

KNOWLEDGE OF STUDENTS AT HIGHER LEARNING INSTITUTIONS ON INTIMATE PARTNER VIOLENCE (IPV)

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Abstract

Students who are intimate partners at institutions of higher learning experience an extremely high level of violence during their college or university careers, with prevalence rates ranging between 20% and 50%. The main reason to conduct this study was that Intimate Partner Violence (IPV) among college and university students is such a widespread problem, therefore it is important to understand factors that contribute to this form of abuse in higher learning institutions. The study was conducted amongst university students about IPV in students residences, as they often cohabitate during their academic enrolment. Phenomenological research design method was used to conduct the study. Participants were purposively selected based on the fact that they have intimate partners. These were both male and female students, from different cultural backgrounds. The results of the study have shown that there is high rate of IPV amongst students and contributing factors vary including physical abuse (beating, causing injury), emotional abuse (shouting, emotional black mailing) and sexual abuse (rape, harassment).

Keywords: *Students. Higher learning institution. Intimate partner violence. Abuse. Knowledge*

Introduction

IPV is a major social and health problem in South Africa and it is a major threat to relationship and family stability (Sleutel 2008). According to Nabors (2010) it is evident that dating partners are significantly more likely to engage in violent behaviour than married couples and it is argued that abuse debilitates women physically, psychologically and socially, sometimes with lifelong results. Besides, women's aspirations and achievement are significantly inhibited, not just by the injuries of physical attacks but by the implicit threat of such abuse. Because intimate partner violence (IPV) among university or college students is such a widespread problem, it is important to understand the factors that contribute to this type of abuse and the measures that can be taken to alleviate or eliminate such a wide spread problem in higher learning institutions (Nabors, 2010). Intimate partner violence (IPV) occurs in all settings and among all socioeconomic, religious and cultural groups. The overwhelming global burden of IPV is borne by women (Heise 1999).

Review of Literature

International trends

Intimate partner violence (IPV) is a global public health problem that is increasingly cited as a risk factor for adverse physical and behavioral health outcomes among women. This is characterized by behaviour within an intimate relationship that causes physical, psychological or sexual harm to a partner, (Heise and Garcia-Moreno 2002). IPV has reached globally epidemic proportions. The lifetime prevalence of experiencing IPV is estimated to be between 15% and 71% among women worldwide (Garcia-Moreno et al. 2006). In Papua New Guinea, 18% of all urban wives surveyed had sought hospital admission for injuries inflicted by their husbands (World Health Organization 2010). In addition, a comparative analysis of Demographic and Health Survey (DHS) data from nine countries found that the percentage of ever-partnered women who reported ever experiencing any physical or sexual violence by their current or most recent husband or cohabiting partner ranged from 18% in Cambodia to 48% in Zambia for physical violence, and 4% to 17% for sexual violence (World Health Organization 2012).

PPA also called 'wife battering' is the most widespread form of abuse against women. In countries, where large-scale reliable studies on gender have been conducted, it is found that more than 20% of women are reported to have been abused by the men with whom they live. Although abuse against women is a significant cause of female morbidity and mortality, it is only in the last two decades that the problem of abuse has been widely accepted by the public community. Data from developing countries indicate that one-third to over half of women surveyed report being beaten by their partners. However it has been perceived that, young adult women, in particular, experience the highest rates of IPV (Black et al. 2011; Catalano 2012). In addition by the year 2010, 9.7 per 1,000 women aged 18–24 experienced IPV, whereas 12.1 per 1,000 women aged 25–34 experienced IPV (Catalano 2012).

Apart from an increased risk of injury and death, women who experience IPV have an increased probability of developing short and long-term morbidity and adopting negative health behaviours. For example, in the USA abused women are more likely than non-abused women to report adverse physical health outcomes such as joint disease, asthma, heart disease, back problems, arthritis, sexually transmitted infections, vaginal infections, digestive problems and poor overall health (Bonomi et al. 2009; Breiding et al. 2005; Coker et al. 2005).

