Title: Coping guidelines for women who have experienced the psychological impact of Intimate Partner Violence (IPV) in Ehlanzeni District

NYATHI C.S

Doctor of Philosophy (Psychology)

in the

FACULTY OF THE HUMANITIES

School of Social Sciences

Department of Psychology

the

UNIVERSITY OF LIMPOPO

SUPERVISOR: Prof S Govender

EXTERNAL SUPERVISOR: Prof K Nel

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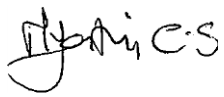
DEDICATION

I dedicate this study to my daughter (SINGITA), my husband (LLOYD), my mother (AUDREY), my grandmother (VHAMIYE) and all my friends for believing in me and always supporting me unconditionally over the years.

DECLARATION

I declare that the study titled: "**Coping guidelines for women who have experienced the psychological impact of Intimate partner Violence (IPV) in Ehlanzeni District**," hereby submitted to the University of Limpopo, for the degree **of Doctor of Philosophy in Psychology** has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.



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Signature **Date**

Nyathi C.S. (Ms)

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Abstract

The study investigated the phenomena of Intimate Partner Violence (IPV) in women in Ehlanzeni District, Mpumulanga, South Africa in order to develop coping guidelines. This is because, one in every four, or a quarter (25%) of all women in South Africa, are assaulted by their partners every week. The study adopted a qualitative approach utilising an exploratory, hermeneutic phenomenological research design. A non-probability sample of ten women, who were victims of IPV, was used. The theoretical framework for the study was Afrocentric theory. This framework was used so that the investigation was underpinned by truly African concepts. The study was conducted at Victim Empowerment Programmes in Mkhuhlu and Acornhoek, Ehlanzeni District in Mpumalanga Province. Semi-structured interviews were used as data collection instruments and analaysed using thematic analysis (TA). The following themes and sub-themes emerged out of the data: Theme 1: Understandings of Intimate Partner Violence (IPV); Theme 2: Intimate Partner Violence (IPV) experienced by participants; Theme 3: Reasons for Intimate Partner Violence (IPV); Sub-theme 3.1: Alcohol as a facilitator of IPV; Sub-theme 3.2: Early parenthood as a facilitator of IPV; Sub-theme 3.3: Poverty as a facilitator of IPV and Sub-theme 3.4: Observed behaviour as a facilitator for IPV; Theme 4: The role of lobola/culture in Intimate Partner Violence (IPV); Theme 5: What makes participants stay in abusive relationships (marriages) and Theme 6: Steps, or interventions, taken by participants in order to cope with Intimate Partner Violence (IPV). Based on these findings it was recommended that a study of male perceptions towards IPV, and a nationwide study or studies on IPV, be carried out under the auspices of the Department of Social Development (DoS) and/or the Department of Health (DoH) with the help of relevant non-governmental organisations (NGOs). Coping guidelines for women victims of IPV were developed out of the research findings.

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GLOSSARY OF TERMS

IPV- Intimate Partner Violence

POWA - People Opposing Women Abuse

PTSD - Post Traumatic Stress Disorder

SA - South Africa

VEP- Victim Empowerment Programme

TCA - Thematic Content Analysis

TREC - Turfloop Research and Ethics Committee

WHO - World Health Organisation

UNICEF - United Nations Children Funds

HIV - Human Immune Virus

AIDS - Acquired Immune Deficiency Syndrome

PPO- Positive Problem Orientation

NPO- Negative Problem Orientation

RPS- Rational Problem Solving

ICS- Impulsivity/Carelessness Style

AS- Avoidance Style

CHAPTER 1

INTRODUCTION

1.1 Background to the study

Violence against women has, over the years, been considered a serious public health problem as well as a fundamental violation of a woman's human rights. Intimate Partner Violence (IPV) represents one manifestation of gender inequality, and despite its high prevalence in South Africa, conclusive data are lacking. Statistics indicate that 35% of women worldwide have experienced either physical and/or sexual IPV.

Worldwide, almost one third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner. In some regions, 38% of women have experienced IPV, making it a substantial public health problem (McCauley et al., 2017).

Intimate Partner Violence (IPV) represents a major risk factor for adverse physical and mental health outcomes amongst women in low income and conflict-affected countries. Mental health outcomes include, amongst other things, anxiety related symptoms, depressive symptoms and low self-esteem and self-value (Woollet & Hatcher, 2016). This type of violence (IPV) contributes to serious psychological problems which is a violation of basic human rights. To achieve human rights, women in Africa must cope with poverty and violence reduction while trying to achieve the global sustainable development goal of gender equality (Pallitto et al., 2013).

African culture has a custom of paying bride-price (lobola) during marriage negotiations. This process involves two families where the groom's family is required to pay 'bride-price'

to the family of the bride (Rees et al., 2017). This process has been found to perpetuate patriarchy, which exists in most emerging countries. It endorses the male as head of the family and contributes to the incidence of violence against women, who are viewed as their property (Khomari et al., 2012). Before colonisation it is likely that patriarchy, although it existed, was not as toxic. Guyo (2017) reported that one African tribe had ways of dealing with men who disrespected or dishonoured their wives, as there was a need to maintain social harmony in the group. Men were removed from their roles in the local councils until their partners grievances were addressed. This could be through the payment of fines and/or the completion of certain rituals.

Findings of another investigation show an association between IPV and bride-price (Shivambu, 2015). This adds substantive evidence to the growing body of knowledge concerning issues that increase the risk of IPV. There have been assertions that bride-price takes away the rights and freedom of the woman and gives men control over them (Khomari et al., 2012; Shivambu, 2015). South Africa has high levels of violence against women for instance, in Gauteng Province one in every six women who dies is killed by an intimate partner (People Opposing Women Abuse [POWA], 2019).

