we move from one system to another, from a province to a district, from a district to a community and from a community to an institution, we find cultures that are distinct from one another (Van Wijk, 2003). These are all sub-cultures of the country. South Africa is also a sub-culture of the continent (Africa). The military culture is a sub-culture of the South African culture. Researchers refer to culture as those shared beliefs, values, customs, behaviours and symbols that members of a group adhere to (Van Wijk, 2003, p. 105).

Rank is one of the artefacts of the military. According to studies, it is utilised as a system to grade both seniority and authorities in the organisation (Engelbrecht, 2007). The rank is considered universal and it has been used by militaries for centuries. Rank distinguishes between a commissioned officer and a non-commissioned officer. A commissioned officer is said to hold more authority as they can command a unit. They are trained in leadership and

management in addition to their qualification to the post, while a non-commissioned officer can only get the training when due for a post in management or leadership positions. Commissioned officers are considered more educated. Commissioned officers' ranks start from the candidate officer (CO), first Lieutenant, Lieutenant, Captain, Major, Lieutenant Colonel, Colonel, and Brigadier General up to the Major General.

2.1.2 The Structure of the SANDF

The SANDF is organised into levels. At the level 0, there is the president (executive) followed by the Minister of Defence, the Joint Standing Committee of the Defence (JSCD) that supports the minister in decision-making and the ARMSCOR chairman (Armaments Corporation of South Africa). At level 1 is where the Chief of the SANDF and the Secretary of Defence are positioned. Level 2 consists of the department functions, such as Policy and Planning, Finance, Personnel, Acquisition, Corporate Communication, Legal Services, Intelligence, Command and Management, Information Systems, Logistics and Inspectorate. Provision and preparation of forces functionalities are also at level 2. They include Chaplaincy, Military Police, Reserve Force Advisor, Chief of Service Corps, Chief of Army, Chief of Air Force, Chief of Navy, Surgeon General and Chief of Joint Operations. South African Army (SA Army), Navy (SA Navy), Air Force (SAAF) and the SAMHS all fall under Joint Operations (Engelbrecht, 2007). All the wings serve specific roles in the SANDF. They are interrelated and function interdependently in fulfilling the SANDF's mandate.

2.1.3 Roles and Responsibilities of the SANDF

A guide to the SANDF (2007) divides the roles of the SANDF into three categories, each with its own sub-categories. The first role is to defend against aggression, which is to defend the country against impending threat or danger (Engelbrecht, 2007). The second role is to promote security which is fulfilled through deployment to other countries or within the borders (Van Dyk, 2009). It ensures that the nation's affiliations with other countries are secured, thereby deploying soldiers to other countries to assist in restoring, keeping and enforcing peace. Soldiers who are deployed internally are on the country's borders and those who are deployed externally are in other countries on peacekeeping missions. Deployment is at the core of the first three roles, which shows that most of the military duties involve deploying to other areas in the country or outside of the country. Research reports that deployment on the borders of South Africa used to be the duty of the South African Police Services (SAPS) (Hennop, 2001). Due to an increased demand, the president appointed the military to operate on the borders for both reducing crime and guarding the borders.

The third role is to provide the citizens and the government with support in activities other than war (Engelbrecht, 2007). SAMHS, as a support wing to other arms of service, occupies that role. Its mission is “to provide comprehensive, excellent and self-support multidisciplinary military health service, which ensures a healthy military community” (Engelbrecht, 2007, p. 1). It covers all medical/healthcare professionals under its wing. For the purpose of this study, only military psychologists as part of the SAMHS wing were explored.

2.1.4 The SANDF Policy and Guidelines

The 1996 Constitution of the Republic of South Africa and the 2002 Defence Act (Republic of South Africa [RSA], 2002), both of which establish important principles, serve as the foundation for the country's current defence strategy (Engelbrecht, 2007). Among these principles is the requirement that national security generally reflect South Africans' determination "as individuals and as a nation, to live as equals, to live in peace and harmony, to be free from fear and want, and to seek a better life" (Constitution of Republic of South Africa, 1996).

The main goals of the defence force are to uphold the Constitution and the rules of international law governing the use of force while defending and safeguarding the Republic, its territorial integrity, and its citizens (Engelbrecht, 2007).

The Defence Act 42 of 2002 (RSA, 2002) aims to address both the Republic's defence and related issues. According to Chapter 8, rights of members of the defence force are limited. For the sake of military security and safety of members of the defence force, employees may be subjected to the following: searches and inspections, screening of communications, security clearances, which probe into their private lives, shared accommodation in training. Employees or members might be restricted to communicating information related to the military. A need might also arise, while in service, for members to serve or move anywhere in the Republic or worldwide (RSA, 2002).

Section 2: Military Psychology

2.2.1 Clinical and Counselling Psychology Professions

According to the Health Professions Act 56 of 1974 (Department of Health, 2006), psychology means the profession registered under the Act as a psychologist, psychometrist, registered counsellor, and psycho-technician or in any other category of registration as may be established by the board and section. Clinical psychology is a specialist profession in psychology that provides continuing and comprehensive mental and behavioural health care to individuals and groups across the lifespan. They assess, diagnose, evaluate and treat

psychological and mental health disorders that range from mild to severe and complex (Health Professions Council of South Africa [HPCSA], 2009). Counselling psychology is referred to as a specialist profession that promotes the personal, social and educational functioning and well-being of individuals, couples, families, groups, organisations and communities (HPCSA, 2009). The DOD has both clinical and counselling psychology professionals as practitioners in the SAMHS division. They provide psychological services to the military community and deploy to other countries. Dodd et al. (2020, p. 2) define military psychology as "the use of psychological research methods, principles and practices to address challenges and improve capabilities in the military". Both clinical and counselling psychologists are registered under the HPCSA. The HPCSA is responsible for the psychologists, in the sense that they handle every grievance from the public. There are also rules and guidelines that are put in place to ensure good conduct in practice by protecting the public.

2.2.2 Ethical Dilemmas in Military Psychology

Studies reported that although psychology has a long history of serving the nation, there are other parts of psychology practice in the military that clash with the psychology profession and raise ethical issues (Johnson & Landsinger, 2017). Other authors also raise the same concerns regarding military practice. Frey (2016) points out that the military environment, policies, culture and guidelines create a barrier to people getting healthcare services in the military. These may include multiple relationships or roles, limited confidentiality, sudden and unanticipated role shifts and preserving their psychological fitness. This shows that military psychologists are human beings and that as much as they are responsible for the military personnel, they need to remain psychologically fit. The military psychology and the SANDF are two statutory bodies that have been working in partnership (indirectly) to ensure that the military is psychologically fit to fulfil its duties to the nation. This has been achieved through psychologists who are both governed by the HPCSA and employed by the SANDF. Ethical dilemmas faced by military psychologist are laid out below, as stipulated in Booklet 2 of the ethical and professional rules of the HPCSA as promulgated in the government gazette R717/2006:

2.2.2.1 Professional confidentiality

This code stipulates that under no condition shall a professional share a patient's information except when ordered by a court of law, where justified by the public's interest or in terms of the HPCSA, then a written consent is given by the client or by the parents/legal

guardian when a client is a minor (under the age of 12). In cases where the client is deceased, the next of kin should give it.

2.2.2.2 Main responsibilities of a practitioner

The practitioner is obliged to act in the best interest of the patient at all times. They should respect patients' confidentiality, privacy, choices and dignity. They should maintain standards of personal conduct and integrity, update their knowledge and skills, and maintain proper and effective communication with fellow professionals and patients. They are responsible for obtaining informed consent from patients and in cases where patients cannot do that, they should ensure that they get consent from the next of kin.

2.2.2.3 Multiple relationships

This concept, multiple relationships, is also referred to as dual relationships. It occurs when a professional fulfils a role of a psychologist with a client while at the same time they fulfil or have fulfilled a role with the organisation for which the client works. In other respects, it can be a psychologist providing psychological services to a spouse while at the same time providing services to their family. This may also occur when a psychologist gets into a romantic relationship with a client. The guideline highlights that under no circumstance should a psychologist be involved in dual or multiple relations.

If psychologists were to engage in any relationship with their clients, it should be after 24 months of therapy termination. If the client is emotionally or cognitively unfit, the psychologist shall cease to engage in any relationship with them. The person or organisation the psychologist is involved with might be harmed or objectivity might be compromised during the process.

2.2.2.4 Conflict of interest

The psychologist shall not occupy a professional role in cases where the personal, professional, legal, financial, scientific or other interest or relationships could practically be expected to impair the professional's objectivity, competence as a psychologist or render the client concerned to damage or manipulation.

2.2.2.5 Interruption of psychological services

The guidelines state that under no condition shall a psychologist leave or terminate the professional relationship with the client prematurely. It that is to happen, it is the psychologist's responsibility to make proper arrangements with another psychologist to attend to the needs of

a client. Proper arrangements should be made for continuation of services in the event that the psychologist is not available or the client is restricted by finances or relocating to another place.

2.2.3 Military Psychologists' Roles

The need for military psychologists increases during a conflict as their importance in the intelligence discipline and the front-line increases (Annen, 2007). Zungu and Visagie (2020) regard military psychologists as occupying one of the most important roles in the field of psychology. They further point out that psychologists work in diverse settings with varying roles, commitments and cultural conditions. According to studies, increased involvement of the South African troops in the Central African Region (CAR) and the tragic loss of South African soldiers served as an unambiguous reminder of the important role played by mental health practitioners in providing troops with the appropriate psychological support during deployments (Adler et al., 2011). This taps into some of the roles of the military psychologists, which include trauma counselling and debriefing, and grief counselling, among others. Psychological services might appear not to be of use to the military personnel in their normal day-to-day operations, which they are, but deployment areas are unpredictable and soldiers need to be ready for anything and be able to bounce back quickly after a tragedy. They need the intervention of a psychologist in the process of regrouping. The discipline of psychology in the military consists of registered counsellors, industrial, research, counselling and clinical psychologists who are dispersed around the nine provinces in South Africa (Dodd et al., 2020). These professions are referred to as Health Care Professionals (HCPs) in the SAMHS. Research psychologists and industrial psychologists are mainly situated at the Military Psychological Institute (MPI) and clinical and counselling psychologists are found at the military headquarters, military hospitals, sickbays (clinics) and respective units and bases (Van Heerden & De Beer, 2020). Military psychologists are also involved in therapy or counselling, diagnosis, assessment and recruitment of new members, Comprehensive Health Assessment (CHA) of members, organisational development, research, development of assessment tools, training and supervision of intern psychologists (Dodd et al., 2020). When members do their yearly psychology CHA, their profiles can either be yellow, which shows that members are not coping psychologically and that they cannot deploy or go on courses until they undergo the intervention recommended by a psychologist. Members are normally referred to a psychologist nearer to their unit. Members become eligible for deployment after they have completed their therapy session and upon receipt of a letter confirming their psychological fitness. A green profile is a sign that the member is psychologically fit to deploy. A red profile is rarely given

to members unless upon consultation they present with symptoms of psychosis or are not able to complete the assessment due to not coping mentally. At a community level, psychologists deal with a variety of issues that might affect members' ability to carry out their duties. Studies pointed out that military psychologists are involved in determining the psychological fitness and the ability of members to deploy or undertake military operations (Adler et al., 2011). They are also responsible for conducting resilience programmes pre-deployment and demobilising of soldiers post-deployment. Demob is a programme designed specifically to reintegrate members into the community after the deployment (Adler et al., 2011). Military psychologists deploy with soldiers to other countries in order to provide psychological services that might be needed by members during the deployment period. Deployments normally last for 12 months, but can be extended beyond that. According to Van Dyk (2009), military psychology has been around for about 40 years, which shows that the military and psychology profession have been operating together for a while. This shows that psychologists are not new to the military. It is apparent that as assets of the SANDF, they have been dealing with a variety of issues in the military. The military community has been functioning under the support of psychologists for years. This portrays their familiarity with the military context and their capacity to produce expert knowledge regarding the military context and issues that arise.

2.2.4 Psychological Services

When seeking treatment, some women prefer talking to a stranger or a professional compared to a friend or family member, mainly due to stigmas attached to IPV (Mile, 2020). Others remain in dysfunctional marriages or relationships until they start developing psychosomatic symptoms, which land them at the sickbays or the hospitals. Studies reported that victims of IPV tend to suffer from post-traumatic stress reactions, depression, suicidal ideations and substance abuse (Li et al., 2019). Those who find themselves in sickbays get to be referred to psychologists or social workers. Reasons for referrals differ, but it is rare to find IPV as a presenting problem (Engelbrecht, 2007). It surfaces after rapport has been established or at any stage of the treatment.

Military psychologists who are actively involved in counselling IPV clients are counselling and clinical psychologists (Dodd et al., 2020). Registered counsellors also see such clients to offer basic supportive counselling. Psychological services available cater for the larger military community. These are military members and their dependants together with pensioners or retired members. The mission of the psychology department is "to support the SANDF by providing quality psychological services for the full range of military deployments

and to sustain and promote the health and mental functioning of the organisation, members of the armed forces and others eligible for care by SAMHS" (Burgess, 2018, p. 8). Psychologists strive to provide quality psychological services by working with nurses, social workers, psychiatrists, dieticians, chaplains (pastors) and other professionals. They provide individual, family and group counselling services to children, adults and the elderly (Bopape, 2021). These services are restricted to military members who have been given authority to consult. Apart from consultations, psychologists also provide resilience programmes to soldiers who are deploying and their family members (Van Heerden & De Beer, 2020). As mentioned previously, they also deploy with the soldiers in different units as a support structure. For the duration of these long periods of deployment, military psychologists have to ensure that they are mentally fit to provide services to the entire brigade for which they are responsible (Zungu & Visagie, 2020).

2.2.5 Common Approaches to Therapy

Commonly used psychological approaches were psychoanalysis, Cognitive Behaviour Therapy, Systems Therapy and Person-Centred Therapy (PCT). Sigmund Freud found psychoanalysis; hence he is referred to as the father of psychoanalysis. The power of the unconsciousness and sexual drives (libido energy) were central to his theory. He considered early development as crucial because repressed childhood conflicts often served as the catalyst for later personality disorders (Kabir, 2017). Early childhood experiences are frequently examined in this type of therapy to determine if they have had an impact on the patient's life or may have contributed to their current problems (Kabir, 2017). This theory believes that personality problems arise from unsuccessful resolution of eight psychosexual stages of development. The Id, Ego and Superego were regarded as the structure of the personality. The basic premise is that the unconscious cannot be studied in isolation of the behaviour. Therefore, the therapeutic process focuses on making the unconsciousness conscious (Corey, 2013).

Beck, Ellis, Maultsby, Mahoney and colleagues developed the second approach, Cognitive Behavioural Therapy (CBT), to help people change negative thought patterns, beliefs, and behaviours so they can manage symptoms and enjoy more productive, less stressful lives (Kabir, 2017). This type of therapy assists individuals in understanding how their faulty thinking patterns can influence their feelings and behaviour, thereby contributing to their psychological problems. The therapy goal is to help clients to identify their rigid beliefs and strongly minimize them. Clients are also encouraged to become aware of automatic thoughts

and change them. CBT also challenges clients to confront false beliefs with contradictory evidence that they gather and consider during therapy (Kabir, 2017).

While CBT challenges irrational beliefs, PCT creates an environment conducive to fostering change and reaching desired goals. The founder of the theory was Carl Rogers. He believed that it is at the core of an individual that one will find a trustworthy and resourceful individual that is capable of guiding and understanding themselves (Corey, 2013). He believed in individuals' capacity to effect change in their lives and live productive lives. Three basic conditions are identified in this theory that need to be met by psychologists to create an environment conducive for therapy. These are congruence, which has to do with genuineness, unconditional positive regard (being non-judgemental), and empathy (being able to understand individuals' inner worlds). The approach stresses that with these conditions in place, individuals are able to reach their self-actualisation tendencies (Kabir, 2017). According to the approach, the world we live in is judgmental, and many of us fear that if we shared with the world our true identity, it would judge us relentlessly. Experience with these judgments leads people to establish a public identity to navigate the judgmental world. The ability to re-establish their true identity will help them understand themselves as they navigate the judgmental world (Kabir, 2017).

The fourth approach was the systems theory. Bon Bertalanffy developed the approach in the 1950s. It originated from biology and cybernetics in mechanical engineering (Lai & Lin, 2017). Systems theory believes that components of each system are structured in a hierarchical ordering and that components are interdependent on one another in the system to the extent that one component cannot function without the support of the other (Lai & Lin, 2017).

Section 3: Intimate Partner Violence

2.3.1 Gender-Based Violence and Intimate Partner Violence in the DOD

GBV is defined as outcomes of violence carried out based on role expectations and power relations within a society (SADAG, 2020). It is a violence carried out on an individual based on their gender or committed against a member of a specific gender. IPV tends to be included in GBV since most cases of it are committed against women. The World Health Organization (WHO, 2021b) refers to IPV as any action related to physical, emotional and sexual abuse committed against a close partner that may cause sexual, physical or psychological harm. Overstreet and Quinn (2013) refer to IPV as a systematic form of violence utilised by one partner to subdue the other. The two terms, GBV and IPV, have a lot in common since they are both forms of violence perpetrated against the vulnerable or those seen as inferior

to others (Russo & Pirlott, 2006). GBV can be perpetrated against any gender, meaning that it can be perpetrated against men and women of any sexual orientation. IPV is different from GBV in the sense that it emphasises the relationship between the victim and the perpetrator, while GBV can refer to any form of violence based on gender, making it an umbrella term.

Nosiviwe Mapisa-Nqakula, in her statement on News24, said "I condemn the prevalence of sexual abuse and exploitation amongst members of the SANDF deployed in the eastern part of the Democratic Republic of Congo" (Felix, 2020, p. 1). The Defence Minister expressed her concerns after her meeting with women in the military. She pointed out that cases of sexual abuse she received were not corresponding with reports she received during her meeting with military women. The previous minister was puzzled by the number of cases presented to her and the number of concerns brought forward during the event. She promised, in 2019, that she would be deploying the high-level MTT to investigate policies and regulations put in place around sexual harassment, rape and other related cases. The feedback was expected in a period of a year, which was 2021 (Felix, 2020). Thokozile Mpumlwana, the chairperson of the MTT, in the report pointed out that patriarchy is left embedded in the culture of the DOD despite a 31% representation of women in the DOD (Mpumlwana et al., 2020). This shows that patriarchy is a constant struggle in the DOD.

Within the military context, IPV can take place between a member and their spouse who is a civilian, both members, or between any person and their ex-partner. In a study conducted in the United States of America's (USA) military, it was found that IPV affected women either directly or indirectly. Their partners either interfered with their work directly or the trauma experienced from the violence had an impact on their performance at work (Dichter et al., 2016). Women married to military men were found to be protected by military sanctions against the perpetration of violence, but in cases where their spouses were higher rank members, it was difficult for them to find justice or to even be protected. Some of these victims kept quiet out of fear of losing their jobs or making the situation worse at home (Dichter et al., 2016). This shows that the military rank might impact on the help-seeking behaviour of victims, where members are discouraged to seek help out of fear of exposing their partners or their partner finding out.