National trends (South Africa)

One million women in South Africa suffer from non-fatal abuse by their intimate partners each year (Kaukinen 2004). South African women are increasingly experiencing high levels of abuse (Maselesele, et al. 2007). Furthermore, he maintains that in South Africa, about one out of four women are in abusive relationships and one out of every six women is killed by her partner. Research undertaken by the Medical Research Council revealed that one in four women in the general South African

population has experienced physical violence at some point in her life (Jewkes *et al* 2002). A national study on female homicide further indicated that a woman is killed by her intimate partner every six hours (Mathews *et al.* 2004). Studies have found that the risk of intimate partner violence is highest in societies where violence is a socially sanctioned norm (Jewkes 2002). In South Africa, a 'culture of violence' is a pervasive feature of post-apartheid legacy, which forms a backdrop for violence against women. South African studies have identified several factors that are associated with male violence against intimate partners. Unfortunately, up until now there has been no reliable statistics or official figures on the extent of IPV available in South Africa. The reason for that is that no separate category of criminal behavior called 'IPV' is kept in any police or justice records. Before the implementation of the Physical Abuse Act of 1998 in 1999, abused women had to lay charges against the perpetrator for acts such as assault, assault with the intent to cause grievous bodily harm, kidnapping, rape, indecent assault or attempted. There was no category of crime defined as 'IPV' or wife abuse in any legislation (SAPS, 2003 in Kaukinen 2004). According to World Health Organization (2012), South African study found that 42% of females aged 13–23 years reported ever experiencing physical dating violence. In South Africa, which has among the highest rates of IPV in the world, violence has an extremely deleterious effect on women's health. Although prevalence estimates of IPV vary, rates are consistently high. A nationally representative study found a 19% lifetime prevalence of victimisation among female respondents (Gupta *et al.* 2008).

Provincial trends (Limpopo Province)

Limpopo province has low report rate of abuse (Maselesele *et al.* 2007). Research reveals that assaulted women were not keen to report perpetrators because of fear for if victims report the situation to the magistrate, seeking refuge, they are either killed, or suffer rejection by others as well as they get no support from fellow women (Maselesele *et al.* 2007). Some women were shot at the magistrate offices as a result of lack of protection against their partners from the South African Police Service. Limpopo province, used to lack resources such as crisis intervention centers, shelters for the protection of abused women; as a result abused women were not safe at all (Ross 2002)

Theoretical Perspective on IPV

Numerous theories have been developed to account for the occurrence and maintenance of Intimate Partner Violence. At the most comprehensive theoretical level, Dutton (1995) in Sandra *et al.* (2004) proposed a nested ecological model for wife assault, in which the variables that contribute to violence occur at several levels. Dutton proposes that attitudes and beliefs are developed as a result of cultural and sub-cultural norms and values (i.e., macrosystem). Factors such as social isolation and stress operate at the level of the community and social network (i.e., exosystem). Variables including couple conflict and communication patterns operate at the family level (i.e., microsystem). Finally, factors that result from an individual's personal characteristics and experience, such as skills, emotional reactions, attributions, and learned habits, operate at the level

of the individual (ontogenic level). The combined influence of these variables contributes in the use of violence in partner relationships. This model provides a broad theoretical framework within which to consider more specific relations among the predictors of violence and between the predictors and partner aggression itself.

According to the World Health Organization (2012), the most widely used model for understanding violence is the ecological model, which proposes that violence is a result of factors operating at four levels: individual, relationship, community and societal. Researchers have begun to examine evidence at these levels in different settings, to understand better the factors associated with variations in prevalence; however, there is still limited research on community and societal influences.

Problem Statement

Men's use of violence against their intimate partners is associated with witnessing violence in the family of origin, problematic drug and/or alcohol use, and the involvement in conflicts outside the relationship context (Abrahams, et al. 2006; Abrahams et al. 2004). Men are often socialised into violence. Aggressive behaviour may be learned in the family, from peers and in the community or cultural context (e.g. "beating a woman is part of my culture") (Wood and Jewkes 2001). Men who are violent towards their partners tend to adopt rigid, stereotyped views on how women and men should behave (e.g. a man is the "head of the household", "a woman must obey her husband") (Boonzaier and de la Rey 2004; Lau 2008). Violence is often enacted when their partners or wives are seen to violate these gender norms (Jewkes 2002; Abrahams, et al. 2004). Feelings of powerlessness at not being able to meet social expectations of manhood ("successful masculinity") due to poverty, unemployment or lack of education have often been put forward by men to explain their violence (Wood and Jewkes 2001; Boonzaier and de la Rey 2004). Violence often contains an emotional component (feeling a "loss of control"), as well as an instrumental purpose ("having control" over another) (Lau 2008). Based on existing research, which dates back, it is evident that dating partners are significantly more likely to engage in violent behavior than married couples and he argued that abuse debilitates women physically, psychologically and socially, sometimes with lifelong results. Besides, women's aspirations and achievement are significantly inhibited, not just by the injuries of physical attacks but by the implicit threat of such abuse (Nabors 2010).