According to Sanawar et al. (2019), poverty places many demands on intimate relationships and provides fertile ground for disagreements and conflicts. Jewkes (2002) suggests that poverty is linked to IPV because it involves socio-economic strains and financial insecurity which contributes to the frustration and powerlessness of women, which encourages men to display violent behaviours. Additionally, this author states that men often use resources, such as income, to attain more power in their intimate relationships with women. Furthermore, in a situation where there is a lack of socio-economic resources,

violence is used as a power 'tool' to assert dominance. Sanawar et al. (2019) assert that poor economic resources place women at a greater risk of IPV. They also postulate that poverty and IPV are related to high levels of anxiety disorders. Since poverty is naturally stressful, they also argue that IPV is influenced by the fact that men who live in poverty have fewer resources to reduce stress hence, they are more likely to abuse their partners.

Clements-Nolle et al. (2019) reported that a common underlying factor associated with IPV involves the abuse of substances. Substance abuse has been found to co-occur in 40% - 60% of IPV incidents globally. Bennett and Holloway's (2009) multilateral model of the relationship between IPV and drugs suggests that substances and violence are associated in three ways: 1) the psychopharmacological model highlights the direct effect of consuming, or withdrawing from substances, on violence perpetration; 2) the economically compulsive model suggests that some substance users carry out violent crime to support their substance use and 3) the systemic model refers to patterns of communication and behaviour that happen when substances are distributed and used.

The World Health Organization (WHO, 2021) reports that violence against women is higher when people are young and note the early onset of violence in those who marry young. Schuler and Nazneen (2018) assert that teenage mothers stand a higher chance of experiencing IPV because of their limited experience in relationships which obstructs their power to bargain. The author also reports that younger people are also more likely to take part in risky behaviours (for instance, multiple sexual partners) which may also expose them to violence. Furthermore, it is noted that when violence begins at a young age it often carries over into adulthood causing lasting psychological and physical harm.

Finkelhor et al. (2013) report that exposure to violence predisposes individuals to engage in violence toward intimate partners. Individuals who have experienced violent childhoods are often exposed to other stressful events and are more likely to victimise others, or be victimised, in their adult lives. These authors state that men who witness IPV in childhood are more likely to commit violent acts in adulthood. According to Roberts et al. (2011), social cognitive models emphasise that children learn to perpetrate IPV by observing and imitating it, as they have not developed non-violent conflict resolution and appropriate communication skills.

In this study IPV specifically describes violence that occurs between people in marital relationships. Intimate Partner Violence (IPV) is more exclusive than domestic violence and differs from Gender-Based Violence (GBV) in that IPV can occur between partners of the same gender identity, such as in gay or lesbian relationships (Kirkegaard, 2021).

1.2 Research problem

Intimate Partner Violence (IPV) is common in South Africa and has many documented causes some of which are noted below and are added to, and/or expanded on, in the literature review.

a) Lobola is a tradition in most African countries and is viewed as an integral part of the marriage process. Traditionally, the custom had the objective of merging the two families and goes to making the union of a couple official (Khomari et al., 2012). However, lobola has been viewed by some Africans as the process of bestowing men with more rights than women, who are stripped of their freedom and rights which results in their commodification (Jewkes, 2002; Kambarami, 2006; Rees et al., 2017). Shivambu (2015) studied psychological factors influencing IPV and found that lobola was reported as one reason why abused women

did not leave their abusive partners.

b) Poverty is multidimensional it not only includes income too low to maintain basic needs, but also social exclusion, expressed as a lack of access to education, health, and housing due to social difficulty (Amir-ud-Din et al., 2018). In this regard, dependency theory highlights females' dependency on men reflecting their usually lower resources which is connected to violence against them. Women who are economically independent and have higher status in their relationships may be able to negotiate more effectively, and not stay in abusive relationships (Golden et al., 2013). However, in the context of societies which are largely patriarchal, it is also suggested that women with higher monetary and social status constitute a challenge to established male dominance and are more vulnerable to physical, psychological, and verbal abuse (Macmillan & Gartner, 1999; Ramsoomar et al., 2021).

c) Meena et al. (2019) describe substance abuse as a pattern of harmful use of any substance for mood changing purposes. Substances can include alcohol and other drugs (illegal or not). Substance abuse and IPV are closely associated. The authors maintain that mens abuse of drugs or alcohol is a primary reason for their women battering. People use and abuse substances for many reasons, including the need to cope with relationship conflicts however, this type of self-medication can fail, creating more relationship problems by facilitating IPV. Alcohol use and abuse are consistently associated with greater perpetration of IPV among both men and women (Clements-Nolle et al., 2019). According to Renzetti et al. (2018) high levels of alcohol consumption have a greater impact on physical IPV with naturally aggressive men.

d) The WHO (2021) report that violence against women is always higher amongst adolescents and young adults than those who are older. According to Dhunna et al. (2018), parenthood in adolescence is more likely to make young mothers vulnerable to physical

violence because of their immaturity and inability to manage intimate relationships. The WHO (2021) report that adolescent mothers with children are at significant risk of a subsequent pregnancy which can worsen their health, emotional wellbeing, and socio-economic challenges including IPV. Furthermore, many young mothers are vulnerable to postpartum depression. Higher rates of IPV during the postpartum period have been linked to increased stress, reduced relationship satisfaction, and increased conflict within couples after the birth of their first child. The early postpartum period is thus a period of increased risk for psychological IPV. Relationship satisfaction tends to decline during this period. Doss et al. (2009) report that 90% of couples show an increase in patterns of conflict from late pregnancy to eighteen months postpartum. The transition to parenthood is also a time of increased stress for most young couples and stress has been linked to psychological (and other forms of) aggression (Shortt et al., 2013).

e) A period of heightened risk for adverse outcomes continues beyond the pregnancy period as witnessing (observational behaviour) IPV in the home has been associated with many negative outcomes for children. Youth who are exposed to IPV in the home show decreased memory functioning (Jouriles et al., 2009), increased post traumatic stress disorder (PTSD) symptoms for instance, hypervigilance, frightening dreams, and more aggressive behaviours, as compared to children who have never been exposed to IPV (See appendix 3 for PTSD from the Diagnostic and Statistical Manual of Mental Disorders, DSM-5, 2013). Children whose mothers experience IPV are also at an increased risk of experiencing abuse themselves or of abusing others in adulthood (Sharps et al., 2016).