Section 4: Causes of IPV

2.4.1 Hypermasculinity, Power struggle and Patriarchy

Birkley and Eckhard (2015) define IPV as a type of violence that is committed by males on females and originating from gender-based power dynamics that play out in romantic

relationships. According to Graaf and Heinecken (2017), other societies still hold beliefs about what is gender appropriate and what is not. These beliefs are that men are breadwinners of the family, they have a strong sex drive, they are strong and tough and must use violence to exert control. These factors perpetuate violence and aggression in many relationships (Russo & Pirlott, 2006). Research highlighted that inequity, which promotes and instils the acceptability of violence against women, is embedded in the social structures in our societies (Russo & Pirlott, 2006). The emphasis of aggression and violence on men can lead to hypermasculinity, which is characterised by the belief that danger is thrilling and thereby seeing violence as an appropriate way to show dominance and cruel sexual attitudes and disregard for human rights (Graaf & Heinecken, 2017). According to Kedia (2019), all these together increase possibilities of men acting violently towards their female partners. In some patriarchal societies of South Africa, it is believed that men should have control over women and that they are entitled to sexual intercourse from their partners at any time. These are some of the issues that are emphasised when a woman is given advice by the elders before getting married (Mile, 2020).

According to Russo and Pirlott (2006), men used to be considered sole providers of the household. They used to hold higher positions at companies and earn higher income compared to women. It has become evident that this has changed with the passing of time. Women now have equal access to education as men and they occupy higher positions in large companies (Russo & Pirlott, 2006). Ratele (2008), in his study, reported a huge power shift between men and women, compared to previous years. Women have become financially independent and roles that males traditionally occupied in marriages or families and relationships also started to shift (Ratele, 2008). The power shift affected changes in gender roles. Women are now breadwinners in their households, and some of them are occupying higher paying jobs than their partners (Parry, 2020). On “The Conversation”, Parry points out that women head nearly 38% of households in South Africa. Due to high unemployment rates, some men find themselves at home looking after their children while their wives are working. In situations like these, women automatically become dominant in the house as they occupy the role of decision-making, financially (Parry, 2020).

Both men and women attach their identity to gender roles ascribed to by the society, culture and tradition. Men find themselves struggling in their relationships or marriages when they face gender role discrepancies (Oparinde & Matsha, 2021). They tend to use violence as a way of reclaiming their identity (Ratele, 2008). They may, in rare cases, resort to extreme measures which result in killing their partners. That is why, in the past few years, South African has reported high mortality rates caused by IPV. These take us to cases of young women. To

name a few: Francis Rasoge, Karabo Mokoena, Reeva Steenkamp, Tshegofatso Pule, and the others who will not be forgotten (Khumalo, 2021). Studies report that there are many women who have been murdered or assaulted who did not make it to the news, while others did (Oparinde & Matsha, 2021). According to Phatlane (2019), men see women as a threat to their masculinity.

Some patriarchal societies tolerate IPV due to ideologies and beliefs held about gender roles such as male dominance and female submission (Russo & Pirlott, 2006). Such societies believe that men should work and provide for their families and that women must remain at home, bear children and look after their partners. They believe a wife is not supposed to question their husband's authority and that they should live by the husband's rules. In such societies, a man is allowed to beat his wife as a way of bringing them under control. A research study carried out by the Directorate Social Work found that some male SANDF members considered having control over women as natural and that it was their responsibility to bring their wives to order, by any means necessary (Heinecken, 2016). Findings in other studies reported that, to align with the patriarchal power structures, men use any means to force or control their partners, even if it is physical aggression in order to obtain the power (Birkley& Eckhardt, 2015). It is evident in the literature that women who are breadwinners might not be accepted by traditional societies. According to these cultures, a man is supposed to occupy a role of a breadwinner in the household, not a woman (Russo & Pirlott, 2006).

2.4.2 Religious Beliefs

Scriptures that denote sayings such as "In sickness and in health", "till death do us part", "what God brought together let no men separate or bring apart" are often misinterpreted by the society, thereby serving as maintaining factors for IPV (Ross, 2014). According to Ross (2014), most religions do not believe in divorce after marriage. This makes it difficult for women to leave their marriages when they are being abused. Instead, they go back to the church in an attempt to get help but find themselves being encouraged to pray for their counterparts and fix their marriages (Mile, 2020). Ross (2014, p. 3) points out that "as women attempt to escape abusive relationships there are realistic concerns that pastors and members of some religious communities might undermine their efforts by encouraging continued patience and faith as a way to overcome the abuse". The Scripture that is often misused to encourage the act is found in Proverbs 14:1, which says "a wise woman builds her house and a foolish woman pulls it down with her hands". This depends on how one interprets the Scripture. Others might use it for their own benefit in order to bring a woman to submission, even when conditions are

unfavourable in the marriage. A woman is given a subordinate position in a marriage, yet she is given the most difficult task, which is to uphold the marriage. Some women blame themselves when their marriages fall apart since they were taught it is their responsibility to hold it together (Tran et al., 2016). Such women find themselves helpless and unable to seek help, which leads to a circle of violence or continuous trauma in the family.

2.4.3 Justice System

The justice system of South Africa has failed many victims and survivors of IPV (Dekel, 2013). Many women have died crying out for help. Survivors of IPV are living in constant fear, worried that their partners might come back to inflict pain on them again. Dekel (2013) says it is the stigma, prejudice and discrimination encountered by women when reporting cases of IPV that make it difficult for them to report such cases. Research points out that the reason it is difficult to confirm GBV statistics is due to women not reporting crimes because of their lack of trust in the justice system (Kaminer & Eagle, 2010). This creates a sense of helplessness and hopelessness in women. They remain in abusive relationships because they feel there is no way out. Mile (2020) explores GBV as a South African plague and reports that many women end up not reporting cases of violence due to not trusting the justice system. The MTT in their findings on the DOD reported that such women are marginalised when they happen to come forward (Mpumlwana et al., 2020).

2.4.4 Stigmatisation and a Lack of Support Structure

Some communities tend to tolerate IPV. Studies have found that almost all low-income countries have patriarchal socio-cultural and religious beliefs that promote the violation of women's rights (Tran et al., 2016). In some cultures a man is allowed to hit his wife. Women who live in such communities tend to blame themselves for the abuse or victimisation. Those who divorce or leave their husbands and return home to their parents are sometimes mocked and stigmatised in their communities (Overstreet & Quinn, 2013). They are subjected to humiliation, gossip and rejection in the society, spending most of their time isolated from other members of the community and restricting themselves to one area out of fear of embarrassment. While some of them are received warmly, others are not welcomed at their homes. In other cases, the family might welcome them warmly but their stay might not be as comfortable as it was in their previous home (Overstreet & Quinn, 2013). The MTT also highlighted that lower ranking female members who tend to be at the receiving end of IPV do not get support from the organisation. They pointed out that it is those who are of high ranks that get the support they need, even when they are the perpetrators (Mpumlwana et al., 2020). This does not only

affect the mother but it has a severe impact when it comes to children. Children tend to struggle to adapt to the new environments. They sometimes become victims of bullying at school and in their communities.

2.4.5 Childhood Trauma (Post-Traumatic Stress Disorder [PTSD])

Violence begets violence and therefore IPV becomes a cycle. Researchers stress that the youth of today are the ones left with the responsibilities to break the cycle of IPV. Breaking the cycle of violence can prove to be difficult, especially without sufficient knowledge or awareness of violence and its impacts. A child who is raised in a family that practices and tolerates violence might struggle to build functional intimate relationships later in life (Kaminer & Eagle, 2010). When they are exposed to continuous trauma (such as IPV), they learn that violence is a way of solving problems. Boys look up to their fathers while girls look up to their mothers (Swingler, 2019). Each models their behaviour based on what they observe from their role models. A boy child who witnesses violence at home may later in life resort to violence as a way of solving problems, while a girl child might tolerate violence as a way to preserve herself and her offspring. Research pointed out that IPV can be considered a learned behaviour internalised and generalised from a caregiver or parent relationship to intimate relationships later on (Li et al., 2019). Many of these children present with disorders like borderline personality disorder, antisocial personality disorder and depression later in life (Kaminer & Eagle, 2010). Professor Shanaaz Mathews, the director of University of Cape Town's Children's Institute, in her address at the African Regional Child Trauma Conference, pointed out that about 14.5% of children under the age of 16 suffer the effects of violence with long-term trauma as a consequence (Swingler, 2019). The long-term trauma that Professor Mathews emphasised is the unresolved trauma that some of the victims and perpetrators of violence present with upon consultation.

Section 5: IPV and Mental Health

2.5.1 Effects of IPV

Previous studies conducted on the impact of IPV on women's mental health indicated stress as a major effect (Karakurt et al., 2014). Sadness, depression and unhappiness were amongst other effects that were prevalent during the study. Other studies reported similar effects, such as symptoms of depression symptoms and suicidal ideation (Yonga et al., 2022). Forms of psychopathology were listed as antisocial behaviour or conduct problems later in adulthood. Children exposed to IPV and harsh parental treatment at a young age are most likely to grow up into adults who tolerate or perpetrate violence. Studies reported long-term effects

of IPV to be chronic pain, neurologic disorders, gastro-intestinal disorders, migraine headaches and other physical disorders. Most researchers listed psychological disorders associated with IPV to be depression, anxiety, suicide, substance abuse and post-traumatic stress disorder (PTSD) (Condino et al., 2016; Karakurt et al., 2014). Other studies have identified long-term and short-term effects of IPV. They were classified into physical and mental health effects. Common physical health issues included head injuries and traumatic brain injury, which can result in the death of the victim. Repeated physical injuries could lead to chronic pain. Others included neurological diseases, hypertension, gastro-intestinal disorders, sexually transmitted infections (HIV included) and poor overall physical health. Mental health issues were PTSD, depression, suicidality, substance use disorders and anxiety. Eating and sleeping disturbances and overall poorer mental health were also identified as effects of IPV. The psychological abuse, which often included isolation, belittling, gaslighting and intimidation, were thought to have more impact compared to the others. Studies reported that this type of violence could decrease the self-efficacy, sense of control, reduce external and internal resources and increase psychological distress. The disempowering side of IPV and associated internalisation of feelings such as fear, self-doubt and hopelessness, can contribute staying in or going back to abusive relationships (Yonga et al., 2022).

Section 6: Recent Studies on GBV

2.6.1 The Ministerial Task Team (MTT) Key Findings

There is a poverty of literature in the DOD. The valuable and recent piece of writing that was available in the military, after so many years of women suffering in silence, was the report produced by the MTT in 2020. Key findings were that some victims were paid off not to report cases of abuse and that in cases where they were able report such cases, the perpetrators got a lighter punishment or sentence (Mpumlwana et al., 2020). They reported that no action was taken against those in higher positions who were discouraging victims to report such cases. Military Skills Development (MSDs) who are members recruited through the MSD, the Reserve Force members, students and female patients were found to be the most vulnerable in the DOD. It was also found that the DOD justice system was not fully equipped to deal with sexual misconduct cases. Most cases were handled by the civilian court which took time for the matter to be resolved internally (Mpumlwana et al., 2020). This was the Minister of Defence's initiative after realising that GBV has taken its toll in the military. The initiative gave military women a voice. Sexual harassment cases were the highest compared to rape and IPV. Victims of sexual harassment were found to be females. Sexual harassment gained

popularity in the DOD and a lot of attention was paid to it since it was one of the issues that affected women in the workplace, shifting attention from IPV in the military. The findings led to the development of the Interim Policy on the Management of Sexual Harassment in the Department of Defence Force (2022, Edition 2), pledging a zero tolerance to sexual misconduct in the DOD. The policy attempt to fulfil roles of the chief of the SANDF and the Constitution of the Republic of South Africa 1996, section 10, chapter 2 of the Bill of rights. The SANDF also recognises the Criminal Law (sexual offences and related matters) Amendment Act 32 of 2007 (RSA, 2007), which sets sexual offences for which an individual can be prosecuted. The other Act adopted by the military is the Promotion of Equality and Prevention of Unfair discrimination Act no. 4 of 2000 (RSA, 2000).

2.6.2 Other Studies

Zungu and Visagie (2020), industrial psychologists at MPI, called for more research to be carried out on military healthcare professionals and their experiences in the field of practice. One of the factors that drove their study was a lack of literature and attention given to the field they were studying. Their study was carried out on two female psychologists who were deployed at the Democratic Republic of Congo (DRC). They captured psychologists' experiences during the deployment period. The study touched on gender dynamics of deployment, including being deployed as a female practitioner, multiple responsibilities and dual relationships (Zungu & Visagie, 2020). The gender element of deployment was pointed out but it was not engaged thoroughly in their study. The focus was more on the experiences of psychologist in the deployment area. Current studies focused on psychologists' experiences of IPV within the military context, which included the sickbays or health centres, bases, units, hospital, training institutions and headquarters where they provide psychological services. Choabi (2022), in her study on challenges faced by female senior officers in the SANDF in Gauteng, found that the SANDF was still struggling with transformation, even after 27 years in democracy. One of the major concerns was that females were not involved in decision-making, especially in decisions concerning them. She highlighted some resistance from male authorities in implementing policies involving females (Choabi, 2022). This shows that the SANDF is highly patriarchal and that females are still struggling to be fully integrated into the system. The lack of change was attributed to South Africa's underlying patriarchal culture and discourses around identities of female soldiers (Heinecken & Wilén, 2019). Authors considered armed forces to be highly patriarchal. All this, together with the emphasis on honour and toughness, were highlighted as factors that protrude into relationships and homes. The culture

of alcohol consumption was also perceived as problematic (Jewkes et al., 2002). It can be drawn from the above study that the military culture, which is highly patriarchal, is a driving force behind IPV.

The literature reviewed was on the military background, its structure and functions. By reviewing literature on the SANDF, the study was trying to shed some light on the context that was being studied. Context is important since in research, subjects cannot be studied apart from the context. Military psychologists' scope, roles and responsibilities were highlighted, since they were participants of the study. After exploring the context and participants of the study, more research was consulted on the subject of concern, which is IPV. Causal and perpetuating factors of IPV in the military were highlighted, including recent studies and current policies in the DOD. The literature reviewed was important, as it shed some light on the different aspects of the study. They informed the conceptualisation of the study.

Section 7: Research Questions

The main question of the study was how military psychologists view intimate partner violence in the military. Specific research questions were as follows:

- How do military psychologists perceive IPV in relation to the military context?
- What are challenges encountered by psychologists in treating IPV in the military?
- What are psychologist's experiences of managing IPV in the military context?

Chapter 3: Methodology

This chapter outlines the aims and objectives of the study, and specific research questions. It also includes the research design, participants and sampling procedure, the data collection and analysis process, the qualitative rigour. Credibility and trustworthiness, and how ethical considerations were managed are also laid out.

3.1 Research Design

The study followed a qualitative research design. The design helped in exploring psychologists' perspectives on working with IPV clients in the military context, as they emerged. According to Denzin and Lincoln (2005), qualitative researchers look at things in their natural settings to comprehend or interpret phenomena in terms of the meanings people give to them. When conducting qualitative research, a variety of empirical materials is used and collected, including case studies, personal experiences, introspection, life stories, interviews, artefacts, cultural texts and productions, as well as observational, historical, interactive, and visual texts that describe both common and troubling events and meanings in people's lives (Denzin & Lincoln, 2005). The purpose of the study was to understand military psychologists' perspectives, so the qualitative nature of the study made it possible for psychologists' perspectives or views to be captured. Other researchers believe that inductive reasoning is the essence of qualitative research, meaning that the researcher lets the data speak for itself rather than coming with preconceived ideas. This research paradigm entails multiple realities that exist. This study was conducted under the belief that a phenomenon can hold a different meaning across contexts, which is the relativism paradigm (Shah, 2017). While there might have been studies that explored the same phenomenon (IPV in the military context), this study was based on the belief that psychologists' perspectives differ from other professions due to the context in which they are working and the scope of their practice. Studies report that researchers tend to establish a close relationship with participants when studying them (Creswell & Poth, 2016). Therefore, based on personal opinions, subjective evidence is put together. This is how knowledge is discovered; through people's varying subjective experiences. According to research, the "field" where the participants live and work becomes crucial for conducting studies because these contexts are crucial for comprehending what the participants are saying (Creswell & Poth, 2016). Instead of being entirely derived from a theory or the perspectives of the inquirer, methods of research are inductive in nature. In order to better reflect the types of questions required to comprehend the research problem, the research questions occasionally change throughout the course of the study (Creswell & Poth, 2016).

This shows how flexible the research design is when it comes to its data collection methods. Interviews were semi-structured, and since this type of interviewing uses open-ended questions, it gave an opportunity to adapt some of the questions to get clearer and in-depth answers to questions posed. Open-ended questions are regarded as flexible and are normally used in studies to explore the topics in depth. They are said to produce either short or long answers or narratives to questions posed (Weller et.al., 2018).The adoption of this method of interviewing gave the opportunity to explore psychologists' perspectives on IPV within the military context at a much deeper level. Psychologists' perspectives were studied in-depth, openly and in detail. It allowed interaction with participants and made it possible to obtain rich, first-hand and in-depth information (Terre Blanche et al., 2006). It assisted in gaining rich information in contexts that have not been explored before and that have received minimal attention, such as the military psychology and the military context (Eatough & Smith, 2017).

3.2 Participants

The sample consisted of six psychologists from the department of psychology in the SAMHS. Two of the participants were counselling psychologists and four were clinical psychologists. In terms of gender, the sample comprised three males and three females. Interviews conducted were approximately 1 hour long, which gave participants enough time to bring their views across. Studies confirmed that six to eight interviews are sufficient in a uniform sample (Kumar et al., 2020; Morse, 2000). The inclusion criteria were as follows: participants needed to have more than five years' experience in a military setting, be either a clinical or counselling psychologists, and have the experience of dealing with IPV in the military context. The sample seemed balanced in terms of gender, the scope of practice and years of experience.

3.3 Sampling Method and Procedure

The study adopted a purposive method of sampling, since there were inclusion and exclusion criteria for participation. This method helped in selecting participants who were best suited for the study. According to studies, purposive sampling is a non-probability sampling strategy where the researcher selects participants who meet the objectives of the study (Etikan et al., 2016). Instead of affording the opportunity to partake in the study to all psychologists, the study only included clinical and counselling psychologists with at least five years of working with IPV. Clinical and counselling psychologists were considered because they are involved in counselling members and deploying as support structures. This type of sampling assisted in filtering responses that were not in line with the purpose and objectives of the study.

The study was not restricted to one geographical area. It included every military psychologist who was willing to partake in the study at that time. Distance was not an obstacle as interviews were both online and face-to-face. Years of experience added value to the study since psychologists who were recruited worked in the field for some time, and in addition to the knowledge acquired throughout these years, they had practical skills. The study was open to all gender categories, age group, ethnic group, language and location.