Wallace (2009) highlights the fact that bruises, broken bones, head injuries, lacerations, and internal bleeding are some of the acute effects of IPV incidents that require medical attention and hospitalization. Some chronic health conditions that have been linked to victims of IPV are arthritis, irritable bowel syndrome, chronic pain, pelvic pain, ulcers, and migraines. Victims who are pregnant during a physical abuse experience greater risk of miscarriage, pre-term labor, and injury to or death of the fetus.

Study indicate that participants reveal that lack of education on IPV during their undergraduate education has greatly affected their confidence / self-efficacy in

addressing it (Hagglom, et al. 2005). In a study conducted by Halloway (2007) the results revealed that student counselors possess certain opinions and prejudices based on their own upbringing, culture and religious beliefs which they demonstrate when assisting victims of IPV.

Objectives of the Study

The objectives of this study were as follows:

- To assess students' knowledge on the effects of IPV;
- To appraise students' knowledge on the causes of IPV and
- To determine strategies to reduce IPV.

Methodologies

Research approach

For the purpose of this study, qualitative method was used. The researchers chose qualitative research because the approach is used to explore and understand people's beliefs, experiences, attitudes, behavior and interactions. An additional strength of using qualitative study is that it is an inquiry process of understanding wherein a researcher develops a complex, holistic picture, analysis words, report detailed views of informants and conducts the study in a natural setting (Smith 2010).

Research design

The researchers used phenomenological research design method to conduct the study. This approach aims to understand and interpret the meaning that subjects give to their everyday life (Tesch 2007). Bless and Higson (2006) regards a phenomenological study as a study that describes the meaning of experiences of a phenomenon, topic or concepts for various individuals. The reason for using phenomenological research design is because it attempts to explore experiences; it aims to develop a complete, accurate description and understanding of a particular human experience. The study was based on exploring the effects of IPV on victims from student's perceptive or knowledge, hence phenomenological approach was necessary and appropriate for the study.

Sampling

In this study, eleven (11) students at the institution of higher learning were selected as subjects of the study. The researchers were using non-probability as type of sampling, non-probability sampling refers to the case where the possibility of including each element of the population in a sample is unknown, i.e., it is not possible to determine the likely hood of the inclusion of all representative elements of the population into the samples (Bless and Higson 2006). The sample was selected by using purposive sampling procedure. In purposive sampling a particular case is chosen because it illustrates some feature or process that is of interest for a particular study (Werman et al. 2005). This procedure was suitable for the study because all participants were chosen according to their race, age and their course of study.

Research instruments

A questionnaire booklet was developed to gather data in order to fill the knowledge gap that was identified. This anonymous questionnaire seeks the general understanding of participants on IPV. The questionnaire was consisting of questions such as “on your own understanding, what is IPV?”, “what are the main causes or contributing factors of IPV?”, “what are the effects of IPV?” and “what are the strategies which can be used to reduce IPV?” participants’ respondents were later analyzed and interpreted.

Population and Settings

Students the institution of higher learning were selected as participants of the study. Both male and female students, from different cultural backgrounds, were allowed to participate in the study. Participants will be between the ages of 20 and 25 years.

Data Collection and Analysis

The researchers used questionnaire as an instrument of collecting data. This is a data collecting technique based on a series of questions related to the research topic to be answered by a participant (Bless and Higson 2006). Questions were structured in a manner that detailed information could be gathered from the participants. The researchers visited the participants in their residents to give them questionnaires and explain to them the nature of the study. English was used as a means of structuring the questions and communicating between the researchers and the participants. The participants were given the questionnaires to complete and return them back to the researchers when they are done.

Findings and discussions

This section outlines the findings of the research undertaken and the data collected, and the discussions of findings. The researcher aims to capture the essence of the perceptions gained through identification of various themes. Themes were illustrated using extracts from the data and the data analysis process is reflected upon to provide a contextual background for the interpretation.

Themes that were identified during the analysis process are as follows: what is IPV? Examples of IPV, Causes of IPV, Effects of IPV, Visibility of effects on victims of IPV, intervention strategies, the exposure of IPV to participants, participants who have ever seen the occurrence of IPV, the most affected gender and the occurrence of IPV in students residences.

What is IPV?

Participants in this study described IPV as an act occurring in an intimate homo or heterosexual relationships wherein one partner physically, emotionally, psychologically and sexually abuses another partner; it can be in the form of inflicting pain, ill-treatment or harm or miss-treating the other’ emotions. In support of “I think IPV is a form of abuse by a spouse, partner or an ex-lover; it can be in many forms either sexually, psychologically or physically.”