Intimate Partner Violence (IPV) has been found to have long-term effects on the emotional and physical health of women. Empirical evidence posits that abused women are more likely to experience depression, anxiety related symptoms, experience low self-esteem

and suicidal thoughts (Mitchell & Vanya, 2009; Rees et al., 2017). There is much evidence to suggest that those who have experienced IPV find it difficult to cope with the consequent emotional consequences (Jewkes, 2002; Kambarami, 2006; Rees et al., 2017).

This study sought to examine how African women who have experienced IPV and its psychological impact on women cope in a South African context, specifically in Ehlanzeni District, Mpumalanga Province. This gap in research literature was identified, but not investigated, by Shivambu (2015). Fundamentally, this study will attempt to understand the experiences of women who have suffered IPV and its psychological impact and to investigate any contextual factors that might play a role. This information was needed in the context of developing coping guidelines for victims of IPV and presenting them in the vernacular (Xitsonga), which was another gap. No guidelines for coping with IPV could be found in an African language at the time of the study. The study findings informed the coping guidelines which encompassed different interventions for offering support to women who have experienced the psychological impact of IPV.

1.3 Operational definition of concepts

- Lobola in this study refers to a transaction that takes place when a young couple decides to marry through paying an agreed-upon amount, traditionally paid in cattle (Khomari et al., 2012)
- In this research IPV refers to self-reported experience(s) of one or more acts of physical, psychological and/or sexual violence by a current or former partner (McCauley et al., 2017).
- Coping in this study is defined as working on managing and overcoming stressors and critical events that can lead to difficulties, harm, losses, challenges, threats, or

benefits (Budge et al., 2017).

- Transactional coping in this study refers to a woman's capacity to cope and adjust to challenges and problems. It is a consequence of transactions (or interactions) that occur between a person and their environment (Biggs et al., 2017).

1.4 Research questions

- How do women experience IPV?
- What is the psychological impact of IPV on women who have experienced it?
- How does lobola and other contexts such as poverty, early parenthood, alcohol/substance abuse and observed behaviours perpetuate IPV?

1.5 Aim of the study

The aim, or focus of the study, was to explore IPV, and its contexts, with the intention of developing coping guidelines for women who are married and who have experienced the psychological impact of IPV in Ehlanzeni District.

1.6 Objectives of the study

Based on the research problem and aim of this study, the objectives are stated as follows.

- To explore the experience of women who have been the victims of IPV.
- To examine whether there is any psychological impact of IPV in women who have experienced it.
- To explore whether there are any contextual factors such as lobola, or

contexts such as poverty and/or early parenthood as well as alcohol/substance abuse and observed behaviours perpetuate IPV.

- To develop coping guidelines for women who have experienced IPV.

1.7 Significance of research

The importance of this study is that it will inform coping guidelines, which will help provide appropriate care, for women who have experienced the psychological impact of IPV. This research was undertaken in the patriarchal context of South Africa where traditions such as lobola still take place. There is also much alcohol use in the country and early parenthood.

This study adds value to the existing body of knowledge and assists in a holistic understanding of the phenomenon under investigation. Additionally, it will assist mental health care professionals and guide their mental health practice when working with women who have suffered IPV in a traditional African marriage. Moreover, this study will also raise awareness and document the help seeking pathways followed by women, married using traditional practices such as lobola, who have experienced the psychological impact of IPV. The study can also inform the development of the most appropriate therapeutic interventions and aid in developing positive coping strategies to curb IPV.

1.8 Summary

Violence against women is a significant public health problem, as well as a fundamental violation of women's human rights. The consequences of IPV affect womens physical, mental, and reproductive health. Acts of violence against women are not isolated events but form a pattern of behaviour that violates the rights of women and girls, limits their participation in society, and damages their overall well being. Intimate Partner Violence (IPV) is associated with significant morbidity and

mortality, and its prevention is a global public health priority. It is associated with symptoms such as anxiety, depression, PTSD, substance abuse and chronic pain. In chapter (2) the theoretical framework is presented which is based on Asante's (1990) Afrocentric philosophical framework.

CHAPTER 2

THEORETICAL FRAMEWORK

2.1 Introduction

In this study the I used an Afrocentric philosophical framework. This enabled me to frame the research using an African worldview and, at the same time, conceptualise the phenomenon in a manner suitable for a PhD in psychology. As a result, I was able to develop a framework of coping mechanisms for women who have experienced IPV. This was in the context of South African black women who are married and who have had lobola paid for them.

The Afrocentric paradigm provides a context which has allowed me to make sense of the participants everyday experiences using concepts grounded in an African cultural setting. The approach suggests that Africans must look at knowledge from their own perspective. Asante (1990) reports that when Eurocentric frameworks are used to underpin African research misunderstandings occur, which is why I chose to use this framework for the investigation.

2.2 Afrocentricity

In this study I used an Afrocentric approach as it is an African lens which helped me focus on the psychological impact IPV has on African women. This allowed me to fully understand the phenomenon in an African cultural setting (Asante, 2017). The Afrocentric paradigm is underpinned by the concept of holism whereby a phenomenon must be studied and understood in its totality, especially when it comes to studying African realities (Mazama, 2003). In studying African culture and behaviour the Afrocentric approach requires researchers to place African ideals, values, and philosophies at the centre of the analysis

(Alkebulan, 2007). It uncovers themes and uses codes, paradigms, symbols, motifs, through its discussions which reinforce the centrality of African ideals and values as a frame of reference for acquiring and examining data (Asante & Karenga, 2006).