The director psychology, Defence Intelligence (DI) and 1Mil Hospital Research Ethics Committee (1MREC) gave permission for the study to be conducted in the SAMHS division of the SANDF on clinical and counselling psychologists. In the process sampling, the departmental contact list was utilised to contact clinical and counselling psychologists who were employed in the SAMHS. Participants were contacted on their office lines and upon contact, the research title, the scope, aims, objectives, and the criteria for participating in the study were explained. They were asked if they have five years' experience of working in the military as psychologists and if they were registered under the counselling or clinical category. Psychologists who met the criteria were asked if they were interested in participating in the study. Those who were interested were issued with participant information sheets and consent forms via their personal e-mail. Completed consent forms were collected before the face-to-face interviews, while for online interviews, they were signed, and e-mailed back before interviews could take place. The participant information sheet and the consent form can be found in Appendices A and B of the report.

3.4 Data Collection

The study utilised open-ended, in-depth, semi-structured interviews where military psychologists were interviewed individually. The flexible nature of semi-structured interviews gave a great deal of time to interact and facilitate participants towards their experiences (Eatough & Smith, 2017). Interviews were face-to-face and they were substituted by online interviews (Zoom) in cases where psychologists were not available for face-to-face interviews. They were audio-recorded and conducted in English, which is the language of communication in the military, and they lasted between 30 and 45 minutes. Appointments for interview were set up with psychologists after consent forms were signed. Interviews were slotted between 09:00 and 17:00. Face-to-face interviews took place in psychologists' offices around the Gauteng area, while online interviews were either in the office or psychologists' places of dwelling. There were three online and three face-to-face interviews. Two psychologists were in the comfort of their offices, while the other one was in the comfort of their home. An

interview schedule was utilised during the interviews, which shows that the planning took place before the interview. The interview schedule was informed by the research question, the study aims and objectives. The first draft was a rough sketch that was developed randomly based on the experience of dealing with IPV cases as a psychological counsellor in the military. Questions developed were checked against the aims and objectives of the study. Those that did not align with objectives or thought to deviate from the aim of the study were screened out, while the rest remained. The finalised interview schedule used is attached in Appendix C of this report.

3.5 Data Analysis

The study adopted thematic analysis of qualitative data. Thematic analysis was concerned with themes and patterns that emerge in data collected among clinical and counselling psychologists (Braun & Clarke, 2022). The analysis followed an inductive approach where themes were generated purely from the data. They were not based on a specific theory. This method of data analysis did not only assist with identifying themes and patterns, but it went beyond identifying themes and patterns in the data (Braun et al., 2016). Through this method, it was possible to make sense of patterns and themes as they emerged and deduce what they meant in relation to the military world. The analysis followed Braun and Clarke's (2006) stages of thematic analysis in analysing the data. Processes and stages followed are laid out below:

3.5.1 Familiarising Yourself with Data

The first step was familiarising oneself with the data collected (Braun & Clarke, 2006). Before the data could be analysed, recordings of interviews were listened to repetitively in order for familiarisation to take place. Listening to recordings was accompanied by the taking of process notes. I wrote down everything that came to mind regarding the data. This process took place simultaneously with the transcription process. After transcribing interviews, recordings were listened to together with the transcriptions to ensure the quality of transcripts.

3.5.2 Generating Initial Codes

The coding process followed after transcripts were verified. Codes were generated and grouped together based on the meaning and category. Research questions were a good guide when it came to coding since they helped with putting codes in the right category. Research questions were informed by the research topic, the methodology and the literature reviewed.

Military psychologists' responses to each question were first coded. This process took the same order, from the first response to the last response, with all interviews.

3.5.3 Searching for Themes

Searching for themes began after the coding process. In searching for themes, possible themes were identified based on how often they appeared in participants' responses.

3.5.4 Reviewing Themes

The reviewing of themes followed, where all themes identified were checked against the data, to find enough evidence (extracts) to back them up. This process involved revisiting the transcripts and codes to confirm themes identified.

3.5.5 Defining and Naming of Themes

The defining and naming of themes followed afterwards. This process involved understanding what each theme entails. Different sources were consulted in order to define and name each theme. Numerous sub-themes were identified under each theme, which described main themes in detail.

3.5.6 Producing the Report

After the process of naming and defining themes, a report was written (Braun & Clarke, 2006). In the process of writing up the report, themes were reviewed and defined again. Some of the names were revised or refined to align with extracts chosen. This process on its own involved choosing extracts that carried weight and that were closely linked to the theme. Research questions and the literature review were used to reach the final analysis.

3.6 Qualitative Rigour (credibility and trustworthiness)

I am a registered counsellor at the SANDF who has been practicing in the SAMHS department of psychology for about eight years. I have gained a considerable amount of experience working in the DOD and in dealing with cases of IPV. Dealing with cases of IPV and identifying the need for awareness among members, section heads and authorities, and a need for intervention specific to IPV have influenced my decision to do the study. The qualitative research adopted and the data collection technique ensured that the data collected are of high quality. Field notes and recordings were utilised. The qualitative methodology helped in capturing military psychologists' experiences of working with IPV, which was the phenomenon being studied in the natural context. As a research instrument or a tool, I came with my own beliefs, values, educational background and all other components. I carried out

the construction of the research questions, data collection and analysis process. While in quantitative research objectivity is of importance, this was qualitative study, which was subjective. As a researcher I contributed to the results of the study, since I was actively involved in all processes of the research. Studies listed Four Dimensions Criteria (FDC) for establishing trustworthiness or rigour. They were credibility, adaptability, transferability and confirmability (Forero et al., 2018; Ghafouri & Ofoghi, 2016). The criteria for qualitative rigour were met. In terms of credibility, participants were given the information sheets with details about the study. Transcripts were reviewed repeatedly to find similarities across the data. The duration of the interviews was approximately 1 hour long, which afforded the participant enough time for a one-on-one session with the researcher. In the write-up of the results, participants' words (extracts) were utilised in support of themes that emerged. With regard to dependability, the research protocol was drafted under supervision. It went through peer review, where it was presented to other researchers. Ethical clearance was obtained from two ethics committees, namely 1Military Hospital Research Ethics Committee and the University of the Witwatersrand Human Research Ethics Committee (Non-Medical). Transferability is similar to external validity (Nowell et al, 2017). In terms of the criteria, a thorough description of the psychologists in terms of their gender, specialisation and geography was laid out in the methodology section. Confirmability was achieved. Literature reviewed supported findings of the study, meaning that similar results were found in other populations. This is also reflected in the discussion section.

Chapter 4: Ethical Considerations

Ethical clearance was obtained from the School of Human and Community Development Ethics Committee Constituted under the University of the Witwatersrand Human Research Ethics Committee (Non-Medical). The ethical clearance number is MASPR/22/6. Please see Appendix E. The 1Military Hospital Research Ethics Committee (1MHREC) also granted ethical clearance for the study to be conducted in the military environment with military members as participants (Ref. no.: 01.09.2022). This was obtained after the Director Psychology and Department Defence Intelligence gave permission for the study to be carried out in the military with psychologists from SAMHS. See Appendix D. Compliance with ethics in conducting the study is explained according to the philosophical principles stipulated by Fulford et al. (2002, cited in Terre Blanche et al., 2006). They are autonomy and respect for the dignity of participants, non-maleficence, beneficence and justice. These principles are explained in detail below.

4.1 Autonomy and Respect for the Dignity of Persons

These principles entail informed consent, voluntary participation and confidentiality (Terre Blanche et al., 2006). During this study, participants' names, surnames, ranks, force numbers, units or provinces were not used while conducting the study. Names were not mentioned apart from the SAMHS which is the arm of service on which the study was focusing. Interviews and transcripts were labelled according to the date and the sequence. No one gained access to the data except for the University and military supervisor. The data were stored in the password-protected military computer, not connected to the LAN point and it will remain stored for a period of approximately 10 years. Participant information sheets and consent forms were given to participants before they could partake in the study. Aims, objectives, timeline and what is expected of participants in the study were outlined on the information sheet. Those who were willing to participate filled out the consent form, agreeing to terms of participation stipulated on the consent form. Participation was voluntary and participants could withdraw their permission at any time without penalties. All research data (recordings, transcripts and notes) were kept on a password-protected military computer. It was given 10 years before it can be deleted from the system. Interview transcripts were anonymised in the research report. No names were used to identify practitioners; they were given numbers, which were used to label recordings and transcripts. Participation of participants in the study was kept confidential. Only the primary researcher, the University and the military supervisors had access to data.

4.2 Non-maleficence

The principle refers to the researcher's responsibility to guarantee that no participants will sustain direct or indirect harm during the study (Terre Blanche et al., 2006). Risks of participating in the study were minimal since the participants interviewed were practitioners and not victims or survivors of IPV. Military psychologists were the target population for the study. They are regular force members who are covered by the military medical aid. Arrangements were put in place for those who could incur emotional distress from partaking in the study. Since military psychologists are clustered around the country, referral was to be made to the nearest psychologist to assist with outsourcing a private psychologist. SAMHS is affiliated with a number of civilian psychologists. This assists in accessing resources that are not available in the military. Military psychologists will consult private or civilian psychologists in order to comply by the codes of ethics. An updated contact list for all practising psychologist in the military was requested per department and was utilised to contact psychology departments where members were stationed.

4.3 Beneficence

This philosophical principle refers to the researcher maximising the benefits to the research participants (Terre Blanche et al., 2006). Results of the study will be communicated on the SANDF website or published in Soldier magazine on condition that the permission is granted. The results will be submitted at 1Mil research ethics committee and DOD Intelligence before they can be published. They will also be made available in the Military Psychological Institute archives/database where psychologists will have easy access. They may also be published in a scientific journal. The research participants were not advantaged or disadvantaged in any way.

4.4 Justice

According to studies, justice entails participants receiving what was promised to them (Terre Blanche et al., 2006). In this study, both clinical and counselling psychologists were treated with fairness. They stood a good chance of partaking in the study. All information provided in the participant information sheet was adhered to. Participants were not deceived in any way. There is no conflict of interest as this study will be used for study purposes and later be published for the wider military community. No incentives were given to participants prior to the study or after participating in the study.

Chapter 5: Results

The purpose of the study was to understand military psychologists' perspectives on managing IPV in the military context. In understanding their perspectives, the objective was to inform and initiate intervention programmes that will aid in reducing cases of IPV in the military community. Four main themes were identified in the study. The first theme was features of IPV, since psychologists did not only define the IPV in relation to the military context. They described it in terms of its causes, maintaining factors, its prevalence, stereotypes attached to it and its indicators. Sub-themes were IPV as a national problem, IPV is not gender bound and IPV between partners. The second main theme was causes of IPV. This main theme comprised three sub-themes, namely nature of work, military culture, and rank. Therapeutic challenges were the third theme. Sub-themes included chains of command, clash of statutory bodies, stigmatisation of psychological services, and multiple roles. The fourth theme was managing IPV. It consisted of the sub-themes therapeutic approaches, civilian practices, and destigmatising mental health. These findings are described in detail below.

5.1 Theme 1: Features of IPV

IPV was thought to be prevalent in the Army compared to other arms of services like the SAMHS, the SAAF and the Navy. This is mainly because the Army is the core of the military. One of the South African Army's mandate is to develop and uplift South Africa, its people and the African continent (Engelbrecht, 2007). Army members deploy at the borders and in other countries. According to studies, the Army has been in the borders since the 1970s (Hennop, 2001). They are the front liners in war and they are involved in combat. Participant 1 said, "… we see a lot of them in the army. Not to say that in other arms of service we do not get. It's because the Army deploys in larger numbers than the SAMHS or the Air Force or the Navy." The participant meant that the majority of clients who present with IPV are South African Army members since deployment is mainly part of their duties. Dimensions of IPV are different ways in which participants describe IPV. Below are elements that emerged when describing IPV in relation to their workplace.

5.1.1. Sub-theme 1: National Problem

IPV was described as a common problem faced by the nation, not confined to the military context. Participant 3 said: "… so a lot of the, of the military is mimicking the general South African population and general functioning South African society". This means that the military operates in the same way as the South African society and that experiences are quite

similar to the wider South African population, part of the wider South Africa, and that what affects the country affects the military. The above participant continued to say, “That's how men and women function”, which shows that the violence between the genders is expected. This highlights the normalisation of violence between men and women. According to the MTT report, violence because of patriarchal practices becomes normalised over time (Mpumlwana et al., 2022). The military was encouraged to guard against it. The way they function can also refer to their way of living or their lifestyle, meaning that this is what they are accustomed to in their everyday life. In short, it can be said that it is their way of life. The above participant further said, “It is a general South African problem that men dominate and abuse women … you will find the same here”, meaning that challenges the general South African population faces are those that the military is facing. This means that participants view IPV as a South African problem rather than a military problem. Previous research identified South Africa as one of the countries that have the highest rate of IPV experienced mostly by women (Mthembu et al., 2021). Participant 4 supported that by drawing on the impact of apartheid among South Africans. He said “… where we come from, we are also from a system of violence, apartheid”. The participants here are referring to our origin and our past. Participant 4 was highlighting the violent past or history of the country and its impact on IPV (Gordon, 2016). The participant continued to say, “the same way I'm explaining it in terms of where we work”, meaning that it takes the same form in the military context. This means that the violent history of the country, which is apartheid, affects the military. In this case, it can be said that the violent history of South Africa forms part of the causes of IPV in the military context. Participant 3 explained how the apartheid system contributed to IPV, saying “… they will go out and get terrorised and assaulted by the system, which is apartheid, and when they come home the kids and the partners become a punching bag”. This means that they take out their pain, hurt, humiliation and embarrassment on safer targets, which are women whom they come back to after their daily activities.

5.1.2 Sub-theme 2: IPV is not Gender Bound

Although people assume that, naturally, IPV has more to do with men against women (Mthembu et al., 2021), one of the participants said it can also be from women against men. Participant 3 said, “I mean, it's not specified to men to women”, meaning that females are as capable of being perpetrators of IPV as males are. Participant 2 said, “My own experience is … of a lesbian couple”, which is a same gender relationship. This participant was expressing that same sex relationships also experience IPV. This portrays the complexities and dynamics

of IPV in the military context. Participant 2 continued to say, "… I find that as society changes and women … have more of a place in society you know …", meaning that women are becoming more significant in the society compared to previously (Parker, 2015). Women have more of a space in a sense that they are accommodated in the society, which highlights the fact that women did not have a place in the society previously. This also addresses the marginalisation of women in the society, that they did not have a voice or that they were not recognised in the society. Participant 3 said, "they are now also educated and they also have high rank jobs. They are high ranks in the military." High-ranking members occupy dignified positions in the military. They make important decisions and lower ranking members respect them. The above participant also highlighted the value that education and high rank jobs possess in the society, and education as an opportunity that women did not have access to due to not having a place in the society. This might mean that education is linked to high ranking or prestigious jobs that give power, dignity or significance to those who possesses it. This might also apply in the military context, as more and more females are occupying command posts. Participant 3 said, "they also are controlling", which signals power since for a person to control others, they need to hold value and power or possess a specific skill that others do not have. They control in a sense that their positions are valued and are that of power in the society or place of work. Carney et al. (2007) highlight the need to exert power and control as a driving force behind women abusing men in relationships. Power gives control and those who are not in power are mostly under the control of the powerful. According to participants, IPV might not be gender-based but power-based, and a result of inequality derived from power imbalances.

5.1.3 Sub-theme 3: Any Form of Abuse

Psychologists regarded IPV as GBV. The majority believed that IPV is a branch of GBV. Participant 3 said, "well, my understanding is obviously that it is gender-based violence". Participant 4 also said "I think it's a branch of gender-based violence". Another participant also added by saying, "I think it falls under your gender-based violence" (Participant 6). According to the participants, IPV is a form of GBV, meaning that it is a violence carried out against another person based on their gender. Many of the participants considered IPV to be a violence that takes place in a form of emotional, spiritual and psychological abuse. There are studies that support the finding. One study reported that one out of three women is bound to experience emotional, physical, psychological or sexual abuse by their male partner in their lifetime (WHO, 2021a). This shows that IPV is prevalent. Participant 1 said: "But in terms of can it

happen emotionally, psychologically, spiritually, it will still take the same thought by how it plays out …", meaning that it depends on how it is carried out by the perpetrator or the impact it has on the victim. This means that IPV can take any form. It can either be emotional, psychological, spiritual, a combination of two or all of them. Participant 2 said, "I can safely say, financial exploitation … and physical abuse". This shows that IPV can take the physical and the financial form. By saying safely, the participant is saying that it is an undeniable truth and that it is a fact, not an opinion. Participant 6 said, "obviously physical abuse. It never goes alone. It goes with emotional abuse as well." This participant expressed the physical element of abuse but also tapped into the emotional aspect of it, which might not be as obvious as the physical side of it. The participant was saying that as much as violence comes in a physical form, the emotional aspect of it should not be singled out because it is always accompanied by the emotional abuse. Participants also highlighted that IPV can manifest in a form of spiritual abuse between two partners. Participant 1 said "It's also spiritual …", referring to the deprivation of the spiritual well-being. This might be caused by a clash of cultures, where partners have different belief systems and the other one is either imposing their own beliefs upon the other party. This taps into the importance of spirituality in a person and how the violation thereof can disintegrate a being. Participant 2 touched on the legal connotations of IPV by saying, "It is what is termed in the law of fraternity as crimes of passion". By including the crime, the participant highlighted the fact that IPV is a crime. This means that IPV is an offence and that the perpetrator thereof can be incarcerated. If IPV is criminalised, then that means it is an act that not accepted by the government, the law and its people. Research highlights that IPV cannot be reported as a crime, especially the emotional part of it. It continues to say that physical abuse, on the other side, can be reported, because injuries sustained could act as evidence (Gordon, 2016). This means that for an act to be a crime, there must be a tangible or visible proof that it actually took place. This leaves a gap on how emotional and other forms of abuse are handled in the country. It shows how the psychological effects of IPV are neglected, and why the majority of members in the military opt not to use psychological services. It renders victims going through psychological abuse helpless since they cannot get justice for their psychological injuries, or be listened to when reporting such cases. Participant 2 said, "it's a psychological injury that they inflict on the other", to express the psychological component of IPV. The above participant used the word injury to emphasise that it is actually damaging to one's psychological well-being. Injury is usually used to express physical harm, but here it is used to describe the degree of psychological harm. Studies refer to psychological harm as involving harm that is not physical and enough to warrant a legal

matter (Koch et al., 2015), which shows that inflicting a psychological injury to an individual is a crime. This disputes the above point by Gordon (2016), that there should be physical injuries to warrant an arrest. Participant 3 said "… it doesn't have to be extreme violence, you know, even on a smaller scale there is violence towards women or even the level of its emotional and physical abuse towards a woman …" The point that the participant was trying to bring across is that it does not have to be extreme or take a particular form; as long as it is a violence carried out against a partner, it is IPV. Participant 2 continued to describe the description of IPV by saying, "For example, I love you so much. I don't want you to leave, I'd rather die. I'd rather kill you and kill myself." In the above example, the participant referred to IPV as a result of members fusing their identity to relationships in order to derive a sense of belonging. Normally, once the sense of belonging has been derived, individuals find life meaningless without the relationship (Chang et al., 2015). The participant highlighted that IPV itself can be an act of taking an individual's life or that of their partner because they do not see meaning beyond their intimate relationship. This can also be undertaken out of fear of losing someone to whom the perpetrator is attached or who brings meaning to their lives.. Participant 5 further said, "Intimate partner violence is a violence that happens between two people that are in a partnership or in a relationship or in a marriage". This means that either one of the parties can inflict harm on the other, since it involves two people. This also mean that it cannot happen between strangers and that it is common among people who are familiar with each other, spend quality time together or live in the same household. Participant 1 also said, "Because once a person makes you belong, they can mess up, you're not going anywhere. They gave you the biggest thing ever." The participant above was talking about the reason individuals remain in hostile relationships which also end up in their deaths, The participant, just like participant 2, highlighted their reason as not wanting to lose the most important thing in their lives, which is a sense of belonging. Participants stressed the motive behind killing and staying in hostile relationships as a need to belong, which plays a part in a person's identity. Participant 2 said, "We see a lot of those in military", meaning that such cases are prevalent in the military. This also questions the psychological well-being of military members, if there are deep-seated issues that need to be attended to (individually) before they could enter into relationships.