“From my understanding IPV can be a physical, sexual or psychological harm that can result from heterosexual of same sex couples. It is not different from domestic violence.”

According to updated data IPV is defined as an abuse involving contact intended to cause feelings of intimidation, pain, injury, or other physical suffering or bodily harm by one partner against the other in an intimate relationship such as marriage, dating, family or cohabitation (Mathews & Abrahams, 2004).

It was noteworthy that the findings supported hypothesis, that IPV is generally defined as an intention to cause physical, emotional, and sexual harm to the victims; which can be in the form of inflicting pain in all psychological, emotional, social spheres of an individual.

Examples of IPV

Participants in this study highlighted different forms of IPV which include physical (beating, causing injury) emotional abuse (shouting, emotional black mailing) and sexual abuse (rape, harassment) or inflicting any sort of pain on the victim. Some of the participants mentioned that:

“Examples can be physical abuse, verbal, psychological, physical aggression, deviant and forced sexual intercourse abuse.”

Causes of IPV

Most participants highlighted variety of factors contributing to IPV which are as follows childhood experience, cheating, lack of communication, disrespecting one another, financial constraints, jealousy, insecurity, culture and media. Therefore, few participants’ knowledge is reflected below:

“This form of violence can be caused by complications within the relationship”.

“It could be caused by the media, as there is a lot of violence portrayed in the media. Sometimes it shows a picture that violence is ok. That could be the main reason why they are problems of violence within relationships. In addition, culture also has a major role in this form of abuse as most of childhood experiences are reflected in adulthood life”.

“IPV is caused by disrespecting the other partner, lack of communication, lack of sexual satisfaction and also having multiple partners”.

“Financial constraints, where there is a lower income in the household that may lead to stress which is a risk factor to IPV. Misuse of power in a relationship may lead to IPV as well”.

Based on existing research, which dates back, it is evident that. Although, violence occurs in all socioeconomic groups. Since poverty is inherently stressful, it has been argued that intimate partner violence may result from stress and that poorer men have fewer resources to reduce stress. However, this finding has not been supported by results from a large study of intimate partner violence. Therefore, men who are rich may also use their resources to maltreat and oppress women who are automatically poor due to the fact that they depend upon them (Jewkes 2002).

Alcohol consumption is associated with increased risk of all forms of interpersonal violence. Heavy alcohol consumption by men (and often women) is associated with intimate partner violence, if not consistently. Alcohol is thought to reduce inhibitions, cloud judgment, and impair ability to interpret social cues. However, biological links between alcohol and violence are complex (Jewkes 2002). Most intimate partners are more likely to act violently when drunk because they do not feel they will be held accountable for their behavior. In some settings we believe that, men have described using alcohol in a manner to enable them to beat their partner because they feel that this is socially expected of them (Campbell 2002).

However, IPV can also be caused by culture because in African culture a man is believed to be the head of the house and he is the only person who has the right to take decisions

Effects of IPV

Participants in this study think that IPV leads to effects such as separation, substance abuse, mental disorders, trauma, cheating, death, and social isolation, loss of personal integrity, depression, stress, fear and suicidal thoughts. As a result, the findings on effects of IPV are as follows:

“It can cause emotional trauma and lead to lack of trust in future relationships”.

“IPV causes loss of personal integrity, loss of control and lowered self-esteem”.

“I think that IPV can lead to cheating, alcohol abuse, physical injuries, emotional distress and death”.

These findings clearly illustrate that Physical abuse has a profound impact on the physical and mental health of abused women. In addition, Physical abuse does not only have psychological effects but also severe injuries that may cause death. In support of recent findings, Physically-abused women have a high incidence of stress, and depression, social isolation, PTSD, panic attacks, sleeping disorders, eating disorders, elevated blood pressure, and fear of closeness, suicide, alcoholism, drug abuse and low self-esteem are common to physically-abused women (Maselesele, et al. 2007).

Visibility of effects on victims of IPV

From the experiences of participants, most of them they think that affect of IPV are visible after the abuse has taken place, even though a few of them think that effects of IPV are not always visible. Consequently, these are the views provided by participants:

“Effects of IPV are normally visible, since most victims begin to isolate themselves from others”.

“Such effects are visible as others have bruises whereas some of them they start to abuse alcohol and they change their personality”.

“Not really because such victims do not report their cases, hence they are ashamed of what has happened”.

“No, they are not visible since well most abused partners may tend to hide what they are going through in securing their relationship or marriage”.
However, research to date fails to identify specific visible effects of intimate partner violence linked to college or university students’ use of violence against intimates.

