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Experiences of young women survivors of intimate partner violence: a case of Mamelodi, Gauteng

Masemola, Makeeme Precious

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Experiences of Young Women Survivors of Intimate Partner Violence: A Case of Mamelodi, Gauteng

A report on research study presented

The Department of Social Work

School of Human and Community Development

Faculty of Humanities

University of the Witwatersrand

In partial fulfilment of the requirements

For the Degree of Masters of Arts in Social Development

By

Makeeme Precious Masemola

Student No: 1234106

Supervisor

Dr Motlalepula Nathane-Taulela

April 2021

DECLARATION

I, Makeeme Precious Masemola, hereby declare that this research report is based is my own work. Every source used in this research report was acknowledged and the scholars referenced. This research report has not been submitted for any degree before for in this or at any other University.



Signature:

Date: 30 April 2021

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I would like to thank God who never abandoned me despite all the challenges I experienced and giving me the strength continue.

I would also like to extend my appreciation to my supervisor Dr Motlalepule Nathane-Taulela for the support and guidance throughout this research.

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My thanks go to the participants who narrated their experiences and shared their time with me and made the data collection smooth and memorable phase of this research.

Lastly, I would like to thank my family for the support rendered during my studies.

DEDICATION

I would like to dedicate this research report to my siblings and all young women who survived and those who experience Intimate Partner Violence.

ABSTRACT

Globally, intimate partner violence (IPV) is a major concern and is recognised as a complex; socio-economic problem, a public health concern and a gross violation of human rights. IPV is also an attack and affects all women, and their dignity. Despite; laws, policies and interventions, South Africa like other countries, continue to experience national crisis of IPV against women. The country's IPV rate is among the highest in the world (Gass, Stein, Williams & Seedat, 2010). Young women are among the most marginalised and vulnerable to being victims of IPV. The aim of this study was to explore the experiences of young women survivors of IPV in Mamelodi Township, Gauteng province in South Africa. This was a qualitative study that used a narrative research design. 10 young women who were aged 25-35 years and survivors of IPV were recruited as participants. For data collection, participants were interviewed using in-depth individual interviews. The interviews were audio-recorded and later analysed using thematic analysis. The main findings of this study demonstrate that IPV is a social and health issue which affects young women in Mamelodi. Participants experienced various types of IPV. Owing to IPV, young women experienced health issues that were associated with physical violence and social problems. These manifested through social isolation and financial dependence on the abusive partners. Participants did not report IPV to the; police, medical practitioners, friends or families, due to fear and a feeling that they needed to protect their partners to build and keep their family together. This study recommends that young women should disclose and seek help from support systems such as friends, families, police and medical practitioners. This study also recommends the need for awareness campaigns on the laws and processes to educate survivors of IPV to get justice. This study further recommends more research to explore the experiences of young men survivors of IPV.

Key words: Intimate partner violence, Young women, Survivor, Violence against women, Mamelodi, Township.

LIST OF ACRONYMS

ADV- Adolescent Dating Violence

COVID-19- Coronavirus Disease 2019

CSO - Civil Society Organisations

DWCPD - Department of Women, Children & People with Disabilities

DVA - Domestic Violence Act

ECT- Electronic Communication Technology

GBDV - Gender-Based-Domestic Violence

GBV- Gender- Based Violence

GDP - Gross Domestic Product

GHSREC - Gauteng District Health Services Research Ethics Committee

GPS - Global Positioning Systems

HREC - Human Research Ethics Committee

ICTs - Information Communication Technologies

IPV- Intimate Partner Violence

SDGs - Sustainable Development Goals

SES - Socio-Economic Status

SGBV- Sexual Gender-Based Violence

SOWETO- South West Townships

STI - Sexually Transmitted Infection

TCC- Thuthuzela Care Centre

UN - United Nations

VAW – Violence against Woman

WHO – World Health Organisation

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CHAPTER ONE

INTRODUCTION

1.1. Introduction and Background of the Study

Intimate Partner Violence (IPV) is the most prevalent category of Violence Against Women (VAW) globally (Goo & Harlow, 2012 as cited in Gillum, 2019). IPV is a global problem and has dire consequences to women. According to Slabbert (2017), at a global level, approximately 20-50% of women suffer from IPV and Africa is no exception to this scourge. Factors such as culture, patriarchal social system, and various social norms contribute to the rise of IPV in Africa (Ayodapo, Sekoni, & Asuzu, 2017). Moreover, in the patriarchal context, IPV is recognised as an accepted social norm or technique that is used to keep women disciplined and on track (Jewkes 2002 as cited in Mukamana, Machakanja, & Adjei, 2020). In sub-Saharan Africa, more than 75% of wife battering is supported; this is common when a woman is considered to not be living according to the expectations of her husband and society. In some occurrences, the use of violence by men to maintain power and control over women is tolerated by local communities (Ayodapo et al., 2017).

The definition of IPV usually encompasses any act of; physical, psychological, sexual, or economic abuse and controlling behaviours perpetrated in intimate relationships (Miller & McCaw, 2019). IPV is considered a major problem mainly because of its harmful effect on the well-being and health of the victims, their families and their nation at large (Lévesque & Chamberland, 2016). It cuts across all populations, irrespective of their; culture, religion, socio-economic background or sexual orientation (Gillum, 2019). However, in heterosexual relationships women appear to represent the vast majority of victims or survivors of IPV (Miller & McCaw, 2019; Moreiraa & da Costab, 2020). Therefore, one can argue that in the African continent, IPV predominantly occurs in patriarchal societies that view it as a norm. Nevertheless, previous research has not explicitly explained the high proportions of IPV in Western countries.

IPV has been a priority on the global agenda, this is evident in; research, policy and intervention strategies globally. Goal number five of the United Nations' Sustainable Development Goals (SDGs), calls for the elimination of all forms of violence against women by 2030 (United Nations, 2015). This is based on the observation that violence against women is a violation of human dignity that has enduring consequences on women and the societies

where they reside (Molebeledi, 2018). Hence, numerous countries and regions, globally, have laws that criminalise IPV (Mukamana et al., 2020). In South Africa, the Bill of Rights of the Constitution postulates that every citizen has the right to safety and freedom from all forms of violence (The Constitution of the Republic of South Africa, 1996). Additionally, South Africa's Domestic Violence Act (DVA) 116 of 1998 aims to protect individuals against domestic abuse such as IPV (Domestic Violence Act, 1998). The Act was implemented to address IPV and its negative social impact on the general wellbeing of the South African society (Caritus & Umejesi, 2019).

In the efforts to eradicate the scourge of IPV; every year, the South African Government and all segments of society commence on the National 16 Days of Activism Campaign of, "No violence against women and children". Notwithstanding, the laws and regulations to protect women against violence, IPV remains on the rise in developing countries (Ayodapo et al., 2017). For example, South Africa has a long-standing culture of violence against women, suggesting that the country suffers from poor implementation of the regulations especially at grassroots level (Molebeledi, 2018). One particular example of the poorly implemented policies is the DVA which enables the victims or survivors of IPV to apply for protection orders against their abusive partner or perpetrators. However, the protection orders do not necessarily stop the abusers from stalking or intimidating their partners.

According to Dithipe (2018), IPV is one of the main social ills and widespread form of violence affecting young women in South Africa. Some of the recent and widely reported cases of IPV against young women are; Karabo Mokoena who was brutally murdered and burnt to death by her boyfriend in 2017 (Geldenhuys, 2018), and Leighandre "Baby Lee" Jegels who was shot and killed by her ex-boyfriend in 2019 for leaving an abusive relationship (Dayimani, Zifo & Fuzile, 2019). These cases suggest that IPV is endemic and have severe negative health effects such as; injuries and mortalities. García-Moreno, et al., (2015) and, Kimuna, Tenkorang and Djamba (2018) also state that women who experience IPV tend to suffer long-term effects on their health and psycho-social wellbeing. Although there have been reports of IPV where men were victims; men are commonly the perpetrators of IPV against women.

While IPV affects women from different races and classes in the society, it is disproportionately high in communities with low socio-economic status. According to Mukamana, Machakanja and Adjei (2020), low socio-economic status of women is found to increase their susceptibility to IPV, because they might be economically dependent on their

male intimate partners. The lower socio-economic status of women and lack of economic autonomy establish relationships of dependence, and increase women's susceptibility to abusive relationships and disempowerment (Costa et al., 2015). The resource theory argues that men in lower socio-economic status (SES) households tend to rely on violence as a method of gaining control on household decision making instead of; using other resources such as educational accomplishments or wealth to exert this control.

Furthermore, the stress theory argues that people from lower socio-economic households might be more prone to commit IPV as a response to the stress caused by resource restraints (Wilson, 2019). Monazea and Khalek (2015) argue that women who are poor and have low educational attainment tend to marry at a young age, and are more likely to experience spousal violence than those who are more educated and marry later. Similarly, Costa et al., (2015) argue that low; occupational status and education, are significantly associated with female victimisation and IPV. However, being employed has been found to lessen IPV, because it economically empowers women. This enables them to acquire resources such as wealth and reducing dependence on their partners (Aizer, 2010).

Women who can economically provide, have lower odds of experiencing IPV, contrary to women who are poor (Mukamana et al., 2020). Although, this is evident in research, that having high socio-economic status reduces the risk of women experiencing IPV, other studies disagree. For example, Okenwa, Lawoko and Jansson (2009) argue that in some situations, women's financial positions may expose them to IPV. For example, in traditional societies where normative roles of women are generally stressed. Furthermore, some men might resort to violence to strengthen their social position in intimate relationships, especially where they feel that they are powerless and threatened by their female partners' socio-economic accomplishments (Okenwa et al., 2009).

As discussed above, violence is argued to be more prevalent in lower socio-economic locations (Otwombe et al., 2015). Therefore, it can be assumed that owing to its low economic status, Mamelodi; where this study was conducted, has high prevalence of IPV. Dithipe (2018) reported that the prevalence of intimate partner violence is estimated at 20-75% for emotional experiences, 16-61% for physical violence and 5-59% for sexual violence. Thus, in South Africa's townships, generally, it can be contended that IPV against young women is rampant. It is against this background that the study focused on experiences of young women who have survived IPV and are residing in Mamelodi Township, Gauteng province, South Africa.

1.2. Statement of the Problem and rationale for the study

South Africa experiences a national crisis of violence against women. Furthermore, globally, South Africa is amongst the countries that have the highest rates of violence against women (Department of Public Service and Administration, 2019). Violence against women has profound impacts on their lives and wellbeing. The violence fundamentally compromises the realisation of primary human rights of all, yet human rights are guaranteed in the Constitution of South Africa (GBVF National Strategic Plan, 2020). South Africa's Constitution, Domestic Violence Act and the Criminal Law set the predominant basis for protecting human rights of all persons, including women. However, these policy frameworks have not been fully effective because women continue to experience violence at the hands of their intimate partners (RSA Presidential Summit, 2018; Makongoza, 2016).

Young women seem to be more vulnerable to IPV, they also continue to experience multiple layers of gender-based violence. Resultantly, young women suffer negative socio-economic, health and human rights outcomes (Ongunipe et al., 2018; Okeke-Ihejirika et al., 2019). Often, age is associated with IPV, research reports that; age is universally associated with increased vulnerability and experience of IPV. Younger age groups are affected the most compared to the older ones (Mukamana, Machakanja & Adjei, 2020; Spivak et al., 2014). Hindin (2003) found that IPV is higher among younger adults as they are likely to engage in aggressive and violent behaviours.

Younger women who are in intimate relationships might be susceptible to IPV due to lack of educational opportunities and are most likely to financially depend on their partners than older women (Dommaraju, 2011 as cited in Mukamana et al., 2020). This may limit their freedom in intimate relationships, as a result they become more vulnerable to control exerted by their intimate partners. In support of this claim, Maguele, Tlou, Taylor, Khuzwayo (2020) indicated that factors such as lack of education affect younger women's autonomy in making decisions about their own lives. This is because, the lack of education reduces the chances for young women to be financially independent but increases the chances for them to be in intimate relationships that have high risks of IPV. More research, globally, demonstrate that most women who suffer IPV such as; physical violence, rape or stalking, do so from a young age of about 11 years (Peterman, Bleck & Palermo, 2015; Eaton et al., 2012; Mackenzie & Meckay, 2019; Swart, Seedat, Stevens & Ricardo, 2002). In South African Townships such as Soweto,

the majority of IPV cases are perpetrated by young men on their intimate partners (Makongoza, 2016).

Furthermore, violence against women has negative economic consequences on; women, their families, the world and countries. For example, according to United Nations Women (2016), the global cost of violence against women in 2016 was estimated to be US$1.5 trillion, which is equivalent to almost 2% of the global gross domestic product (GDP). By 2015 IPV had costed South Africa approximately ZAR 24-42 billion yearly (Khumalo, Msimang & Bollbach, 2014). Additional social costs of IPV include the compromise in; mental, sexual and reproductive health, social wellbeing, productivity and mobility. These affect the capacity of survivors to live healthy and fulfilling lives. IPV also undermines the quality of lives for women whilst hampering sustainable social development and economic growth (GBVF National Strategic Plan, 2020). Therefore, IPV against women has dire consequences to global economic growth and development.

According to Molatlhwa (2013), geographic location can also be an indicator of IPV. In agreement, Peberdy's study, as cited in Molatlhwa, (2013) demonstrate that most women in townships of Gauteng, such as; Evaton, Boipatong, Bophelong, Sebokeng, Sharpeville and Tshepiso, live with IPV. In the context of Mamelodi like any of the above townships, negative cultural practices, the socio-economic inequality of women and girls as well as safety and security risks are at the root of the widespread of IPV (Mazibuko & Umejesi, 2015). It is clear from these studies that poor living conditions and unsafe environment should be considered as risk factors of IPV.

Therefore, the aim of the current study was to explore the experiences of IPV by young women aged 25-35 years and living in Mamelodi. Most of the above-mentioned studies focused on the prevalence and risk factors associated with IPV among women 18 years and older. This is not representative of the overall population of young women's experiences of IPV. Moreover, there is still a scarcity of population-based studies that focus exclusively on young women, especially in Mamelodi Township.

The current study gathered findings that explored the experiences of young women who survived IPV in Mamelodi, to enhance our understanding of the topic. There is a need to pay this special attention, because IPV has been found to be more prevalent in younger ages (Eaton et al., 2012). Additionally, the interest of this study was influenced by the researcher's

observation of the impact that IPV had on two of her close relatives at their young age. The benefits of this study are that; (1) it contributes to the existing body of knowledge on young women's experiences of IPV in South Africa's township contexts, (2) adds on the global literature on IPV. Furthermore, the current study provided young women with an opportunity to talk about their lived experiences. The findings of this study also inform and provokes more comprehensive; research, services, prevention efforts, and responses to IPV in South Africa, especially among young people in townships.

1.3. Organisation of the research report

This research report is organised in five chapters. **Chapter One** is the introduction that covers; the statement of the problem, rationale of the study and the organisation of the report. **Chapter Two** is the literature review and discusses; the background of IPV with a focus on it as a; global, social and health issue. The chapter also presents the theoretical framework of this study. **Chapter Three** is the research methodology, and discusses; the research question, the aim and objectives, research approach and the research design, population and sampling strategy. The chapter also discusses the methods of data collection, research instrument, data analysis, trustworthiness, ethical considerations and reflexivity. **Chapter Four** is the presentation and discussion of findings. **Chapter Five** provides a summary of the main research findings, conclusions and recommendations.

1.4. Definitions of key concepts

Intimate Partner Violence - is "a behaviour within an intimate relationship that causes physical, psychological, or sexual harm such as acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours" (WHO, 2013). It also includes economic abuse from intimate partners (CARE, 2018).

Violence against women – is defined as any act of gender-based violence which results or is likely to result in the suffering of a woman. It can include physical, Psychological, sexual or social harm, threats of such acts, coercion or arbitrary deprivation of liberty (Sibanda-Moyo, Khonje, & Brobbey, 2017). It is directed at a woman simply because she is a woman and that affects her excessively (GBVF National Strategic Plan, 2019).

Young women - according to the Department of Women [DoW] (2018) young women are frequently divided into four stages, which are 15 – 19 years, 20 – 24 years, 25 – 30 years and 31 – 35 years. Each stage is marked by physical, cognitive and social changes. But the

earlier stages experience the most dramatic shifts (DoW, 2018). For the purpose of this study, a young woman will refer to females who are between ages 25 and 35 years.

Survivor - is a person who copes with a bad situation and who gets through, or a person who manages to live through a situation that often causes death. In the field of violence against women, the term is used to highlight experiences of violence (WHO, 2012). In this study, survivor is used to refer to women who experienced abuse in their intimate partner relationship(s). Furthermore, Dunn and Schweitzer (2005) argued that a survivor is somebody who decided that despite what he or she went through, it is time for new beginnings.

Narrative Research – refers to a qualitative methodology that studies the embodied experiences and the ways in which participants make sense of the world around them, and to comprehend the process of personal identification or lack thereof (Valeras, 2010).

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

In 2013, it was estimated that 30% of women globally, will experience physical and/or sexual violence from an intimate partner during their lifetime (Devries et al., 2013). In 2019 the World Bank (2019) reported that, 1 in 3 women, globally, will experience IPV or Gender-Based Violence (GBV) in form of physical or sexual violence at some point in their lives. World Health Organisation [WHO] (2013) further estimated that IPV, globally, is the most widespread form of violence against women. WHO (2013) reported that at least one third of women (35%) who were aged 15 or above, experienced physical or sexual violence from their intimate partner.

The purpose of this chapter is to provide a review of the relevant existing literature on IPV, beginning with a discussion on IPV as a crisis affecting the whole world. A review of the ways in which IPV emerges and is understood will include a focus on social norms that condone IPV. The chapter will review experiences of IPV from the perspective of young women and highlight its costs on survivors. A review of the prevalence and rise of IPV in the midst of Covid-19 Pandemic will also be provided. Additionally, the chapter will discuss the legislative framework that is aimed at protecting women against IPV as well as factors such as information communication technology, that further influences the perpetration of IPV.

2.2. Intimate Partner Violence as a Global crisis

The Conversation Africa's (2015) statistics from 80 different countries revealed that 35% of all women were sexually or physically harmed by an intimate partner in the course of their lifetime. Africa has the highest prevalence of violence against women; approximately 40% of violence against women is in African countries (United Nations, 2015). Based on these findings, one can argue that statistics reveals the global problematic gravity of IPV, therefore, needs to be addressed.

According to WHO (2013), across all socio-economic groups, women, globally, are under continuous threats of IPV. However, up to 50% of sexual assaults are committed against adolescent girls and young women (WHO, 2013). The survivors of IPV bear the highest burden of economic and social costs, including shame and stigma. These are among the reasons that IPV is considered global and fundamental human rights violation, which has a negative impact

largely on social, economic and health of the victims. Additionally, a report by Cooperative for Assistance and Relief Everywhere [CARE] (2018) showed that owing to IPV, governments bear a significant burden of costs in providing services to the affected women, and companies lose productivity in the workplace because of the disturbed workforce. For instance, if a woman is constantly abused by her intimate partner, she might be injured and will need to visit health services from a clinic or hospital other than going to work. Therefore, it can be argued that failing to act against IPV has many consequences for the individual, her family, community, society and the world at large.

2.3. Intimate partner violence in sub-Saharan Africa

Africa records the highest prevalence of IPV in the world. In the sub-Saharan Africa region, the rates of IPV differ from one country to another and they range from 26 to 63% (Durevall & Lindskog, 2015; Hatcher et al., 2013; Wirtz et al., 2018). Globally, including the sub-Saharan Africa region, there is evidence that has shown that IPV is multifaceted and hinders the socio-economic progress (United Nations, 2015). Across countries in the sub-Saharan Africa region, 5-37% of women reported to had experienced sexual or physical IPV (Coll et al., 2020). In Namibia, in 2017, more than one-third of women reported to had experienced sexual or physical violence from an intimate partner (Bikinesi, Mash & Joyner, 2017). However, in other countries such as Tanzania, the rates of IPV are lower. In 2013, the statistics of IPV that were reported by women in Tanzania are distributed as follows; 39.2% physical violence, 17.2% sexual violence and 43.6% combination of physical and sexual violence (UN Women, 2013).

In South Africa, by 2013, 25-39% of young women aged 15-26 years had experienced some type of violence from their intimate partner (Jewkes, Dunkle, Nduna, & Shai, 2010; Russell et al., 2013). In Africa, several factors such as; patriarchism, social and cultural norms have been noted as contributing to the rise of IPV, leading to approximately 75% of IPV in the sub-Saharan Africa region being justified. This suggests that, the high rate of IPV in Africa can be attributed to the wide acceptance of violence in intimate relationships. The toleration of the use of violence against women makes it difficult to frame IPV as a problem (Maseno & Kilonzo, 2011).

According to Epstein (2010), in several parts of the developing world such as the sub-Saharan Africa region, where societal associations are still assembled around families and their broader social extensions, men are valued because of their potential access to power and

economic resources. On the other hand, the status of women remains entrenched in marriage and procreation. Because women have little or no investment to improve their social status and economic bargaining power, they easily submit to the commands of their husbands (Epstein, 2010). However, the shifts in the social structure and empowerment of women have led to an increase in the number of women who are financially independent.