Theme 1, which is features of IPV, composed of three sub-themes. The sub-themes described intimate violence in relation to the military context. This included IPV as not being gender bound, being any form of abuse between partners, and a national problem. One of the important findings was that IPV was not a military problem but a national problem. Although

there were certain structures that maintained it in the military, participants still drew on many aspects of IPV that could be found in the country. Previous research regarded IPV as a national public health issue that exists despite interventions put in place (Gordon, 2016). Kamarck et al. (2019) also regard IPV as a national public health issue. This shows that the SANDF is not foreign to South Africa and that it suffers the same affects as the nation. IPV is a national public health issue, meaning that it concerns the entire country and not just certain parts of it. Significant findings to this section were that IPV in the military is not gender based, but power related and that physical abuse or violence was not the only form of IPV. Emotional, psychological and spiritual violence were some of the forms it takes.

5.2 Theme 2: Causes of IPV in the Military

While the first theme looked at the way IPV is conceptualised among psychologists, the next theme focused on what they believe to be the main causes on IPV in the military. Psychologists referred to the nature of work, the military culture, which is the way of doing things in the military, and the rank as causes of IPV. They are as follows:

5.2.1 Sub-theme1: Nature of Work

Nature of work involves an individual's expertise and a number of accountabilities. The majority of the participants found the nature of military work and the style of execution to be problematic. Participant 2 said, "they may be due to the nature of the job that people go away for a long time in deployment", giving reasons for the prevalence of IPV among the military members. This shows that deployment is part of the military duties and that it can lead to IPV (Redmond et al., 2015). The participant above continued to say, "And some people they may utilise their free time, and one way or the other they may be (in) places where they're not supposed to be and doing things they're not supposed to be doing". The above extract addresses one of the challenges of deployment, which is boredom, that sometimes members become vulnerable to pursuing extra-marital relationships when deployed, due to the level of free time that they have. The participant said, "When the other one comes back and discovers those things they get so disappointed. And they act out their anger." The participant was highlighting the fact that members' involvement in relationships while away may cause conflict with their spouses when they come back to the country. Participant 3 spoke of lower prevalence of IPV in the deployment area and the trauma encountered leading to violent outburst of soldiers (Visagie et al., 2022). According to the participant, "… because on deployment and someone's a bit in a more of a controlled situation, so it can't always happen". This means that IPV is less prevalent in the deployment areas, due to rules that are enforced in the deployment area.

Participants might be highlighting that while IPV might have been less prevalent in the deployment area, the same deployment might be the root cause of IPV that takes place when members are back in their country. Military members can be repatriated from the deployment area for many reasons, but a member would not be proud of being repatriated for not abiding by the military rules or committing a criminal offence (Fleischmann, 2019). There are many reasons for deployment. To mention a few, it might be due to financial freedom or career progression or development. Repatriation is considered negative in the military context since it tarnishes an image of a member, thereby reducing their chances of being recommended for deployment, courses or promotions in the future. On the other hand, the participant says, "But when they get home and the frustrations or the traumas not being dealt with often, then it's taken out", meaning that it is acted out in the form of violence. This shows that spouses at home are at the receiving end; they become the target of violence from their partners.

5.2.2 Sub-theme 2: Military Culture

Using military skills for purposes other than to protect the country was regarded as a major concern. Another cause of IPV in the military was considered by psychologists to be the military culture. Many of the participants suggested that since violence was such an important part of the military duties, military members are sometimes unable to identify when it is appropriate to use military skills. This was evident in psychologists' responses in describing IPV in the military. Participant 4 said:

> But now this culture becomes problematic. And now at times you find that whether you are married to a soldier or you're not married to a soldier. Once one of you struggles to know how to manage that violence that is built in the system. When it was built in the system, it was not for general (public use); it was for a particular purpose (protecting the country). Then now that is the biggest problem I think.

The participant was implying that IPV does not have boundaries; it can take place in any type of a relationship. This means that the culture of violence extends beyond the military to the civilian society. That is why this participant said it is problematic. The participant was contextualising the IPV and the military culture, but at the same time shedding some light on how it is also a problem in the civilian world. It was clear from this participant that IPV is due to members' failure to use the weapon (skill) that was instilled in them constructively. The above participant was referring to the lack of control and proper use of skills possessed by

military members as contributing to violence in most relationships. By when it was built into the system, the participant referred to when the member was trained for combat in the military. The violence built in is not inborn, meaning that it has been acquired as a skill to serve and protect the country, and therefore not to be used against people of the country (general use). One of the duties of the SANDF is to protect the country and its people. Here the participant was clarifying that military skills are restricted to military operations, not for public use, and that they cannot be used in the household or against any other person except an enemy of the state. The participant continued to say, “now that is the biggest problem”, meaning that it becomes problematic when military personnel are not able to distinguish between the enemy and their significant others. The participant referred to culture instilled in military members, in a form of violence or aggression, as playing a major role in contributing to IPV. Participant 5 also said “they don't really know how to solve problems effectively without the aggression or the violence”. By saying this, this participant was addressing the culture of violence and aggression that participant 4 has highlighted. Participant 4 continued to highlight the significance of culture and the context or environment in violent outburst that results in IPV, by saying:

> It's almost the social context that condones, the relationship, like it's normal to have challenges or it's normal to have violence or to solve things with violent outbursts. The most challenge with the Defence Force is the culture, you know, there are things that we call organisational culture that um, is very strong.

This refers to the normalisation of violence, what people see as acceptable behaviour in the military society. Studies found that violence was prevalent in the military but due to the culture, it was accepted, meaning that it was not seen as problematic (Alves-Costa et al., 2021). The participant spoke about the culture that is strong, meaning that the military culture is hard to change or challenge, which might be problematic, since it was highlighted as the main contributing factor of IPV in the military. Participant 3 also raised an important point about norms which are ways of doing things in the society, which also form part of the culture. The participant said: “obviously it has been a societal norm through the ages, so you'll find it in the military”. It shows that IPV has been existing in the military for a long time, but since it has been normalised, it was not an issue of concern.

5.2.3 Sub-theme 3: Rank

Participants said that one of the aspects of the military that caused high incidents of IPV was the concept of the ranks in the military. Ranks are a very important part of the military culture, which is based on hierarchies, orders and standards and rules (Van Wijk, 2003). Participants mentioned that it was one of the leading causes of IPV. Participant 1 noted that IPV was quite common between high-ranking and lower ranking members, and said, "But in the military, the dynamic that comes in, it's when it does take place and you find (that) those people are rank carrying members (soldiers). You find that one is a lower rank than the other person." The participant was pointing out that IPV is prevalent in unequal relationships, where one partner is of a higher rank and the other is of a lower rank. This might mean that DOD members are more likely to enter into relationships with seniors or juniors, due to the rank structure. Since the rank carries so much status and power in the organisation, those of higher rank tend to exert power over the lower rank and that extends beyond the work environment, meaning that they might bring their rank into the relationship and subject their partners, who occupy lower ranks, to IPV. This was supported by Participant 3 who said "… I've even seen it (IPV) when I deployed externally. Most of it was high ranking men towards lower ranking women." The participant above brought in an important point, which is members getting in relationships with one another outside of the country. This might mean that IPV extends to outside borders, which are countries where military members deploy. Participant 6 also said "the male is of higher rank than the female", emphasising inequalities in relationships. This highlights the fact that most relationships in the military are between males with the higher ranks and females with lower ranks. According to a study conducted in the South African Navy, more women were in lower ranks due to occupying temporary posts. Females could not occupy higher ranks due to them being employed as temporary workers in the DOD (Seegers & Taylor, 2008). It can be deduced from this that despite the rise of women into higher rank positions in the DOD, the majority of men still occupy higher ranks compared to women.

Causes of IPV, which is the second theme, composed of three sub-themes. These were the nature of work, which was the deployment. Deployment was considered to have an impact on relationships and the psychological well-being of members, thereby contributing to IPV (Visagie et al., 2022). Military culture and rank were sub-themes that were closely linked, as rank is considered one of the most important aspects of the military culture.

5.3 Theme 3: Therapeutic Challenges

The third theme is the therapeutic challenges faced. This included therapeutic challenges that surfaced during the therapeutic process, which were due to the way the organisation is structured. The military structure includes mainly chains of command that are followed by members in carrying out military operations. Psychologists also need to follow channels of command during the process of providing services to members (Engelbrecht, 2007). Challenges encountered are grouped under four sub-themes, which are chains of command, clash of statutory bodies, multiple roles, and stigmatisation of psychological services.

5.3.1 Sub-theme 1: Chains of Command

The sub-theme chains of command entails processes of communication in the military. It refers to systems that are put in place in terms of who members can report to or consult (e.g. grievances or authority). Psychologists regarded reporting to more than one superior as an obstacle to service delivery. Participant 1 said, "… so if I can even say, the route I'm taking is going outside (outsourcing services), whoever is senior to me needs to be aware that this is the decision I'm making with the client". Here the psychologist was highlighting multiple and conflicting roles that they (psychologists) occupy in the military. These limit psychologists' capabilities in treating members effectively. Participants saw reporting to more than one senior as undermining to their competencies as they are registered as independent practitioners. While military psychologists are registered with the HPCSA as independent practitioners and can make decisions on their own, they are required to report to a senior in the military regarding their decisions and be given authority to continue with the process, especially when civilian services are required. According to the HPCSA Booklet 2 (2009), an independent practice is a registered practice that a healthcare practitioner runs independently without supervision.

Participant 5 also addressed system challenges. This is what the participant said; "You have more than one manager, you have more than one person that you need to report to", referring to the long process that needs to be followed to deliver services effectively to members. This may hinder or delay service delivery to members. The participant continued to say, "You always have to follow this channel of commands", meaning that matters cannot be taken directly to the director. The SO1 (manager) needs to be informed first.

5.3.2 Sub-theme 2: Clash of Statutory Bodies

The second sub-theme to therapeutic challenges is the clashing of statutory bodies. These refer to the SANDF, which is the employer, and the HPCSA, which is the professional

body. Both the employer and the professional bodies have rules and guidelines that military psychologists are expected to follow. This often becomes a problem when the two clash. The participant said, “I think professional conduct supersedes the military standard because I wouldn't be in the military if the professional standards were not there”. The participant challenged the military rules and shed some light on being torn between the two statutory bodies, which are conflicting when it comes to practice. While the military prioritises military operations, the HPCSA prioritises service delivery. Participant 1 also said, “Where we are sitting in this system, it's really difficult to find a balance between the two, you try, but it's really difficult”. This might mean that military and psychologists’ professional guidelines are not aligned and that they might clash when it comes to practice, thereby making it difficult for psychologists to apply their skills effectively. Previous research identified confidentiality and boundaries to be a problem (McCauley et al., 2008). Johnson et al. (2006) also highlight dual identities that psychologists find themselves playing in mission areas as problematic. This points to the confusion that might arise when psychologists have to choose between the professional guidelines and rules and principles of the employer (SANDF).

5.3.3 Sub-theme 3: Multiple Roles

The third sub-theme identified is the multiple roles played by military psychologists in the military. This was considered to have a huge impact on the therapeutic process. Psychologists pointed out that practitioners are as responsible as clients are for the default rate. Default is termination of therapy unexpectedly without agreement between the therapist and the client. It is also referred to as therapy dropout (Sahin & Barber, 2017). They regarded default by psychologists as a therapy challenge. Participant 4 said, “It's not based on the client who didn't wanna come … Actually here the simple way is that the defaulter is the therapist.” This means that the responsibility lies with the psychologist who does not get to finish sessions with clients. Normally it is expected that default occurs on the side of the patient but it is interesting how this can be the other way around, especially in the military. Participant 4 continued to say, “… then you see the minute I'm ready to see clients they'll tell me ‘he mun’ (hey man) you must go to MTG (military course) …” This also talks about prioritising military duties and attending to service delivery whenever there is time. This makes it look like psychologists’ responsibility to members (service delivery) is not essential compared to their duties as soldiers. In other words, military duties take priority when compared to service delivery to members. He said, “I will see them maybe for some three sessions, and when we’re in that groove and then I would terminate”. The participant’s expression was more than the

mere words he was saying. The choice of words he used, like ”in that groove” and “termination” portrays disappointment. The participant above seemed disheartened by the process. Participant 3 referred to military responsibilities as part of their duties as a psychologist. Although he did not touch on the default rate, he spoke of putting the military duties first, by moving things around. He said “… I had a whole day of clients booked for a day and I had, uh, a last moment tasking that I had to go and complete”. The participants were saying that other responsibilities in their line of work interfered with their core duty, which is basically consultation (therapy). The client might be saying that there are other military duties that take more priority than compared to service delivery. He said, “so you have to cancel the whole day of clients and then go and do a tasking …” This means that service delivery stops and military duties continue. The psychologist needs to put on a hat of a soldier on top of that of a psychologist when duty calls.

Challenges in dealing with IPV cases comprised four sub-themes, which were chains of command, clashing statutory bodies, stigmatisation, and multiples roles. The main challenge to therapy was the default by psychologists due to multiple roles. Since psychologists are also soldiers, they need to respond when duty calls. This creates a clash of roles and interferes with the quality of services provided by psychologists. They are obliged to prioritise military duties. In the process of attending to their military duties, they terminate the therapy process prematurely. While serving in the SANDF and registered with the HPCSA, military psychologists also find themselves in a position where they have to find a balance between the two, without compromising any of them. Main challenges are dual relationships and multiple roles that the military environment creates that go against the HPCSA practice guidelines. These are challenges that psychologists are faced with in treating clients.

5.3.4 Sub-theme 4: Stigmatisation of Psychological Services

Psychologists referred to getting women or victims of IPV to come for therapy as a challenge. Participant 3 said “nevertheless, getting them here I think that's the big problem”. Participant 2 also said “challenges that I encounter I would say maybe getting people to come to therapy’’. Both participants were expressing a concern when it comes to consultation of psychological services, which is that members are not seeking psychological services. Participants above talked about the effort, by either them or procedures in place to convince members to consult psychological services. This might point to the fact that despite efforts made, members are still reluctant to consult. Participant 2 said, “One of the major challenges is because psychology in the military has been um, stigmatised as you know”, pointing out that

stigmatisation of psychology is not new in the military and that it should not be a surprise. Bester (2022), on a positive perspective on pre-deployment fitness-for-duty evaluations for external deployments, suggests a shift from the current pre-deployment screening process. The researcher also highlights the importance of military authorities to look beyond stigmatising psychological disorders, and to look at psychopathology in terms of risks they might pose to members. The above participant talked about it as a major challenge, meaning that it might supersede other challenges. Participant 4 also said "… in the military there's a stigma of saying, we can't go to a psychologist, then you just live with that trauma". This shows that the majority of the military members are suffering in silence, and they cannot consult psychological services out of fear of being judged. If the majority opt to live with trauma, then this shows that there might be more military members suffering from mental health issues than what is recorded; since members cannot consult.

5.4 Theme 4: Managing IPV

The fourth theme was managing IPV in the military context. This composed different therapeutic approaches to preventing, reducing and managing IPV. Participants expressed a need for proactive approaches in dealing with IPV. Participant 2 said, "… I think we can do more by having proactive approaches, preventive measures, work-shopping people, stress management, financial management, parenting skills and all those things". Proactive approaches are practical and flexible; it can be either one approach or a combination of more thereof. They can be applied individually or in a group setting. By being proactive, psychologists mean being practical, adopting approaches that will work in specific situations and on a specific group of people. According to research, health issues, work issues, personal conflict and financial issues affect the mind, body and spirit. Gulzhaina et al. (2018) highlight that stress management as important when it comes to stress. They point out a couple of stress management techniques that can assist in coping with stress, which are relaxation, meditation and breathing. They further stress that individuals' perceived stress will determine their physical response to it; either they cope with it or become dysfunctional (Gulzhaina et al., 2018). Stress management can assist both the perpetrator and the victim of IPV. By financial management, the participant acknowledges that mismanagement of finances can cause conflict, which might result in IPV. Financial issues dominate most of the relationships, as individuals' ways of managing finance differ. While some can manage finances very well, others have poor financial management skills. This often causes conflict between partners, especially those living in the same household. Kirsten (2018) refers to financial management as involving

managing financial resources effectively to meet both short and long-term goals. Participant 2 also mentioned the parenting skills as a preventative strategy. He was highlighting the fact that how parenting is carried out plays an important role in IPV. The way parents raise their children will determine their relations to others; if they will be able to form functional relationships or not. Constantinescu et al. (2017) developed the parenting skills training called strong families. The purpose of the training was to help parent gain knowledge about their needs and that of their children. They also acknowledged the impact of dysfunctional families on the child's behaviour later in adulthood. Participant 3 said "… we want to go through a process of empowering the person to change their own behaviour, to get out of the entrapment, to get out of the cycle of abuse", which entails intervening at an individual level, to equip victims with skills in order to enable them to exit toxic relationships. Victims show up to therapy in greater numbers compared to perpetrators, which make them the only ones accessible for therapy. This does not mean that perpetrators do not need therapy. As much as victims need therapy, they also need assistance to stop violating their partners. Participant 4 said, "the victim and the perpetrator need serious attention", highlighting that perpetrators also need help. Proactive approaches are ways that are effective in managing IPV in the military context. They include therapeutic approaches, civilian practices and destigmatising mental health.