According to Carroll (2010), the basic proposition of Afrocentricity is based on an African worldview which is comprised of the following concepts, ontology (being), axiology (values), cosmology (universe), epistemology (knowledge), logic (reasoning) and other related philosophical assumptions. These contribute to determining how African people make sense of reality and their lived experience in their environment. For instance, marriage and lobola are central concepts in African culture and must be understood from an African perspective (Alkebulan, 2007). This helped me for instance, in conceptualising the culture of bride-price and if it is in any way related to IPV in the context of African culture.

The main purpose of the Afrocentric approach is to create an awareness of African history and the knowledge and truths that Africans have that are not diluted or interfered with. Africa is thus the source of knowledge for indigenous Africans (Asante, 1990), and those who left or were 'taken' (slavery) and form the Black diaspora (Adeleke, 2015). The Afrocentric approach is often referred to as a system or philosophy concerned with spiritual (and/or religious) beliefs, whereas Afrocentricity is used as a method of analysis. Additionally, use of the term Afrocentric pre-existed the birth of Asante and was later incorporated into an Afrocentric methodology and paradigm created by Asante (Chawane, 2016). According to Asante (1990), Afrocentricity can be used as a tool to fight against the high-handed knowledge of black and white people who share a Eurocentric worldview (Chawane, 2016). My research has made use of Asante's (1990) Afrocentricity to underpin the study as it emphasises: "a manner of thought and action in which the centrality of African interests, values, and perspectives predominate" (Chawane, 2016, p.6).

Africans must be at the centre of Africa for improvements that eradicate negatives about African society is Asante's (1990) major focus. Moreover, Afrocentricity aims to maintain the African identity (Chawane, 2016). Although there were arguments concerning the legitimacy of Afrocentricity in the early 1980s, the theory was finally accepted by different scholars globally and in Africa (Adeleke, 2015; Akapan & Odohoedi, 2016; Chawane, 2016).

2.2.1 Reverie's characteristics of Asante's Afrocentricity

I will use the basic characteristics adopted from Asante's (1990) Afrocentricity that were-conceptualised by Reverie (2001).

1. An intense interest in psychological location as determined by symbols, motifs, rituals, and signs

According to Adeleke (2015) Asante (1990) states that each location or place in Africa has its own symbols, motifs, rituals, and signs. Moreover, Reverie (2001) reports that Asante (1990), highlighted that an individual must be in a particular place of study to understand it rather than looking at a phenomenon from a distance, which is how Eurocentric theory is premised.

Shepherd (2014) states that a symbol is something used for, or regarded as representing, something else for instance, a material object representing something which is an emblem, token, or a sign. According to Shepherd (2014, p.105):

> "A ritual is an established or prescribed procedure for a religious or other rite, a system or collection of religious or other rites, observance of set forms in public worship, a book of rites or ceremonies or a book containing the offices to be used by priests in administering the sacraments and for visitation of for instance, the sick, burial of the dead or any prescribed or established rite, ceremony,

proceeding, or service".

To understand why people, behave in a certain manner, Asante (1990) argued that one must understand not only their location but also the symbols and/or the rituals and beliefs they have. A psychological location simply means the mind-set of an individual (Chawane, 2016). It refers to how cognitive processes are entrenched in the location or environment in which the individual lives, in other words how the individual perceives his or her own environment psychologically (Akpan & Odohoedi, 2016). According to Asante (1990), an African cannot think like an American or European if brought up in Africa. Furthermore, the notion that Africans have moved from being in 'the heart of darkness' to a more liberal continent in terms of Eurocentric (white) socio-liberal politics has led Africans to examine their lives more holistically, from their own perspectives.

Asante (1990) argues that ideas about Africa and Africans are mostly derived from European perspectives and the true explanation of phenomena on the African continent can only be described by people indigenous to it. In this regard, I (as the researcher) am an African who is embedded in African culture and has the appropriate tools and skills required to collect data and interpret it from an African perspective.

I carried out this research in Mpumulanga Province where I live. I am an African woman who has intimate knowledge about African culture and way of life. As a result, I was able to interpret the meanings of the symbols, beliefs, customs and/or rituals that surfaced in the process of the investigation. My interest in doing this was to provide my own narrative, that is a black African woman's perspective, using an African lens.

2. A commitment to finding the subject-place of Africans in any social, political, economic, or religious phenomenon with implications for questions of sex, gender, and class.

According to Mazama (2003), Afrocentricity is described as a theory of social change. Africa is perceived as a continent that has changed to adopting the western way of life therefore "Africans do not exist on their own terms but on borrowed European terms" (Mazama, 2003, p. 387). In support of this statement Pellerin (2012) suggests that Afrocentricity is a phenomenon that necessitates focusing on cultural concepts that originated in Africa which include for instance, differences in political expression. Asante (1991; 2017) emphasised that Afrocentricity is not a theory that is conscious of the colour or race of a person, but it is about culture as a point of reference or centeredness. Pellerin (2012) further highlights the importance of a researcher being grounded in the culture and history of the subject-place as well the African community.

Mazama (2003) reports that the notion of political freedom has been questioned in terms of the transgressions that occurred throughout the continent in terms of so-called democracy. Moreover, he notes that political liberation and social identity are expressed differently from Eurocentric approaches (Amadiume, 1987). Additionally, Afrocentricity underpins an African's ability to systematically displace European ways of thinking, being, feeling and "consciously replaces them with ways that are germane to our own African cultural experience" (Mazama, 2003, p.388).

Asante (1990) further describes culture as the "shared perception, attitudes, and pre-dispositions that allow people to organise experiences in certain ways" (Asante, 1990, p. 9). Hwang et al. (2012) argue that Eurocentric culture was introduced to Africans who were forced to adopt it, with the so-called goal of modernising the continent. Additionally, the enforcement of the western way of living has brought confusion and oppression to many African countries such as South Africa. As a result, Africans had to depart from their traditional ways of existing and surviving economically, religiously, and politically.