Financial independence improves women's social status. It is also significant to recognise that IPV, in any social context, increases within particular structures of masculinity, which are in turn, sustained by a variety of cultural and social enforcers (Okeke-Ihejirika, Salami & Amodu, 2019). Furthermore, factors such as social stigma and the societies' hesitation to interfere with family secrecy and, domestic affairs preserves IPV (Gillum, Doucette, Mwanza, & Munala, 2018). In other African communities, violence is viewed as an unchangeable and consistent aspect of the culture (Hatcher et al., 2013). This interpretation positions IPV as a, "normal" part of culture, contributes to the hindrances that women face in securing support (Gillum, Doucette, Mwanza, & Munala, 2018 as cited in Gillum, 2019).

The above demonstrates that IPV, in African communities, is influenced and maintained by traditional beliefs and acceptance of violence that is practiced in most cultures. This affirms that in the continent, IPV against women is accepted and normalised. Normalisation of IPV by women and their families negatively impacts women because they do not seek help or report their cases to the police and hospital staff. Moreover, the societal acceptance of IPV forces women to continue staying in abusive intimate relationships, thereby unable to end the cycle of IPV.

2.4. Intimate Partner Violence as National Crisis in South Africa

IPV is a major problem in South Africa. One million women in the country suffer from non-fatal abuse from their intimate partners each year, and women are increasingly experiencing high levels of abuse by their partners (Maselesele, et al. 2007). According to Abayomi (2014), almost one in every three women suffer from violence at the hands of those who claim to love them as an intimate partner. In 2014, in South Africa, it was estimated that one out of every eight women was beaten by an intimate partner (Davies & Dreyer, 2014). Gordon (2016) asserts that, IPV in South Africa is six times higher than international estimations, and that the country has the highest reported rates globally. Jewkes et al.'s (2017), findings indicated that from the sample of 5 206, men reported more lifetime perpetration of IPV such as physical or sexual, ranging from 33-80%. In South Africa, 25-38% of women

experienced physical and/or sexual IPV in their lifetime, and 12-31% in their most current marriage or cohabiting relationships (Shai & Sikweyiya 2015). Gibbs et al. (2020) also found rates of physical and/or sexual IPV to be as high as 65% amongst women living in urban informal settlements.

Furthermore, during the 2017/18 reporting period, in South Africa, there were 1491 cases of domestic violence. The cases were distributed as follows: 63% was physical abuse, 19.4% was emotional, psychological and verbal abuse 12.4% was economic abuse, 2.1% was sexual abuse, 8.5% was intimidation, 1.1% was stalking, 1.9% was unauthorized entry into the victims' residence, 0.9% were other forms of controlling behaviours and 0.4% was harassment (Department of Women, Youth and Persons with Disabilities [DWYPD], 2020). Based on these reported statistics, it can be argued that IPV and other violence against women in South Africa is a national crisis because too many young women experience IPV. However, it should be noted that the statistics are drown from inconclusive data due to cases being underreported. One of the factors that could be leading to the underreporting of IPV in South Africa is that police officers often do not arrest the perpetrators. This is supported by Lopes, Massawe and Mangwiro (2013), who argued that, sometimes in spite of the presence of a protection order against their abusive partners and a warrant of arrest for perpetrators, police mostly choose to warn the perpetrators rather than arresting them. Chikwira (2019) argues that this underreporting of IPV against women makes it difficult to provide accurate prevalence statistics of IPV against women in South Africa.

2.5. Crisis of intimate partner violence in Gauteng townships

Globally, including in South Africa, studies revealed that IPV is the most common form of violence against women (GBVF National Strategic Plan, 2020). By 2020, it was reported that in Gauteng, approximately; 37.7% of women had constantly experienced physical and/or sexual IPV, 18.8% had continually experienced sexual IPV, and almost 46.2% had constantly experienced economic or emotional abuse (GBVF National Strategic Plan, 2020). Caritus and Umejesi (2019) reported that Mamelodi Township experiences high rates of criminal activities and patriarchy is the dominant social structure. The result of these social problems in the community are believed to affect intimate relationships.

Furthermore, IPV in Mamelodi Township is deeply imbedded in patriarchy, underdevelopment, unemployment and the financial reliance of women on their partners (Mazibuko & Umejesi, 2016). For example, women remain in abusive intimate relationships

because they are economically dependent on their intimate partners. Other factors that contribute to the high rate of violence include unequal distribution of power in traditional marriages as well as being exposed to a culture of violence (Mazibuko & Umejesi, 2016). Hence, women in Gauteng province; at home, in the community, in institutions or on the streets, have almost one in four chances of experiencing gender-based violence (Machisa, Jewkes, Morna, & Rama, 2011).

2.6. Social norms condoning Intimate Partner Violence

WHO (2012), indicated that violence against women is a universal occurrence arising from social, cultural attitudes and norms that favour boys over girls, and men over women. Socio-cultural norms influence the disrespect of women's human rights and the increase of Gender-Based Violence (GBV) (Bishwajiti, Sarker, Yaya 2016, as cited in Maphosa, 2018). IPV, a GBV category, is embedded in gender inequality because of the socially constructed rules and perceptions as well as cultural beliefs about acceptable ideas and rules about correct male and female behaviour (Shumba, 2015). Consequently, the power of norms and tradition within the cultures is firm and could be used to explain the widespread of violence against women. In this regard, it is suggested that culture has a direct link to violence against women. Therefore, despite all the efforts employed to stop violence against women, negative customary norms persist, for example; against the provisions of Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and basic human rights (Mashiri and Mawire 2013).

Katembo (2015), indicated that in the African cultures, violence can be exerted as a correctional measure on women by men, without hesitation. According to CARE (2018), intimate partner violence against women is embedded in unequal and unjust power as well as structures in our societies. These are upheld by unjust social, economic and cultural norms that govern a woman's often unequal role at; home, community and workplace (CARE, 2018). Additionally, it is argued that societies that have high levels of violence against women tend to; condone the violence, believe in men's control of decision-making, limit the independence of women and have rigid gender roles, and identities (Our Watch, 2015 as cited in CARE, 2018). This means patriarchal beliefs still control most societies, despite the wave of globalisation which brought social and value changes.

Like most sub-Saharan countries, South Africa is also a patriarchal country, where men are positioned as superior to women and are given more power. Owing to the patriarchal beliefs

in South Africa the society perceives a man, as ideal, if he is strong, tough and ready to defend his honour with force or violence if needed. The man is positioned as the head of the family who is dominant and demonstrates that he is in control of 'his' woman. For example, South African men see it as their right to have many intimate partners. Therefore, women arguing against this are seen as challenging men's entitlement and masculinity, and may lead to women being battered (Department of Women, 2015; Myende, 2017). Owing to this social norm in South Africa, it can be implied that the lower social value of women allows them to become victims of violence without men being reprimanded. For example, women survivors of rape are often being blamed for 'causing' it through their dress or demeanour. Resultantly, the rape survivors become reluctant to hold men legally responsible for their sexual violence through pressing charges. This aggravates their vulnerability to further sexual violence since perpetrators are not arrested and made to be accountable for their actions (Sithole, 2018).

According to Asay, De Frain and Moyer (2014), patriarchal social standards endorse the use of violence by men to punish and control their female partners and violence is perceived as socially acceptable. Similarly, Alexander and Taylor (2016), postulate that patriarchy is a perception used to express men's dominance or control over women in all aspects of life. Based on these scholars' views, it can be deduced that women are under the control of men who use violence as a method to retain power in intimate relationships. This is supported by the power and control model which explains that power is exercised primarily by men using threats, force and violence. Additionally, men employing techniques of intimidation such as isolation, coercion and economic abuse to obtain obedience from their partners have been alluded to be the cause of IPV (Alexander & Taylor, 2016).

Furthermore, patriarchy also reveals itself in societies where violence is regarded as a potential resource for resolving conflict (Katembo 2015). It is often enabled by social hierarchies that accept violence as a method of social interaction. It is deeply rooted to the extent of becoming much of an ideology and a belief system, rather than just a social hierarchy. For Essien and Ukpong (2012), supporting factors of patriarchy are embedded in tradition and customs. Social and gender norms around the family organisation, such as youth sexuality, male dominance, power and control over women are generally part of male behaviour and are perceived as a collective social ideal (Jewkes, Flood & Lang 2015). Against this background, it is argued that a significant degree of violence is predictable and expected where the system, people and socio-cultural values of society, such as male dominance over women are

normalised, hence the concept ‘culture of violence’ is evident in the South African society today (Collins, 2013 as cited in Chikwira, 2019).

2.7. Legislative Framework for Intimate Partner Violence

IPV remains a grave human rights violation because it disregards the values preserved in the Universal Declaration of Human Rights and violates the freedom, personal safety and the right to life (Rico 1997, as cited in Shumba, 2015). Owing to the indivisibility of rights, all rights must be respected in their entirety. Numerous treaties maintain the rights and freedom of men and women equally, for example, the Universal Declaration of Human Rights and The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (Shumba, 2015). Furthermore, the programme of Action of the International Conference on Population and Development (ICPD) proclaimed the empowerment and autonomy of women, and the improvement of their political, socio-economic and health status.

In spite of the above discussed international treaties that clarified the concepts of gender equity, women’s empowerment and health rights, which are crucial for the achievement of sustainable development (enshrined in the SDGs 2030), IPV remains persistent (United Nations Population Fund, 2006 as cited in Mbadugha, 2016). There is ample evidence that women, globally, are being deprived of their basic human rights and exposed to many forms of inhumane treatments including IPV (Mbadugha, 2016).

The South African government maintains numerous legislative frameworks such as the Constitution, Act 108 of 1996, the Domestic Violence Act (DVA), of 1998, Promotion of equality and prevention of unfair discrimination Act, 2000 (Act No. 4 of 2000) and the Criminal Law (Sexual Offences and Related Matters) Amendment Act of 2012; in order to safeguard and protect the rights of women from gender-based violence (GBV). The legal status of women in South Africa changed when the legislations were adopted (Leburu-Masigo, 2019). The legislations were promulgated to make provisions for measures and procedures to deal with IPV. The progress made through these legislations is commendable but IPV against women is persistent without any substantial penalties for perpetrators.

DVA is progressive in nature. However, problems have been experienced with its implementation. For example, police do not always respond as delegated by law (Lopes, 2016). Police officers may also respond to victims by telling them to deal with the dispute as a family instead of opening a case against the partner. One can argue that these challenges may

exacerbate women's vulnerability to more IPV because perpetrators are not arrested and made accountable for their actions.

According to Morei (2014), IPV offends the values and rights enshrined in the Constitution. This was evident from the dissatisfaction of many activists and women who have marched to parliament demonstrating the lack of implementation of these policies. For example, in 2019, activists and women called for a national shutdown to protest the scourge of VAW under the campaign 'am I next' (The Guardian, 2019). Moreover, in 2018, the Civil Society Organisations (CSO) such as Sonke Gender Justice and TEARS Foundation joined the #TotalShutdown protest action to protest the scourge of GBV. These mass protests took to the streets of major cities such as Pretoria and Cape Town; some of them marched to parliament to voice their concerns. It can be argued that one of the reasons most women do not apprehend their rights, in relation to IPV, may be their lack of knowledge of the legal actions needed to lay charges against their intimate partners. Furthermore, Sithole (2018) argues that this lack of knowledge hinders women's opportunities to obtain justice that they deserve.

2.8. Experiences of intimate partner violence among young women

Whereas all women are affected by IPV, disproportionately affected are; women living in places that have poor economies and those who are marginalised in in their societies, such as young women (GBVF National Strategic Plan, 2020). Most of these young women reside in developing countries, where they are affected by inequities, such as high rate of unemployment and lower levels of education. This affects their freedom of decision-making regarding their lives and deprives them from financial independence. This might lead young women to possibly vulnerable intimate relationships that put them at risk of IPV (Maguele, Tlou, Taylor & Khuzwayo, 2020). This is supported by Feseha and Gerbaba (2012) who posits that women who financially depend on men are vulnerable to violence.

According to the WHO (2020), research that investigates factors sustaining IPV among young women remains important because the global prevalence of IPV remains on the rise. In South Africa, different forms of IPV among young people have been observed. For example, a study conducted by Makongoza (2016) on IPV among young people in Soweto Township, found that young women experience physical violence that extends from being slapped to being beaten with the trouser belt to an extreme form of violence such as being pulled along the ground by the hair by their intimate partners. Consistent with the alluded research above, a

study by Nkosi (2011) found that young women experience various forms of IPV, such as; physical, sexual and verbal.

Research also shows that young women accept IPV as a norm hence they stay longer in abusive relationships (Nkosi, 2011). Therefore, it can be deduced that young women can be vulnerable in the hands of their intimate partners. Moreover, they may stay longer in the abusive intimate relationship because of; early marriage, dating at an early age or being financially dependent on the intimate partner. According to WHO (2010), dating at an early age is one of the factors that influence men to commit violence against an intimate partner.

Furthermore, McGregor (2018), conducted a study that explored the experiences of adolescent (aged 10-15), female survivors of IPV. The study revealed the percentages of young people who experienced various types of IPV as follows; 59% physical violence, 53% sexual violence and 65% psychological violence. Psychological violence was experienced by all participants during late and young adulthood. The most common tactic that was used by the participants to survive was isolation from; friends, family, education and work.

Constant control of the participants' clothing, activities and access to loved ones, was experienced severely. These had strong psychological effects and were described as more harmful than any physical violence that the survivors had experienced. Additionally, McGregor (2018) pointed out that, the majority of participants were White British. Therefore, the findings built on the intersectional literature which suggested that experiences of IPV are significantly mediated by experiences of race and/or ethnicity. McGregor (2018) recommended that additional research which explores this link further would be beneficial. Therefore, the current study explored the experiences of young females residing in Mamelodi which is a poor black dominated township involving people from different ethnic backgrounds and living conditions. Moreover, Dithipe (2018) conducted a study on the psychological wellbeing of young adult females who were affected by IPV in Mamelodi Township. Dithipe (2018), recommended that more research involving intimate partner violence amongst young adults should be conducted, because there is a limited number of studies on this topic and among young women in the Mamelodi context.

2.9. Intimate Partner Violence as a form of Domination, Power and Control

IPV is associated with the socially constructed notion that being a man involves; domination, power and control over women. A number of masculine gender norms facilitate

IPV including the social pressure on men to deal with intimate relationship issues through violence and the notion that it is acceptable for men to dominate and control their partners (Sithole, 2018). Moreover, the abuse of women often takes place in societies where men have economic and decision-making power in the household. Whereas this is often the case, women are increasingly entering the job market and becoming economically independent. Therefore, IPV is used as a way to repossession power and dominance when a man's economic control is vulnerable. Men being subjugated from their positions of dominance increases their likelihood to use violence to reinforce their ironically rightful position (Hunnicutt, 2009).

2.10. Costs of intimate partner violence

IPV has severe short and long-term; physical, sexual and mental health negative outcomes for survivors, and leads to high socio-economic costs (Slabbert 2014; WHO, 2014). It also has far-reaching effects to the survivors' intimate partners and their families if it occurs between married couples. The extent of the problem of IPV in South Africa can better be observed from the alarming rates of intimate partner femicide, which is the most extreme outcome of IPV against women. While intimate partner femicide is the most extreme consequence of IPV, it is not the only outcome (Chikwira, 2019). IPV has major social and developmental effects for women and society in general. This section focuses mainly on health and socio-economic costs of IPV.

2.10.1. Health costs

As alluded earlier, IPV against women is a global human rights and health concern. By its nature, IPV violates a woman's right to physical integrity and in severe cases; it leads to disability and death. However, even in less severe cases IPV impacts on the everyday lives of women. Similarly, Bernstein et al. (2016) as cited in Leburu-Masigo (2019) asserts that IPV is linked to negative outcomes for survivors' physical, psychological and social well-being. It leads to injuries; approximately 42% of women in South Africa who experience IPV report an injury as a result of the violence. Furthermore, women who experience IPV are 1.5 times more likely to have a sexually transmitted infection (STI) in comparison to those who have not experienced and survived such violence (Ogunwale & Oshiname, 2017).

IPV is also associated with increased probability of mental health disorders such as depression, and an increased percentage in suicide attempts. Other psychological consequences of IPV involve post-traumatic stress disorder, eating disorders, sleep difficulties, obsessive

compulsive disorders and emotional distress. Unplanned pregnancy doubles among those who survive IPV (Leburu-Masigo, 2019). These various findings agree that the health effects of IPV are detrimental. However, the reported consequences do not represent the entire scope of women who suffer from IPV because not all of them seek help or report the incidents. This is supported by Gordon (2016) who demonstrates that numerous reasons keep women from reporting their abuse. For example, a lack of human rights awareness about IPV. This is consonant with the standardisation of abuse in South Africa, that women do not see their experiences as abuse. Furthermore, lack of access to sensitive care serves as a barrier, for instance, physical access to legal or medical facilities maybe hindered by distance or travel costs. Lack of faith in or knowledge about, legal systems also adds to this situation. Moreover, abusers often threaten women to not report and/or withdraw cases they reported. For example, by threatening to harm or take away their children (WHO, 2010).

Research conducted among young women in the Eastern Cape province's rural areas indicated that those who experience physical or sexual IPV are significantly more likely to develop suicidal thoughts or depression over two years after the violent occurrence (Department of Women, 2015). According to Alizadeh et al. (2015), women who experience IPV often suffer conflicting emotions such as; anger, fear, shame, sadness, resentment and powerlessness. These feelings and other psychological problems have physical and social consequences. Therefore, based on above documented findings, it can be assumed that IPV also contributes to the major health problems and femicide rates, which impede the progress to several SDGs relevant to women's health (SDG 3), gender-equality (SDG 5) and peace and justice (SDG 10) (Yaya, Uthman, Okonofua & Bishwajit, 2019). Hence, IPV is regarded as a major public health concern (WHO, 2013)

2.10.2. Socio-Economic costs

IPV has profound socio-economic effects on; survivors, their families, communities and nations. According to Schrag, Ravi and Robinson (2020), the monetary cost of IPV per year in the world is up to USD$5.8 billion. This is distributed to; mental and physical health care, lost productivity, and expenditures on legal systems. Additionally, the physical aspects of IPV frequently results in time off from work and significant medical costs. The long-term psychological effects can hinder survivors' ability to secure and keep a career. In other cases, perpetrators of IPV sabotage their partners' employment directly. This financial abuse, which may take various forms, such as preventing the partner's access to economic resources, can

leave survivors facing financial uncertainty. Moreover, looking for safety is often economically prohibitive, decreasing the survivor's ability to leave the abuser and recover. Therefore, it can be argued that this may create a relationship of dependence, limiting a women's opportunity for financial independence. As stated earlier, financial dependence on a partner is one of the risk factors of IPV and also creates lack of autonomy for women to leave their abusive relationship.

The socio-economic cost of IPV against women is extensive. The broader costs are associated with; delivering services to the survivors, and response by criminal justice system (Department of Women, 2015). The short-term costs linked to IPV include; loss of income from time taken off work, school transfers, moving expenses, expenditures used for travelling to the police station, doctors' appointments, psychological support and accessing court services. Long-term costs include; leave from work, medical and psychological treatment, disability, legal fees, continuing court dates and follow-up visits to the hospitals and police station.

Furthermore, at each stage of violence against women, the government incurs costs in its medical and social systems, justice and legal systems, shelter and support systems, and public assistance offices. The private sector, shelters, social welfare institutions, medical facilities and communities also incur extensive expenditures and financial losses resulting from dealing with the consequences of IPV. Subsequently, the increasing economic impact of IPV on the government, public and private sector, and society as a whole is vast, and has considerably hindered economic growth and stability in South Africa (Stone, Watson & Thorpe, 2013). The global cost of violence against women, including the state, private and social costs is estimated to be about 2% of the world's gross domestic product (GDP) (World Bank, 2013 as cited in Duvvury, Callan, Carney & Raghavendra, 2013). It can be debated that these costs could be rising every year as violence against women is constantly increasing.

Additional economic costs experienced by survivors of IPV results from economic abuse by their intimate partners. Economic abuse has been found to impact the physical and mental health of survivors. Moreover, research shows that the historical experiences of economic abuse can reverberate through survivors' lives, making economic hardships for years, because of ongoing issues with employment and economic self-sufficiency (Eriksson & Ulmestig, 2017; Toews & Bermea 2017). The consequences of economic abuse for survivors of IPV are far-reaching and long-lasting. Long-lasting consequences of economic abuse

include poverty and homelessness. The long-term consequences are also that IPV adds to survivors' dependence on their intimate partners, which in turn make them susceptible to continuous IPV (Smith et al. 2017; Schrag et al., 2020). Therefore, IPV leads to decreased economic wellbeing for survivors (Adams et al. 2013). It also generates serious obstacles to creating or sustaining economic independence for survivors. All these barriers are more challenging as women report financial dependence on their abusive intimate partner as a main preventive issue in establishing safety outside of the abusive relationship (Adams et al. 2013; Schrag et al., 2020).

Furthermore, a study conducted in Australia on IPV survivors at the Allstate Moving Ahead financial literacy program, found that 99% of survivors experience economic abuse, including financial exploitation and control, such as having their income taken from them (Adams, Sullivan, Bybee, & Greeson, 2008; McLean & Bocinski, 2017). One of the fundamental motives of such abuse of economically active women is to prevent them from obtaining the financial means with which they could create independence and social power. Considering the discussion above, it can be argued that IPV obstruct economic independence of women survivors. Resultantly, they may become economically disadvantaged and this may not be well-captured by economic policies and institutions that seek to economically empower women. Nonetheless, the difficulty of the phenomenon of IPV against women reveals that financial independence of women is unlikely to be adequate to eliminate such violence (Department of Women, 2015).