5.4.1 Sub-theme 1: Therapeutic Approaches

Psychodynamics was one of the common approaches. Some of the participants referred to it as a baseline for their therapeutic practice. Participant 5 said, "but usually I would go with the psychodynamic. Below this presentation of the violence, there's always, um, unresolved childhood or adolescent challenges that the client experience", meaning that the violence might stem from childhood experiences of either partners. According to psychodynamics, coined by Sigmund Freud, psychological disorders emerge because of the inability of a child to resolve requirements of their stages during childhood. Freud proposes that psychopathology usually emerges during adulthood when an individual is faced with adversities (Luyten, 2011). Participants referred to a number of approaches to therapy as effective when dealing with cases of IPV. As much as they were from different schools of thought, they agreed on the fact that one could not limit themselves to one modality when addressing IPV and the military. Participant 2 said, "I'm more inclined to think psychodynamically. Uh, but when you are working in this population you cannot divorce other modalities." This means that one approach is not enough for the military population. It can be deduced from what the participant is saying that the military population is quite complex. The participant might mean that there are other

challenges that might not only need psychodynamics, but a combination of psychodynamics and other modalities. He also expressed that he is not limited to psychodynamics. There are other challenges that might not need an individual to shift focus from psychodynamics but combine it with other modalities. Psychologists included the PCT in all their approaches, which explains what Participant 2 was saying when he said, "those principles that governs psychology". In managing IPV, the above participant said, "as a psychologist I'm guided by three principles. Congruence, right? Number two, unconditional positive regard, number three, its non-judgmental attitude." All three principles are elements of PCT, which makes his approach PCT. This theory taps into individuals' capacity to self-actualise under certain conditions in therapy (Witty, 2006). The participant alluded that it is standard for psychologists to adopt the person-centred approach in their practice. Participant 6 also regarded PCT as the approach she follows in therapy. She said, "Having to not being judged, you know, being in a comfortable space and just to, to talk about their emotions and how the situation is making them feel". This portrays the environment that the person-centred approach creates for a client. It is one of the aspects of PCT listed by Participant 2. Participants regarded Systems Theory as one of the therapeutic approaches they would adopt in their integrative approach. This approach stresses that the way the organisation is organised has an impact on its performance (Bloch-Poulsen & Kristiansen, 2017). Participant 5 referred to family systems as a way of understanding violence in the family. She said, "And you know, cause obviously when we are talking about … the abuse, gender-based violence in the family, we are thinking family system". While Participant 1 regarded family as a system, Participant 2 saw the military as a system. Researchers Paley et al. (2013) explored family systems and ecological perspectives on the impact of deployment on military families. They regarded a family as a whole greater than its parts and humans as parts that contribute to the functioning of the whole. Any disturbance in parts of the whole leads to the disturbance of the whole. The participant above said, "mostly because of the nature of the military population, you are more inclined to also include systems theory a lot". By the nature of the military population, she was referring to the military's bureaucratic system, how the military operates. Another approach psychologists mentioned was the CBT. The theory acknowledges the importance of beliefs and schemas and their roles in maintaining mental health issues (Teater, 2013). Most psychologists mentioned CBT in their integrative and eclectic approaches. Participant 5 said, "I would say family systems, CBT (cognitive behavioural therapy) and system theory". Participant 6 explained why CBT should form part of the treatment by saying "… then we wanna bring CBT in them to

shift their thoughts, you know", meaning that IPV clients might have distorted thinking patterns (Whiting et al., 2012).

On the other hand, participants regarded pulling techniques from different modalities as a way to function with complex psychological issues that arise in the military context. Participant 1 said, “I’m very integrative”, which means using more than one approach in therapy. Participant 5 referred to an eclectic approach, which is used interchangeably with integrative approach, except that one can choose to use one approach and later another (Zarbo et al., 2016). Although they have a lot in common, integrative approach tends to look at theoretical implications of techniques adopted in order to use them again, especially when they yield positive outcome. The above participant said “… It will really be, um, an eclectic approach because of, like I say sometimes they will come in, then it depends on where the client is, but usually um, I would go with the psychodynamic”. Being eclectic means using any approach that a psychologist finds applicable to a situation at a particular time (Zarbo et al., 2016). These psychologists are comfortable with every approach; they are not bound to a single approach. This is important as the military is complex and psychologists who deploy need to be able to address disparate psychological issues. Deployment areas or mission areas might give rise to different psychological issues, based on the type of mission members are tasked to undertake. Participant 6 also said, “You know, depending on where the client is at that present moment, then you can just pull in some of the techniques and the methods to help them through the process”. This refers to being flexible. The flexibility of psychologists’ approaches to therapy is required since some conditions members present with need to be addressed from a holistic approach. One modality might not be enough for one condition, meaning that they might need to borrow from other modalities. While an integrative approach pulls in other approaches in addition to their primary approach, eclectic approaches adopt a variety of techniques based on how effective they are at that moment (Zarbo et al., 2016). Participant 1 regarded psychodynamics as one of the approaches she integrates into therapy. She said, “I'm saying integrative because when it comes to clinical interview, I'm more inclined to psychoanalytic”. This highlights the importance of past experiences in the presenting problem.

Therapeutic approaches adopted by psychologists in managing IPV were Psychodynamics, PCT, CBT, Systems, integrative and eclectic approaches. All psychologists reported to be using psychodynamic psychology with PCT as a basic guide to counselling. Psychodynamics was common due to its popularity in institutions.

5.4.2 Sub-theme 2: Civilian Practices

Participants regarded rank and the inequality it creates as problematic. Psychologists occupy different ranks and some of the ranks are based on their qualifications and positions. Some might occupy high or senior ranks while other might occupy lower or junior ranks. According to research, the rank structure creates impediments to communication, which might make things worse (Dodd et al., 2020). Psychologists referred to a civilian approach as another way to manage IPV in the military environment. They pointed out that adopting civilian policies and shifting away from other aspects of the military culture (uniform and rank) by psychologists would improve service delivery in the military. These included no wearing of uniforms or ranks by psychology practitioners. Psychologists highlighted that not wearing uniforms was one of the measures that could reduce the impact that rank has on the relationship between military psychologists and the members, thereby enabling military psychologists to deal with IPV effectively. In her response, Participant 1 said, "I think personally, if we were ourselves not in uniform, we'll be able to navigate the space and have impact because people would not receive us as ranks". This points to the restriction that the rank imposes on psychologists. By saying if we were ourselves, not in uniform, the participant was highlighting that the uniform gives them a different identity, which is not their own, compared to civilian clothes. This means that they feel more of themselves in civilian clothes than in uniform. Participant 2 was also referring to the impact that rank has on service delivery when he said, "soldiers when they look at you, first they look on your chest (name), they look on your shoulders (rank) then they decide how to respond to you". This means that they could either refuse or accept psychologists' services based on the rank the psychologist is wearing. This also referred to the fact that they will either show respect or not, since the military rank commands respect. Psychologists reported replicating policies established in the civilian world (non-military society) as one of the strategies to manage IPV. Participant 4 said, "I know even recently there has been a policy on gender-based violence and what, what … It's just a basic thing. Those things is *[sic]* a cut (and) paste from a civilian world." The participant was pointing to the fact that policies already established are similar to the civilian community, which is the wider South Africa. This theme links to the sub-theme IPV is a national problem, since civilian practices are general policies or guidelines, rules and regulations adopted by the nation. Since IPV in the military is a national problem, practices adopted by the wider South Africa in attempting to prevent IPV might benefit the military environment.

5.4.3 Sub-theme 3: Destigmatising Mental Health

Psychologists pointed out that another way of managing IPV is to involve authorities in destigmatising mental health. Participant 6 said, "I think to normalise consulting of psychology (services) and to destigmatise that you know". The participant was referring to encouraging a non-judgemental behaviour towards those who suffer from mental health conditions. This talks about seeing psychological disorders in the same light as physical ailments. The above participant further said, "… (so) that people can really go and see the psychologist". This shows that people do not consult psychologists due to the stigma attached to the services provided. Normalisation of consulting psychological services would result from mental health services being free from stigma. Participant 6 noted attempts to destigmatise mental health. She said, "… working together with them to destigmatise the issue of mental health um, or of seeking help for, for that matter". By them, she was referring to military authorities or higher ranks. The above participant spoke of managing IPV from a multi-professional perspective, which includes other non-healthcare military professionals. She was emphasising the need for a holistic approach to managing IPV in the military context. Participant 5 also supported that by saying, "so I really think, and I always emphasise it in the meetings that we need the section head, they need to make the referrals". She was noting the value that their inputs have in managing IPV in the military environment. This is an indication that people of authority can aid in addressing IPV within the military context.

Niolon et al. (2017), in preventing IPV across the lifespan, mention involving influential adults and peers in promoting healthy relationship and condemning violence as critical to preventing IPV. Section heads are high rank and they have influence and authority over their juniors. Junior ranks look up to them, and they also report to them for duties. Participant 6 further said, "So I think even to work hand in hand as well with the commanders of the unit as the psychologist". The participant addresses the need for psychologists to work collaboratively with Officer Commanding (OC) of the units. She mentioned this as an option that is available that they could also explore. Moreover, the participant was saying that it is possible to include OCs of the unit in dealing with IPV. Military police (MPs) operate the same way as the civilian police (SAPS). The environments they operate in is what set them apart, since military police deal with the military population while the SAPS deal with the general public. Psychologists also pointed out that MPs have an active role to play. One of their duties is to make arrests, which helps in addressing IPV. Participant 5 said, "System wise, the police should also be more involved, they should just do their work. They should just do what is expected of them." MPs have the authority to make arrests. By saying they should do what is

expected of them, the participant is pointing out that MPs should attend to victims, make thorough investigations and arrest perpetrators. This means that MPs are not doing their job. According to the Defence Act 42 of 2002 (RSA, 2002), investigating cases and arresting criminals is one of the duties of the military police officers.

Three sub-themes emerged under managing IPV in the military context, which is one of the main themes. They were therapeutic approaches, civilian practices, and de-stigmatising psychological services. Integrative and eclectic approaches were considered effective in dealing with IPV in the military context, as it is a complex environment. Other findings highlighted the military as a system, which could benefit from applying the systems approach. PCT was regarded as the heart of therapy, and that it is a competency or skill that every psychologist must possess. Proactive approaches mentioned were mainly from the primary level of prevention, which had to do with awareness campaigns, workshops on parenting, financial management, and anger management. Psychodynamics was important as it was thought to address past childhood traumas or underlying issues that might predispose an individual to being a victim or perpetrator of violence. CBT was thought to address underlying dysfunctional or irrational beliefs.

Over and above, the study identified four themes. The first one was the definition of IPV, which included any form of abuse that took place between two partners. Although it was noted that it was not restricted to any gender, the most common type of violence was from men towards women. It was between lower rank females and higher rank males and common in the army. The reason was that the army deploys many times and is actively involved in war as opposed to other arms of services. The second theme was concerned with causes of IPV, which included the nature of the military work, military culture and the rank. The third theme was therapeutic challenges, which shed some light on the bureaucratic system in the military and how it can interfere with service delivery. The main finding was default by psychologists due to their military responsibilities, which interfered with the therapeutic process, the multiple roles and clash of statutory bodies in the profession. Managing IPV in the military context emerged as the fourth theme, which drew on proactive preventative approaches such as workshops, awareness campaigns and therapeutic approaches. Therapeutic approaches included Psychodynamics, CBT, Systems therapy, and PCT, which were thought to work effectively when brought together. Two approaches were thought to be viable. These were the eclectic and integrative approaches. These approaches integrated the above-mentioned therapeutic approaches and also employed techniques from different therapeutic approaches in the therapeutic process.

Chapter 6: Discussion

The study aimed to understand military psychologists' perspectives on managing IPV in the military context. In achieving this aim, questions the study intended to answer were military psychologists' perspectives on IPV in relation to the military context, challenges encountered by psychologists in dealing with IPV cases and how to manage IPV in the military context. This chapter covers the four main themes identified in the study and main findings of the study. These themes are features of IPV, its causes, challenges encountered by military psychologists in dealing with IPV, and management of IPV in the military environment. Embedded in each of the themes and sub-themes were the concepts of military culture and rank. These are important aspects of the SANDF; they are what distinguish it from the civilian world (Van Wijk, 2003).

6.1 Features of IPV

IPV was perceived as a national problem, meaning that it did not only concern the military community. It was seen as a concern nationally. The military community has its own way of operating, but it is not foreign to South Africa. It serves the country and the South African government rules it. This is why on the structure of the military, level zero, there is the president. The president is the commander in chief. He gives directives to the minister of defence, who then communicates the message to the Chief of the SANDF. The military does not operate on its own, but follows orders from the president of the country, which makes it an element of the country. Everything that happens in the country also affects the military. According to military psychologists, IPV is not a military problem, but a South African problem. As much as the majority of the psychologists described IPV as a branch of GBV, it was discovered not to be gender-bound. Due to changes in the society, more women occupy higher positions and they become important members of the community. This puts them in a position of power, as one of the psychologists mentioned that they become controlling. Violence therefore can be bi-directional (from men to women and from women to men). Psychologists also noted that IPV can take place between same-sex partners and that it can only take place between people who are involved or have been involved in an intimate relationship. They perceived IPV as violence between intimate partners. This is what distinguishes it from other types of violence. IPV was perceived as bi-directional, meaning that it could be perpetrated by men on women and by women on men. Psychologists perceived it as not gender but power based. As the researcher noted previously, IPV is all about power and control (Carney et al., 2007). It was seen as the result of inequalities caused by power imbalances

between partners. More importantly, other studies found that women from low socio-economic status were more vulnerable to IPV compared to those who were well off (Bolarinwa et al., 2023). They perceived financial dependency as a causal and a maintaining factor of IPV. Despite the military being part of the wider South African population and culture, they believe that the military culture is what sets the military apart from other organisations in the country.

6.2 Causes of IPV

Causes of IPV were laid out in relation to the military environment. This implies that there is something unique about the military context that fuels or maintains IPV. The nature of work, the military culture and the rank structure were identified as common themes in the data. All the themes were interrelated. The nature of work had to do with deployment, which relates to the military culture. Deployment is part of the military operations; it is a duty that is common across many military personnel. Visagie et al. (2022) also refer to deployment as the core of military duties. Deployment was regarded as one of the factors that contribute towards IPV, especially in the army. This was due to members being away for prolonged periods, misusing the free time given or getting involved in extra-marital relationships. Psychologists saw this as the main cause of conflict amongst members, leading to physical, emotional or verbal abuse. They pointed out that IPV in the military is due to stress derived from the nature of work. This applies not only to being a soldier, but also to the impact of working conditions on the member. The trauma that comes with being exposed to war in the host country, being away for long periods, losing a friend or a colleague to battle, workload, burnout or receiving bad treatment from the senior at work can all be linked to the nature of the military work. It is part of the military culture (work requirement) for members to deploy to other countries. According to the Defence Act 42 of 2002 (RSA, 2002), the president of the country has the authority to deploy the military personnel at any time. The duration of the deployment depends on where the member is deployed. If the member is deployed to the DRC or Sudan, the deployment can last for 12 months or more. Deploying within the borders can last for three months or more, depending on the mission. Deploying within the borders can be easier than outside the borders since members are not far from home and chances of staying for prolonged periods are limited compared to being outside the country. Being outside the country comes with a lot of challenges, since members need not only have to adapt to the environment (extreme temperatures), but they have to adapt to a different style of living, get to learn the language of the host country and behave in accordance with the laws and regulations of deployment.

The military culture was associated with violence and aggression. Psychologists viewed this as normalised and accepted in the military context since they were part of military training. It appeared to be an overarching theme as it appeared across the data set. The military culture and tradition are reflected in their clothes, which are the uniform and rank, and how they wear them. According to Van Wijk (2003), dress expresses corporate identity and values. He says it shows commitment to the organisation, meaning that military uniform is very important to the organisation. The SANDF uniform consists of the rank, nametags, headdress, boots, insignia of the profession, medals and many more. Rank is very important in the military as it tells if the member is junior or senior to other members in the work environment. Military members acknowledge and respect rank at all times. Participant 2 spoke about what is on your shoulders and the chest, which are the rank and the surname. The rank was the second overarching theme as psychologists always highlighted it when addressing power imbalances or inequality in relationships. Violence could not be separated from the military culture. Rank is part of the military culture, and without the military culture there would not be a rank structure. As much as it is important in the military, as Van Wijk (2003) mentions, it gives rise to power and power creates inequality, which results in IPV if abused. The inequality, which consists of high and low rank, comes with challenges among members who are in romantic relationships, since junior or lower ranks in such relationships tend to be subjected to violence by their partners. Members of higher ranks tend to abuse or manipulate lower ranking members with whom they are in romantic relationships, since they are subordinates to them (Mpumlwana et al., 2020). According to researchers, rank is part of the culture. It is an artefact of the military culture (Van Wijk, 2003, p. 105). Lower rank members respect higher rank members since they have authority over them. Themes emerged worked as a chain that does not only cause and affect one another, but also gave rise to others. Ranks signalled power, and where there is power, there is inequality. There are high and lower ranks in the military. Those who occupy higher ranks are senior to those who occupy low ranks. They are responsible for tasking lower rank members, sign off documents (authorise) and make decisions about their careers. Decisions about careers usually involve promotions, courses (promotional) and deployments. This is the type of power that senior members have over juniors in the military, despite honour and respect. Seniors are more familiar with the system and are known by many members, mainly due to the duration of their service in the military and the value of the post they occupy. They may, directly or indirectly, manipulate the system, especially when they are at the wrong side of the law. Connections within the system may work in their favour. This may render their victims helpless and subjected to continuous violence since they know how powerful their partners are.

It is also important to note that the same power and influence might have been what attracted juniors to seniors in the first place. Where there are power dynamics, there must be members who are powerful and those who are not powerful. In many cases, the powerful are the ones who have the upper hand and who can manipulate and control the powerless. Power can be physical strength or dignity, admiration, respect and trust derived from occupying an important role in the organisation or the society. The reason higher rank members get away with the illegal behaviour is because they are the most trusted people in the organisation or institution or community. Power and inequality cannot be separated from the rank, since the rank structure gives rise to power, but overall they are part of the military culture.

Military psychologist pointed out that members who are at risk of experiencing IPV are usually occupying lower ranks in the military and at a vulnerable state. By the vulnerable state, they referred to situations where members are in need of employment or contracts, where members need career progression, finance or deployment. Members who were thought to be vulnerable were the MSDs, who are new recruits in the military and stressing about getting contracts or being permanently absorbed into the system. Others were the reserve force members who did not have contracts and authority for medical consultations. Members of this nature tend to get into relationships with seniors or those who are of a higher rank for favours or benefits. These members opt to keep silent when the abuse takes place out of the fear that contracts will be taken away, they will not be taken seriously when they report, or that the violence will continue and no one will come to their aid. These results are similar to those found by the MTT in 2020.

Psychologists referred to the military culture as one of the factors that perpetuate IPV within the military context. They regarded the military culture as the violence and aggression that were instilled in soldiers from training. If violence is part of the military culture, then that means it is the military's way of living and operating. The military culture covers all systems, structures, laws, policies, uniform and work requirements of members. This means that the military culture is everything you see in the military.

6.3 Therapeutic Challenges

Psychologists are independent practitioners, meaning that they can work with clients independently without being monitored or reporting to anyone. It is their choice to seek supervision when they need it. Due to the bureaucratic nature of the military system, they find themselves reporting to more than one person. A psychologist stationed at a base is more likely to report to the nursing officer in charge of the sickbay, their section head and the officer

commanding of the base. If the section head of the member made a referral, they are entitled to information about the progress of the member. Sometimes confidentiality becomes blurred, especially in cases where managers or section heads gain access to information about members' mental health. Members who are suffering at the hands of their managers with whom they are in intimate relationships might be exposed. This makes it hard for such victims to seek help when they are abused. This also puts a burden on a psychologist since they are bound by ethics to protect the privacy of their clients.