Intervention strategies

Several measures has been suggested by participants that can be employed to either by the state or people themselves to reduce or prevent IPV, which may be the implementation of policies that govern both the intimate partners, educational programs to eliminate IPV, encourage the victims to report abusive partners and provide counseling to victims. Some of the measures are as follows:

“The government should strengthen the authority of justice so that they deal with such matters of violence accordingly”.

“Create or implement a law that will protect the rights of other partners. Also to encourage abused party to report the abuse and seek help in order to stop the abuse”.

According to updated data, the Bill of Rights was formulated, as contained in chapter 2 of the Constitution, 1996 (Act No. 108 of 1996) which entrenches the right of every person to equality and to freedom and security. It imposes a duty on the government (including the police) to take appropriate steps to ensure that the human rights of persons are respected. As a result this is essential in preventing the occurrence of IPV in relationships. Furthermore, given that from the study findings (implementation of policies that govern both the intimate partners), it can be reduced in the form of Domestic Violence Act 116 of 1998, such as the issuing of protection orders for domestic violence victims to prevent the physical, emotional, sexual and economic abuse.

The participants who personally experienced IPV and measures they took to prevent such an act of abuse

Six participants who took part in the study were never abused or being in an abusive relationship, whereas the other five they were sometime exposed to abusive relationship by their partners. Out of those abused four of them were emotionally abused by their boyfriend, and one was sexually abused by any other multiple partners in most of her relationships.

“The abusive partner was told of how they made the other partner feel, and when this did not stop the partner ended the relationship.”

“I started to be faithful.”

“Communication, as sometimes it helps to talk.”

“I just had to keep it to myself and talk to some sense in my life”.

“I have pulled out of that relationship”.

Participants in this study, especially those who were abused, were no longer in abusive relationships as they indicated that appropriate measures were taken to prevent the abuse.

Participants who have ever seen the occurrence of IPV and measures taken to reduce or prevent the abuse

From the participants who took part in the study, four (4) of them from their personal experience they have seen a situation where there was any form of IPV occurring. While on the other hand the other seven (7) never saw any situation that IPV took place.

Out of the four who saw such an act of violence they have highlighted that it was in a form of physical and verbal action.

“The person who was abused did not take action but rather left the house and went to her parents’ home”.

“Nothing was done because the victim refuses to do anything about it”.

“The abused party ended the relationship”.

In this kind of situations decisions were taken by the victims themselves not participants, as some of them were hiding their circumstances.

The most affected gender

It was generally perceived by all the participants that in most cases females (women) are the most abused population in intimate relationships by their prospective partners.

According to World Health Organization (2012), South African study found that 42% of females aged 13–23 years reported ever experiencing physical dating violence. In addition, intimate partner violence is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviors by an intimate partner. Intimate partner violence (IPV) occurs in all settings and among all socioeconomic, religious and cultural groups. The overwhelming global burden of IPV is borne by women, but women can also be violent in relationships with men, often in self-defense (World Health Organization 2012). As it has been generally perceived that women are likely to be the victims of IPV, whereas men are often perpetrators of IPV, but in some instances women may also be abusive in the relationships.

7.10 The occurrence of IPV in students’ residences.

These findings clearly illustrate that 90 percent of participants think that intimate partner violence occurs in higher learning institutions, more especially at student’s residences. Whereas 10 percent of the participants they don’t think that it exists within the institutions of higher learning.

Conclusion

The results of the study have shown that IPV is when two people who are in a relationship encounter challenges so that one physically or emotional abuse the other partner either by inflicting pain, ill-treating the other. This involve beating, physical or emotional abuse or inflicting any sought of pain to another partner. IPV can also be in the form wherein some victims can do something that may affect their partners emotionally. The results of the current study found that IPV can be caused by several things including financial problems, where you find that in a family a woman earns more money than the husband whereby the husband feels inferior and jealous. Similarly, it can also be caused by culture because in African culture a man is believed

to be the head of the house and he is the only person who has the right to take decisions. Substance abuse might also lead to IPV in that when a man comes home under the influence of some substances, some might beat his wife and children. Effects of IPV include psychological effects (trauma, suicide attempts, depression and stress), social effects (social withdrawal and low academic performance), physical effects (injuries and bodily harm), and emotional effects (low self-esteem, self-blame and lose sense of belonging).

However, further research may be undertaken to clarify and expand this research, in effect continue to advance the understanding of IPV effects among intimate partners' relationships. It is also necessary to focus such kind of a study on learners at secondary level of study, since some of them are the victims and perpetrators of IPV; it is also believed that it contributes to the reasons why they fail their grades.

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