2.11. The Rise of Intimate Partner Violence in the midst of Covid-19 Pandemic

The crisis of VAW has worsened and continues to be a concern in the context of COVID-19 pandemic (United Nations [UN] Women, 2020). Emerging data indicates that violence against women, with specific reference to IPV, increased during the COVID-19 pandemic. Recently, anecdotal evidence from countries such as; China, the United States of America, Brazil, Australia, France, Cyprus, Singapore, Argentina and South Africa, shows a significant increase in IPV as a result of quarantine and social isolation (Campbell 2020; Peterman et al. 2020; van Gelder et al. 2020). For example, France reported an increase of 32-36% of intimate partner abuse complaints resulting from self-isolation and quarantine measures (Reuters News Agency 2020).

Domestic violence helplines in Singapore and Cyprus have recorded an upsurge in calls by 30-33% respectively (Hingorani, 2020; The Guradian, 2020). Emergency calls for IPV cases

in Argentina, increased by 25% since the start of the lockdown. In Australia, 70% have reported that the cases received during the COVID-19 epidemic have increased in their level of complexity (UN Women & Snyder, 2020). Based on these statistics, one can argue that the rampant increase in IPV during the COVID-19 pandemic may be due to social isolation which confines women with their abusive intimate partners at home. This is supported by Taub (2020), who argued that several strategies that are used in abusive relationships overlap with the social measures enforced during quarantine.

According to Taub (2020), some of the common tools of abuse in intimate relationships are; isolation from family, friends and employment. IPV may also include; continuous surveillance and restrictions on access to basic needs such as clothing, sanitary facilities, food and money (Taub, 2020). Therefore, subsequent to geographical and physical isolation, IPV survivors experience social isolation such as isolation from friends and family and functional isolation, which is isolation from peers or support systems, surveillance as well as control of daily activities (Hagan, Raghavan & Doychak, 2019). Although home isolation is vital to the fight against the COVID-19 pandemic, it gives more power and control to the abuser. Violent intimate partners use the COVID-19 restrictions to further exercise control and power over their intimate partners. Therefore, isolation paired with economic and psychological stressors can cause an unprecedented wave of IPV (van Geldera et al., 2020).

Moreover, Usher, Bhullar, Durkin, Gyamfi and Jackson (2020) indicate that due to social quarantine measures effected globally to help decrease the spread of COVID-19, individuals who live in unstable conditions of IPV are constrained to their households. This social isolation intensifies individual and collective vulnerabilities while restricting access to support options for survivors (van Gelder et al. 2020). It can be argued that, as a result of lockdown, young women in abusive relationships became less in contact with friends and family who may give them support and protection from IPV. Additionally, the COVID-19 pandemic disrupts the living conditions and ability to earn a living, including for women, which in turn decrease access to basic necessities and facilities. These increases stress on families, with the potential to aggravate conflicts and violence in the home. This is supported by Schrag, Ravi & Robinson (2020), who state that as resources become scarce, women might be at more risk of suffering economic abuse in their intimate relationships.

2.12. The role on Information Communication Technology in Intimate Partner Violence

There has been growing recognition that non-physical forms of violence are intimidating and frightening. According to Freed et al. (2017), awareness of what constitutes violence between intimate partners, both during a relationship and after separation have developed. Types of non-physical violence include control, such as cyber surveillance and cyber stalking which use digital information and communication technologies (ICTs). ICTs such as mobile devices and social networks play a multifaceted role in IPV surroundings, including stalking, domestic abuse and surveillance of survivors by abusive partners (Freed, et al., 2018). Borrajo, Gámez-Guadix and Calvete (2015) states that technology may be used as a tool to endorse IPV. Additionally, technological forms of IPV are related to in-person IPV. For example, it creates new approaches and opportunities for the occurrence and perpetration of IPV, including technology-facilitated sexual violence, cyberstalking and psychological abuse.

Likewise, emotional abuse committed through ICT involves behaviours such as intimidating one's partner and ignoring a partner's communication to hurt them (Woodlock, 2017). Cyberstalking, on the other hand, includes actions such as monitoring a partner's use of technical communications, using Global Positioning Systems (GPS) to track intimate partners, or excessively contacting a partner to monitor their location (Fraser et al., 2010; Southworth et al., 2007; Watkins et al., 2016; Woodlock, 2017). It can be derived that the misuse of ICTs provides more opportunities for IPV against women by increasing the available tools for surveillance, coercive control and abuse. Perpetrators of IPV can use technology to monitor their partners' movements or maintain financial or psychological control. Hence, survivors may feel that they are under constant surveillance, which can make it difficult for them to get out of the intimate relationship (Woodlock, 2017). Furthermore, abusers may attempt to seclude survivors by blocking access to online communication or by keeping survivors from getting financial or other online accounts (Mathews et al. 2017; Woodlock, 2017).

According to Langhinrichsen-Rohling and Capaldi (2012, as cited in Hassett-Walker, 2019) Electronic Communication Technology (ECT) can play a significant role during the period of intimate relationships amongst young people and emotional abuse of an intimate partner may occur both in person and through ECT. ECT facilitates a variety of abusive behaviours. For instance, electronic IPV harassment which involves constantly calling a partner's phone in a day to monitor them, viewing an intimate partner's text messages or

listening to voicemail to see who they communicated with and leaving intimidating messages to the partner if they do not call back (Draucker & Martsolf, 2010). ICTs are thought to impact the elements of IPV by redefining the limits of intimate relations in ways that provide a fertile ground for arguments and abuse (Draucker & Martsolf, 2010). For instance, ICTs provide ongoing communication opportunities through mobile or online tools, thus further promoting controlling and abusive behaviours that are initiated and experienced without spatial boundaries (Hand, Chung, & Peters, 2009).

Although limited, existing research shows both the positive and negative effects of ICT contributions to the existence and maintenance of IPV (Xue, Lin, Sun & Liu, 2018). ICTs have been used to help survivors to combat domestic violence and sexual assault (Dimond, Fiesler & Bruckman, 2011). For example, Cardoso and Sorenson (2017), conducted a study on 20 countries and found that the more the ICTs such as; computers, radios, telephones, or mobile phones at home, the higher the chances for women to condemn wife beating. In contrast to the above findings, Woodlock (2017), conducted a survey on advocates and victims of IPV and found that numerous ICTs such as; tablets, computers, phones and social networking websites, are often used by perpetrators to stalk their intimate partners. Therefore, most research shows that ICTs play a significant role in furthering the perpetration of IPV through continued surveillance of intimate partners as a means to establish power and control in their intimate relationships.

Although the review of existing literature on IPV in the world and Africa sheds some light on the prevalence and consequences of IPV, it is alarming to find that much of the existing research is focused on the adolescents and adult women's experiences and perceptions globally, South Africa and other townships such as Soweto and Diepsloot (Akibu, 2018; Makongoza, 2016; McGregor, 2018; Wubs, 2015). Little is known about young women's experiences of IPV as survivors specifically in Mamelodi Township. Shortage of literature in this area calls for more research on young women's experiences. Accordingly, the current study contributed to filling this gap in literature by exploring the experiences of young women survivors of IPV in Mamelodi Township.

2.13. Theoretical framework underpinning the study

This section focuses on the theoretical framework that guided this study. Different theoretical frameworks have been used in research in an effort to explain IPV, but this study adopted the feminist theoretical framework. According to Lawson (2012), IPV is essentially a

gender issue that cannot be completely understood through any lens which does not include gender as the central component of analysis. To determine the connection between gender and IPV, the principle of violence needs to be well-established. According to Rakoczy (2000 as cited in Klaasen 2018), the purpose of violence is, "to exert power and control over another human being". Violence serves to induce domination and submissiveness in others (Davies & Dreyer, 2014). Therefore, IPV perpetrated by men against women serves to exercise male domination, power and control over women (Davies & Dreyer, 2014). Accordingly, the feminist perspective on IPV concerns the issue of power and control. Feminists believe that violence in heterosexual relationships is constantly perpetuated by men in an attempt to achieve and hold power, and control over their female intimate partners. This violence is perpetrated towards women by men when they perceive that their domination, power, and control inherent in masculinity and the male identity is being challenged. Furthermore, according to this ideology, IPV is an acceptable way of preserving and demonstrating male dominance (Klaasen, 2018).

Another perspective of the feminists concerns patriarchy. The main argument of the feminist theory is that IPV is influenced by a patriarchal structure that exercises men's dominance and control over women (Larsen, 2016). Feminist philosophies have identified the means through which patriarchy strengthens male dominance and subordinate women as a cause of IPV. This happens either indirectly, through shaping women's opportunities and restraints in families and societies, or directly through cultural norms of defence and obedience that are upheld by utilisation of force (Rodriguez-Menes & Safranoff 2012).

Furthermore, the significant level of gender imbalances in social order and societies plays itself out in a high level of violence committed against women by men (Heise 2012). Research shows that people who adhere to patriarchal values and beliefs are more likely to accept the use of violence, especially by husbands and intimate men partners. It is argued that, the basic contribution of feminist ideology is its argument that the social background is important for understanding IPV. Feminist theorists argue that male violence in intimate relationships is caused by a historical and existing power gaps that subordinates women mostly through the use of control, including; economic, physical, sexual, psychological abuse such as intimidation and isolation (Ali & Naylor, 2013; George & Stith, 2014). Furthermore, according to the feminist thought, IPV is the result of male's domination over women within a patriarchal

system. In such a system, women are the primary victims of violence and men are the primary perpetrators (Ali & Naylor, 2013).

Likewise, IPV is associated with the masculine ideology, which endorse patriarchy related beliefs, attitudes and behaviours allocated to men (Graaff & Heinecken, 2017; Moolman, 2017). These masculine behaviours often endorse women's subordination which is another central part for feminist analyses of violence in intimate relationships (González & Rodríguez-Planas, 2020). Throughout history, women have had the status of being subordinated to men, primarily in marriage. For example, being a wife is to become the property of the husband. Therefore, women take on a subordinate and secondary position in the marital hierarchy of power, and worth (Mukamana, Machakanja & Adjei, 2020). If male power is defied or endangered by a female partner, masculinity becomes vulnerable. This perceived threat is met with violence as a means to maintain and exert control over the non-compliant female partner (O'Toole, 2007).

Within intimate relationships, noncompliance by female partners is seen as a threat to masculinity. This defiance is experienced when a female partner does not behave as her male partner expect her to (Wood et al., 2008). The violent abuse of physical power towards a female intimate partner is then used to sustain and "restore" masculinity through the control, domination and submission of the partner. From the above arguments, it can be deduced that IPV serves to retain power inequalities between women and men (González & Rodríguez-Planas, 2020). Therefore, the perpetration of IPV in heterosexual intimate relationships (almost entirely by men) demonstrate the purpose of a gender imbalance in this phenomenon of IPV (Klaasen, 2018).

The feminist theory on IPV puts emphasis on an unequal distribution of power that men hold over women in societies. This theory was used as a theoretical framework for this study because it gives an understanding that IPV is a result of gender imbalances in societies that subordinates women. Mamelodi Township is a township where patriarchal beliefs are dominant. Young women who live in Mamelodi Township are subjected to gender inequalities that make them vulnerable to IPV. Hence, the application of feminist perspective is fundamental in the current study.

Although the theory has been used to explain IPV, it has also been criticised for seeing social gender inequality as a risk factor for violence against women. Significant gaps

have been found in feminist ideology's explanations of the causes of IPV, because the theory does not accept that there is female perpetration of violence in intimate relationships (Lonson, 2012). Research suggests that feminist ideology does not theoretically explain why IPV occurs in homosexual relationships or why women abuse their male intimate partners (Lonson, 2012). However, feminists' explanations for women to use violence in intimate relationships include; self-defence, establishing control, expressing frustration or anger, seeking revenge after being emotionally hurt and being unable to express oneself in any other way (Hughes et al., 2007).

2.14. Conclusion

This chapter demonstrated that the issue IPV is a serious concern with dreadful consequences for many women, their families and communities. The chapter further provided coherent background of IPV as a global and South African crisis which affects women from all socio-economic backgrounds. Legal frameworks that protect women from all forms of violence against them were discussed. Factors that support the use of violence and abusive behaviours such as social norms and ICTs in intimate relationships were also discussed.

Furthermore, the chapter highlighted the experiences and health and socio-economic costs of IPV on survivors. The socio-economic costs of IPV also indicated how IPV affects the development of both survivors and their nation. The feminist theoretical framework was used to guide this study. Although the available literature is valuable, the aim of this study was to extend this by considering the experiences of young women survivors of IPV from the context of Mamelodi Township because most studies of this nature in South Africa were conducted in other townships such as Soweto and fewer were conducted in Mamelodi. Therefore, this study adds to existing literature.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

This chapter summaries the research process that was used to answer this study's research question. The chapter is, respectively, composed of; the research design, study setting, research participants, the procedures, data collection method and the method of data analysis. The chapter also describes trustworthiness and the ethical considerations that were adhered to for this study.

3.2. Research question

The research question for this study was: What are the experiences of young women survivors of intimate partner violence in Mamelodi Township of Gauteng?

3.3. Primary aim

The aim of the study was to explore the experiences of young women survivors of intimate partner violence in Mamelodi Township of Gauteng.

3.4. Objectives of the study

- To explore the experiences of young women survivors of intimate partner violence in Mamelodi.
- To ascertain the nature of intimate partner violence experienced by survivors.
- To determine if there were any support systems in the family or community.
- To establish the usefulness of services and support systems as experienced by the survivors.

3.5. Research approach and design

3.5.1. Research Approach

A qualitative research methodology was employed in conducting this study. Qualitative research approach was more appropriate for this study because of its various techniques of analysing participants' individual experiences within a specific setting (Maree, 2013). According to Creswell (2014), in qualitative research the researchers are interested in understanding the meaning that people construct, that is, how people make sense of their world

and how they experience events. Furthermore, Willig (2013) posits that qualitative studies are aimed at exploring what it is like to experience specific situations or events and to also comprehend how people cope with certain conditions. Qualitative research tends to clarify the meaning of a social phenomenon such as intimate partner violence through investigating manners in which individuals understand their social worlds. It tends to answer the question "what is going on here?" In other words, in qualitative research the meaning of what is happening is explored. In this study, the narratives of participants were reported in order to address the question "what happened or what is happening in the participants' lives?"

This study explored the experiences of young women survivors of IPV. The qualitative approach was the most appropriate to utilise because the researcher aimed to gain in-depth information from the participants. The researcher considered participants as expects of their own experiences of IPV. This approach provided rich in-depth data on how young women survivors of IPV make meaning of their experiences and actions regarding IPV. In addition, young women's experiences were used in this study to understand the all-inclusive nature and rich perceptions of their exposure to multiple forms of gender violence and gender inequalities (Cohen, Manion & Morrison, 2011). Individual interpretations and the meanings of participants' accounts was the only way that the researcher could explore their experiences (Stern, 2014).

Furthermore, qualitative studies help in revealing the insights of what cannot be captured, for instance by surveys. Qualitative methods are normally more adaptable, which permits more spontaneity and adaptation of the interaction between the study participants and the researcher. For instance, in many cases, qualitative approaches ask open-ended questions that cannot be automatically phrased the same way for each participant. Through open-ended questions, participants are given a freedom to respond to the question in their own words, and these answers tend to be more multifaceted and richer compared to only, "yes" or "no," answers (Mack et al. 2005). Additionally, qualitative methods seek to comprehend a given research problem from the viewpoints of participants.

Creswell (2014), contends that the study that utilises qualitative methodology would be the study in which the researcher goes into an exact area where essential participants live. This is where the researcher will gather stories and write a persuasive literary account of their present and past experiences. Therefore, this study was conducted in Mamelodi Township, where participants resided. Hence, a qualitative research approach was suitable for this study

as it was aimed at exploring the experiences of local people, that is, of the survivors of intimate partner violence who resides in Mamelodi.

3.5.2. Research Design

A research design is the plan of action, which acts as a guideline of the study to achieve its objectives (Bezuidenhout, 2011). It is a broad framework that includes diverse essential elements of research, such as; the research question, goals, conceptual framework, procedures of data collection, analysis and validity of the research findings (Creswell, 2007). Therefore, a research design offers a plan that stipulates how the research was executed to answer the research question. It might also include several conclusions about the way data was collected and analysed. A research design ensures that the final research report answers the initial research question (Bertram & Christiansen, 2014). Currently, there are a wide range of research designs from which researchers may choose the one that will help them to best answer their research questions or philosophical assumptions (Nieuwenhuis, 2020). For the current study, the researcher followed a narrative research design, as discussed below:

3.5.2.1. Narrative Research Design

According to Creswell (2014), narrative research is a design of inquiry in which the researcher studies the lives of individuals and asks them to provide stories about their lives. Valeras (2010) describes narrative research as a qualitative methodology that studies embodied experiences and the ways in which people make sense of the world around them. Nieuwenhuis (2020) further states that, by nature, people lead storied lives and tell stories of those lives. The narrative researcher gathers these stories that describe such lives, then analyses and retells the stories in form of a narrative of the experiences (Nieuwenhuis, 2020). Narrative investigation provides the researcher with an opportunity, as a storyteller, to access the personal experiences of participants. The narrator communicates and declares life as experiences in a narrative form, thus a story (Baker, 2018).

Therefore, this study used narratives to explore experiences of young women survivors of IPV, their decision-making process and the factors that influenced their life stories. According to Clandinin and Connelly (as cited in Baker, 2018) narrations are the best way of understanding and representing experiences. Bell (2003) argues that integrating various voices and events permits the researcher to reflect on the variety of human experience. In this study, narrative approach allowed the researcher to uniquely understand young women's experiences.

Narratives are not only direct representations of a person's individual experiences; the larger social, cultural and institutional narratives within which the individuals live and/or have lived, also form or influence them (Baker, 2018).

Stories convey a particular interpretation and meaning, revealing what has become subjectively meaningful in relation to the social context of the story (Brown, 2013). This aspect of narrative research sets it apart from other qualitative research methods adopted to explore women's experiences of IPV; hence, the researcher employed it for the current study. Furthermore, narratives are formed using qualitative data collection tools such as field notes of shared experience, journal records, interview transcripts and participant observation, in order to capture stories about participants' individual lives and social experiences (Nieuwenhuis, 2020). In this study, the researcher employed in-depth individual interviews to enable participants to narrate their own experiences of IPV.

3.6. Population and Sampling Strategy

3.6.1. Population

Brynard, Hanekom and Brynard (2014) defined population as a group that has attributes that the researcher is interested. The research population for this study were young women who resided in Mamelodi Township and were aged 25-35 years. They also had to be survivors of IPV. The participants were willing to participate. All women who were not residing in Mamelodi and those who were below the age of 25 years or above 35 years were not included in this study. Furthermore, this study excluded women who had not experienced IPV.

3.6.2. Study setting

The current study was conducted in Mamelodi Township, in Gauteng Province, South Africa. Mamelodi is one of South Africa's historical townships. It is located 24.3 km outside the City of Tshwane and in 2012, it had a population of about one million people (Mashigo, 2012). The township was established on the farm in Vlakvontein and in the late 1950's its name was changed to Mamelodi (Mother of melodies). The area is mostly populated by Black people with low socio-economic status (Mazibuko & Umejesi, 2015). It has an established stratified housing system that portrays the developing social classes of the new South Africa (Ramafamba & Mears, 2012).

Mamelodi is divided into two sections; Mamelodi East and Mamelodi West. These two sections are separated by a river named, Pienaars River. According to Caritus and Umejesi

(2019) Mamelodi Township has the highest contact crime rates in South Africa. Based on the South African crime statistics in 2017, Mamelodi, "…had a 6.3% rise in sexual offences…". The rise of crime rates in respective areas of the township were; 16.7% for Mamelodi West and 7.6% for Mamelodi East in 2017 (Sibiya, 2017). Furthermore, Mamelodi Township also has a high rate of alcohol consumption and alcohol abuse is increasingly recognised as a cause of deviant behaviours, such as abuse of women. Additionally, Mamelodi is a community where patriarchy is culturally rooted, and men exercise power and control over women, leading to increased partner violence in the township (Caritus & Umejesi, 2019).

According to Anderson (2010), there is a link between violence and the place of people's residence; specifically, where rooted structures of inequality exist. Violence in intimate relationships has also been associated with intense poverty, weak social organisation in locations and weak external agents of social control, where the majority of people are poor and unable to create, and sustain crime prevention initiatives (Anderson, 2010). Mazibuko and Umejesi (2015) stated that in South Africa, domestic violence is described in a way that suggests that it is embedded in patriarchy, unemployment, poverty and unequal distribution of power within traditional African marriages. Often, financially dependent women are exposed to the supposed, "culture of violence". In this regard, it is noted that domestic violence is built into the area of poor black households such as those found in Memelodi (Mazibuko & Umejesi, 2015).

This study was conducted in Mamelodi Thuthuzela Care Centre (TCC), which provide counselling services to survivors of Gender-Based Violence (GBV). TCC is located in Mamelodi Hospital and is intended to function as multisectoral one-stop facility, which provide a wide variety of vital services to survivors of sexual and gender-based violence (SGBV), and domestic violence. These services include assistance to report crime, receive healthcare and acquire psychological support. The TCCs are crucial because they establish a victim cantered support for survivors of GBV and aims to provide assistance to avoid secondary victimisation (Adams et al., 2018).