Stigmatisation of psychological services is influenced by the military culture. Just like in the civilian community where the elders ensure that the culture is being adhered to, higher ranks are also gatekeepers of the behaviour of the military members. That is why a senior member can charge a junior for behaving inappropriately, not adhering to the rules and regulations of the military or wearing the uniform inappropriately. It is through the rank that a member is able to see who is senior to them (Van Wijk, 2003). Psychologists expressed that members are stigmatised for not being psychologically fit to carry their duties in the military. As part of the military culture, a member is expected to be healthy physically, emotionally, socially and psychologically. All this are part of the requirements for military members upon entry and for the duration of their employment in the SANDF. With reference to the military culture, it can be said that the culture has an influence on how members see military psychological services. Stigmas attached to psychology are due to what the culture says about mental health. This was reported as one of the issues that stand in the way of victims of IPV from getting the help they need within the system.

Military psychologists regarded the military culture, which is composed of uniform and rank, as the main cause of IPV and an impediment to addressing IPV effectively in the military environment. Military culture, which is a way of operating in the work environment, gives rise to structures in the military that maintain IPV. The military is unique in its own way and psychologists believed that the culture and rank are what maintains, perpetuates and causes IPV in the military context. They believed that military structures and rules made it difficult for members to seek help. They also saw their roles as psychologists being swallowed or dissolved by the military system, having to find a balance between their profession and work as soldiers. They perceived dual relationships or multiple roles they play in the military context as interfering with service delivery. Defaults from their side were attributed to prioritising military duties over therapy work. This is a very important finding because most of the time default is expected to happen from the clients' side. Failure to recognise this leaves clients responsible for a failed or incomplete treatment, forgetting that therapy is a partnership between

the client and the psychologist. Psychologists are as responsible as clients are for the success of therapy. These are the challenges faced by psychologists, and since they are structural challenges bound to the job, psychologists find themselves having to navigate between their profession and the military duties in the process of finding a balance.

6.4 Management of IPV

Strategies deemed effective in managing IPV in the military context were Psychodynamics, PCT, CBT and systems therapy. These are highly effective approaches, which tap in to an individual's past experiences, dysfunctional and irrational thoughts, an individual as a whole and their needs in a therapeutic environment (Corey, 2013; Kabir, 2017). These approaches were thought to be effective when used in collaboration with one another. Integrative or eclectic approach was encouraged in addressing IPV since the military environment is complex. An individual might be affected by a wide range of factors, taking into account their background, work context and systems in place. Integrative or eclectic approaches were regarded as the most common approaches to therapy since they provide adequate understanding and effective treatment for many clients (Newman et al., 2011). With these approaches, practitioners can either borrow techniques from other approaches or integrate approaches (Zarbo et al., 2016). Other proactive approaches suggested were preventative programmes, such as stress management, financial management and parenting skills workshops. Shai and Skweyiya (2015) refer to these methods as efforts that address the root cause of the problem in order to prevent it from occurring in the first place. This shows that military psychologists do not only deal with the IPV victims and perpetrators, but that they work with all members in order to prevent IPV perpetration and victimisation from taking place. Psychologists further elaborated on involving public and respected figures, which in this case are higher ranks such as OCs of units and section heads. Higher levels of command could be considered, but it is at the officer commanding and section head level that members can reach. They are officers who interact with members on a daily basis. Niolon et al. (2017), in their study on preventing IPV, pointed out that involving influential adults and peers in family-based programmes, bystander empowerment education and men and boys as allies in prevention might aid in preventing IPV. Destigmatising of psychological services was another way to manage IPV in the military. They pointed out that once military members see psychological services in a positive light, IPV victims will not hesitate to seek help or counselling. Stigma was mentioned as one of the barriers to help seeking behaviour (Mahlangu et al., 2022). In reducing the stigma around psychological services, mental health and IPV

itself, the military will be reducing rates of IPV and preventing further IPV victimisation and perpetration. Adopting civilian practices, which included not wearing uniform by psychologists and putting civilian policies into proper use were perceived as some of the measures that could be put in place in creating an environment conducive for managing IPV. Studies have pointed out that the military is part of the wider South African community. By saying that, it means that policies that are used by the government are still applicable to the military environment (Van Wijk, 2003). All therapeutic approaches mentioned by psychologists had a cultural element to them, which is the main cause and perpetuating factor in IPV. The cognitive behaviour therapy targets thinking patterns, which in the context of the military is the violence, built into the system during the military training. The PCT also breaks cultural boundaries in terms of what is an acceptable behaviour and what is not acceptable. Members are judged harshly by the military community for not being fit to undertake military operations, but therapy creates a space where members will not be judged, where they will feel affirmed and confirmed, be their real selves and become aware of their potential to rise above their circumstances (Corey, 2013). Military psychologists also mentioned a very important fact when they said that IPV is a national problem, highlighting that it exists in the military because it is a national problem and that the military, which is the SANDF, is part of the country. Therefore it is important that IPV in the military be managed using some of the strategies that have been put in place by the civilian society. The civilian practices will aid in breaking away from the culture of violence and aggression, the rank structure that creates inequalities and interferes with service delivery.

6.5 Strengths and Limitations of the Findings

The study was conducted on a sample of six military psychologists. The initial aim was to interview eight participants but most psychologists were away on military operations. Interviews were conducted face-to-face and online, which might have had an impact on how psychologists responded to the questions. Participants were not able to see the interviewer on online interviews, while face-to-face interviews made it possible for participants to see and engage with the interviewer. Face-to-face interviews might have been more engaging than online interviews. The researcher is a registered counsellor in the SANDF Department of Psychology, have been in the department of psychology for several years and have been involved in providing counselling to some of the victims of IPV. Having been involved in the collection and analysis of data might have had an impact on how the data was collected or how psychologists responded during interviews. Many years of experience in the DOD system

might have improved the quality of the data since the researcher explored an area of expertise. Psychologists might have been more open to being interviewed by a member compared to a civilian who is not familiar with the field. This allowed for an easy translation of some of the technicalities of the organisation into a language better understood by the relevant stakeholders. A person who is familiar with the context and who can share rich and deep knowledge about their field compared to an outsider explores that field better. The study did not include psychologists in all provinces. This leaves room for other researchers who have an interest in the field to explore it further.

6.6 Recommendations

Military psychology has been around for years. Just as the world is evolving, the profession also needs to develop so it can be able to adapt to the changes in the world. While IPV is a problem that has been around for years, some aspects of it might have evolved. What worked previously might not be so effective anymore. The following are recommendations drawn from the study results.

6.6.1 More Awareness of Psychological Services

Psychological services, its advantages and benefits to the overall human mental health should be emphasised. This can be achieved through conducting workshops on the ground, making it standard for each psychologist to educate members in their respective units. This can be done twice per year, in the beginning and towards the end of the year. Members will be more open to consult psychological services if they know what psychological services are available them, when to seek help and how to go about doing that. The majority of members are still in the dark regarding psychological services, its benefits in the entire DOD and the nation. Promotion of services might enlighten them.

6.6.2 Destigmatise Psychology Profiles

Psychologists listed most of the recommendations when they were discussing solutions to IPV in the military. It is imperative to address issues around the misuse of psychological profiling to prevent members from progressing in their careers. This issue needs to be addressed from a top to bottom approach. If Commanders of the units (OC) and section heads (SO1) can have a different approach on how to treat members with mental health issues, this can gradually influence members to also see such issues in a more acceptable and non-judgemental way.

6.6.2 Standardising Supervisory Training

Encouraging supervisory training on psychological aspects in the military can assist addressing issues of stigma, starting with higher ranks who have the power to influence how juniors view mental health. Standardising the programme across all units of the SANDF can help with reducing stigma and empowering victims of IPV. Decision-makers, those with higher ranks or authority, need more education on mental health and psychological services since they play a major role in how members see psychological services.

6.6.4 Psychology Resilience Programmes

It is essential that the psychology department be more visible and hands on when it comes to deploying members' mental health. Increased involvement in resilience programmes is recommended. If psychologists are so involved in the demobilisation programmes, it is only fair that the psychological aspect be addressed in the resilience programmes as well. A standardised, well-structured resilience programme for deploying members will assist with better preparation of members and their families pre-deployment.

6.6.5 Military Psychology Annual Conferences

Annual conferences are significant in a sense that they can uplift the morale of the psychologists, encourage knowledge sharing and networking among psychologists. IPV cannot only be looked at from one perspective; all provinces in the country have their own challenges that are mainly influenced by demographics and cultures. Members of the SANDF move around the country depending on the tasking, and they present with different challenges upon consultation.

6.6.6 More Psychologists on the Ground

The military needs more psychologists on stand-by for military duties. Better planning and accommodation on the departmental side is also recommended. This will decrease defaults from the psychologists and clients' side. It will also provide a balance between military duties and psychological services. More psychologists on the ground will help in service continuation, especially in cases where members need to go for courses and deployments. This will instil hope and encourage military members, especially victims of IPV, to trust and believe in therapy for recovery.

6.6.7 Future Research

More research on military psychologists' views or perspectives on issues that involve the DOD is required. Members need to be aware of issues that can escalate into mental health

problems. It is recommended that further research be done in areas of this nature in the military in order to tap into social ills of the country as a whole, understand how each context operate and come up with interventions tailored specifically for such contexts. This calls for more authority figures to be involved in workshops, as brand ambassadors and to give talks. More research can also be conducted on the multi-disciplinary team in the DOD to find out about overall strategies used the military practitioners to address issues of violence among members.

6.6.8 Women Empowerment Programmes

The empowerment of young females through formal education and psycho-education might assist in decreasing chances of more women falling into a victim status in relationships. Establishing the military skills centre for spouses in the military will benefit a large proportion of women who are unemployed. This will impart skills to unemployed spouses so that they can be able to compete in the job market or become entrepreneurs.

6.6.9 Education on Role Shift

Military personnel go back to families when they leave the place of work and when they leave deployment areas. They also live in civilian communities, interact with individuals who are not part of the system. They are soldiers when they are in the military environment, but when they enter the communities where they live; they become community members and family members. They do not occupy single roles. It is imperative that members are able to separate their roles as military personnel from their roles as family members or heads of families. Problems arise when members run their families like the military, when they want to be feared like in the workplace. Therefore, programmes that will educate males on their roles as soldiers, partners and parents are recommended.

Chapter 7: Conclusion

The study aimed to understand military psychologists' perspectives on managing IPV in the military. It was found that military psychologists viewed IPV as a problem specific to South Africa, not restricted to gender and that it can take any form. They emphasised that it does not matter at what level or degree it takes place, even the least of it still counts as IPV. Psychologists referred to the military culture in their description of IPV within the military context. Rank was classed under the culture since it is part of the culture. It was found to be the main theme since psychologists spoke about the inequalities among spouses or partners in the DOD and how that plays out in causing and maintaining IPV. The rank in the military made it clear that IPV was more about the power struggle and inequalities than about gender itself. Power and inequality brought by the rank structure contributed to IPV. In working with cases of IPV, a number of challenges posed by the system were mentioned. This included the clash of statutory bodies in terms of guidelines on what is acceptable and what is not acceptable. In managing IPV, psychologists utilised Psychodynamics, Systems theory, PCT and CBT approaches. These were common approaches mentioned, but the majority of the psychologists seemed to prefer the integrative approach, which looked at all therapeutic techniques mentioned above. Given the complexity of the military context, psychologists perceived one approach to therapy as not enough to address IPV.

Psychologists recommended empowering members to reduce the number of victims of IPV since perpetrators prey on the vulnerable. They perceived the military culture and the rank system as the main causes of IPV in the military context. They further pointed out the military system and structures put in place as obstacles to providing effective psychological services, on their side. Military structures are put in place for running the military operations and for maintaining order and discipline, but do not serve the only purpose. As much as they are important to the organisation, they also contribute to and maintain conditions that lead to poor mental health (IPV).

This study has explored military psychologists' perspectives in managing IPV in the military environment. It was conducted because there is not enough research that has been conducted on psychologists' perspectives on managing IPV in the military context. This is a growing problem since the military is not only a work environment but it is also a community. What happens outside of the work environment still affects the military since members leave their homes to get to work and later come back to the same household. A home that is unstable or unhealthy might contribute towards poor health, thereby affecting the members functioning

in the work environment. This come as a liability to the military since it can prove difficult to find someone with the same expertise over time. It is the military's mandate to deploy and employ members that are of sound psychological state since they work with dangerous weapons and people's lives. IPV is not unique to the military, but it is a national and a global issue. It affects everybody in the world in varying degrees, depending on their circumstances or environment they find themselves in.

The study was conceptualised in order to understand some of the challenges that psychologists come across in treating members with IPV. Some of the important findings were that the military culture is a breeding ground for IPV because it has many features that foster violence, like the military training, the rank structure, deployment and patriarchy. Other findings included conflicting roles that psychologists have as practitioners and military personnel. The hope is that this research opens up new horizons on what is available in the mental health department on treating IPV in the military and other areas that might need to be explored further. Six participants who were interviewed all had considerable experiences on treating IPV in the military context. I have provided a list of thought provoking, innovative, empirically grounded recommendations that will aid in managing IPV better in the military context.

References

Adler, A. B., Bliese, P. D., & Castro, C. A. (2011). *Deployment Psychology: Evidence-based Strategies to Promote Mental Health in the Military*. American Psychological Association (APA).

Allen, N. J. (2017). Organizational commitment in the military: A discussion of theory and practice. In *Organizational Commitment in the Military* (pp. 237-253). Psychology Press.

.Alves-Costa, F., Lane, R., Gribble, R., Taylor, A. N., Fear, N. T., & MacManus, D. (2021). Perceptions of the impact of military life on Intimate Partner Violence and Abuse victimisation among civilian partners of UK military personnel. *SSM - Qualitative Research in Health*, *1*, 100006. https://doi.org/10.1016/j.ssmqr.2021.100006

Annen, H. (2007). Book Review: Kennedy, Carrie H., & Eric A. Zillmer, eds. (2006). Military Psychology: Clinical and Operational Applications. *Armed Forces & Society*. https://doi.org/10.1177/0095327x07307000

Bester, P. (2022). A positive psychology perspective on pre-deployment fitness-for-duty evaluations for external deployments: A proposition for the South African National Defence Force. *Scientia Militaria: South African Journal of Military Studies*, *50*(03). https://doi.org/10.5787/50-3-1379

Birkley, E. L., & Eckhardt, C. I. (2015). Anger, hostility, internalizing negative emotions, and intimate partner violence perpetration: A meta-analytic review. *Clinical Psychology Review*, *37*, 40–56. https://doi.org/10.1016/j.cpr.2015.01.002

Bloch-Poulsen, J., & Kristiansen, M. (2017). *The International Encyclopedia of Organizational Communication.* Wiley eBooks. https://doi.org/10.1002/9781118955567

Bolarinwa, O. A., Tessema, Z. T., Okyere, J., Ahinkorah, B. O., & Seidu, A. (2023). Spatial distribution and predictors of lifetime experience of intimate partner violence among women in South Africa. *PLOS Global Public Health*, *3*(1), e0000920. https://doi.org/10.1371/journal.pgph.0000920

Bopape, P. M. J. (2021). Standard Working Procedure No: ...../2021 Therapy Consultation in the Department of Psychology AMHU GT. Unpublished internal document. Department of Psychology, Area Military Health Unit Gauteng.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2022). Toward good practice in thematic analysis: Avoiding common problems and be(com)ing a *knowing* researcher. *International Journal of Transgender Health*, 1–6. https://doi.org/10.1080/26895269.2022.2129597

Braun, V., Clarke, V., & Weate, P. (2016). Using thematic analysis in sport and exercise research. *Routledge Handbook of Qualitative Research in Sport and Exercise*, 213–227. Routledge. https://doi.org/10.4324/9781315762012.ch15

Bredenkamp, I., & Wessels, A. (2012). A historical perspective on military chaplaincy services in the South African National Defence Force (SANDF), 1998 - 2012. *Journal of Contemporary History*, *37*(2), 242267. http://scholar.ufs.ac.za:8080/xmlui/handle/11660/4462

Brits, E. (2022, 14 June). South Africa's staggering intimate partner violence stats aren't shifting – here's what we can do about it. *Daily Maverick*. https://www.dailymaverick.co.za/article/2022-06-14-intimate-partner-violence-in-s-africa-the-staggering-stats-and-the-solutions/

Burgess, W. H. B. (2018). Draft Directorate Statement of Intent 2019-2024. 16 July. Unpublished internal document. Directorate Psychology, South African Military Health Services.

Carney, M. M., Buttell, F. P., & Dutton, D. G. (2007). Women who perpetrate intimate partner violence: A review of the literature with recommendations for treatment. *Aggression and Violent Behavior, 12*(1), 108–115. https://doi.org/10.1016/j.avb.2006.05.002

Centers for Disease Control and Prevention (CDC). (2020, 11 February). *COVID-19 and Your Health*. CDC. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-who-are-immunocompromised.html

Chang, E. Y., Kahle, E. C., & Hirsch, J. K. (2015). Understanding how domestic abuse is associated with greater depressive symptoms in a community sample of female primary care patients. *Violence Against Women, 21*(6), 700711. https://doi.org/10.1177/1077801215576580

Choabi, M. (2022). *Challenges experienced by the female senior officers in the SANDF in the Gauteng province* [MA Thesis, Stellenbosch University].

Condino, V., Tanzilli, A., Speranza, A. M., & Lingiardi, V. (2016). Therapeutic interventions in intimate partner violence: an overview. *Research in Psychotherapy, 19*(2). https://doi.org/10.4081/ripppo.2016.241

Constantinescu, M., Constantinescu, C., & Dumitru, C. G. (2017). Development of parenting skills by implementing strong families program. Conference: Edu World 7th International Conference. https://doi.org/10.15405/epsbs.2017.05.02.165

Constitution of the Republic of South Africa. (1996). Government Printer.

Corey, G. (2013). *Theory and Practice of Counselling and Psychotherapy* (9th ed.). Brooks/Cole.

Creswell, J. W., & Poth, C. N. (2016). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. SAGE Publications.

Dekel, B. (2013). *An exploration of the discourses women survivors of intimate partner violence draw on to understand intimate femicide* [Master's dissertation: University of the Western Cape].

Dekel, B., & Abrahams, N. (2021). 'I will rather be killed by corona than by him ...' Experiences of abused women seeking shelter during South Africa's COVID-19 lockdown. *PLoS ONE*, *16*(10). https://doi.org/10.1371/journal.pone.0259275

Denzin, N. K., & Lincoln, Y. S. (2005). The SAGE handbook of qualitative research. *Choice Reviews Online*, *43*(03), 43–1330. https://doi.org/10.5860/choice.43-1330

Department of Health: Government Gazette. (4 August 2006). Health Professions Act, 1974 (Act No. 56 of 1974). Ethical Rules of Conduct for Practitioners Registered Under The Health Professions Act, 1974. HPCSA.

Dichter, M. E., Wagner, C., & True, G. (2016). Women veterans' experiences of Intimate Partner Violence and Non-Partner Sexual Assault in the context of Military Service: Implications for supporting women's health and well-being. *Journal of Interpersonal Violence*, *33*(6), 843–864. https://doi.org/10.1177/0886260516669166

Dodd, N., Bester, P. C., & Van der Merwe, J. (2020). *Contemporary Issues in South African Military Psychology*. SUN PReSS.