Consequently, I analysed the present study with an African lens with one of the focuses being on developing coping guidelines for women who have experienced the psychological impact of IPV in Ehlanzeni District. I focused on black South African women who experienced IPV and who were party to practices such as lobola. According to Kambarami (2006) and Khomari et al. (2012) lobola is a lawful practice that is central in marital arrangements within black South African culture between the groom and bride's families.

Asante (1990) emphasised the subject-place matter because the Afrocentric perspective entails that the researcher is embedded in the research and has first-hand experience of the phenomenon under scrutiny (Chukwuokolo, 2009). According to Asante and Karenga (2006, p.265):

> "A clear definition of place is the central distinguishing characteristic. That is, an Afrocentric inquiry must be executed from a clearly defined Afrocentric place and must include a clear of this location. This definition of place is, in essence, an argument against the need for objectivity and for the inclusion of what can amount to autobiographical approach and rejection of the personal-theoretical dichotomy."

In this study, the location for the research was Mkhuhlu and Acornhoek **(**Ehlanzeni District) Victim Empowerment Centre, where women experiencing IPV are the dominant culture. This is the 'Vatsonga' ethnic group's culture which is a part of the Tsonga cultural group. I understood the background and environmental context of the participants because I reside in the the community and share the same culture.

The place the study took place is a victim empowerment centre. Victim empowerment is aimed at facilitating access to a range of services for all people who have individually or collectively suffered harm, trauma and/or material loss through violence, crime, natural

disaster, human accident and/or through socio-economic conditions. It is the process of promoting the resourcefulness of victims of crime and violence by providing opportunities to access services available to them, as well as to use and build their own capacity and support networks and to act on their own choices. Hence, empowerment may be defined as having (or taking) control, having a say, being listened to, being recognised, and respected as an individual in the process of moving from victim to survivor (Han, 2003).

Birdsall et al. (2017) indicate that the aims of victim empowerment are to restore the loss or damage caused by criminal acts and their consequences through a variety of actions. Empowerment is thus intended to empower the victim so that they (hopefully) suffer no further loss or damage. Furthermore, the authors state that victim empowerment is premised on the belief that individuals, families, and communities have the right to privacy, safety, and human dignity. They suggest that victims should play a more central role in the criminal justice process. In this study I went to victim empowerment centres which focused only on women who experienced IPV.

3. A defence of African cultural elements as historically valid in the context of language, values, and norms.

According to Asante (1990; 2017), Eurocentrism carries contradictions in terms of African history and the perspectives produced when studying African phenomena. The African continent has never been the same since the advent of European colonisation. According to Chukwuokolo (2009), the continent of Africa has been raped by the West who acted as if they were bringing civilisation to the continent in a paternalistic manner (Chawane, 2016). There has been a total misrepresentation and distortion of values, norms, culture, ways of interacting, ways of gathering food and ways of solving problems in terms of the African

mind-set, which Eurocentricity did not historically (and still does not) understand (Adeleke, 2015). Moreover, Asante (1991) argues that Eurocentric and American ways of interpreting things that occur in Africa have caused injustice to the continent which results in stressors that only people living in Africa understand. Furthermore, Chukwuokolo (2009) reported that African culture was effectively destroyed by Europeans and that it was forever changed, in a way that was acceptable to the colonisers.

In Thulamahashe Victim Empowerment Centre all the women who experienced IPV came from neighbouring communities, so they were empathised with, and understood by me. I understood their experiences as I have shared knowledge of their values, culture and the social norms that play a role in their lives.

Culture like religion, influences an individual's behaviour in every aspect of their lives (Akapan & Odohoedi, 2016). Respect is one of the elements that Africans use in all situations related to their day-to-day lives. How Africans speaks to an elder differs from to how they speak to their peers. In this regard, how African women speak to their husbands also differs from how they speak to any other person. Women who experience IPV continue to respect their husbands because they respect their culture which proposes that a husband is head of the household and thus deserves respect. What is seen as 'speaking your mind' in western cultures is often interpreted as disrespectful in African cultures. African women are not able to speak their minds at home because they will be viewed as women who do not respect their husbands (Mkabela, 2005).

Misinterpretations that are often carried out by Eurocentric or American researchers, in terms of trying to analyse African knowledge or information, did not occur in this research as I applied a truly African theoretical framework. My aim in this research was to to eliminate any misunderstandings in terms of cultural references within the study interpretations. Eurocentric

frameworks are based on the views of Europeans rather than Africans thus it was inappropriate to study the thoughts and beliefs of Africans using a European perspective (Reviere, 2001). My interest was to bring justice, truthfulness and openness to the culture, race, beliefs, and any mechanisms that influenced the perceptions of participants in this study. There is no doubt however, that the participants views have been coloured by the adoption of Eurocentric views, forced on the country through colonialsm, separate development and apartheid. I understood this however, I still tried to provide an Afrocentric lens to the interpretation of the data as Asante (1990) noted that all views are needed to provide a holistic understanding of Africa and Africans today.

4. A powerful imperative from historical sources to revise the collective text of African people.

The importance of centeredness of culture is crucial in Asante's (1990) theory of Afrocentricity. I made use of the literature about IPV that was already published and incorporated it into the literature review. This was carried out to ensure that literature from the African continent was integrated into the literature review of this study which grounded it in an African environment (Adeleke, 2015; Asante, 2017; Chawane, 2016; Chukwuokolo, 2009; Mazama, 2003; Pellerin, 2012; Reviere, 2001). However, literature from global sources was also used to ensure a holistic overview of the topic as Asante (1990) did not believe in discarding other contexts if appropriate to any given situation.

According to Pellerin (2012), explanatory frameworks used to study African phenomenon have focused on perceptions which are derived from Eurocentric approaches. The above-mentioned approach helped the researcher give a realistic interpretation of African phenomena. Authors and academics strive to confer a proper and understandable explanation of

Afrocentricity since Asante (1990) introduced the framework (Mazama, 2003), which I also attempted.