3.6.3. Sampling Method

Two sampling methods were utilised in this study. Firstly, the researcher used purposive sampling to select participants. Purposive sampling involves the selection of participants based on a specific purpose rather than randomly, in order to obtain an understanding of the research problem (Creswell, 2014). The researcher intentionally selected

participants who could respond to the interview questions in a way that will enable her to accomplish the research objectives. This method was appropriate in this study, for selecting only young women who had experienced IPV, and had unique characteristics that were important for this study.

In this study, a population of young women who had experienced IPV and were affiliated with TCC in Mamelodi, were approached. These were women who; were currently receiving or had received services or visited TCC. Potential participants were identified through the help of a clinic manager at TCC. The researcher approached TCC to secure time to provide a brief presentation to the organisation during which the study was explained. Thereafter, the participant information sheet was provided to the clinic manager in order to provide potential participants with information about the study.

A recruitment flyer was also provided to TCC to seek interested participants. Each potential participant was provided with a participant information sheet (see Appendix A) which explained the research purpose and what participation would entail. Providing information sheet ensured that participants had essential information before making a decision to participate in the study. Interested participants were asked to contact the researcher by means of sending a 'please call me', calling or emailing. The researcher then contacted interested participants and made arrangements to interview them. 10 participants were interviewed for this study. By the 10th interview data saturation was reached. According to Bless, Higson-Smith and Kagee (2006), data saturation is the situation in which data has been heard before and the researcher finds additional interviews not adding new information to the findings.

IPV is an extremely sensitive and often the victims or survivors avoid the discussions around it. Therefore, the researcher also used snowball sampling to improve access to the participants. According to Babbie (2013), snowball sampling, which is used to recruit populations that are difficult to locate, allows the researcher to ask the initial participants to invite additional potential participants that they may know. This method is applied when it is difficult to access participants with the target characteristics (Babbie, 2013). Snowball is efficient and cost effective in accessing people who would otherwise be difficult to find.

3.7. Research instrument

In this study, a semi-structured interview guide was used to collect data. A semi-structured interview guide contains a list of questions for the interviewer to follow. The

questions allow the researcher to facilitate a dialogue with the participants, but the construction and sequence of the questions does not have to be exactly adhered to (Creswell, 2014). For this study, the researcher used a semi-structured interview guide to collect data on experiences of young women survivors of IPV. The semi-structured interview tool enabled the researcher to gain participants' detailed experiences of IPV.

3.7.1. Pre-testing of the research instrument

According to Hilton (2015), pretesting is a method of testing if an interview guide is designed properly, questions work as intended and will be understood by people who will respond to them. In this study, pre-testing was conducted with one participant from the identified population. The pre-testing was a way of preparing the researcher to appropriately ask questions and probe during the actual interview session. The pre-test interview was not regarded as part of main data. The purpose of pre-testing of the interview schedule was to afford the researcher with an opportunity to determine if the participants understood. Pre-testing also confirmed if the questions were appropriate for collecting data on young women's experiences of IPV. The practice of pre-testing is regarded as an effective method for improving validity in qualitative data collection procedure and data interpretation (Brown, Lindenberger & Bryant, 2008).

3.8. Data collection

According to Nieuwenhuis (2020), data can be collected in many forms including; field notes of shared experiences, journal records, interview transcripts and participant observation. In most narrative studies, the main method of data collection is conducting interviews with the participants (Nieuwenhuis, 2020). For this study, in-depth individual interviews were conducted to gather data. According to Creswell (2014), when using in-depth qualitative interviews, researchers talk to those who have knowledge of or experience on the topic under investigation. Therefore, in-depth face-to-face interviews were utilised to gather data on first-hand experiences of participants' lifeworld (Welman, Kruger & Mitchell, 2012). In-depth individual interviews were used to gain a detailed picture on participant's experiences of IPV. The interviews allowed participants to narrate their stories in their own words instead of being compelled by pre-established line of thinking developed by the researcher.

Before the interviews formally started, participants were asked to sign consent forms for participation (see Annexure B), and for audio-recording the interviews (see Annexure C).

Participants were also given an opportunity to ask questions about the study, if they did not understand the information in the participant information sheet. The purpose of giving the participants an opportunity to ask questions was to ensure that they felt at ease and were being part of the study. The researcher ensured that a good rapport was established with the participants by getting to know them better through informal conversations (Willig, 2013). This was done by the researcher introducing herself and further explaining what the study was all about. Additionally, participants were asked to introduce and tell the researcher about themselves. Once rapport was established and participants were at ease, the researcher's follow-up questions were related to their experiences of IPV. After participants' consent, the researcher used a tape recorder to audio-record each interview.

The venue of interviews differed to accommodate participant's comfort and their availability. Participants were interviewed in a private space that was convenient for them, such as participant's homes. Two interviews were conducted in the participants' offices at their workplace. Nine interviews were conducted in English alone. One interview was conducted in both; English and Sotho, the interview was then translated to English using Google translate. The interviews lasted approximately 18-40 minutes depending on each participant's engagement during the interview. Due to the COVID-19 pandemic, social distancing rules were adhered to during the interviews in order to reduce the transmission of the virus (see Appendix F).

3.9. Data analysis

According to Bertram and Christiansen (2014), data analysis is a process that involves the following stages: (1) reducing data, (2) deciding which data to include, (3) data display of information, (4) drawing conclusions, (5) findings of the patterns formulated, and (6) verification of information. Cohen, Manion and Morrison (2007, p. 215), indicated that, "…the purpose of data analysis is to make sense of data from the perspective of the participants' understanding". Throughout data analysis, the researcher looks for evidence to support their arguments. For this study, data was analysed using thematic analysis. According to Braun and Clark (2006) thematic analysis involves; identification, analysis and reporting of themes or patterns within the data. It is useful because it unpicks the surface of reality (Braun & Clark, 2006).

The researcher followed Braun and Clark's (2006) six steps of thematic analysis to identify and report participants' experiences and meanings as themes. The first step was familiarisation with the data. The researcher familiarised herself with the data by first transcribing the interviews into written text. The step also involved the researcher reading and re-reading the texts and identifying anything of interest in it.

The second step was coding which involved developing brief labels (codes) that identified significant features of the data and were admissible in answering the research question. During this step, the researcher coded the data manually, systematically working through the whole data set, giving full and equal attention to each data item and identified interesting features in the data. All the actual data quotes were coded and then organised together within each code.

In the third step, the researcher studied the codes and collected data and identified substantial vast patterns of meaning or possible themes. In the fourth step, the researcher reread, revised and established the preliminary themes that were established in step three. Step five involved the development of a detailed analysis of each theme, working out the scope and emphasis of each theme, determining the, "story," of each participant. This was the final refinement of the themes and the aim was to identify the essence of what each theme was about. The final and sixth step was writing up. After the final themes were revised, the researcher started the process of writing the final report. At this stage, she decided on themes that made meaningful contributions to answering her research questions.

3.10. Trustworthiness

In qualitative research, reliability and validity are not easily achieved due to the progressing nature of human behaviour and the multifaceted nature of reality. However, ensuring reliability and validity in qualitative research is through trustworthiness. For this study, the following constructs, as defined by Anney (2014), were used to ensure trustworthiness of the data.

3.10.1. Credibility

Credibility deals with how research findings are congruent with reality. It determines if; the research findings represent credible data from the participant's original information. That is, if the researcher's interpretation is the correct representation of the participants' original views. In this study, to ensure that the findings are credible, the researcher confirmed

interpretations of the data with the participants. At the end of the interviews, the researcher asked the participants to verify the accuracy of her interpretation of what they had shared.

3.10.2. Transferability

Transferability refers to the extent to which findings of the study can be applied to other situations (Anney, 2014). To ensure transferability of this study, the researcher provided, in this research report; accurate description of the research process and context, and an explanation of the research methods.

3.10.3. Dependability

Dependability refers to data consistency and whether the results will be dependable if the study was replicated in a similar setting. This means that if the study was repeated, in a similar context, using the same research methods and participants; similar findings would be obtained (Shenton, 2004). For dependability to be possible, the researcher has to supply relevant and adequate methodological information to enable others to replicate the study. In this study, dependability was established using an audit trail. The researcher also ensured dependability by providing all the research processes in detail, thereby permitting future researchers to duplicate the study.

3.10.4. Confirmability

Confirmability is the degree to which the findings of a study can be confirmed and substantiated by other researchers. It is concerned with establishing whether the interpretations of results are not fabrications of the researcher's imagination, but are clearly resulting from the data. In this study, confirmability was achieved through an audit trial, which allows any observer to trace the development of the research step-by-step through the decisions made and procedures described. Therefore, methods adopted in this study were clearly explained in this research report.

3.11. Ethical Consideration

According to Fouka and Mantzorou (2011: p4), "…research ethics involve requirements on daily work, the protection of dignity of participants and the publication of the information in the research". The key ethical issues involve informed consent, anonymity, confidentiality and protection of the participants from potential harm (Fouka & Mantzorou,

2011). The ethical issues that the researcher took into consideration in this study are discussed below.

3.11.1. Permission to conduct the study

Ethical clearance (see Appendix I) was obtained from the Human Research Ethics Committee (HREC) (Non-Medical) at the University of the Witwatersrand. Approval to conduct and recruit participants for the study at Thuthuzela Care Centre (TCC) was attained from Gauteng District Health Services Research Ethics Committee (see Appendix H).

3.11.2. Informed consent and voluntary participation

According to Armiger (1997 as cited in Sithole, 2018), informed consent is a voluntary agreement to partake in research. It is not simply a form to be signed but is a process in which the participant has an understanding of the research and its risks. The notion of informed consent indicates that individuals taking part in the study must be given full details about the research and what it is required of them before they decide to participate. Participants need to understand the information and freely decide to volunteer (Willig, 2013). Therefore, potential participants in this study were given full information about the study through a participant information sheet (see Annexure A) so that they make informed decision concerning their participation. After potential participants decided to partake in the study, they were requested to sign an informed consent form for participation (see Annexure B) and audio-recording (see Annexure C). Participants were informed that taking part in the study was completely voluntary, and they could withdraw from the study at any time without unfavourable consequences against them. They were also informed that they were not going to receive any incentive for their participation (Hennink, Hutter, & Bailey, 2011). Furthermore, participants were given an opportunity to decline to answer any question that they considered uncomfortable.

3.11.3. Confidentiality

Confidentiality refers to the treatment of data in a confidential manner by not disclosing information that is discussed between the researcher and a particular participant (Hennink et al., 2011). It also means that information is disclosed in a trust relationship with the expectation that it will not be divulged to others (Crow & Wiles, 2008). In this study, confidentiality was maintained by ensuring that no one other than the researcher and her supervisor had access to transcribed data and audio-recordings of the interviews. Moreover, the documents that were

used for data collection such as; consent forms were filed and kept in a locked cabinet. The soft copies of the transcripts from the interviews were stored in a password protected computer. Confidentiality was also maintained to protect participants' privacy. Protecting participants' identities is a primary concern regarding the protection of their interests and well-being (Rubin & Babbie, 2011).

3.11.4. Anonymity

According to Hennink et al., (2011), anonymity implies that the readers of the final research report cannot identify the participants. For Crow and Wiles (2008), anonymity means that no identifiable information such as; name, address and telephone numbers, are collected from the participants because they may be easily linked to them. In this study, anonymity was not guaranteed because the researcher made use of face-to-face interviews. However, according to Maree (2020), anonymity can be guaranteed for persons, parties or organisations that may or may not be involved in the research process. To adhere to the principle of anonymity in this study, the researcher ensured that no identifying information of the participants is disclosed in this research report. This was maintained by assigning numbers to participants instead of participant's full names. In addition, all research data was stored in a password protected computer and will be kept for two years following any publication or for six years if no publications emanate from the study.

3.11.5. Avoidance of deception

Deception can occur when some information about the study is withheld from participants, or when participants are intentionally misinformed about an aspect of the research (Hennink et al., 2011). In this study, the researcher did not withhold any important information relevant to the study or misinform the participants. This was done by ensuring that participants were provided with the needed information as early as possible through participant information sheet. The participant information sheets and flyers were provided to the clinic manager at TCC. The clinic manager assisted with identification of participants. The research information sheet explained the research purpose and what participation would entail. This ensured that participants had the necessary information before they decided to participate in the study.

3.11.6. Protection from harm

Normally, in research, the risk of harm must not be greater than in ordinary life. That is, participants must not be exposed to risk greater or additional to those encountered in their

normal lives (Hennink, et al., 2011). In this study, the researcher avoided topics that could have led to social stigmatisation or secondary victimisation and the disclosure of information that participants could find offending. Furthermore, although none of the participants requested counselling services, it was arranged to protect them from emotional distress.

3.11.6.1. Counselling for emotional distress

According to Creswell (2014), the researcher is obligated to protect participants from any form of physical and emotional discomfort that may emerge from the research project. Therefore, the researcher informed participants that they were likely to experience some emotional distress such as feeling upset when answering some of the questions since IPV is a sensitive topic. Counselling support services were arranged with Lifeline counselling services for participants who could have felt distressed after the interview. The Lifeline is accessible to participants and offers free counselling services to the community of Mamelodi. In order to minimise the emotional risk to the researcher, due to the sensitive nature of the topic, she sought advice from the social worker at TCC on how to handle emotional distress during the interviews. However, none of the participants in this study requested counselling services.

3.12. Reflexivity

Reflexivity represents how a qualitative researcher needs to be cognisant of circumstances in relations between the researcher and participants that often impact data collection, and interpretation (Shaw, 2010; Zeynep, 2016). It is significant to demonstrate awareness of the several roles the participant and researcher occupy in order to highlight how they form all facets of research (Gringeri et al., 2012). As such, qualitative research requires reflexivity; demanding the researcher to be reflexive about what she brings to the work, what is seen and how it is seen. Therefore, reflexivity is a process of self-critique by the researcher to inspect how her own experiences might or might not have prejudiced the research process (Gringeri et al., 2012).

My interest in this study was influenced by my observation of the impact that IPV had on two of my close relatives at their young age. The effect was so significant and made me wonder how young women who are affected by IPV have experienced the violence and manage to escape their intimate relationships. Another factor that influenced the selection of the topic was the high rate of violence against women that are reported in the Media. This made me realise that IPV is a concern amongst people in intimate relationships. Additionally, being a

woman, I am subject to being a victim of IPV. Therefore, I had my own prior subjectivities going into conducting the study, hence, self-reflexivity was vital throughout this research process. Thus, I kept a self-reflexive journal in which I recorded my; thoughts, opinions and biases. I then used the journal during data analysis and writing of this research report, to ensure that the I remained fair and unbiased as possible.

3.13. Limitations and delimitations of the study

Nieuwenhuis (2007), notes that all research endeavours have limitations. This study was conducted in just a small part of a South African township. Therefore, the findings may not be generalisable to all South African townships or beyond. This entails that the findings obtained from this study are not generalisable to other contexts but should be understood primarily against their respective context. Moreover, the sample size was small, which may be limiting. However, the findings can be applicable to other contexts that have similar characteristics.

Additionally, considering that IPV is a sensitive topic, participants might have been reluctant to talk openly about their experiences. One participant declined to be audio-recorded because she feared that the researcher may share her story with other people. In this instance, the researcher reassured the participant of confidentiality and anonymity. This enabled her to relax and talk freely about her experiences. The interview was not recorded and the researcher wrote down her answers.

Other possible limitations in this study may be in instances where participants could have provided the researcher with socially desirable answers. In this occurrence the researcher made use of probing on what the participant says in order to gather more information and honest answers.

3.14. Conclusion

In conclusion, this chapter discussed the research methodology. It provided an overview of the study area and qualitative research methods that were used in this study. The chapter also discussed the purposive and snowball sampling that were used to recruit up to 10 participants who were interviewed in this study. The chapter further discusses the semi-structured interview guide that was used for data collection. In the chapter, thematic data analysis, that was used to analyse the data is described. Lastly, the chapter highlights the ethical

considerations, limitations and reflexivity in this study. The following chapter will focus on the presentation and discussion of the findings.

CHAPTER FOUR

PRESENTATION OF DATA AND DISCUSSION OF FINDINGS

4.1. Introduction

This chapter will present and discuss findings from the current study which was conducted in Mamelodi Township, to gather insights into the experiences of young women survivors of intimate partner violence (IPV). The major themes and sub-themes that are discussed in this chapter emerged from thematic data analysis. This chapter start by providing a brief description of the participants' demographic information. The chapter then discusses findings using; themes, subthemes and verbatim extracts from the participants' interviews.

4.2. Description of study participants

The participants consisted of 10 young women survivors of IPV from Mamelodi Township. All participants in this study were in heterosexual intimate relationships. Pseudonyms (Participant No), were used to protect identities of participants. Table 1 below, provides participants' demographic information. The table provides; participants' age, educational level, marital status, number of children, home language, employment status and residential area in Mamelodi. The participants were aged 26-35 years. Two participants were unemployed, whereas eight participants were employed by the time of the study. The lowest educational qualification that participants had achieved was Grade 12. Nine of the participants had children. Participants were also drawn from various ethnic groups in Mamelodi, namely; Pedi, Zulu, Tswana and Tshivenda. Table 1 below, describes the sociodemographic profiles of the participants.

4.2.1. Demographic Characteristics

Table 1: Biographical information of participants (No of participants =10).

Pseudonyms	Age	Educational Level	Marital Status	Home Language	No of children	Area from Mamelodi	Employment status
Participant 1	30	Grade 12	Single	Sepedi	1	Extension 6	Unemployed
Participant 2	35	Grade 12	Single	Tswana	2	Balebogeng	Employed
Participant 3	26	Honours degree	Single	Zulu	None	Mamelodi West	Employed
Participant 4	34	National Diploma	Married	Zulu	2	Section M. D1	Employed
Participant 5	31	Bachelor's degree	Divorced	Zulu	1	Mamelodi East, Lusaka	Employed
Participant 6	32	Honours degree	Single	TshiVhenda	2	Mahube	Employed
Participant 7	28	Grade 12	Married	TshiVhenda	2	Mamelodi East, Stofel Park Squatter Kamp	Unemployed
Participant 8	33	National Diploma	Married	TshiVhenda	2	Mamelodi East, Mahube	Employed

Participant 9	34	Diploma	Single	Tswana	1	Mamelodi West, D2	Employed
Participant 10	29	Matric	Single	Pedi	2	Mamelodi east, Gem Valley	Employed

4.3. Themes and sub-themes

The researcher read and re-read the transcripts of the interviews, and identified themes and sub-themes, that are presented in table 2. The themes are further discussed in detail in this chapter.

Table 2: Themes and sub-themes.

Theme	**Sub-theme**
4.3.1. Young Women's Experiences of Intimate Partner Violence	4.3.1.1. Physical abuse
	4.3.1.2. Emotional abuse
	4.3.1.3. Sexual violence
	4.3.1.4. Financial abuse
4.3.2. Information Communication Technology (ICT) Facilitated abuse	
4.3.3. Social Isolation	
4.3.4. Socio-economic status as an influence of IPV	4.3.4.1. Financial Dependence
4.3.5. Social Acceptance and Normalisation of IPV	
4.3.6. The duty of keeping the family and non-reporting of cases	
4.3.7. Lack of faith in the justice system	
4.3.8. Fear of disclosing IPV	
4.3.9. Impact of IPV on survivors	4.3.9.1. health impacts
4.3.10. Surviving the vicious cycle of IPV	
4.3.11. Survivors' narrations about their partners	

4.3.1. Young Women's Experiences of Intimate Partner Violence

The first theme that was identified from the interviews was young women's experiences of IPV. In this theme, participants shared a wide range of IPV experiences. This theme was divided into four sub-themes, namely; physical abuse, emotional abuse, sexual violence and financial abuse. The participants often experienced more than one form of IPV. They reported

experiencing; physical, emotional, financial and sexual forms of IPV, these are discussed in the following sub-themes.