Eatough, V., & Smith, J. A. (2017). Interpretive Phenomenological Analysis. In: Willig, C., & Stainton-Rogers, W. (Eds). *Handbook of Qualitative Psychology* (2nd ed., pp. 193-211). Sage. https://dx.doi.org/10.435/9781526405555.n12

Ellis, E. (2020, 17 June). Gender-based violence is South Africa's second pandemic, says Ramaphosa. *Daily Maverick*. https://www.dailymaverick.co.za/article/2020-06-18-gender-based-violence-is-south-africas-second-pandemic-says-ramaphosa/

Engelbrecht, L. (2007). Our last line of defence: The SANDF Mandate, activities and key personalities. *A guide to the SANDF*, Unpublished manuscript, *6*.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of Convenience Sampling and Purposive Sampling. *American Journal of Theoretical and Applied Statistics*, *5*(1), 1-4. https://doi.org/10.11648/j.ajtas.20160501.11

Felix, J. (2020, 24 July). *SANDF not immune to Gender Based Violence*. News24. https://www.news24.com/news24/southafrica/news/sandf-not-immune-to-gender-based-violence-sayvs-mapisa-nqakula-20200724

Fleischmann, C. (2019). *Prosecution of SANDF soldiers by South African military courts for violations of UN sexual abuse and exploitation during peacekeeping operations* [MA Thesis, University of Pretoria].

Fonseca, C. A., Schmaling, K. B., Stoever, C., Gutierrez, C., Blume, A. W., & Russell, M. L. (2006). Variables associated with Intimate Partner Violence in a Deploying Military Sample. *Military Medicine*, *171*(7), 627– 634. https://doi.org/10.7205/MILMED.171.7.627

Forero, R., Nahidi, S., De Costa, J., Mohsin, M., FitzGerald, G., Gibson, N., McCarthy, S., & Aboagye-Sarfo, P. (2018). Application of four-dimension criteria to assess rigour of qualitative research in emergency medicine. *BMC Health Services Research, 18*(1). https://doi.org/10.1186/s12913-018-2915-2

Frey, R. (2016). Ethical challenges for military psychologists: When worlds collide. *Ethics & Behavior*, *27*(4), 283–296. https://doi.org/10.1080/10508422.2016.1193811

Ghafouri, R., & Ofoghi, S. (2016). *Trustworth and rigor in qualitative research.* ResearchGate. https://www.researchgate.net/publication/322715130

Gordon, C. (2016). Intimate partner violence is everyone's problem, but how should we approach it in a clinical setting? *South African Medical Journal, 106*(10), 962. https://doi.org/10.7196/samj.2016.v106i10.11408

Graaff, K., & Heinecken, L. (2017). Masculinities and gender-based violence in South Africa: A study of a masculinities-focused intervention programme. *Development Southern Africa*, *34*(5), 622–634. https://doi.org/10.1080/0376835x.2017.1334537

Gulzhaina, K. K., Algerim, K. N., Ospan, S. S., Hans, S. J.,& Cox, N. B. C. (2018). Stress management techniques for students. *Advances in Social Science, Education and Humanities Research, 198*(1), 47-56. https://doi.org/10.2991/ictppfms-18.2018.10

Haer, R., & Banholzer L. (2015). The creation of committed combatants. *Small Wars & Insurgencies*, *26*(1), 25-48. https://doi.org/10.1080/09592318.2014.959767

Health Professions Council of South Africa (HPCSA). (2009). Guidelines for Good Practice in the Health Care Professions: Ethical and Professional Rules of the Health Professions Council of South Africa as Promulgated in Government Gazette R717/2006. Booklet 2. HPCSA.

Heinecken, L. (2016). Conceptualizing the tensions evoked by gender integration in the military: The South African case. *Armed Forces and Society*, *43*(2), 19. https://doi.org/10.1177/0095327X16670692

Heinecken, L. (2020). *South Africa's Post-apartheid military: Lost in transition and transformation*. UCT Press.

Heinecken, L., & Wilén, N. (2019). No place like home? Postdeployment reintegration challenges facing South African peacekeepers. *Armed Forces & Society*, *47*(3), 415–434. https://doi.org/10.1177/0095327x19894719

Hennop, E. (2001). SANDF control of the northern and eastern border areas of South Africa. *Institute for Security Studies Papers*, 2001(52). https://www.issafrica.org/uploads/paper52.pdf

Jewkes, R. (2022 July). *Increased risk of intimate partner violence among military personal requires effective prevention programming*. South African Medical Research Council. The Lancet Regional Health - Europe. https://doi.org/10.1016/j. lanepe.2022.100456

Jewkes, R., Levin, J., & Penn-Kekana, L. (2002). Risk factors for domestic violence: findings from a South African cross-sectional study. *Social Science & Medicine, 55*(9), 1603–1617. https://doi.org/10.1016/s0277-9536(01)00294-5J

Johnson, W. B., Bacho, R. A., Heim, M., & Ralph, J. (2006). Multiple-role dilemmas for military mental health care providers. *Military Medicine, 171*(4), 311–315. https://doi.org/10.7205/milmed.171.4.311

Johnson, W. B., & Landsinger, K. L. (2017). Ethical issues in Military Psychology. In *Handbook of military psychology*. Springer eBooks https://doi.org/10.1007/978-3-319-66192-6_8

Kabir, S. M. S. (2017). *Counseling approaches*. ResearchGate. https://www.researchgate.net/publication/325844296

Kamarck, K. N., Ott, A., & Sacco, L. N. (2019, December). *Military families and intimate partner violence: background and issues for congress*. Library of Congress Washington DC.

Kaminer, D., & Eagle, G. (2010). *Traumatic Stress in South Africa*. Wits University Press. https://doi.org/10.26530/oapen_626383

Karakurt, G., Smith, D. J., & Whiting, J. B. (2014). Impact of Intimate Partner Violence on women's mental health. *Journal of Family Violence, 29*(7), 693–702. https://doi.org/10.1007/s10896-014-9633-2

Kedia, S. (2019, 29 June). *Gender norms and masculinities.* ALIGN. https://policycommons.net/artifacts/3341538/gender-norms-and-masculinities/4140442

Khumalo, Z. (2021, 11 May). Tshegofatso Pule murder Sentencing delay ‘feels like a dagger to the chest’. News24. https://www.news24.com/news24/southafrica/news/tshegofatso-pule-murder-sentencing-delay-feels-like-a-dagger-to-the-chest-20220511

Kirsten, C. L. (2018). The role of financial management training in developing skills and financial self-efficacy. *The Southern African Journal of Entrepreneurship and Small Business Management, 10*(1). https://doi.org/10.4102/sajesbm.v10i1.211

Koch, A. M., D’Mello, S., & Sackett, P. R. (2015). A meta-analysis of gender stereotypes and bias in experimental simulations of employment decision making. *Journal of Applied Psychology, 100*(1), 128–161. https://doi.org/10.1037/a0036734

Kumar, S., Kumar, R. S., Govindaraj, M., & Prabhu, N. R. V. (2020). Sampling framework for personal interviews in qualitative research. *PalArch’s Journal of Archaeology of Egypt/Egyptology*, *17*(7), 7102–7114.

Kwan, J., Sparrow, K., Facer-Irwin, E., Thandi, G., Fear, N. T., & MacManus, D. (2020). Prevalence of intimate partner violence perpetration among military populations: A systematic review and meta-analysis. *Aggression and Violent Behavior*, *53*, Article 101419. https://doi.org/10.1016/j.avb.2020.101419

Lai, C., & Lin, S. H. (2017). Systems Theory. *The International Encyclopedia of Organizational Communication*, 1–18. https://doi.org/10.1002/9781118955567.wbieoc203

Li, S., Zhao, F., & Yu, G. (2019). Childhood maltreatment and intimate partner violence victimization: A meta-analysis. *Child Abuse and Neglect*, *88*, 212–224. https://doi.org/10.1016/j.chiabu.2018.11.012

Luyten, P. (2011). *Commentary: The coming of age of psychoanalytic treatment research*. In Humana Press eBooks (pp. 337–343). https://doi.org/10.1007/978-1-60761-792-1_20

Mahlangu, P., Gibbs, A., Shai, N., Machisa, M., Nunze, N., & Sikweyiya, Y. (2022). Impact of COVID-19 lockdown and link to women and children's experiences of violence in the home in South Africa. *BMC Public Health*, *22*(1), 1029. https://doi.org/10.1186/s12889-022-13422-3

McCauley, M., Hughes, J. S., & Liebling-Kalifani, H. (2008). Ethical considerations for Military Clinical Psychologists: A review of selected literature. *Military Psychology*, *20*(1), 7–20. https://doi.org/10.1080/08995600701753128

Mile, K. (2020). Gender Based Violence: A South African Plague. Rebecca Oppenheimer Internship.

Mongwaketse, T. B. (2020). The SANDF as a human security instrument post-1994. *Strategic Review for Southern Africa*, 38(2). https://doi.org/10.35293/srsa.v38i2.222

Morse, J. M. (2000). Determining sample size. *Qualitative Health Research*, *10*(1), 3–5. https://doi.org/10.1177/104973200129118183

Mpumlwana, N., Dodola, T., Guma, M., Rotman, B., & Hendricks, C. (2020). Ministerial Task Team Report on Sexual Harassment, Sexual Exploitation, Sexual Abuse and Sexual Offences within the Department of Defence. *A Defence Force That Cares*, 1–101.

Mthembu, J., Mabaso, M., Reis, S., Zuma, K., & Zungu, N. (2021). Prevalence and factors associated with intimate partner violence among the adolescent girls and young women in South Africa: Findings of the 2017 population based cross-sectional survey. *BMC Public Health*, *21*(1). https://doi.org/10.1186/s12889-021-11183-z

Newman, M. G., Castonguay, L. G., Borkovec, T. D., Fisher, A. J., Boswell, J. F., Szkodny, L. E., & Nordberg, S. S. (2011). A randomized controlled trial of cognitive-behavioral therapy for generalized anxiety disorder with integrated techniques from emotion-

focused and interpersonal therapies. *Journal of Consulting and Clinical Psychology, 79*(2), 171–181. https://doi.org/10.1037/a0022489

Niolon, P. H., Kearns, M. C., Dills, J., Rambo, K., Irving, S. M., Armstead, T. L., & Gilbert, L. (2017). *Preventing intimate partner violence across the lifespan : A technical package of programs, policies, and practices.* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://stacks.cdc.gov/view/cdc/45820/cdc_45820_DS1.pdf

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*(1). https://doi.org/10.1177/1609406917733847

Oparinde, K., & Matsha, R. M. (2021). Powerful discourse: Gender-Based Violence and counter-discourses in South Africa. *Cogent Arts & Humanities*, *8*(1). https://doi.org/10.1080/23311983.2021.1911035

Overstreet, N. M., & Quinn, D. M. (2013). The Intimate Partner Violence Stigmatisation Model and barriers to help-seeking. *Basic Applied Social Psychology*, *35*(1), 109-122. https://doi.org/10.1080/0197353302012.746599

Paley, B., Lester, P., & Mogil, C. (2013). Family systems and ecological perspectives on the impact of deployment on military families. *Clinical Child and Family Psychology Review*, *16*(3), 245–265. https://doi.org/10.1007/s10567-013-0138-y

Parker, P. W. (2015). The historical role of women in higher education. *Administrative Issues Journal*, *5*(1). https://doi.org/10.5929/2015.5.1.1

Parry, B. (2020). *What South African women told us about being the main breadwinner.* The Conversation. https://theconversation.com/what-south-african-women-told-us-about-being-the-main-breadwinner-147059

Peitzmeier, S. M., Fedina, L., Ashwell, L., Herrenkohl, T. I., & Tolman, R. (2022). Increases in Intimate Partner Violence During COVID-19: Prevalence and Correlates. *Journal of Interpersonal Violence*, 37(21-22). https://doi.org/10.1177/08862605211052586

Phatlane, L. M. (2019). *Gender, structural and normalized violence: A South African perspective* [Master's thesis, University of South Africa].

Ratele, K. (2008). Masculinity and male mortality in South Africa: Africa Safety promotion. *Journal of Injury and Violence Prevention,* 69(2), 1-23.

Redmond, S., Wilcox, S. L., Campbell, S. J., Kim, A. G., Finney, K., Barr, K., & Hassan, A. (2015). A brief introduction to the military workplace culture. *Work-a Journal of Prevention Assessment & Rehabilitation, 50*(1), 9–20. https://doi.org/10.3233/wor-141987

Republic of South Africa (RSA). (2007). Criminal Law (sexual offences and related matters) Amendment Act 32 of 2007. Government Printer.

Republic of South Africa (RSA). (2002). Defence Act No. 42 of 2002. Government Printer.

Republic of South Africa (RSA). (2000). Promotion of Equality and Prevention of Unfair discrimination Act no. 4 of 2000. Government Printer.

Ross, L. (2014). Religion and Intimate Partner Violence: Double-edge sword. *A Social Justice Forum, 2*(3), 3-11.

Roy, C. M., Bukuluki, P., Casey, S. E., Jagun, M. O., John, N. A., Mabhena, M., Mwangi, M., & McGovern, T. (2022). Impact of COVID-19 on Gender Based Violence prevention and response services in Kenya, Uganda, Nigeria and South Africa*: A Cross-sectional Survey. Frontier Global Women's Health, 2.* https://doi.org/10.3389/fgwh.2021.780771

Russo, N. F., & Pirlott, A. (2006). Gender based violence: Concepts, methods and findings. In F. L. Denmark, H. H. Kraus, E. Halpern, & J. A. Sechzer, (Eds.), *Violence and Exploitation Against Women and Girls*, *1087*(1), 178-205 https://doi.org/10.1196/annals.1385.024

Sahin, Z., & Barber, J. P. (2017). *Termination of Treatment*. ResearchGate. https://www.researchgate.net/publication/305940540

Seegers, A., & Taylor, S. J. E. (2008). Transformation in the South African Military: A study of the gender-representivity component in the South African Navy. *Politikon*, *35*(3), 357–378. https://doi.org/10.1080/02589340903020670

Shah, M. I. (2017). Relativism as a paradigm of cultural epistemology (a critical analysis). *Al-Hikmat*, *37*, 13–26.

Shai, N. J., & Sikweyiya, Y. (2015). Programmes for change: Addressing sexual and intimate partner violence in South Africa. *SA Crime Quarterly*, (51), 31-41. https://dx.doi.org/10.4314/sacq.v51i1.4

South African Depression and Anxiety Group (SADAG). (2020, 21 April). SADAG Online Survey on Covid-19 & Mental Health. SADAG. https://www.sadag.org/index.php?option=com-content&id=3092:sadag-s-online-survey-findings-on-covid-19-and-mental-health-21-april-2020&catid=149&ltemid=132#

Sparrow, K., Kwan, J., Howard, L., Fear, N., & MacManus, D. (2017). Systematic review of mental health disorders and intimate partner violence victimisation among military populations. *Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services*, *52*(9), 1059–1080. https://doi.org/10.1007/s00127-017-1423-8

Stott, N. (2002). From SANDF to SANDF: Safeguarding South Africa for a better life for all? *Violence and Transition Series*, 7.

Swingler, H. (2019, 26 August). *Conflict leaves children traumatized, anxious - for life.* UCT News. https://www.news.uct.ac.za/article/-2019-08-26-conflict-leaves-children-traumatised-anxious-for-life

Tasso, A., Whitmarsh, L., & Ordway, A. (2016). Intimate Partner Violence within military families: Intervention guidelines for relational aggressors. *The Family Journal*, *24*(2), 114-121. https://doi.org/10.1177/1066480716628622

Teater, B. (2013). *Cognitive Behavioural Therapy*. ResearchGate. https://www.researchgate.net/publication/264932879

Terre Blanche, M., Durheim, K., & Painter, D. (2006). *Research in Practice: Applied Methods for the Social Sciences*. (2nd ed). University of Cape Town Press.

Tran, T. D., Nguyen, H., & Fisher, J. (2016). Attitudes towards Intimate Partner Violence against women among women and men in 39 low- and middle-income countries. *PLOS ONE*, *11*(11), e0167438. https://doi.org/10.1371/journal.pone.0167438

Van Dyk, G. A. J. (2009). The role of military psychology in peace keeping operations: The South African National Defence Force as an example. *South African Journal of Military Studies*, *37*(1), 113-135.

Van Gelder, N., Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., & Oertelt-Prigione, S., on behalf of the Gender and COVID-19 working group. (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. e*Clinical Medicine*, 21, 100348. https://doi.org/10.1016/j.eclinm.2020.100348

Van Heerden, A., & De Beer, M. (2020). Military psychology and SANDF in a changing world. *Contemporary Issues in South African Military Psychology*. African Sun Media.

Van Wijk, C. H. (2003). The New SANDF Rank Insignia. *African Security Review*, *12*(3), 105–108. https://doi.org/10.1080/10246029.2003.9627241

Visagie, N., Du Toit, R., Zungu, D. D., Schoeman, D. S., & Joubert, S. (2022). Comparing deployment experiences of South African National Defence Force personnel during peace support missions: Sudan vs Democratic Republic of Congo. *Scientia Militaria: South African Journal of Military Studies*, *50*(2). https://doi.org/10.5787/50-2-1375

Weller, S. C., Vickers, B., Bernard, H. R., Blackburn, A. M., Borgatti, S., Gravlee, C. C., & Johnson, J. C. (2018). Open-ended interview questions and saturation. *PLoS ONE, 13*(6), e0198606. https://doi.org/10.1371/journal.pone.0198606

Whiting, J. B., Oka, M., & Fife, S. T. (2012). Appraisal distortions and Intimate Partner Violence: Gender, power, and interaction. *Journal of Marital and Family Therapy*, *38*, 133–149. https://doi.org/10.1111/j.1752-0606.2011.00285.x

Witty, M. C. (2006). Client-Centered Therapy. In *Springer eBooks* (pp. 35–50). https://doi.org/10.1007/978-0-387-29681-4_3

World Health Organization (WHO). (2021a, 9 March). Devastatingly pervasive: 1 in 3 women globally experience violence. WHO. https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence

World Health Organization (WHO). (2021b, 25 November). FIFA supports World Health Organization 16-day campaign to raise awareness on domestic violence. WHO. https://www.who.int/news/item/25-11-2021-fifa-supports-world-health-organisation-16-day-campaign-to-raise-awareness-on-domestic-violence

Yonga, A. M., Kiss, L., & Onarheim, K. H. (2022). A systematic review of the effects of intimate partner violence on HIV-positive pregnant women in sub-Saharan Africa. *BMC Public Health*, *22*(1). https://doi.org/10.1186/s12889-022-12619-w

Zarbo, C., Tasca, G., Cattafi, F., & Compare, A. (2016). Integrative Psychotherapy Works. *Frontiers in Psychology, 6.* https://doi.org/10.3389/fpsyg.2015.02021

Zungu, D., & Visagie, N. (2020). All eyes on Sudan: The journey of female psychologists in the theatre of operation. *South African Journal of Industrial Psychology. 46* (1), 1-11. https://dx,doi.org/10.4102/sajip.v46i0.1739

Appendix A: Participant Information Sheet



sa military health service

Department:
Defence
REPUBLIC OF SOUTH AFRICA

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG



Dear Sir / Madam

My name is Plantinah Matsemela. I am a Masters student in the school of Health and Community Development, currently enrolled in Masters in social and psychological research, at the University of the Witwatersrand. My supervisor is Dr Daniella Rafaely. I am conducting a research study about Intimate Partner Violence in the Military (IPV). The study title is Military Psychologists' experiences of working with Intimate Partner Violence within the military context. The aim of the study is to understand how military psychologists' make sense of their experiences of working with Intimate Partner Violence within the military context. The objective is to generate rigorous research pertaining Intimate Partner Violence within the SANDF and to assist with the initiation of programmes that will prevent or curb IPV in the military.