Considering this framework, the psychological impact of for instance, lobola and poverty on IPV will be understood fully as an African experience comprising of the women participants psycho-social and spiritual experiences. The need for the use of this framework is also supported by the fact that most psychological research uses models and theories underpinned by Eurocentric culture, thus have limited efficacy when researching African phenomena. It is critical when researching African traditions that researchers adopt a lens which is informed by African culture and traditions to fully understand any phenomena or experiences under review.

The Afrocentric method is derived from the Afrocentric paradigm which deals with the question of African identity from the perspective of African people as centered, located, oriented, and grounded. This idea was named 'Afrocentricity' by Asante (1990) to convey the profound need for African people to be re-located historically, economically, socially, politically, and philosophically. He explained Afrocentricity as follows:

> "To say that people are de-centered means essentially that people have lost their own cultural footing and become other than people's cultural and political origins, dislocated and disoriented." (Asante, 1990, 120).

Afrocentricity as a theory of change intends to re-locate the African person as subject. As a pan-African idea, Afrocentricity becomes the key to the proper education of children and the essence of an African cultural revival and, indeed, survival (Asante, 1990; 2017). It is premised on centering Africa as the foundation of a black, African diaspora epistemology (Adeleke, 2015). The Afrocentric perspective was created and expanded on because of what

was viewed as an essential need for an ideological response to Eurocentric historiography (Akpan & Odohoedi, 2016). In Asante's (2017) view, Eurocentrism (and its philosophical underpinning) has destroyed African culture; de-Africanised the consciousness of blacks and arrested their economic and cultural developments. It represents a potent threat to the cultural, social, economic, and political development of blacks. This is supported by Gwaravandal and Ndofirepill (2020, p.1) who state:

> African philosophy tends to place emphasis on sameness with Eurocentric philosophy. African philosophers accept and identify so much with European philosophy, that they have created African versions of Eurocentric philosophy.

To combat this, Asante (1990) and his ideological cohorts propose Afrocentrism, which he defines as "a frame of reference wherein phenomena are viewed from the perspective of the African person (and which) seeks in every situation the appropriate centrality of the African person" (Adeleke, 2015, P. 204).

5. Reverie's (2001) tenets of Afrocentricity

To ensure that Asante's (1990) theory of Afrocentricity was used appropriately in analysing the data in this study Reverie's (2001) concise and coherent tenets were used. These were summarised out of Asante's (1990) theory of Afrocentricity and provide a base for researchers to use when analysing data from African sources. They are, *Ukweli* or 'Truth', *Ujamaa* or 'Family-hood', and *Uhaki* or 'Literacy Criticism.' These are further explained in Chapter 4 (Research methodology).

2.3 Summary

I used Afrocentricity as the theoretical underpinning for the research because it deals with the question of African identity from the perspective of African people as centred, located, oriented, and grounded in a sub-Saharan African context. It focuses on cultural concepts that originated in Africa which include for instance, differences in social practices. I am a black female researcher and psychologist who understands, and is rooted in. African culture which put me in a unique position to apply the theoretical tenets in an applied manner. Chapter 3 provides the literature review for the study.

CHAPTER 3

LITERATURE REVIEW

3.1 Introduction

In this chapter of the research study, I give a detailed description of IPV and its prevalence and impact on women. Causes or reasons given for IPV are also discussed namely, poverty, alcohol use, substance abuse, learned social behaviours, bride price (lobola), marrying at a young age, and early parenthood. Lastly, the coping strategies used by women who have experienced IPV, as found in the literature are reviewed, as are theories of coping. During my literature search I could not find any coping guidelines that were written specifically for South African women suffering the impact of IPV, written in the vernacular. This was a gap in the literature I aimed to fill.

The following paragraphs describe IPV, its prevalence and mortality rates.

3.2 A description of Intimate Partner Violence (IPV)

The WHO (2021) describe IPV as one of the most common forms of violence against women. It includes physical, sexual, emotional abuse and controlling behaviours by an intimate partner. Intimate Partner Violence (IPV) occurs in all settings and among all socio- economic strata, religious and cultural groups. The overwhelming global burden of IPV is accepted by women as the world is still overwhelmingly patriarchal. Even though women can be violent in relationships with men, often in self-defense, and violence sometimes occurs in same-sex partnerships, the most common perpetrators of violence against women are male intimate partners or ex-partners. By contrast, men are far more likely to experience violent acts by

strangers or associates than by someone close to them (Fissel & Reyns, 2020; Kafonek et al., 2021; Shivambu, 2015).

3.3 Prevalence of Intimate Partner Violence (IPV) globally

According to the WHO (2021), IPV occurs in both low- and high-income countries and about one in three women worldwide are reported to experience IPV at some point in their lives. According to the Centers for Disease Control and Prevention (CDC, 2021) in the United States of America (USA), twenty women experience IPV every minute. This equates to more than 10 million abuse victims annually. One in 4 women and 1 in 9 men experience severe IPV, intimate partner sexual violence, and/or intimate partner stalking with impacts such as injury, fearfulness, and PTSD. These, in the health work community, are considered 'domestic violence' (Slabbert, 2016).

The WHO (2021) report that psychological violence by an intimate partner includes a range of behaviours which in some cases might not be considered 'domestic violence'. One in 10 women have been raped by an intimate partner and 1 in 7 women have been stalked by an ex or current partner. Stalking causes the target to fear she/he/they or someone close to them will be harmed or killed (Chen et al., 2020). On a typical day, domestic violence hotlines receive over 20,000 calls. Kafonek et al. (2021) also report that an abuser's access to a firearm increases the risk of intimate partner femicide by 400%. Moreover, IPV accounts for 15% of all violent crime and is most common against women between the ages of 18-24 (Carpenter et al., 2021).