4.3.1.1. Sub-theme: Physical abuse

Many young women reported having experienced physical abuse from their intimate partners. Nine of 10 participants reported experiencing physical abuse on a continuous basis. Physical abuse was the most clearly recognised and narrated facet of IPV. This finding suggests that physical abuse is the most prevalent form of IPV experienced by young women. Young women reported that they get beaten by their intimate partners due to the conflicts that are created owing to misunderstandings in their intimate relationships. For example, Participant 10 mentioned that her intimate partner started cheating on her and when she confronted him, he started beating her up:

> Participant 10 stated "*So he started cheating on me and when I confronted him he started beating me up. I didn't tell anybody about it and I bought a lot of make-up to cover up my face. And there were times where he would beat me on the body and not on the face so just people would not see what was going on in our relationship."*

The quotation above demonstrated that physical violence in intimate relationships could start as a result of conflicts. Moreover, if a male partner does not agree on a certain matter with his female intimate partner, he is likely to resort to violence to force the female partner to submit to his demands. An example of IPV resulting from women's non-submission of their partners' demands was reported by Participant 5 below:

> Participant 5 said "*The first time it started was during the night when he came late in the house, I was lying in bed and he just started screaming at me and he asked me where his food was, I told him where his food was and he said I must wake up and prepare his food for him. I said no it's late, can't he just prepare the food for himself. I got a slap for that and that's how it started. The push that made him clap me is that he took it as if I don't respect him, he thought I was the one who was supposed to do everything for him like cooking and giving his food whereas it was during the night and I was sleeping.*

Based on the above quotations, the situational influences leading to occurrences of physical violence differed, though the incidents reported were an extension of an argument. Moreover, the ways that participants described IPV, demonstrated that the majority of physical violence that they experienced was a pattern of Intimate Terrorism in which men attempted to

control the victim (Johnson, 2008, as cited in McGregor, 2018). This statement is supported by the feminist theory which argues that violence is a method used by men to exert power and control over women (Klaasen 2018). The participants mentioned experiences of physical violence from their partners who; beat, slapped, kicked, manhandled, pushed, dragged, bumped and threw things at them. Participant 8 described how her intimate partner used to; manhandle, push, bump things at her and hold her wrist to make her feel disempowered:

> Participant 8 stated that "*My husband used to beat me a lot, and I am talking about the partner that I am staying with by the way. He used to strangle me to a point where I feel like my life will be over, he used to bump me with things…whenever I tried to raise issues with him he would get emotional and start manhandling me, pushing me, bumping me with things, and hold my wrist to make me feel disempowered that I couldn't do anything"*

The use of violence by Participant 8's male intimate partner demonstrated the power inequity that exists between men and women in relationships. From Participant 8's narrative, her husband used his physical strength to show power, control and dominance to make her feel disempowered. Additional forms of violence experienced by participants included the intimate partner pulling young women by hair. Participant 6 indicated that her partner would pull her hair, slap and hit her. The following is a statement of evidence for this finding:

> Participant 6 *"But when it became worse, because it started with just a slap, the next thing he will pull me by my hair and then slap me and start to hit me, and I am like what is this. There was another time where he came back from work and he asked me why I haven't cooked, and I told him I had a busy day looking after the kids and staff like that. He then calls me to the bedroom; he then takes out his belt and started to hit and beat me. So, most of the time it was just violence in the house. So, every time he was angry, he was violent, and I had to take it and take it, he doesn't stop until he feels he was fine."*

Even though participants experienced beatings from their partners, most of them hid their bruises using make-up. This was demonstrated in the following quotations from Participant 7 and Participant 10:

> Participant 7 said *"From there things started to be worse, he would start to be violent and hit me. The following day I would wear make-up and hide my blue eye*".

Participant 10 said *"...he started beating me up. I didn't tell anybody about it and I bought a lot of make-up to cover up my face".*

A common view that was shared by young women was that alcohol contributed to their experience of IPV. Participants reported that their male partners often physically hurt them after they had consumed alcohol. Alcohol consumption has been consistently linked to IPV perpetration (Devries et al., 2014). Moreover, alcohol abuse is known to be a major social problem and one of the risk factors associated with IPV in Mamelodi (Caritus and Umjezi, 2019). According to Caritus and Umjezi (2019), township environment endorses alcohol abuse which in turn facilitates abusive relationships. Some participants reported that their partners physically hurt them through violent outbreaks when they had consumed alcohol. Participant 5 and Participant 8 shared the following corroboration linking alcohol and IPV:

Participant 5 stated *"My husband is an alcoholic and he is violent. Every time he has taken alcohol, he will be violent towards me. He physically beats me, and I once landed in hospital in centurion, at the vista clinic".*

Participant 8 mentioned *"He went drinking and he came back in the middle of a night and he beat me to a point that I couldn't believe. There were other people who were sharing the apartment with me, I tried to scream for those people to come, I think I was still shocked because something happened that I never ever thought that I will ever happen to me."*

From the participants' narratives of violence, it can be argued that physical violence is the most predominant form of IPV perpetrated against women. This study shows that the extent and severity of physical abuse has harmful effects on women's physical health as they often seek medical help after they experience violence from a partner. According to the World Health Organisation [WHO] (2013), women who experience physical abuse are likely to suffer from; bruises, bites, abrasions, cuts on their eyes and ears, fractures or broken teeth, facial injuries, chronic pain and back pain. Similarly, Wörmann et al. (2021) indicate that physical violence results in severe injuries and profuse bleeding that require immediate consultation or admission to a hospital.

Women who are abused often mislead staff from clinics or hospital about what caused their injuries when they seek medical treatment (Sithole, 2018). Similarly, in this study, young women survivors of IPV misinformed medical practitioners about the causes of their injuries – a finding that was most captivating in this study. For instance, Participant 3 stated that "*No, I*

just told the Dr that I was involved in a fight. You know when you are in an abuse relationship, you tend to protect your partner, which is very wrong to do that".

Furthermore, participants did not report the violence that they experienced to the police. It can be argued that lack of reporting to the police is used by women as a mechanism to protect their intimate partners from being arrested. Based on the participant's narrative, it can be alluded that young women dishonesties may also deny them the opportunities of securing help and support that they need to end the violence.

4.3.1.2. Sub-theme: Emotional abuse

In terms of emotional abuse, all participants conveyed that they experienced emotional abuse in their intimate relationships. This was perpetrated by their intimate partners as a mechanism to manipulate and control them. The participants reported to had experienced verbal insults and threats of being beaten or killed. Most young women in this study revealed that continuous verbal insults and name-calling caused them intense emotional pain. Some of the participants indicated that emotional was worse than physical abuse. Participants also stated that they experienced emotional abuse that was fuelled by male domination. Participants reported emotional distress that they experienced due to their partners' infidelity. Participant 8 reported that her partner was unfaithful and had an affair at their workplace:

> Participant 8 said "*We went to a new house and things got worse. I even said he must transfer from where he was working to come and work with me. I arranged for his transfer and we worked in the same building. My life got worse there. He started having affairs in front of me. I didn't know he was having affairs there. Kana the worst abuse a woman can go through is the emotional one than the physical one. Because when I was there, I felt like it was the darkest place for me, everyone around me would be looking at me feeling sorry for me and I didn't know why. Kante everyone else knew that he was having an affair with another person all those things were known".*
>
> Participant 9 said *"You know emotionally, it comes even as small thin let's say I would come back with a box of nartjies and I have eaten them, when he comes back and see that something was eaten and he was not part of it, he will say ok you want me to buy you things but wena when you have money or whoever buys you thing you can eat alone. He made me feel like I couldn't buy myself anything and that it was always men who bought me things. He would make me feel so bad and make you like next time I'm gonna*

buy something to eat on the street and leave the box there. Other part of the emotional abuse was that he would say "o ira bofefe" (you are promiscuous).

Data obtained from the participants emphasised that young women in Mamelodi were often exposed to emotional abuse in their intimate relationships. Emotional abuse is the imposing or the instigating of mental pain, anguish, or distress through verbal or nonverbal acts such as isolating, terrorising, harassing and humiliating (Gordon, 2012). Based on the narratives of the participants, above, it can be assumed that the abusive relationships that young women were involved in, included some degree of demeaning and humiliating treatment through extra marital affairs. Participant 10 reported that her intimate partner cheated on her with younger girls. She stated, *"for the first two years it was all fun, but after two years he started having multiple partners and he was cheating on me with women who are younger than me"*. Mashiri (2013), noted that women who face the problem of extra marital affairs, subsequently experience emotional suffering because they live in persistent fear of being infected by sexually transmitted diseases.

4.3.1.3. Sub-theme: Sexual violence

Participants revealed that sexual abuse was common in their intimate relationships. Although the majority of participants were hesitant to talk about sexual coercion that was happening in their intimate relationships, some indicated that they experienced forms of sexual violence. For example, participants emphasised that their intimate partners did not negotiate to engage in sex. The intimate partners were reported to engage in sex with the participants, claiming that they were their wives so sex with them was considered mandatory. Participants stressed that despite having some tension in their intimate relationships, men viewed sex as a right. As a result, some women reported that they had sexual intercourse with their partners even though they did not want to. For instance, Participant 6 indicated that she would engage in sexual intercourse with her partner because if she refused, the partner would beat her:

Participant 6 stated *"You know when a person has just beaten you, your body is hurt and you are in pain and at night he would want to sleep with me, he would say things like you are mine. And you sleep with him even though you don't want to. I did because I was afraid that if he wants to sleep with me and I refuse he will beat me. So that was also happening."*

Mashiri (2013), asserted that women did not believe in marital rape because the bride price entitled men to have sex at their will. Many forms of violence, such as; sexual harassment

and sexual coercion, that do not involve physical force are commonly viewed as normal male behaviours. Participants in this study revealed that they experience some forms of sexual violence and coercion, as reported below:

> Participant 2 mentioned that "*Every time when we have sex he will say he want to feel if I didn't sleep with another man when he was at work by forcing himself through demeaning sexual acts, the pain was unbearable, when I start screaming and crying he would beat me in the face and say he wants me to look ugly".*

4.3.1.4. Sub-theme: Financial abuse

Participants reported that they had experienced financial abuse in their intimate relationships. Their male partners were reported to withhold money for basic needs. Some participants reported that their intimate partners took away from them their earnings and money. Participant 5 reported that she survived by asking for money from their friends in order to secure transportation to go to the hospital for medical attention after being physically abused. This is demonstrated in the quotation below:

> Participant 5 said *"Financially, it affected me in a negative way, because that time I wasn't working and I had to ask people for financial support, from my family members and his family members… For travelling to hospital yes, it did affect me negatively because I had to borrow money for that. But for medical payments, I was in his medical aid, so I didn't use money for that. His medical aid paid for whatever treatment I sought from hospital.*

Although the narrative of Participant 5 shows that she had basic needs such as medical aid provided by her partner, she demonstrated that she still had to rely on other family members and friends to get financial assistance for travelling to the hospitals to seek medical help.

Shilubane and Khoza (2014) defined financial abuse as, when the intimate partner who upon fighting with his wife punishes her by not giving her; money for clothes, food and family health care. In this study, another way that women were abused financially is where they were denied freedom to be gainfully employed. Participants indicated that their intimate partner would use the money that was meant for basic needs to consume alcohol. Furthermore, participants reported that, sometimes their intimate partners did not use money to fulfil the responsibilities in the house such as the provision of basic needs. This is shown in the narration of Participant 4 below:

Participant 4 stated *"The violence or abuse that I personally experienced is mostly financial, where you have a partner because of their habits, inside the house you find that your partner does not give you money to do certain things or they have responsibilities and they don't do those responsibilities, you know and you have to pitch and you feel like you are raising the children alone, you know because your partner is not coming on board in terms of responsibilities in the hose. Or he is doing other things with the money like drinking alcohol."*

Other forms of financial abuse reported by participants included being denied the opportunities of employment. Moreover, participants mentioned that their abusive intimate partners did not allow them to work, saying that no woman of theirs was going to work. Clear examples of this are as follows:

Participant 6 mentioned *"I also remember there was I time before I got this job, I told him that I was looking for job, he responded by telling me that there is no wife of his who is going to work, that his pride doesn't allow such things.".*

Participant 10 said *"he also asked me not to get a job because he was paid enough to take care of everything so I stayed at home and looked after my kids, but then what I didn't know was that he was going to take advantage of the fact the I was not working. He would give me his bank card when I go to the shops to buy me something. And when I have to buy something, I had to report to him that I am going to the shops. I*

The statement, *"…no women of mine will work…,"* narrated by participant 6 demonstrated men's control over women. Participant 10, further reported that her partner said to her that she should not work because he is earning enough to take care of everything in the household. This meant that if the woman is not working, she will be financially dependent on her partner thus, limiting her ability to leave the abusive relationship. According to Sithole (2018), financial dependence is a major cause of gender-based domestic violence (GBV). Additional example of financial abuse includes women's earnings being taken away by their intimate partners. Participant 8 narrated financial abuse as follows:

Participant 8 said *"But somewhere along the way he started working but I was still earning more than he was. He would get paid, use his money then come home and claim mine, because what I did was because we were staying together, I made sure that we share responsibilities in the house financially. Even though he was earning less, I still expected him to chip in some of his portion. So, he chipped in his portion and then he*

felt like I was earning more, and I am still left with a lot of money, I must still give him money to drink, that was my life.

The experiences of financial abuse reported by participants demonstrated that their partners used this form of abuse to dominate and control them. The role of financial abuse in intimate relationships is to control and manipulate women to be dependent on men and obstructing women from escape (WHO, 2001). Findings from this study indicate that financial abuse is used to control women and render them powerless when they receive insufficient funds to meet their basic needs. Furthermore, when women request more money from their intimate partners, physical violence is committed against them.

4.3.2. Information Communication Technology (ICT) Facilitated abuse

Participants of this study reported that they were stalked, harassed, controlled and monitored by their partners though ICT devices. Constant calling and text messages were the most distinctive form of harassment that participants reported. They also mentioned that they experienced controlling behaviours from their partners through digital media. Monitoring behaviours experienced by young women included surveillance of their whereabouts and social activities. Digital devices created many opportunities for abusive intimate partners to monitor the behaviours of young women. For example, participants reported that the abusive intimate partners would take their cell phone; block it, change its puck, pin number or access to their friends' contact details. This type of ICT facilitated abuse, especially survivors being the targets of constant calling and messages are consistent with other studies (Zaidi, Fernando, & Ammar, 2015). According to Zaidi, Fernando, and Ammar (2015), abusers may use technology to track their victim's movements. Similarly, Hellevik (2019) found that the most frequent form of digital IPV and abuse was harassment, which included berating, humiliation, barraging and scaring. In this study, participants narrated as follows:

Participant 3 said "*How he did this is like he would take my phone, block it and open it, then call Vodacom customer services and ask for a park number. He would put the puck number in my phone and change my pin. Once he changed the pin on my phone, he will have access to my phone, he would take my friends number and save them on his phone. There was a time where we were going to the beach with my friends, he called and pretended to be a lady to find out where we were, my friends told him the exact location of where we were. And when we went to buy refreshments and food and the minute we stepped into the wheel, there was the guy, and he called and said sorry come here and*

asked me why I don't answer my phone, I asked him what he was doing there, he said that he called my friends and acted like a lady to find out where we are and he wanted to see me. I asked him where he got my friends numbers, he confessed what he did (unblocking my phone and taking their numbers)".

Participant 9 said *"He beat me, and I was bruised all over my body. The next day I decided to go to my aunt who stays around. When I was at my aunt's place, he started calling and calling me constantly, he started to apologise. He left too many messages. Finally, I replied to him and I talked to him. He started asking me where I am, I told him, and he came to my aunt's place. I didn't want to go out and meet him, he stood outside in his car until 2 am".*

As shown in the above narratives from Participant 3 and Participant 9, the influence of ICTs on intimate relationships was identified, in this study, as one of the factors that contribute to the risk of IPV against young women. From the narratives provided by Participant 3 and Participant 9, it can be assumed that perpetrators of IPV misuse digital platforms to instigate control over their intimate partners. Similarly, Fraser, Olsen, Lee, Southworth and Tucker (2010) argued that technology can provide perpetrators of IPV with more tools and greater scope to intimidate and control their victims.

4.3.3. Social Isolation

Participants revealed that they were; either forced by their abusive intimate partner to socially isolate from, or often felt embarrassed to visit their loved ones. The abusive intimate partners restricted young women's freedom to visit their loved ones. As participants experienced embarrassment, they stopped contacting their friends and family members. Participants also isolated themselves owing to their fear of further violent behaviour by their intimate partner. This suggests that perpetrators use isolation to exert power, domination and control over their women intimate partners. For example, Participant 2 indicated that her partner socially isolated her by locking her in the house when he went to work.

Participant 2 "*When he goes to work, he will lock the gate to avoid uninvited visitors and say if our families want to visit, they must first make an appointment to him".* It seems from Participant 2's narratives that social isolation occurred by being restricted freedom by her intimate partner. This differs from Participant 10 who mentioned that she socially isolated herself and it seemed like her partner liked that she isolated herself. This is shown in Participant 10 who stated: "*so I isolated myself, and he actually liked the fact that I isolated myself."*

Participant 10, above, mentioned that she isolated herself and that her intimate partner enjoyed that. Other participants reported that they socially isolated themselves from their friends and families because of embarrassment of what was happening in their lives. This suggested that young women isolated for various reasons demonstrated in the quotations below:

> Participant 8 "*He made sure that he would accuse me of having affairs with my male friends or he would accuse my female friends who are in my life that are influencing me in a certain way. That way he was trying to push away everyone who was in my life away from me so that I can be isolated and depend only on him emotionally"*
>
> Participant 6 stated "*Socially you just distance yourself from people, because you start a relationship where you know you are in love, and you tell people, and this start happening to you. You experience this and you know that this is not love. When it started yes, I thought it was love and maybe when he slaps me it's something that I did and I must change. But as things become more and more violent, you distance yourself from people because you are embarrassed".*

The above demonstrated that when in isolation, young women separate themselves from their families, friends and neighbours. Therefore, when women victims of IPV are in conditions of isolation they distance themselves from; relatives, friends or neighbours, and have further constraints to access any assistance institutions such as health, police or legal systems (Albuquerque Netto, Moura, Queiroz, Leite, & Silva, 2017).

According to Albuquerque Netto et al. (2017) any behaviour of men over women in order to control their movements are the first attitudes that culminate so that the woman will remain in her individuality, isolating themselves and not sharing their problems and demands with the people in her family life or not, that could eventually come to help them. In this study all participants articulated circumstances of isolation. The fact that women isolate themselves or remain dependent on their abusive intimate partners depends severely on their social environment. The social environment can increase women's vulnerability or provide them with materials, services, emotional support or information that could help them cope. For some participants in this study, the intimate partners hindered or did not allow them to contact their relatives and friends. This restricted the space of young women to their home environment which subjected them to routine activities such as; house maintenance and care for children.

This imposition is opposing to the contemporary trend where women are gaining more space in the job market (Albuquerque Netto et al., 2017).

4.3.4. Socio-economic status as an influence of IPV

In this study, participants reported that they did not leave their intimate partners immediately when the abuse started. The abuse became severe and it became problematic for women to leave the abusive relationship. The findings also show that young women in Mamelodi suffered abuse owing to the viewpoints that held them back such as beliefs that their partners would change, or they were financially dependent on them. The study demonstrated that other participants were unemployed which made them financially dependent on their intimate partners. Some young women who were employed were living with their unemployed partners who turned to alcohol and this fuelled abuse.

4.3.4.1. Sub-theme: Financial Dependence

Participants reported that they continued to stay with their abusive intimate partners because they were financially dependent on them. Some participants stated that they experienced violence from their partners to sustain their basic needs since they had no other sources of income to sustain themselves and their children. Participant 6 stated that her intimate partner was a breadwinner and that she was not independent which made her stay in the relationship. Moreover, her financial dependence on her partner resulted from him refusing her to work and denying her job opportunities. She demonstrated as follows:

> Participant stated 6 *"Financially it was very bad, for me personally it was that he was the breadwinner of the family. At the time I couldn't work because he would say that no women of his will work while he is still alive, so I couldn't do what I wanted to do for myself, it always what he wanted to do. But once I got a job now, I can do this myself. But all I can say financially is that it was all about what he wanted and not what I wanted. But because I wasn't independent, I stayed in the relationship because I needed his money. So sometimes I would think that if I was financially independent this was not going to happen to me".*

The statement in the above quotation suggest that Participant 6 continued to stay with her abusive intimate partner because she did not want to lose her financial support from him. Similar to Participant 6, Participant 10 also financially depended on her intimate partner. She mentioned that her intimate partner was financially well established, and she was not. If she

had to leave her intimate partner, it meant that she had to downgrade her lifestyle. This statement is supported by the below quotation:

> Participant 10 said *"I met my partner when I was 23 years old, he was 15 years older than me and when I met him he was financially well established. And I wasn't…I was dependent on him financially and if I left him I meant I had to downgrade from were I was in terms of my lifestyle and a downgrade would be painful"*

These quotations above suggest that young women's financial dependence result in continuous IPV that they experience. Moreover, Leburu and Phetlho-Thekisho (2015), argued that economic violence is likely to continue the dependence of survivors on the perpetrators because of the unbalanced power dynamics and control in the intimate relationship. According to Miller (1995, as cited in Hleoheng, 2017), financial abuse is used as a control mechanism that limits the woman from becoming independent or looking for social support. It can manifest in a variety of ways. Participants in this study reported that their intimate partners controlled the finances at home, and in other cases the woman was supposed to hand over her own salary to him. For example, Participant 7 reported that her partner denied her job opportunities. This was demonstrated in the quotations below:

Participant 7 said *"My sister helped me to find a job, and when I was supposed to start, I told my husband and joo he got so furious and said that why do need work because we are coping financially. I said that I wanted to help and contribute in the house and meet him halfway. He didn't want to hear anything and said I am not going. He also said that my sister was a thorn in his life. Because she looked for a job for me. He said she must stop coming to our house. He isolated me from my sister and didn't want him near me. And he never allowed me to work".* Although young women depended on their intimate partners for financial support, Participant 8's intimate partner was financially dependent on her, yet he misused her money. For example, he would take away her salary and consume alcohol. Participant 8 sated as follows:

> Participant 8 said *"So this one time I went out to a strategic planning retreat from work, I remember I was coming back with my friends and I got paid that day, he was in my apartment, I remember he was not working yet and he was waiting for me, I was gone for like or three days. I was so excited to come back, looking forward to being with my boyfriend, I have money all those things. Only to arrive home to someone who was sulking and in a very foul mood because it means that the whole time I was away he*

was thinking that I was away with a man and not necessarily for work, we started fighting then and he said I must give him money and I gave him money. I was not afraid of him at that point, I gave him money, he went out and drinking and then he came back home."