I am inviting clinical and counselling psychologists who are currently practicing in the military as psychologists to take part in the interview. If you decide to take part, your participation in this research study will last for about 45 minutes to 1 hour. The interview/research activity will be face to face. Online interviews will be done in cases where members are not available for face-to-face interviews. Face to face interviews will take place at Area Military Health Unit Gauteng Psychology Department, office number 114 between 9h00 am and 12h00 pm and online interviews will take place on Microsoft teams or Zoom.

With your permission, I would like to audio record the interview. This data will be stored in a password protected military computer at Area Military Health Unit Gauteng and will be kept on the records for a maximum of 15 years before it can be deleted. Only the researcher, the supervisors, 1MHREC and Defence Intelligence will have access to the data.

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. Your participation will be voluntary, meaning that you can withdraw from the study at any time without penalties. Participating in the study will not advantage or disadvantage you in any way. Codes will be given to recorded interviews in order to identify them. No name, ranks, or units will be used. With your permission, other researchers may use the data collected from this research study, but your name and any personal information will not be used or passed on in this instance. Your participation will be kept confidential.

If you decide to take part in the research study, it should be because you want to volunteer. You do not have to take part. You can stop being in the study at any time. You do not have to answer any questions if you do not want to. You will not get any direct benefits if you choose to join the research study. You will not lose any services, benefits or rights you would

normally have if you decide not to join. Taking part in the research study will not cost you anything. You will not be paid for being in this research study.

The risks for this research study are no more than what happens in everyday life. OR Some of the questions asked may make you feel sad or upset. If this happens, I will stop the interview and continue another time. If you need some support or counselling services following the interview, referral will be made to psychology department to outsource a clinical or counselling psychologist that will provide services.

This research study will be written up as a research report. Permission will be sought at 1MHREC and Defence Intelligence before the report can be made available on the university library website, the SAMHS website, MPI archives and be published in a scientific journal. If you would like to receive a summary of this report, I will be happy to send it to you.

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 and the 1MHREC on 012 314 0013 or email 1mil.ethics@gmail.com.

The study is conducted in partial fulfilment of my Masters' degree; I stand to gain nothing except that. Your cooperation and participation in the study will be greatly appreciated. Please sign the underneath informed consent if you agree to participate in this study.

Yours sincerely,

Plantinah Matsemela
0726457431
1114301@students.wits.ac.za

Supervisor
Dr Daniella Rafaely (PhD)
daniella.rafaely@wits.ac.za
Contact: 071 582 5753

Appendix B: Consent Form

Consent Form

Title: Military Psychologist's experiences of working with Intimate Partner Violence within the military context.

Researcher: Plantinah Matsemela

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.	YES NO
I understand what this study is about.	YES NO
I understand that I can volunteer to take part in the study	YES NO
I understand that I can withdraw at any time during the study and that there will not be consequences for my withdrawal.	YES NO
I agree that the interview/focus group/other activity may be audio recorded.	YES NO
I agree that direct quotations from my interview/focus group/other activity may be used by the researcher in their research report/ manuscript/book chapter.	YES NO
I agree that my participation will remain anonymous (my name will not be used by the researcher in their research report/manuscript/book chapter)	YES NO
I agree that other researchers may use the information I provide in my interview/focus group/other activity (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 am aware that I shall receive a signed and dated copy of this informed consent.	YES NO

…… (signature)
…… (name of participant)
…… (date)

…… (signature)
…… (name of researcher/person seeking consent)
…… (date)

Appendix C: Interview Schedule



sa military health service

Department:
Defence
REPUBLIC OF SOUTH AFRICA

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG



Interview schedule (14 questions)

Note: The interview is semi-structured, flexible with open-ended questions and is allowed to deviate from the schedule every now and then.

1. Introduction: The researcher introduces herself.

2. Welcome the participant and thank them for showing interest and agreeing to participate in the study.

3. Introduce the topic and explain the objective of the interview.

4. Explain confidentiality

5. Explain the timeline

6. How long have you been working in the DOD?

7. What motivated you to join the South African National Defence Force?

8. Did you work anywhere else before working in the military? If so what kind of a job did you do, and was it private or public?

8. How did you find the military compared to your previous employer?

9. How did you adapt to the environment?

9. What does your normal day at work look like?

10. What is your understanding of Intimate Partner Violence?

11. How would you describe Intimate Partner Violence in relation to the military context?

12. What types of cases of IPV would you say you have worked with?

14. Have you come across challenges in dealing with those cases? If yes what are those challenges.

15. What are common reasons for IPV clients to seek help?

16. How do you advocate for your clients in the military context?

17. What modality are you working from?

18. How useful is it in dealing with cases of IPV? Can you describe the process? What works for you and what does not?

19. Where do you draw a line, as a professional and a community member/individual when it comes to IPV?

20. Filling out gaps
21. Thanking the participant for taking their time to participate in the study
22. Explain the way forward
23. Ask if there are any questions
24. See the participant off

Appendix D: Ethical Clearance (1MHREC)

RESTRICTED

1MH/302/6/01.03.2022

sa military health service
Department:
Defence
REPUBLIC OF SOUTH AFRICA

Telephone: 012 314 0013
Facsimile: 012 314 0013
Enquiries: Dr / Maj. M.L. Kekana

1 Military Hospital
Private Bag x 1023
Thaba Tshwane
0143

14 October 2022

CLINICAL TRIAL APPROVAL: STUDY NUMBER: 01.09.2022: "MILITARY PSYCHOLOGISTS' EXPERIENCES OF DEALING WITH INTIMATE PARTNER VIOLENCE WITHIN THE MILITARY CONTEXT"

1. The 1 Military Hospital Research Ethics Committee (1MHREC) registered in South Africa with the National Health Research Ethics Council (NHREC) (REC-111208-019-RA) adhering to GCP/ICH and SA Clinical Trial guidelines, evaluated the above-mentioned protocol and additional documents.

2. The following documents were evaluated:

   a. Personalised Covering Letter from Principal Investigator
   b. Research Proposal
   c. Patient Information and Informed Consent Document
   d. Interview Schedule
   e. Declaration of Storage of Information
   f. Declaration of Advertisement and Information Cards
   g. Declaration of Conflict of Interest
   h. Declaration of Children or Vulnerable Population Participating in the Study
   i. Declaration of Stress Protocol
   j. Letter of Permission from Defence Intelligence
   k. Letter of Permission from Director Psychology
   l. Letter of Approval from the University of the Witwatersrand School of Human and Community Development Ethics Committee
   m. Updated Curricula Vitae:

      i. P.R. Matsemela
      ii. M.K. Rabothata
      iii. D. Rafaely

3. The recommendations are: The study was ethically approved on 14 October 2022. The approved Principal Investigator is Capt. P.R. Matsemela.

4. The study is granted research ethics approval for a period of 12 months. At the end of this period the Principal Investigator must apply for re-approval of the study. Failure to re-apply will result in approval expiring and data generated after the 12-month period, not being able to be included as part of the research project. Report backs are to be made to the 1MHREC annually, in the event of any serious adverse

events and on completion or termination of the study. Research ethics approval is granted subject to concurrent ongoing approval from Military Counter Intelligence and the relevant study supervisors and overseers. Should publications result from the study the relevant manuscripts will also need to be approved by Military Counter Intelligence as well as 1MHREC. All funds generated through this research study must be paid into an approved Regimental Fund account.

5. The 1 MHREC wishes you success with the study.

(M.L. KEKANA)
CHAIRPERSON 1 MILITARY HOSPITAL RESEARCH ETHICS COMMITTEE: MAJ

DIST

For Action

Capt. P.R. Matsemela

Appendix E: Ethical Clearance (University of the Witwatersrand)

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE

CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE: PROTOCOL NUMBER: MASPR/22/06

PROJECT TITLE:	**MILITARY PSYCHOLOGIST'S EXPERIENCES OF WORKING WITH INTIMATE PARTNER VIOLENCE (IPV) WITHIN THE MILITARY CONTEXT.**
INVESTIGATOR	Matsemela Plantinah (1114301)
SCHOOL/DEPARTMENT OF INVESTIGATOR	SHCD/PSYCHOLOGY
DATE CONSIDERED	30 MAY 2022
DECISION OF THE COMMITTEE	APPROVED UNCONDITIONALLY
RISK LEVEL	MINIMAL RISK
EXPIRY DATE	31 DECEMBER 2024

ISSUE DATE OF CERTIFICATE 9 JULY 2022 **CHAIRPERSON** __ ____

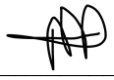
(Dr Sahba Besharati)

cc: Dr Daniella Rafaely (Supervisor)

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

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



_____ ___**25**___/____**07**___/___**2022**____

Signature **Date**

Appendix F: Request permission to conduct research (Office of the Surgeon General)

University of the Witwatersrand School of
Human and Community Development
Department of Psychology

Office of the Surgeon General
Private Bag X102
Centurion 0046

24/03/2022

Dear Brigadier General W.B.H. Burgess

Re: Permission to conduct research at South African Military Health Services (SAMHS) Psychology Department

My name is Plantinah Matsemela. I am a Registered Counsellor at AMHU GT, serving under the Psychology Department. I have been serving in the department for about eight years and I have been detached to about five units around Gauteng since the start of my career in the Department of Defence. I am currently registered for a MA degree in Social and Psychological Research in the School of Human and Community Development at the University of the Witwatersrand. I am seeking permission to do research at the South African Military Health Services (SAMHS) Psychology Department.

My focus is on military psychologists' experiences of working with victims and survivors of Intimate Partner Violence (IPV) in the military community. The study involves a discourse analysis of military psychologists' description of their experiences working with victims of intimate partner violence (IPV). It is targeting all military psychologists practicing in the in the Department of Defence Force (DoD). The rationale for the study is grounded in my experiences as a Registered Counsellor, working on the ground with the wider military community in conjunction with the social work, the sickbay and other professionals. In the past two years, and with the outbreak of the pandemic Covid-19, we have seen a tremendous increase in cases of Intimate Partner Violence (IPV). According to my perspective, these were the highest number of cases ever reported in the past five years. It has come to my attention that many females suffer in silence and that they find themselves struggling to get out of hostile relationships or marriages. These women present with unexplained body aches, back pain, headaches, stress, dissociation, anxiety, work related issues and all other symptoms related to psychological issues upon consultation. Most cases of GBV or IPV are referred to social workers, but psychologists end up seeing such members due to psychological issues they present with, as a result of the abuse by the intimate partner. Gender Based Violence, particularly IPV, is one of the complex and sensitive issues globally with South Africa being one of the countries that have the highest rates of GBV. Military psychologists find themselves in a diverse military community with different beliefs, culture, tradition, norms and standards, which shape not only how members talk but also how they make sense of their experiences on a day to day basis. Given this context, each psychologist experiences and treats IPV victims or survivors differently, based on the practitioner's training and school of thought.

The study is centered on a phenomenological analysis of South African Military Psychologists' experiences of working with victims of Intimate Partner Violence in the military communities, with the aim of understanding how they describe and locate IPV in their field, especially in a military context. The study will utilize semi-structured interviews where psychologist will be interviewed individually. Interviews will last for 30-60 minutes and will be recorded with the consent of the participants. By embarking on the study I aim to generate rigorous research highlighting military psychologists' experiences in working with victims of IPV in the military context, in order to generate knowledge from professionals' perspectives in order to sensitize professional workers and develop programmes tailored not only to curb IPV within the military community, but to also assist other professionals in understanding dynamics involved in treating victims or survivors of IPV as a psychologist within a military context.

I would like to request permission to interview psychologists at SAMHS Psychology Department, who have or are still consulting with IPV victims or survivors. I will approach military psychologists and request their voluntary participation in this research. The results will be communicated on SAMHS website and also be published in Soldier magazine, on condition that the permission is granted. They will be made available in MPI archives/database where psychologists will have easy access and may also be published in a scientific journal.

The research participants will not be advantaged or disadvantaged in any way. Participants will be reassured that they can withdraw their permission at any time during this project without any penalty. There are no foreseeable risks in participating in this study. All research data will be kept on a password protected computer and will be deleted after the research project is completed. Interview transcripts will be anonymized in the research report.

Please let me know if you require any further information. I look forward to your response as soon as is convenient.

Yours sincerely,

Plantinah Matsemela 0726457431
1114301@students.wits.ac.za



Supervisor

Dr Daniella Rafaely (PhD)
Daniella.rafaely@wits.ac.za
Contact: 071 582 5753

Appendix G: Request permission to conduct research (SAMHS – Psychology Department)

RESTRICTED

sa military health service

Department:
Defence
REPUBLIC OF SOUTH AFRICA

AMHU GT/R/104/10/06

Tel:	012 319 3223
Fax:	012 319 3221
Enquiries:	Capt. P.R. Matsemela

AMHU GT
Private Bag X02
Gezina
0031
01 August 2022

RE: REQUEST FOR PERMISSION TO CONDUCT A RESEARCH PROJECT WITHIN THE PSYCHOLOGY DEPARTMENT.

1. The above matter refers

2. I, force number 04054979MC, CAPT P.R Matsemela, currently enrolled in Masters in Social and Psychological Research (MASPR) at the University of Witwatersrand, request permission to conduct a research within the department of psychology.

3. The research project focuses on the military psychologists' experiences of dealing with Intimate Partner Violence (IPV) within the military context.

4. The aim of the research project is to understand military psychologists' experiences of dealing with Intimate Violence within the military context and to develop rigorous research that will help in understanding IPV from a psychological perspective.

5. The objectives are to generate knowledge from military psychologists' experiences that will aid in initiating projects that will aid in managing and preventing IPV among SANDF members.

6. Please find attached proof of registration with the University of the Witwatersrand and the research proposal.

(P.R MATSEMELA)
SO3 AREA MILITARY HEALTH UNIT GAUTENG: CAPT

Lefapha la Bolphemelo . Umnyango wezokuVikela . Kgoro ya Tshireletso lBebe lezoKhusela . Department of Defence . Muhasho wa Tshiledzo UmNyango/WezokuVikela . Ndzawulo ya wa Vusirheleri . Lehapha la Tshireletso Departement van Verdediging . LITko leTekuvikela

Health Warriors Serving The Brave
RESTRICTED

Appendix H: Authority to conduct research in the Department of Defence

RESTRICTED

defence intelligence
Department:
Defence
REPUBLIC OF SOUTH AFRICA

DI/DDS/R/202/3/7

Telephone: 012 315 0705
Fax: 012 326 3248
Enquiries: Maj M.M. Kgosana

Defence Intelligence
Private Bag X367
Pretoria
0001
// August 2022

AUTHORITY TO CONDUCT RESEARCH IN THE DEPARTMENT OF DEFENCE (DOD): CAPT P.R. MATSEMELA

1. Receipt of a request letter AMHU GT/R/104/10/5 dd 01 August 2022 to conduct research in the DOD has reference.

2. Permission is hereby granted from a security perspective to Capt P.R. Matsemela to conduct research in the DOD on the topic entitled **"Gender Based Violence: Military Psychologists experiences of working with Intimate Partner Violence within the military context"** The study is primarily focused on understanding military psychologist's experiences of dealing with Intimate Violence within the military context and to develop rigorous research that will help in understanding IPV from a psychological perspective. The request is to conduct research within the department of Psychology in order to obtain Masters in Social and Psychological Research at the University of Witwatersrand.

3. Approval is however granted on condition that there is strict adherence to inter alia Protection of Personal Information (POPI Act 4 of 2013) as well as to Section 104 of the Defence Act (Act 42 of 2002) pertaining to the protection of DOD Classified Information and the consequences of noncompliance.

4. For your attention.

(M.E. PHENDANI)
DIRECTOR DEPARTMENTAL SECURITY: BRIG GEN

DISTR

For Action

AMHU GT (Attention: Capt P.R. Matsemela)

Internal

File: DI/DDS/R/202/3/7

RESTRICTED

Appendix I: Authority for use off Department of Defence (DOD) information

sa military health service

Department:
Defence
REPUBLIC OF SOUTH AFRICA

AMHU GT/R/104/10/05

Tel: 012 319 3223
Fax: 012 319 3221
Enquiries: Capt. P.R. Matsemela

AMHU GT
Private Bag X02
Gezina
0031
01 August 2022

AUTHORITY FOR USE OF DEPARTMENT OF DEFENCE (DOD) INFORMATION

Appendix A: Application letter for Defence Intelligence authority

B: Approval letter from the Director Psychology

C: Research Proposal

1. I 04054979MC, Capt P.R Matsemela, a registered counsellor in the department of psychology, currently enrolled for Masters in Social and Psychological Research (MASPR) at the University of the Witwatersrand for a period of one year, request authority to use the department of Defence information for my academic research which is part of the requirements for MASPR qualification.

2. My research topic in on experiences of Military psychologists in dealing with Intimate Partner Violence (IPV) within the military context.

3. Hope you find the above in order.

(P.R MATSEMELA)
SO3 AREA MILITARY HEALTH UNIT GAUTENG: CAPT

DISTR

For Action

Brig Gen M.E. Phendani

For Info

1 Mil Ethics Committee

File: **AMHUGT/R/104/10/5**

Lefapha la Botshemelo . Umnyango wezoku/Vikela . Kgoro ya Tshireletso lSebe lazoKhusela . Department of Defence . Muhasho wa Tshiledzo UmNyango/Wezoku/Vikela . Ndzawulo ya wa Vushheleri . Lefapha la Tshireletso Departement van Verdediging . U7 ko leTeku/vikela

Health Warriors Serving The Brave
RESTRICTED

Appendix J: Editor's declaration

l 'Avenir Consulting

Monica Botha
T/a l'Avenir Consulting
Postnet Suite #043
Private Bag X9
QUEENSWOOD
0121

Cellular: 083 269 0757
E-mail: monicabo@lantic.net

TO WHOM IT MAY CONCERN

This serves to confirm that I have edited and proofread the document entitled

MILITARY PSYCHOLOGISTS' PERSPECTIVES ON MANAGING INTIMATE PARTNER VIOLENCE IN THE MILITARY CONTEXT

prepared by Ms Plantinah Raisebe Matsemela in partial fulfilment of the requirements of the degree Master's in Social and Psychological Research at the University of the Witwatersrand, according to the specifications of the University, where available, the latest standards for language editing and technical (computer-based) layout, and within the applicable time constraints.

Editing was restricted to language usage and spelling, and an overview of the formatting of the document and the references used. No structural writing of any content was undertaken.

As an editor I am not responsible for detecting any content that may constitute plagiarism.

To the best of my knowledge all references have been provided in the prescribed format.

I am not accountable for any changes made to this dissertation by the author or any other party after the date of my edit.

(Electronically signed – actual signature withheld for security reasons)
MONICA BOTHA
29 June 2023