In a multi-country study (WHO, 2015) it was found that the reported lifetime prevalence of IPV varied from 15% to 71% with the highest prevalence found in rural Ethiopia. In studies conducted on IPV in Nigeria, a prevalence of 28.2% to 47.3% for physical

violence and 12.5% to 21.5% for lifetime prevalence of sexual violence was reported. In urban Pakistan, a lifetime prevalence of 57.6%, 54.5% and 83.6% was obtained for physical, sexual, and psychological violence respectively. Similar figures were reported by Onigbogi et al. (2015) in an African context.

Treves-Kagan et al. (2019) conducted a study to explore the relationship between violence in childhood and violence in adulthood in a community-based sample of 18 – 49- year-old adults in rural South Africa. They used data from a population-based survey (N = 1.044) in North-West Province in 2014. More women (2.7%) than men (0.8%) reported childhood forced sex, whereas fewer women (2.0%) than men (7.9%) reported childhood physical violence. Women and men reported similar rates of IPV victimisation (6.8% vs. 5.4%), IPV perpetration (3.3% vs. 4.8%), and forced sex by a non-partner (1.6% vs. 1.2%). They found that men and women who experienced childhood violence (combined physical and/or sexual) were significantly more likely to experience (or perpetuate) forced sex as compared to those who did not experience childhood violence.

Husband-to-wife violence is one of the most prevalent forms of IPV across the world. A WHO (2015) multi-country study involving more than 24,000 women from 10 countries in diverse cultural settings found that the prevalence of physical violence by a male partner ranged from 13% in Japan to 61% in provincial Peru. In Kenya, the prevalence of physical violence by an intimate partner was placed between 45% and 68% (Mugoya et al., 2015). In addition to physical violence, sexual and emotional violence has also been reported across the globe; for example, the prevalence of sexual violence ranges from 6% in Japan to 59% in Ethiopia (WHO, 2019). According to the WHO (2015) the following prevalence rates of IPV exist among Kenyan women: women experiencing emotional abuse; 20% while 17% experienced controlling behaviour, physical violence, and sexual violence. Women who reported low or

below average socio-economic status (SES) had a greater likelihood of experiencing controlling behaviour than women with high or average SES. Women who were unemployed had a greater chance of experiencing physical violence than those who were employed. It was also found that non-Christian women had higher chances of experiencing controlling behaviour, physical violence, and sexual violence than Christian women.

According to Rosay et al. (2019), the National Intimate Partner and Sexual Violence Survey (NISVS) in the USA, estimated that 47% of men and women globally will be victims of psychological aggression by an intimate partner. Additionally, 32% of women will be victims of physical violence, and 16% of contact sexual violence (or rape), by an intimate partner. Nineteen percent (19%) of murders are committed by intimate partners. Twenty percent (20%) of women and 5% of men who identify as victims of IPV report experiencing one or more PTSD symptoms (Smith et al., 1998).

Smithbattle and Freed. (2016) report that domestic violence is prevalent in every community, and affects people regardless of age, socio-economic status, sexual orientation, gender, race, religion, or nationality. Physical violence is often accompanied by emotionally abusive and controlling behaviour as part of a much larger, systematic pattern of dominance and control. Domestic violence often results in physical injury, psychological trauma, and even death. The devastating consequences of domestic violence can cross generations and last a lifetime. All races and ethnicities experience IPV. However, women of multiple ethnicities (for instance, mixed race and black women) experience the highest percentage of IPV compared to other races, ethnicities, and sexes (Slabbert, 2016).

3.3.1 Prevalence of Intimate Partner Violence (IPV) in South Africa

One in every 5 women is abused by her partner and one in every 4, or 25% of all women in South Africa, are assaulted by their partners every week (People Opposing Women Abuse [POWA]**,** 2019). A study of pregnant teenagers in Durban revealed that they were at a high risk of IPV (Gebrekristos et al., 2020). In another study in South Africa, it was found that 36-40% of pregnant women experience physical IPV, while 15-19% experience sexual IPV (Jamieson et al., 2018). This was supported by Field et al. (2018) who found the prevalence of IPV in a sample of pregnant women in Cape Town at 15%. According to POWA (2019), in this vulnerable population, IPV is associated with a range of physical and mental health consequences for the mother including pregnancy loss, depression, and PTSD. Moreover, in South Africa, the mortality rate attributed to IPV is the highest globally and is double that of the USA. For the infant, IPV is linked to increased risks associated with pre-term delivery and low birth weight.

The prevalence of domestic violence against women was found to be over a third of all South African women (38.3%), of which nearly two thirds (65.2%) was perpetrated by the woman's husband (POWA, 2019). According to WHO (2021), this is supported by statistics in which South Africa is ranked amongst the highest countries for gender-based violence (GBV) worldwide. In South Africa, IPV is the second-highest contributor to years of life lost and, in women, IPV accounts for 62.4% of this high burden. A survey of women in three South African provinces found lifetime levels of physical abuse of between 19% and 28%. In this research it was also found that in Cape Town, 42.3% of working men interviewed reported perpetrating physical violence in a relationship in the previous ten years (Rees et al., 2014).

I could not find any contemporary research on IPV in Mpumulanga Province, and very little new research (5 years old or less) in the country. This, I intend to address through my research on IPV.

3.3.2 Intimate Partner Violence (IPV) and mortality rates

Wirtz et al. (2020) report that a total of 87,000 women were killed globally (intentionally) in 2017. More than half of them (58%) were killed by intimate partners or family members, meaning that 137 women across the world are killed by a member of their own family every day. More than a third (30,000) of the women who were intentionally murdered in 2017 were killed by their current, or former intimate partner, someone they would normally expect to trust. According to Treves-Kagan et al. (2019), approximately one-third of female homicide victims over the age of 15 are killed by their husbands, ex-husbands, or boyfriends. Suicide can also result if the murderer takes his (or very rarely her) life following the violent act resulting in the death of the intimate partner. It has been reported that 74% of all murder–suicides involve an intimate partner. Furthermore, of these reported cases, 96% were females killed by their intimate partner, with 75% of these cases occurring within the home.