From the above quotations, women were financially neglected. Signs of financial abuse may include refusal to pay, support and contribute to household expenses (Cameron, 2014). The abusive intimate partner may also exclude the woman from giving an opinion on critical financial decisions.

The financial hardships and dependence also represent significant barriers to women leaving violent relationships. For example, participants of this study who were financially dependent on their abusive intimate partners were hesitant to leave their abusive intimate relationship because they needed financial provision to support their children. This condition leads to the continuation of violence and a cycle of aggression in the family sphere (Albuquerque Netto et al., 2017).

4.3.5. Social Acceptance and Normalisation of IPV

Acceptance of violence among young women is one of the disconcerting factors that hinder the prevention and reduction of IPV. The findings of this study suggest that attitudes towards intimate partner violence are one of the most prominent influences of IPV. Participants reported that they often kept quiet about violence that was happening in their intimate relationships and thought it was normal for them to be submissive to their partners who physically abused them. Violence was also seen as acceptable to young women and was understood as a way of their partner disciplining them for their wrong doings.

The social acceptance of IPV may result in women viewing violence as a normal part of their lives in the intimate relationships not as a problem. This framing, consequently prevents them from seeking help. The normalisation of violence in intimate relationships is closely associated with the social norms in masculinity, which emphasise male dominance and control (McCleary-Sills, Namy, Nyoni, Rweyemamu, Salvatory & Steven, 2016). Participant 7 reported that she viewed abuse as something she deserved. Thus, IPV against women was, problematically, understood as something normal for this participant:

Participant 7 said *"From there things started to be worse, he would start to be violent and hit me. The following day I would wear make-up and hide my blue eye. The first*

time I told my mom, she said haa don't worry, all men are like that, and they would do anything to protect their property. She would say that you are married, and you are his wife and he own me. I felt like I am his property. So those small things, she would say there is nothing to worry about, so I thought maybe I was overreacting, and I thought let me just leave it and see what will happen".

Participant 7's narrative suggested that her family members did not see IPV as a problem but an acceptable part of a man's behaviour. Her mother's response, *"...you are his wife and he owns you..."* suggested patriarchal norms that view a woman as belonging to a man. Additionally, patriarchal attitudes of family members were also reported by Participant 2 who stated that her family knew about her IPV experience yet they encouraged her not to report her case and that they will solve it as a family. Participant 2's narration is shown in the quotation below:

Participant 2 said *"No one knew my situation except my family. Even though they never thought it would be as bad to come to that extend. They always told me things are gonna be okay, but it never be okay infact it became worse. They told me that I must never report this matter to the police station they will resolve it as a family matter."*

From the above quotation, it is demonstrated that family members of young women viewed IPV as a family matter which can be resolved internally.

4.3.6. The duty of keeping the family and non-reporting of cases

Participants reported that they did not report their IPV experiences to the police and staff at the clinics or hospitals. In this study, participants said they did not report their cases because they wanted to protect their intimate partners. Moreover, young women wanted to keep their family together. Participant 6 mentioned that if the police arrested her intimate partner, she would lose her family and would not be able to provide for her children.

Participant 6 stated "*I was not working, and he was the one who was taking care of everything in the house. He was providing for the children. So, if I report him to the police and they arrest him, who was gonna help us and provide food and take care of the children financially."*

This suggested that young women do not report IPV to police due to their financial dependence on their male intimate partners and viewed violence as a family matter.

Additionally, Participant 5 mentioned that when she went to the police station to report her case, the police came with her at home and sat down with her and her husband to resolve their problems. She further mentioned that the police officers were his colleagues and they told them to resolve the matter internally as a family. This statement is supported by the quotation below:

> Participant 5 stated "*Yes I did, but the problem was that it was where he was working, when I went there, they tried to calm him down, and they will come and try to sort out the issue with us. They will sit down with us together and sort it out. They said we should first sort it out as a family".*

The views of this study's participants are in line with Nix's (1998 as cited in Patel, 2016) argument that police often see domestic violence as a private family matter or as a norm and hesitate to support women who wants to lay a charge about her abusive male intimate partner. Moreover, the most common reasons that women do not seek help include; believing that there is no use in doing so, seeing IPV as a part of life and fearing consequences, for instance, divorce or getting their partner in trouble (McCleary-Sills et al.,2016). Young women narrated that they did not report IPV that they experienced to the police, because they felt that they could not. Participant 5 reported that her husband was a police officer and reporting her case was problematic:

> Participant 5 said *"yes, I reported my case, but the problem was that it was where he was working, when I went there, they tried to calm him down, and they will come and try to sort out the issue with us. They will sit down with us together and sort it out. But that also caused a problem for us because when they came to sort out the problem and heard what the problem was, and when they leave, he will ask me what I was doing and what I think people will say about him at work, and we will fight again. So that went on and on and it was continuously just like that, it was abuse, abuse and dint stop. So, I decided to stop reporting my cases to the police because it was just useless for me to report this guy and where he works."*

Participant 7 reported that she never had the courage to report her husband to the police:

> Participant 7 said *"I never had the courage to report my husband to the police. Every time he beat me, I would just go to the clinic and lie about what happened. I would make excuses that I got hurt like I ran into a table. I would tell the nurses that I tripped and fell. I didn't want so say that my husband beat me."*

As highlighted in Participant 7's narrative, she misinformed health practitioners about the causes of her injuries. This statement also suggested that she did not report the case because she wanted to protect her husband by denying saying that her husband hit her.

4.3.7. Lack of faith in the justice system

Participants also mentioned that they did not report IPV that they experienced to the police because they did not have faith in the South African criminal justice system. Survivors appeared dissatisfied with the justice system. For example, they reported that they had no hope that their cases were going to be resolved by the police officers or that they will get justice. Participants mentioned that they were not supported by the police. Participant 6 appeared to had lost hope before she tried to seek help from the authorities. This lack of faith seemed to had attributed to the experiences of her acquaintances in the criminal justice system:

> Participant 6 said *"It was already something that I was aware off, that I might not get any help. Because I heard of other people's experiences before, you know, where they said they lost hope in our justice system. But when I went there, I went out of emotions and angry. I wanted some police to come home with me even though I didn't want him to be arrested. I just wanted to tell somebody that this is happening to me. But when they were asking me those many questions about the bruises or if I went to see the doctor, I felt like here I'm not being supported."*

The above quotation from Participant 6 suggested that she held the idea that she may not receive help from the police station. Her notion of dissatisfaction with the justice system was based on the experiences of her friends rather than her own experiences with the law enforcement. Participant 6's narration suggested that she did not even expect to be helped by the police. In contrast to Participant 6, Participant 5 appeared to had lost hope mainly because her abusive intimate partner was a police officer and she had to report her case on the same police station where he was working.

> Participant 5 said *"No I didn't go other police stations, because I thought that the SAPS component would know because it is where he is working. And there is a way that they will help him at work. So, I lost hope that as a SAPS member it is still going to happen, and I am not going to get any help so I decided not to report my case anymore.*

Although it is noted that policies and legislations have been implemented to respond to cases of IPV, these developments have not had the most positive impact on young women

survivors. The narratives of Participant 5 above, demonstrated lack of hope in the justice system because her husband was a police officer, as a result, she could not seek justice. Moreover, the narrations of Participant 8 demonstrated a lack of faith in the police officers because she believed that she may not be helped by them since they may be perpetrators themselves:

> Participant 8 stated *"I know that South Africa has a lot of laws that are supposed to protect people, but people are supposed to enforce those laws and they are not. Remember, a lot of those people who are supposed to enforce those laws are either victims or perpetrators. Because for me I believe that they are everywhere. So how do you expect someone who is police official who is possibly a perpetrator at home of Gender based violence to come and enforce that law. We still have a lot of challenges of emotions especially with men, even women we are failing to deal with. So yaa I know of laws, but I just don't have faith in them."*

Furthermore, police are not always responding as mandated by law. Occasionally, notwithstanding the presence of a protection order and a warrant of arrest, police choose to warn the perpetrator instead of arresting him (Lopes, Massawe, & Mangwiro, 2013). This is consistent with the narratives provided by participants. Participant 5 indicated that when she went to the police station to open a case in relation to IPV that she experienced, the police officers just came to warn her husband who was also their colleague. This contradicts the Domestic Violence Act, which imposes two sets of duties upon the police officers: (1) to be administrative and keep records, and (2) to provide various policing services to victims of domestic violence (Vetten, 2013).

The narratives above demonstrated that young women do not get justice on their IPV cases, because police officers themselves may be perpetrators, as stated by Participant 5 and Participant 8. Moreover, police officers may choose to warn the abuser instead of arresting him as demonstrated by Participant 6. For example, when participants were asked about laws that protect them from violence against women, most of them mentioned that they only knew about the protection order. Even though participants reported that they were aware of protection orders, most of them did not utilise these services to protect themselves against their abusive partners:

Participant 3 said *"And I also know that you can easily go to the police station and report such cases and open a protection order. So that's the only thing I know, I don't know about laws. But I have never done the protection order".*

Participant 7 said *"Yes I know that if someone is abusing you, you have a right to go to the police station and open a case. And also get a protection order. At the back of my mind, I knew that I can go to the police station and report that my husband is abusing me and open a case, but I never went and never opened a case against him or a protection order".*

These findings are congruent with Sithole's (2018) argument that many women have no knowledge of existing Gender-Based-Domestic Violence (GBDV) in Namibia. The author further indicated that this lack of awareness hinders women from receiving full legal protection and support. Therefore, it can be deduced that young women in this study lacked faith in the criminal justice system because they did not have enough knowledge about the laws. It is also argued that the criminal justice system fails to implement the laws because women do not utilise the services provided by the justice system (Clavesilla, 2014). Congruently, young women who knew about protection orders reported that they did not apply for them. Therefore, lack of justice in IPV can also be attributed to non-utilisation of the services by survivors.

4.3.8. Fear of disclosing IPV

Young women reported that they were afraid to disclose IPV because of the consequences that they anticipated. For example, survivors mentioned that they feared being negatively judged by their friends, family, neighbours, acquaintances, doctors and nurses at the hospitals or clinics. Participant 7 mentioned that she feared that if she said anything about her abuse, her children would be taken away by her intimate partner. In agreement with findings from McCleary-Sills et al. (2016), participants of the current study feared that reporting their abuse was going to cause them to be abandoned by their intimate partners, which would leave them without any source of material source of support. Moreover, survivors reported that they feared their abusive partners. They worried about, what could happen if their abuser found out about their disclosure since he would have made threats prior to them disclosing. Participant 6 reported:

Participants 6 said *"I was really ashamed and got embarrassed to talk about it. Coz everyone knew I was in love, when we were happy, I was telling my friends that I am in*

love with this guy and I am very happy, and I was fine. So, I didn't seek help immediately".

Participant 6 not only did she not disclose her abuse to her family, but she also did not disclose what really happened to her when she went to seek medical help.

Participant 6 stated that "*But I never told the psychologist the truth because I always denied the truth. I was always afraid that if I told the nurses then somehow my family will know, because the community is small. So, I would always hide it and make excuses that I fell, the other time I even said the dog bit me because I had bite marks.*

Although participants reported that they did not disclose their IPV, they had different reasons. Participant 6 above seemed to had not told the truth to the psychologists and nurses because she was afraid that her family was going to find out. Participant 9 did not disclose because she was ashamed that she was being abused. Below is a quotation from Participant 9:

Participant 9 said *"No, I never tried to seek help, I could never tell anyone. I kept it to myself. It's like you feel ashamed that people will see that I am being abused. It was like its normal for your partner abuse you. But I never tried to seek help"*

Other participants also did not disclose their IPV experiences in order to protect their intimate partners from their family members. Other reasons for not disclosing IPV was economic dependency on the intimate partners and the fear that they will lose their financial support.

Participants 6 said *"I also knew that my parents would not tolerate this at all. And when you are in love you protect your partner so my parents didn't know…also I stayed in the relationship because he was taking care of me and my children financially and I was scared that if I left him, who was gonna take care or me and my children".*

Participant 9 said *"I didn't mention this to my family members. Even when I went to my aunt's place after he beat me. I didn't say anything. Even if she asked me questions, I would avoid saying this is what is going on. My reasons were me being ashamed that I was in this relationship and not treated well. And maybe again thinking how my family will react. And I have a brother who I was afraid that he will start a fight with him. So, I wanted to protect him from my brother."*

These findings are consistent with those reported by Vranda, Kumar, Muralidhar, Janardhana and Sivakumar (2018) in their study that they conducted to expose barriers to disclosure of IPV by female patients. Vranda et al., (2018) revealed that a large proportion (62%) of women who had experienced IPV did not disclose their suffering to mental health professionals. The most frequently mentioned reasons they did not disclose IPV were; embarrassment or shame and the fear of threat and further violence from their husbands. Similarly, Heron, Eisma and Browne (2021) revealed that victims of domestic violence do not disclose abuse due to the fear of the consequences. For example, losing their children, being judged negatively and fear of the abusers. According to Sylaska and Edwards (2014), most women who experience IPV keep silent. More than 74% IPV women survivor stayed with an abuser and did not disclose IPV. Therefore, barriers to help-seeking violate survivors' fundamental rights and act as an obstruction to social progress (McCleary-Sills et al., 2016).

4.3.9. Impacts of IPV on survivors

IPV impacts on its survivors in several ways and is most likely to have health and economic costs. In this theme, the impacts of IPV on health are discussed. Numerous studies have reported various health consequences of IPV. The commonly agreed finding in research is that IPV always has a negative impact on its victims (Simmons, Wijma & Swahnberg, 2015; Wong & Mellor, 2014). Impact narrated by young women survivors on the current study are as follows.

4.3.9.1. Sub-theme: health impacts

IPV impact on young women in different ways and it is likely to have health consequences. Participants in this study suggested that IPV leads to effects such as trauma, depression, and loss of personal integrity. For example, Participant 8 reported:

> Participant 8 said "*Health wise I am a chronic hypertension patient. And besides that, there were time when I thought I would be hit by stroke. This other time I would have blackouts along the roads. I think that time it was also when I thought I should really start looking after myself. I would just find myself walking and I would burst into tears, I would just sit in a taxi and burst in tears".*

Consistent with the narrative provided by Participant 8, Participant 3 reported that she was always emotional and every time she would have flashbacks. When she was alone, she would start crying, and she thought of what was happening in her life:

Participant 3 said *"…there was a time when he punched me on the eye and I had a blue eye, my eye was swollen, and it had an infection. So, I had to go to the doctor for that and get treated and I couldn't go to school at that time…I had an eye infection and it took long to heal. Even the blue eye took long to heal. So, it affected me that way. But now I do have a little bit of an eye problem that's why I am wearing glasses, so the eye that was affected that time is poor sighted than the other eye".*

Participant 8 mentioned that the health impact she suffered from IPV further impacted her emotions and productivity at work:

Participant 8 stated *"Because there were days when I felt like I couldn't come to the office and my production level at work was bad because I was going through a lot. I would shut down in the office or just start crying, I would have phone call with him where would be fighting and I would be so emotional in the office, so I was forced to tell my supervisor. Sometimes I would fall apart in the office where I will have to leave early and go home."*

Participant 10 reported that she had a miscarriage owing to the physical violence that she experienced. She indicated as follows:

Participant 10 stated *"There was a period here he beat me and I was pregnant. So I had to go to the hospital and they had to clean my womb. I stayed home for several days without being healthy, so basically, I had body aches and broken bone, I have been beaten a lot, I was not ok. But now I am getting there physically."*

4.3.10. Surviving the vicious cycle of IPV

The findings in this study show that some women decide to leave their abusive relationships against all odds. They reported that the abuse continued for many years and constantly worsened. Participant 7 described her decision to leave as follows:

Participant 7 said: *"I realised the day he beat me, and I became unconscious. I woke up there and he didn't even call an ambulance because he knows what he was doing was wrong. And he also knew that I don't do anything, I just talk to my mother and go to the clinic and I was not reporting him to the police. He never stopped even if he knew he was wrong. He didn't call an ambulance because they would ask what happened. So, when I woke up, I was like joo I almost died, and I have two kids. So, the following*

day when he was at work, I packed my staff, took my kids, and went to my sister. I couldn't take it anymore.

The findings from this study concur with Zakar et al.'s (2013) reflection that abused women often find ways to cope. This was evident in young women who decided to leave their abusive relationships when they were convinced that the abuse was not going to stop or when they feared for their lives. It can be assumed that it took confidence on the part of women who decided to leave the abusive relationships and gain freedom.

4.3.11. Survivors' narrations about their intimate partners

Controlling, possessive, jealous, aggressive, entitlement and violent personality, were words that, young women associated with their intimate partners. Participant 9 described her intimate partner's controlling behaviour that resulted in her being isolated and not being able to be in contact with family or friends. Survivors also described their partners as being not only controlling but also possessive and jealous. Some women identified these characteristics as being culturally acceptable in their societies:

Participant 9 said "*So, one time I remember we were shopping and there was this guy who knew me from TUT where we used to study. I did not recognize or see him, but he saw me. So, my partner could see that this guy is looking towards our direction or rather that he was looking at me. So, as I was on the till paying for whatever I bought, he started tapping my shoulder and poking me and when I looked at him, he said that guy wants to talk to you. But the aggressiveness that came with it, like poking was saying pay attention to me. So, when I looked at the guy, I saw that its someone that I know, the guy said I see that you are still paying I was waiting to greet you. I paid and my partner took the staff and went to the car. I stayed to talk to the guy. So, when we got back at home, I got the beating of my life. He said that I know him and it means I am dating that guy and he is my side boyfriend…And you know he will make excuses that I love you too much that's why I am jealous over you".*

4.4. Conclusion

This chapter focused mainly on the presentation and discussion of findings which were based on answering the objectives which were set for this study. In the discussion, themes and sub-themes that emerged from the interviews with participants, were used. The findings

illustrated that the study participants were physically, emotionally, sexually and financially abused by their intimate partners.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDADTIONS

5.1. Introduction

The aim of this study was to explore experiences of young women survivors of IPV in Mamelodi Township of Gauteng, South Africa. This chapter presents the summary of findings, conclusions and the recommendations. Findings are summarised per this study's objectives and the themes that emerged from data analysis. The themes are respectively summarised in the following section.

5.2. Summary of key findings

5.2.1. Young Women's Experiences of Intimate Partner Violence

In this study, the findings revealed that young women experience various types of IPV due to their intimate partner's power and control over them. The findings indicate that physical violence is the most widespread type of IPV committed against young women. Moreover, this study's findings suggest that young women sought medical treatment as a result of the injuries they suffer from physical IPV. Additionally, based on this study, emotional abuse is another common type of IPV experienced by young women. Financial abuse and sexual abuse are also experienced by survivors, although, these types of violence are less prevalent.

5.2.2. Information Communication Technology (ICT) Facilitated abuse

One of the unique findings from this study was that intimate partners facilitated IPV against young women through the use of ICT devises. The abusive intimate partners used cell phones to monitor, harass and stalk young women. The monitoring and controlling of young women by their abusive intimate partners are facilitated through constant messaging and calling. The abusive intimate partner may also block the victim's phone or gain access to the contact details of her friends. The abusive partner uses the friends' contact details to stalk and locate young women's geographic location. This revelation indicates the influence that ICT devises have in facilitation of IPV.

5.2.3. Social Isolation

Based on this study's findings, young women experience social isolation as a result of IPV. Social isolation occurs when young women isolate themselves from their friends, families and the society due to feelings of embarrassment and fear of what other people might think or

say about their situation. This fear of stigma results from the shame of being recognised as battered women or being abused by their intimate partners. Additionally, abusive intimate partners isolate young women from friends and families. Thus, it can be deduced that abusive partners isolate survivors as a means of maintaining power and control over them.

5.2.4. Socio-economic status as an influence of IPV

The findings in this study revealed that young women find it difficult to leave their abusive partner as they are financially dependent on them. Additionally, if a woman is working the abusive intimate partner could be financially abusive. The abusive intimate partner could take away some of her earnings. Further economic abuse that this study exposed include male partners not contributing to the procurement of basic necessities in the household and leaving all the responsibilities to the woman. Moreover, when young women confront their abusive intimate partner about this, it escalates to physical abuse. Hence, financial abuse can lead to physical and emotional abuse.

5.2.5. Social Acceptance and Normalisation of IPV

Findings in this study suggest that social acceptance and normalisation of IPV in intimate relationships is common among young women. Survivors often keep quiet about their experiences of IPV because they view it as normal and as a form of the male partner expressing love. Moreover, IPV is accepted by family members of young women. The family members would suggest to young women that they should stay even though the intimate partner is abusive, because all men are considered to be violent. The acceptance of IPV among young women demonstrate that IPV is viewed as normal in intimate relationships.

5.2.6. Impact of IPV on survivors

The findings of this study suggest that IPV has negative impact on survivors. The impact of the violence include; health impacts which in turn impact women in the workplace. Health impacts are evident through injuries sustained buy the survivors. Moreover, young women experience health issues such as having black outs while walking on the street as well as depression. IPV impact on the workplace include the reduction on productivity at work. This shows that IPV has dire consequences on a woman's socio-economic status. For example, poor performance may lead to a loss of employment, thereby creating unemployment.

5.2.7. The duty of keeping the family and non-reporting of cases

The findings of this study highlight that, young women that experience IPV do not seek help or report to the police or staff at clinics or hospitals. This is because they want to protect their intimate partners and keep their families together. This is common when young women have children with abusive intimate partners. To protect their intimate partners, young women deny providing informing to the hospital staff about the true cause of their injuries. For example, they may inform hospital staff members that their injuries resulted from falling. This misinformation to hospital staff is intended to protect their abusive partners from being arrested.

5.2.8. Lack of faith in the justice system

Based on the findings of this study, it is clear that women lack faith in the criminal justice system. The study shows that women experiencing IPV often do not use the services offered by the Domestic Violence Act to get justice against their abusers. One of the services young women commonly utilise is the protection order, provided by the criminal justice system to protect women against their violent intimate partners.

The lack of utilisation of some of the justice or legal services by young women result from limited trust that their cases will be resolved. Moreover, women believe that their cases will not be resolved by the police because the police officers can either be a victim or a perpetrator of IPV themselves. Additionally, young women do not report IPV to the police or apply for protection orders because of a need to protect their partners. Hence, young women do not receive justice.

5.2.9. Fear of disclosing IPV

The findings of this study demonstrate that young women who are experiencing IPV in their intimate relationships fear to disclose the abuse to their families, friends, hospital staff and police officers. This is because they are afraid that their partners will further hurt them once they learn of the disclosure. Young women also fear being judged by the community, feelings of embarrassment and ashamed of their situations. Young women also avoid disclosing the IPV because they do not want to lose the intimate partners themselves. Leaving or losing the intimate partner would mean losing the financial support that they receive from the abusive intimate partner.

5.2.10. Surviving the vicious cycle of IPV

The findings of this study demonstrate that, despite all the hardships endured in the abusive intimate relationships, young women survive the abuse and leave the relationships. Although survivors find it difficult to cope in their abusive relationships, having systems of support such as friends and families encourages them to leave the abusive intimate partner.

5.2.11. The narratives of participants about the abuser

Findings of this study suggest that young women experience controlling, possessive, jealous, aggressive, entitlement and violent behaviours from their intimate partners. Although young women could be in loving relationships with their intimate partners at the start of the relationship, their partners may become jealous over them and this results into them becoming violent.

5.3. Conclusion

In conclusion, the aim of this study was to explore the experiences of young women survivors of intimate partner violence in Mamelodi Township of Gauteng, South Africa. The findings of the study indicate that IPV is a social and health problem which affects young women in Mamelodi Township of Gauteng, South Africa. Survivors experienced various types of abuse in their intimate relationships such as; physical, emotional, sexual and financial abuse. Physical and emotional abuse are more prevalent. Social isolation was also indicated as another method of abuse that is used to exert power and control over young women. Young women were isolated from their friends and families. Moreover, survivors did not disclose their IPV experiences to the police, medical practitioners, friends and families due to fear, and a need to protect their partners and keep their families together.

It can also be concluded that, young women accepted and normalised IPV hence they did not report their experiences to the police or hospital staff. Some did not share their experiences of abuse with friends and family because they were feeling ashamed and embarrassed. Furthermore, lack of reporting is attributed to lack of awareness about laws that protect women against IPV. The study also concludes that despite all the hardships experienced during the period of IPV in their relationships, the majority of young women in this study survived and escaped their abusive relationships.

5.4 Recommendations

Based on the findings of this study, the following recommendations are made:

5.4.1. Recommendations for practice

- Young women and young men who experience or have experienced IPV should share their lived experiences in order to get support.
- Young women should disclose their IPV experiences and seek formal support from medical practitioners and police officers so that they can receive medical and legal assistance.
- The South African criminal justice system must conduct awareness campaigns that teach survivors of IPV about laws and processes to be followed to get justice.

5.4.2. Recommendations for future research

- More research on the experiences of young women survivors of IPV, specifically quantitative studies on a larger scale should be conducted in the same background for the purpose of generalising the conclusions. Research is needed on the experiences of young men survivors of IPV.

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APPENDICES

Appendix A: Participant information sheet for participants

Title of the study: Experiences of Young Women Survivors of Intimate Partner Violence: A Case of Mamelodi, Gauteng

Good day,

My name is Makeeme Precious Masemola and I am a post graduate student registered for Masters of Arts in Social Development at the University of Witwatersrand (Wits). As part of the requirements for the degree, I am conducting research on the Experiences of young women survivors of intimate partner violence: A case of Mamelodi, Gauteng.

The aim of the study is to explore the experiences of young women survivors of intimate partner violence in Mamelodi Township of Gauteng. As a young woman between the age of 25 and 35 who have experienced intimate partner violence, and residing in Mamelodi, you are ideally positioned to contribute to my study. Therefore, I would like to invite you to participate in this study. You will not receive any incentives if you participate in this study. Participation in the study is voluntary, and you have the right to withdraw at any time without any consequences. There are no risks in participating in this study, apart from possible discomfort upon talking about your experience. However, should you experience any discomfort, you may ask the researcher to discontinue or take a break. You may also choose not to answer any question that you feel uncomfortable with answering.

If you agree to take part, I would like to interview you at a time and place that is suitable for you. The interview will last approximately 45 minutes. Participation is anonymous and the information provided will be kept confidential. Anonymity will be ensured by assigning pseudonym to your name. This means that no information identifying you will be included in the research report. You will also be requested to sign a consent form for participation in the study. With your permission, the interview will be audio-recorded. No-one other than the researcher and the supervisor will have access to the recordings. The recordings will be stored

in a password protected computer and will be kept for two years following any publication or for six years if no publications emanate from the study.

Due to the sensitive nature of the topic, there is the possibility that you may experience some feelings of emotional distress. Therefore, should you need supportive counselling after the interview, I have arranged for this service to with Lifeline Pretoria. To make an appointment, they may be contacted at 012 842 3726/ 0725922858 for Lifeline Mamelodi. The office of Lifeline in Mamelodi is located at Education Block, University of Pretoria, Mamelodi Campus (previously Vista University).

If you have any queries or if you would like more information, please contact me on 0720838578 or 1234106@students.wits.ac.za. Alternatively, you can contact my supervisor Dr Motlalepule Nathane-Taulela on 011 717 4471 or Motlalepule.Nathane-Taulela@wits.ac.za. We shall answer them to the best of our ability. If you have any complaints about the study, please contact the Human Research Ethics Committee (Non-Medical) Administrator: Ms Shaun Shoeman on Shaun.Schoeman@wits.ac.za or +27 11 717-1408, Solomon Mahlangu House, 10th floor, room 10004.

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

_____

Yours sincerely,

Makeeme Precious Masemola

Sehlomathiso A: Leqephe la tlhahisoleseling le nkang karolo bakeng sa barupeluoa

Sehlooho sa thuto: ***Liphihlelo tsa Banana ba Bacha ba Pholohileng Tlhekefetso ea Molekane oa Bona: Taba ea Mamelodi, Gauteng***

Lumela,

Lebitso la ka ke Makeeme Precious Masemola 'me ke seithuti sa mangolo a ngolisitsoeng bakeng sa Masters of Arts in Social Development Univesithing ea Witwatersrand (Wits). E le karolo ea litlhoko tsa lengolo lena, ke ntse ke etsa lipatlisiso mabapi le boiphihlelo ba basali ba banyane ba pholohileng pefo ea balekane ba haufi: Nyeoe ea Mamelodi, Gauteng.

Morero oa thuto ke ho fumana liphihlelo tsa basali ba banyane ba pholohileng tlhekefetso ea balekane ba haufi motseng oa Mamelodi oa Gauteng. Joaloka moroetsana ea pakeng tsa lilemo tse 18 le 34 ea bileng le tlhekefetso ea balekane ba haufi, 'me a lula Mamelodi, o maemong a matle ho kenya letsoho thutong ea ka. Ka hona, ke kopa ho u mema hore le uena u kenye letsoho thutong ena. Ha u na ho fumana litšusumetso ha u nka karolo phuputsong ena. Ho nka karolo lithutong ke ka boithatelo, 'me u na le tokelo ea ho tlohela nako efe kapa efe ntle le litlamorao. Ha ho na likotsi tsa ho nka karolo thutong ena, ntle le mathata a teng mabapi le boiphihlelo ba hau. Leha ho le joalo, ha o ka ba le mathata a fe kapa a fe, o ka kopa mofuputsi hore a tlohele kapa a khefu. U kanna ua khetha ho se arabe potso efe kapa efe eo u ikutloang u sa phutholoha ho e araba.

Haeba u lumela ho nka karolo, ke kopa ho u botsa lipotso ka nako le sebaka se u loketseng. Puisano e tla nka metsotso e ka bang 45. Ho nka karolo ha ho tsejoe 'me tlhaiso-leseling e fanoeng e tla bolokoa e le lekunutu. Ho se tsejoe ho tla netefatsoa ka ho abela lebitso la hau lebitso la pseud lebitso la hau. Sena se bolela hore ha ho na tlhahisoleseling e u khethollang e tla kenyelletsoa tlalehong ea lipatlisiso. O tla kopuoa hape ho saena foromo ea tumello ea ho nka karolo ho ithuteng. Ka tumello ea hau, puisano e tla hatisoa ka molumo. Ha ho motho e mong ntle le mofuputsi le mookameli ea tla fumana monyetla oa ho lirekoto. Likhatiso li tla bolokoa ka har'a komporo e sirelelitsoeng ka phasewete 'me li tla bolokoa lilemo tse peli kamora sengoloa leha e le sefe kapa ka lilemo tse tšeletseng haeba ho se na lingoliloeng tse tsoang thutong.

Ka lebaka la taba ea sehlooho ea sehlooho, ho na le monyetla oa hore o ka ba le maikutlo a sithabetsang maikutlong. Ka hona, ha o hloka ho fana ka tlhabollo e tšehetsang kamora puisano, ke hlophisitse hore ts'ebeletso ena e tla ba le Lifeline Pretoria. Ho etsa tumellano le kopano, ba ka ikopanya le 012 842 3726/0725922858 bakeng sa Lifeline Mamelodi. Ofisi ea Lifeline e Mamelodi e fumanehang ho Thuto ea Boitlamo, Univesithi ea Pretoria, Khampasi ea Mamelodi (Univesithi ea Vista ea mehleng).

Haeba u na le lipotso kapa u batla ho tseba haholoanyane, ka kopo letsetsa ho 0720838578 kapa 1234106@students.wits.ac.za. Ntle le moo, o ka ikopanya le mookameli oa ka Dr Motlalepule Nathane-Taulela ho 011 717 4471 kapa Motlalepule.Nathane-Taulela@wits.ac.za. Re tla ba araba ka bokhoni ba rona. Haeba u na le litletlebo mabapi le thuto ena, ka kopo ikopanye le Motsamaisi oa Litekanyetso tsa Boithuto ba Batho (Non-Medical) Administrator: Mme Shaun Shoeman ho Shaun.Schoeman@wits.ac.za kapa ho +27 11 717-1408, Solomon Mahlangu House, 10th floor, room 10004.

Kea leboha ha u nkile nako ea ho nahana ka ho nka karolo ho ithuteng.

_____

Oa hau ka hlompho,

Makeeme Precious Masemola

Appendix B: Consent Form for participation

Title of the study: ***Experiences of Young Women Survivors of Intimate Partner Violence: A Case of Mamelodi, Gauteng***

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

I understand that:

- My participation in this study is voluntary and I may withdraw from the study without being disadvantaged in any way.
- I may choose not to answer any questions if I do not feel comfortable to do so.
- There are no benefits or foreseeable risks associated with participation in the study, apart from possible discomfort upon talking about my experience.
- All information provided will remain confidential, although I may be quoted in the research report.
- If I am quoted, a pseudonym (Participant 1, Participant 2 etc.) will be used.
- I am aware that the results of the study will be reported in the form of a research report for the partial completion of the degree.
- I understand that my contributions will be used in exhibitions, journal articles, book chapters and/or presented at conferences.
- I have been informed that counselling services will be available to participants if it may be required.

Name of Participant: _____

Date: _____

Signature: _____

Name of Researcher: _____

Date: _____

Signature: _____

Sehlomathiso B: Foromo ea tumello ea ho nka karolo

Sehlooho sa thuto***: Liphihlelo tsa Banana ba Bacha ba Pholohileng Tlhekefetso ea Molekane oa Bona: Taba ea Mamelodi, Gauteng***

Nna, _____ke tumello ea ho nka karolo ho ithuteng. Morero le lits'ebetso tsa thuto li ntlhaloselitsoe.

Kea utloisisa hore:

- Ho nka karolo ha ka thutong ena ke ka boithatelo 'me nka khaotsa ho ithuta ntle le hore ke be botsoa ka tsela efe kapa efe
- Nka khetha ho se arabe lipotso haeba ke sa ikutloe ke lokolohile ho etsa joalo.
- Ha ho na melemo kappa likotsi tse bonoang esale pele e amanang le ho nka karolo mo thuthong, ntle le mathata a teng ha u bua ka boiphihlelo bah au.
- Lintlha tsohle tse fanoeng li tla lula e le lekunutu, leha nka qotsitsoe tlalehong ea lipatlisiso.
- Haeba ke qotsitsoe, ho tla sebelisoa pseudonym (Morupeli 1, Morupeli oa 2).
- Kea tseba hore liphetho tsa thuto li tla tlaleha ka tlaleho ea lipatlisiso tsa tlhahlobo e sa lekanyetsoang ea degree.
- Kea utloisisa hore menehelo ea ka e tla sebelisoa lipontšong, lingoloa tsa likoranta, likhaolo tsa buka le / kapa e hlahisoe likopanong.
- Ke tsebisitsoe hore litšebeletso tsa tlhabollo li tla fumaneha ho barupeluoa haeba ho ka hlokahala.

Lebitso la Monkakarolo: _____

Letsatsi: _____

Siginesha: _____

Lebitso la Mofuputsi: _____

Letsatsi: _____

Siginesha: _____

Appendix C: Consent Form for Audio Recording

Title of the study: ***Experiences of Young Women Survivors of Intimate Partner Violence: A Case of Mamelodi, Gauteng***

- I, _____ give my consent for my interview with Makeeme Precious Masemola to be audio recorded for her study. I understand that:
- The tapes and transcripts will not be seen or heard by anyone other than the researcher and her supervisor.
- The recordings will be stored in a password protected computer with restricted access to the researchers
- No identifying information will be used in the transcripts or the research report.
- Although direct quotes from my interview may be used in the research report, I will be referred to by a pseudonym (Participant 1, Participant 2 etc.)
- The recordings will be transcribed and any information that could identify me will be removed
- When the data analysis and write up of the research study is complete the audio recording of the interview and the transcriptions will be kept for two years following any publication or for six years if no publications emanate from the study.
- Direct quotes of my interview, without any identifying information that could identify me may be cited in the research report or other write-ups of the research.

Name of Participant: _____

Date: _____

Signature: _____

Name of Researcher: _____

Date: _____

Signature: _____

Sehlomathiso C: Foromo ea tumello ea ho rekota Audio

Sehlooho sa thuto: Liphihlelo tsa Banana ba Bacha ba Pholohileng Tlhekefetso ea Molekane oa Bona: Taba ea Mamelodi, Gauteng

Nna, _____fana ka tumello ea ka ea hore tlhahlobo ea ka ea lipotso le Makeeme Precious Masemola e tlaleheloe bakeng sa thuto ea hae. Kea utloisisa hore:

- Liteipi le lingoliloeng li ke ke tsa bonoa kapa ho utluoa ke mang kapa mang ntle le mofuputsi le mookameli oa hae
- Lirekoto li tla bolokoa ka har'a komporo e sirelelitsoeng ka thata-thata ka phihlello ea bafuputsi
- Ha ho tlhahisoleseling e khethollang e tla sebelisoa ho lingoliloeng kapa tlalehong ea lipatlisiso
- Le ha ho ka qotsoa mantsoe a qotsitsoeng tlhatlhobong ea ka ka kotloloho tlalehong ea lipatlisiso, ke tla fetisoa ke pseudonym (Moletsi oa karolo ea 1, Morupeli oa 2, jj)
- Lirekoto li tla hatisoa mme tlhaiso-leseling efe kapa efe e neng e ka mpontša e tla tlosoa
- Ha tlhahlobo ea data le ho ngola tlhahlobo ea lipatlisiso li phethetse rekoto ea audio ea lipotso le lipampiri li tla bolokoa lilemo tse peli kamora phatlalatso efe kapa efe kapa lilemo tse ts'eletseng haeba ho se na lingoliloeng tse tsoang thutong.
- Ho qotsoa ka kotloloho lipotso tseo ke ileng ka qotsoa ho tsona, ntle le tlhaiso-leseling e ka nkuthollang e kanna ea qotsoa tlalehong ea lipatlisiso kapa lingoloa tse ling tsa lipatlisiso.

Lebitso la Monkakarolo: _____
Letsatsi: _____
Siginesha: _____

Lebitso la Mofuputsi: _____
Letsatsi: _____
Siginesha: _____

Appendix D: Interview guide

At the start of the interview, the researcher will introduce herself and brief the participant on the research, and then ask participants to sign consent forms as well as consent forms for audio recording. Thereafter, the interview will begin.

Section A Biographical information

Pseudo Name

1. How old are you? _____
2. What is your home language? _____
3. Which part of Mamelodi section do you come from? _____
4. Who lives with you? _____
5. How Many Children do you have? _____
6. What is your highest level of education? _____
7. Are you employed? _____

Section B: Interview questions

1. What do you know about women abuse in South Africa?
2. Tell me more about your experiences intimate partner violence.
3. Please tell me about your first encounter of violence with an intimate partner.
4. Tell me about what happened the first time you attempted to seek help.
5. How has the experience of violence affected your life, for example, socially and financially as well as health wise? Please elaborate.
6. Do you know of any laws that protect women against violence in their relationships?
7. Are your family members aware that you are or were experiencing violence? if yes, how did they try to help? If no, what are the reasons for not telling them?
8. What or who has been your source or support during the period of the violence in your relationship?
9. Tell me more about how have coped with the violence in your relationship.

The interviews will be concluded by researcher thanking the participant and offering to answer any questions they may have and also asking participant if they now anyone with similar situations with them. This will be done for purpose of snowball sampling.

Sehlomathiso D: Tataiso ea lipotso

Qalong ea tlhahlobo, mofuputsi o tla itsebisa eena mme a khutsufatse ea nkang karolo phuputsong, ebe o kopa barupeluoa ho saena liforomo tsa tumello le liforomo tsa tumello bakeng sa ho rekota. Kamora moo, puisano e tla qala.

Karolo A Tlhahisoleseling ea Biographical

Lebitso la Pseudo

1. O lilemo li kae? _____
2. Puo ea hau ea lapeng ke eng? _____
3. U tsoa karolong efe ea karolo ea Mamelodi? _____
4. Ke mang ea lulang le uena? _____
5. O na le bana ba bakae? _____
6. Boemo ba hau bo phahameng ka ho fetisisa ba thuto ke bofe? _____
7. Na oa sebetsa? _____

Karolo B: Lipotso tsa lipotso

1. U tseba eng ka tlhekefetso ea basali Afrika Boroa?

Ak'u mpolelle ho eketsehileng ka boiphihlelo ba hau bo haufi ba setho sa thobalano.

3. Ke kopa o mpolelle ka kopano ea hau ea pele ea pefo le molekane oa hau oa hlooho ea khomo.

Ak'u mpolelle ka se etsahetseng khetlo la pele ha u ne u leka ho batla thuso.

5. Phihlelo ea pefo e amme bophelo ba hau joang, mohlala, setjhabeng le licheleteng hammoho le bophelo bo botle ba bophelo? Ka kopo hlakisa.

6. Na ho na le melao eo u e tsebang e sirelletsang basali khahlanong le pefo likamanong tsa bona?

7. Na litho tsa lelapa la hau lia tseba hore u kapa u bile le tlhekefetso? haeba ho joalo, ba lekile ho thusa joang? Haeba ho se joalo, mabaka a ho se ba bolelle ke afe?

8. Ke mang kapa ke mang eo e neng e le mohloli oa hau kapa tšehetso nakong ea tlhekefetso kamanong ea hau?

9. Ak'u mpolelle ho eketsehileng ka hore na u sebetsana joang le pefo e teng kamanong ea hau.

Lipuisano li tla phethoa ke mofuputsi a leboha ea nkileng karolo mme a ithaopela ho araba lipotso leha e le life tseo a ka bang le tsona.

Appendix E: Distress Protocol

Experiences of Young Women Survivors of Intimate Partner Violence: A Case of Mamelodi, Gauteng

A response protocol for occurrences of distress during the study.

Introduction

This protocol has been developed in accordance with ethical guidelines for the conduct of research with medium risks such as research on violence against women. It is for responding to incidences of distress for both the participants and the researcher. The researcher upon ethical approval and prior to the beginning of the research, will gather contacts of counselling services within Mamelodi where distress interventions may be offered. The researcher will contact the counselling services and inform them of the research and make arrangements for possible referrals for interventions.

Elements of the protocol

1. Distress protocol for Participants
2. Distress protocol for the researcher

1. Distress protocol for Participants

The researcher has a duty to protect participants from harm. In incidences of emotional distress, the following have been established to be distress protocol for this research.

1. Distress

a. the participants may express discomfort during the interview.

b. The participant may also exhibit behaviours suggesting that the interview is stressful such as crying, visible shaking irrational behaviour or long pauses.

1.1. Plan A response:

1.1.1. Immediately stop the interview.

1.1.2. Ask how the participant is feeling.

1.1.3. Ask if there is anything that the researcher can do.

1.1.3.1. the researcher will respond by saying that she can help the participant with… or may not be able to help with this…

1.1.4. Ask if the participant will be able to carry on with the interview.

1.1.4.1. If participant is able to carry on, proceed. If the participant is unable to proceed then, the researcher will implement plan B below.

1.2. Plan B response

1.2.1. Stop the interview.

1.2.2. Notify the participant about immediate available services and how they can assist her.

1.2.3. Allow the participant to decide if they want to uptake services or not.

1.2.4. If the participant agrees to uptake, the researcher will help her to access the services.

1.2.5. If participant is unwilling to use the service, she will be allowed to leave or the researcher will leave.

1.2.6. Make courtesy call to follow-up with participant and check up on them.

2. Distress protocol for the researcher

The researcher does not have experience in conducting research around gender based violence and this particular research may be emotional for her. Hence, during the interviews and data analysis, there may be triggers of distress for the researcher. If this happens, the following will be the line of response.

2.1. Response for the researcher

2.1.1. Stop the session and excuse myself.

2.1.2. Request for help if required.

2.1.3. Access the available services if necessary.

2.2 Response for researcher during analysis

2.2.1. There will be debriefing sessions between the researcher and the supervisor during data collection and analysis.

Sehlomathiso E: Protocol ea mahlomola

Liphihlelo tsa Basali ba Banyenyane ba Pholohileng Tlhekefetso ea Molekane oa Bona: Taba ea Mamelodi, Gauteng

Protocol ea karabelo ea liketsahalo tsa khatello nakong ea thuto

Kenyelletso

Protocol ena e ntlafalitsoe ho latela melaoana ea boitšoaro bakeng sa ho etsa lipatlisiso ka likotsi tse mahareng tse kang lipatlisiso ka tlhekefetso khahlanong le basali. Ke ea ho arabela maemong a mahlomola ho barupeluoa le mofuputsi. Mofuputsi mabapi le tumello ea boitšoaro le pele ho lipatlisiso, o tla bokella lits'ebeletso tsa tlhabollo ho la Mamelodi moo ho ka fanoang ka liphallelo. Mofuputsi o tla ikopanya le lits'ebeletso tsa tlhabollo mme a ba tsebise ka lipatlisiso mme a etse litokisetso tsa ho fetisetsoa ho teng.

Lintlha tsa protocol

1. Protocol ea mahlomola bakeng sa Barupeluoa
2. Protocol ea mahlomola bakeng sa mofuputsi

1. Protocol ea mahlomola bakeng sa Barupeluoa

Mofuputsi o na le boikarabello ba ho sireletsa barupeluoa likotsi. Maemong a khatello ea maikutlo, tse latelang li thehiloe ho ba protocol ea mahlomola bakeng sa lipatlisiso tsena.

<u>1. Matšoenyeho</u>

a. litho tsa sehlopha li ka hlahisa ho hloka botsitso nakong ea lipotso.
b. Morupeluoa a ka bontša boitšoaro bo bontšang hore puisano e na le khatello ea maikutlo joalo ka ho lla, ho sisinyeha ho sa sisinyeheng kapa ho phomola halelele.

<u>1.1. Rera A karabelo:</u>

1.1.1. Emisa puisano hang-hang.
1.1.2. Botsa hore na motho ea nkang karolo o ikutloa joang?
1.1.3. Botsa hore na ho na le letho leo mofuputsi a ka le etsang.
1.1.3.1. mofuputsi o tla araba ka ho re a ka thusa motho ea nkang karolo ka… kapa a ka se khone ho thusa ka sena…
1.1.4. Botsa hore na morupeluoa o tla khona ho tsoela pele ka lipotso.

1.1.4.1. Haeba morupeluoa a khona ho tsoela pele, tsoela pele. Haeba karolo e sa khone ho tsoela pele ka nako eo, mofuputsi o tla etsa moralo B ka tlase.

1.2. Rera B karabelo

1.2.1. Emisa puisano.
1.2.2. Tsebisa motho ea nkang karolo ka litšebeletso tse fumanehang hanghang le hore na ba ka mo thusa joang.
1.2.3. Lumella motho ea nkang karolo ho etsa qeto ea hore na ba batla ho nka litšebeletso kapa che.
1.2.4. Haeba motho ea nkang karolo a lumela ho etsa seo, mofuputsi o tla mo thusa ho fumana lits'ebeletso.
1.2.5. Haeba motho ea nkang karolo a sa batle ho sebelisa tšebeletso, o tla lumelloa ho tsamaea kapa mofuputsi a tla tsamaea.
1.2.6. Etsa mohala ka boomo ho latela le ba nkang karolo 'me u ba hlahlobe

2. Protocol ea mahlomola bakeng sa mofuputsi

Mofuputsi ha a na boiphihlelo ba ho etsa lipatlisiso mabapi le tlhekefetso ea bong 'me tlhahlobo ena e ka ba maikutlo ho eena. Kahoo, nakong ea lipuisano le tlhaiso ea data, ho ka ba le lisosa tsa mahlomola bakeng sa mofuputsi. Haeba sena se etsahala, se latelang e tla ba mohato oa karabelo

2.1. Karabo ea mofuputsi

2.1.1. Emisa seboka 'me ke ikoahla.
2.1.2. Kopa thuso haeba ho hlokahala.
2.1.3. Fumana lits'ebeletso tse fumanehang haeba ho hlokahala.

2.2 Karabelo ea mofuputsi nakong ea tlhahlobo

2.2.1. Ho tla ba le linako tsa tlhahlobo pakeng tsa mofuputsi le mookameli nakong ea pokello ea data le tlhahlobo.

Appendix F: Steps to follow during data collection 'in the time of COVID-19'

Title of the study: Experiences of Young Women Survivors of Intimate Partner Violence: A Case of Mamelodi, Gauteng

1. Background

A state of national disaster has been declared in South Africa following an increase in confirmed cases of COVID-19. President Cyril Ramaphosa has instated a strategy of social distancing among South African to reduce the transmission of the virus. In terms of conducting face-to-face data collection, it is critically important to protect the participant, the community and the researcher from any harm while promoting health, preventing disease and discomfort, providing holistic and compassionate care. In this study, data will be collected though face-to-face interviews, and the researcher will adhere to steps that can help avoid catching or spreading the virus. Therefore, the following steps are outlined as precautions that will be in place and adhered to.

2. Steps to be taken before face to face interview

After the participants have been determined and are willing to participate in face to face data collection, the following screener questions (in the below table) will be undertaken and used to reduce potential risk to researcher and participants. This will be conducted with their consent.

	Yes	No
2.1. Are you experiencing any flu-like and/or Covid-19 symptoms?		
2.2. Have you been in close contact with any individuals experiencing any flu-like and/or Covid-19 symptoms?		
2.3. Have you been in close contact with any individuals diagnosed with Covid-19?		
2.4. Are you caring for individuals vulnerable to Covid-19?		
2.5. Are defined as either Clinically Extremely Vulnerable or Clinically Vulnerable?		
2.6. Are you content and confident to participate in face to face data collection?		
2.7. Do you have any specific concerns regarding participating in face to face data collection?		

Any participants whose screener responses raises concerns will be asked to postpone or withdraw from the data collection activity.

3. Steps to be taken during Face to Face Interviews

There are some Covid-19 requirements and considerations which can be applied to face to face data collection. At the time when researcher undertakes face to face interviews, the following steps will be adhered to:

3.1. The researcher and participant will stand at least two metres apart.
3.2. Avoid touching nose, mouth or eyes.
3.3. Avoid any physical contact such as shaking hands or hugging.
3.4. Use Personal Protective Equipment (PPE), such as gloves, face masks and eye protection.
3.5. The researcher will bring hand sanitizer of at least 60% alcohol in the interviews.
3.6. Carry tissues and sanitary wipes and throw away in a bin after use.
3.7. Wash hands regularly before and after your interview.
3.8. The tape recorder for the will be placed at the centre between the researcher and participant. The recorder will be sanitised regularly.

Sehlomathiso F: Mehato e lokelang ho lateloa nakong ea pokello ea data 'nakong ea COVID-19'

Sehlooho sa thuto: Liphihlelo tsa Banana ba Bacha ba Pholohileng Tlhekefetso ea Molekane oa Bona: Taba ea Mamelodi, Gauteng.

1. Semelo

Boemo ba koluoa ea naha bo phatlalalitsoe Afrika Boroa ka mor'a keketseho ea linyeoe tse netefalitsoeng tsa COVID-19. Mopresidente Cyril Ramaphosa o kentse leano la pharalano pakeng tsa batho ba Afrika Boroa ho fokotsa phetiso ea vaerase. Mabapi le ho etsa pokello ea lifahleho tsa sefahleho le lifahleho, ho bohlokoa haholo ho sireletsa karolo, le sechaba le mofuputsi ho tsoa kotsi efe kapa efe ha a ntse a nts'etsapele bophelo bo botle, ho thibela mafu le ho hloka thabo, ho fana ka tlhokomelo e akaretsang le e nang le qenehelo. Thutong ena, datha li tla bokelloa leha ho e-na le lipuisano tsa sefahleho le sefahleho, 'me mofuputsi o tla latela mehato e ka thusang ho qoba ho tšoara kapa ho jala vaerase. Ka hona, mehato e latelang e thathamisitsoe e le lithibelo tse tla ba teng le ho latela.

2. Mehato e lokelang ho nkuoa pele ho sefahleho ho buisana le motho

Kamora hore barupeluoa ba ikemisetse 'me ba ikemisetse ho nka karolo ho shebella lifahleho, ho tla etsoa lipotso tse latelang (le tafoleng e ka tlase) ho fokotsa kotsi ho mofuputsi le bankakarolo. Sena se tla etsoa ka tumello ea bona.

	Ho joalo	Che
2.1. Na u na le matšoao a kang a flu le / kapa Covid-19?		
2.2. na u bile haufi-ufi le batho ba nang le matšoao a kang a flu le / kapa Covid-19?		
2.3. Na u bile haufi le batho leha e le bafe ba fumanoeng ba tšoeroe ke Covid-19?		
2.4. Na u tsotella batho ba kotsing ea Covid-19?		
2.5. Li hlalosoa li le kotsing e kholo ea tlokotsi kapa li kotsing ea bophelo bo bottle?		
2.6. U khotsofetse ebile u itšepa ho nka karolo lifahleho tsa ho bokella data?		

2.7. Na u na le lipelaelo tse tobileng mabapi le ho nka karolo sefahlehong sa lifahleho tsa sefahleho?		

Barupeluoa leha e le bafe bao likarabo tsa skrini li hlahisang likhathatso ba tla botsoa ho chechisa kapa ho tlohela mosebetsing oa ho bokella data.

3. Mehato e lokelang ho nkuoa nakong ea lipotso tsa sefahleho le tsa sefahleho

Ho na le litlhoko le likhopolo tsa Covid-19 tse ka sebelisoang ho tobana le pokello ea lifahleho. Nakong ea ha mofuputsi a etsa lipuisano tsa sefahleho le sefahleho, mehato e latelang e tla lateloa:

3.1. Mofuputsi le ea nkang karolo o tla ema bonyane ba limithara tse peli
3.2. Qoba ho ama nko, molomo kapa mahlo.
3.3. Qoba ho kopana hohle ho kang ho tsukutlana ka matsoho kapa ho haka.
3.4. Sebelisa lisebelisoa tsa ts'ireletso ea motho ka mong (PPE), joalo ka liatlana, li-mask le sefahleho.
3.5. Mofuputsi o tla tlisa sanitizer ea bonyane joala ea 60% lipuisanong.
3.6. Boloka linama le lipompo tsa bohloeki 'me u li lahle ka moqomong kamora ho sebelisoa.
3.7. Hlatsoa matsoho khafetsa pele le ka mor'a puisano ea hau.
3.8. Rekhatara ea theipi e tla beoa setsing lipakeng tsa mofuputsi le karolo ea hae. Rekoto e tla hlakisoa khafetsa.

Appendix G: Permission letter to conduct research

04 March 2020

Dr Mike Lukhozi: Clinic Manager
Mamelodi Thuthuzela Care Centre
Mamelodi Day Hospital
Tsamaya Road, Mamelodi East

Dear Madam,

Re: Permission to conduct research at Mamelodi Thuthuzela Care Centre

My name is Masemola Makeeme Precious. I am studying for a Masters of Arts in Social Development in the School of Human and Community Development (SHCD) at the University of the Witwatersrand. I hereby request permission to do research at Mamelodi Thuthuzela Care Centre. I am conducting research on the experiences of young women survivors of intimate partner violence: A case of Mamelodi, Gauteng. I have chosen this this topic because South Africa is currently experiencing a crisis proportions on the rate of violence against women, which has profound impacts on their lives and wellbeing. Intimate partner violence against young women is rampant in South African townships and Mamelodi of one of those townships of low socio-economic status with high rate of violence against women.

The research will entail interviewing ten young women aged 25 to 35 years who are residing in Mamelodi area who are seeking services in your centre. If they agree, they will be asked to be interviewed. Participants will be interviewed for a maximum of 60 minutes at a time and place that is convenient for them. The interviews will be audio-recorded and participants will be asked to sign a consent form to be audio-recorded. Participants will be asked to give their written consent before the research begins. Their responses will be treated confidentially, and identities (their names) will be anonymous. Individual privacy will be maintained in all published and written data resulting from the study. Counselling will be arranged for participants who may experience feelings of distress as a result of the interview.

Yours Sincerely

Makeeme Precious Masemola

Appendix H: Approval to conduct Research

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Enquiries: Dr. Mpho Moshime-Shabagu
Tel: +27 12 451 9036
E-mail: Mpho.Moshime@gauteng.gov.za

TSHWANE RESEARCH COMMITTEE: CLEARANCE CERTIFICATE

DATE ISSUED: 08/09/2020
PROJECT NUMBER: 38/2020
NHRD REFERENCE NUMBER: GP_202007_008

TOPIC: Experiences of Young Women Survivors of Intimate Partner Violence: A Case of Mamelodi, Gauteng

Name of the Researcher:	Ms Makeeme Precious Masemola
Name of the Co-Researchers:	Dr Motlalepule Nathane-Taulela
Facilities:	Mamelodi Thuthuzela Centre
Name of the Department:	University of the Witwatersrand,

NB: THIS OFFICE REQUEST A FULL REPORT ON THE OUTCOME OF THE RESEARCH DONE AND

NOTE THAT RESUBMISSION OF THE PROTOCOL BY RESEARCHER(S) IS REQUIRED IF THERE IS DEPARTURE FROM THE PROTOCOL PROCEDURES AS APPROVED BY THE COMMITTEE.

DECISION OF THE COMMITTEE: APPROVED

.....
Dr. Mpho Moshime-Shabangu
Deputy Chairperson: Tshwane Research Committee

Date..08/09/2020.....

.....
Mr. Mothomone Pitsi
Chief Director: Tshwane District Health

Date: .....2020.09.09.....

GAUTENG PROVINCE

REPUBLIC OF SOUTH AFRICA

Annexure 1

Declaration of intent from the clinic manager or hospital CEO

I give preliminary permission (name of researcher) to do his or her

research on Experiences of young women survivors
(research topic) in of intimate partner violence; A case study of Mam
Mamelodi Thuthuzela (name of clinic) or

_____ (name of CHC) or

Mamelodi Thuthuzela (name of hospital).

I know that the final approval will be from the Tshwane/Metsweding Regional Research Ethics Committee and that this is only to indicate that the clinic/hospital is willing to assist.

Other comments or conditions prescribed by the clinic or CHC manager or hospital CEO:

N/A.

Dr SM Luthuli

Signature
Clinic Manager/CHC Manager/CEO

03/07/2020.

Date

GAUTENG PROVINCIAL GOVERNMENT
TSHWANE HEALTH SERVICES
2020 -07- 03

Appendix I: Ethics Clearance



UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

Research Office

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

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H20/05/20**
PROJECT TITLE	Experiences of Young Women Survivors of Intimate Partner Violence: A Case of Mamelodi, Gauteng
INVESTIGATOR(S)	Ms M Masemola
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	22 May 2020
DECISION OF THE COMMITTEE	Approved Risk Level: Medium
EXPIRY DATE	16 June 2023
DATE 17 June 2020	**CHAIRPERSON** (Professor J Knight)

cc: Supervisor : Prof M Nathane-Taulela

DECLARATION OF INVESTIGATOR(S)

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

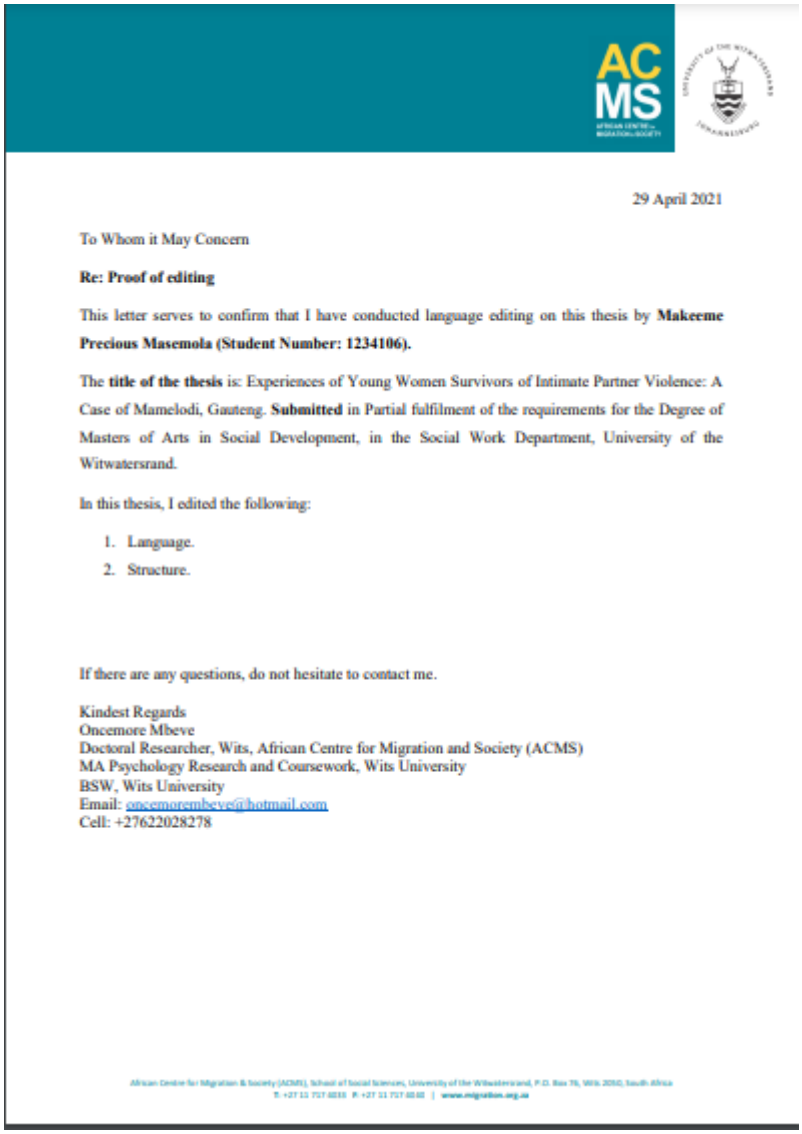
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. I agree to completion of a six (6) month progress report.

Signature

22/09/2020
Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

Appendix J: Editor's Letter



29 April 2021

To Whom it May Concern

Re: Proof of editing

This letter serves to confirm that I have conducted language editing on this thesis by **Makeeme Precious Masemola (Student Number: 1234106).**

The **title of the thesis** is: Experiences of Young Women Survivors of Intimate Partner Violence: A Case of Mamelodi, Gauteng. **Submitted** in Partial fulfilment of the requirements for the Degree of Masters of Arts in Social Development, in the Social Work Department, University of the Witwatersrand.

In this thesis, I edited the following:

1. Language.
2. Structure.

If there are any questions, do not hesitate to contact me.

Kindest Regards
Oncemore Mbeve
Doctoral Researcher, Wits, African Centre for Migration and Society (ACMS)
MA Psychology Research and Coursework, Wits University
BSW, Wits University
Email: oncemorembeve@hotmail.com
Cell: +27622028278

Appendix K: Proof of Editing



26 September 2021

To Whom it May Concern

Re: Proof of editing

This letter serves to confirm that I have edited this thesis by **Makeeme Precious Masemola (StudentNumber: 1234106).**

The title of the thesis is: Experiences of Young Women Survivors of Intimate Partner Violence: A Case of Mamelodi, Gauteng. **Submitted** to the Department of Social Work, School of Human and Community Development, Faculty of Humanities University of the Witwatersrand in partial fulfilment of the requirements For the Degree of Masters of Arts in Social Development.

In this thesis, I edited the following:

1. Language.
2. Structure.

Note: The student made further inputs after my language editing.

If there are any questions, do not hesitate to contact me.

Kindest Regards
Oncemore Mbeve
Doctoral Researcher, Wits, African Centre for Migration and Society (ACMS)
MA Psychology Research and Coursework, Wits University
BSW, Wits University
Email: oncemorembeve@hotmail.com
Cell: +27622028278