Wirtz et al. (2020) report that the annual number of female deaths worldwide resulting from intimate partner and family-related homicide is on the increase. The largest number (20,000) of all women killed worldwide by intimate partners or family members in 2017 was in Asia, followed by Africa (19,000), the Americas (8,000) Europe (3,000) and Oceania (300). However, with an intimate partner/family-related homicide rate of 3.1 per 100,000 female populations, Africa is the region where women run the greatest risk of being killed by their intimate partner or family members, while Europe (0.7 per 100,000 population) is the region

where the risk is lowest. The intimate partner/family-related homicide rate was also high in the Americas in 2017, at 1.6 per 100,000 female population, as well as Oceania at 1.3, and Asia at 0.9.

In the following section implications for IPV associated with cultural practices, in this case bride-price or lobola are discussed.

3.4 The practice of lobola/bride-price and implications for Intimate Partner Violence (IPV)

According to Kambarami (2006) and Khomari et al. (2012), lobola is a legal and acceptable practice that is central in marital arrangements within black South African culture. It refers to the exchange of cattle, money and/or goods that takes place when a young couple decides to marry. The suitor sends representatives of his family to negotiate with the family of his bride-to-be. The groom's family is expected to honour the family of the bride by paying an agreed-upon amount, traditionally paid in cash, cattle, and exchange of some goods. The asked price is closely related to the value placed on the bride-to-be, according to the social status of her family, and for instance, her educational achievements (Khomari et al., 2012; Shivambu, 2015). Some families insist that their daughters be married to men of certain social and educational status for instance, doctors, engineers or business-people. It is not uncommon for some families to thoroughly audit a groom-to-be in terms of his finances. This is carried out to ensure that the children born out of the union will be financially well-cared for (Kambarami, 2006). The acceptance of lobola is also a way to show the ancestors that the family's kraal (which represents their wealth) is growing, and that their household is strong. These days lobola is often not paid in livestock, but in cash, even so, many of the older traditions are still observed (Hudson & Matfess, 2018).

Rees et al. (2017) state that although the custom of bride-price varies in its detail and implementation across diverse cultures, the universal element involves the transfer of offerings, goods, or funds, principally from the groom and his family to the bride's family. Bride-price obligations occur both at the time of marriage and in many societies for an indefinite period thereafter. There are also expectations of payments and offerings during ceremonial events including the birth of children.

Khomari et al. (2012) state that in many cultures marriage is much more than a social formality; it marks the transition to culturally defined manhood and womanhood. In many African cultures a single male is generally not accepted as a man, and his opinion not considered important, until he has a wife. This also lends significance to the contribution and recognition of the value of a woman in African society. When marriage includes bride-price, it is also an expensive economic transaction. In most African cultures females are exchanged between kinship groups in return for assets which can be cash, livestock, gold, or other goods that serve as currency in that society (Hudson & Matfess, 2018; Kambarami, 2006).

Khomari et al. (2012) state that the lobola contract is one between families and not just individuals, so the transfer of livestock from the relatives of the bridegroom to those of the bride serves to legitimise the marriage and secure certain rights. The most important of these rights is that the children of the marriage legally belong to the father's lineage group (Kambarami, 2006; Parker, 2015). According to Kambarami (2006), there are cases where children are assumed to belong to the man's lineage even without lobola being paid. This happens when the man has paid an acknowledgement of guilt, after an extramarital pregnancy. This is commonly referred to as 'damage payment,' and is not considered part of lobola. However, some cultures do not believe in this, and children born out of wedlock will be given

their maternal surname, until lobola has been paid in full. Khomari et al. (2012) suggest that assigning 'price' to a woman inevitably commodifies her as an object of transaction in all cultures. This financial value placed on women has various effects for example, increasing the risk that daughters will be offered for early marriage, a practice that undermines the potential for a gender equal marital relationship. This may increase the risk of violence against a woman enacted by her husband or his family, as allocating a price to a woman also legitimises the right and power of men to continue to treat their female partner as an acquired object (Rees et al., 2017). As such, the custom of bride-price may maintain and strengthen other known risk factors for IPV, including community attitudes and perceptions which support gender inequality and male entitlement and patriarchy (this is discussed further under causes of IPV, see 3.6.4: sub-heading: Bride price (lobola) as a contributory factor to IPV).

The following section describes various domains of a woman's life that are impacted by IPV for instance, her mental health, parenting, and sexual health.

3.5 Impact of Intimate Partner Violence (IPV) on women

Over the past decade, there has been growing recognition that IPV is an important contributor to women's vulnerability to HIV and other sexually transmitted infections (STIs). The mechanisms underpinning a woman's increased vulnerability to human immunodeficiency virus (HIV) or STIs include direct infection from forced sexual intercourse, as well as the potential for increased risk from the general effects of prolonged exposure to stressors linked to IPV. It is likely that women in violent relationships, or who live in fear of violence, may have limited control over the timing or circumstances of sexual intercourse and/or their ability to negotiate condom use (Parker, 2015; Woollet & Hatcher, 2016).

Moreover, in early research Coker (2007), later supported by Ramsoomar et al. (2021), indicated that in addition to the known adverse physical and mental health consequences, IPV can affect sexual and reproductive health outcomes. Forced sex by an intimate partner can result in acute and chronic problems including vaginal and anal tearing, sexual dysfunction and pelvic pain, dysmenorrhea, pelvic inflammatory disease (PID), cervical neoplasia, and STIs, including HIV. Recent research by Sileo et al. (2018) supports these finding. These authors report that IPV intersects with HIV through multiple mechanisms including forced sex with an infected partner, limited or compromised negotiations pertaining to safer sex practices, increased sexual risk-taking behaviours, and an increase in other STIs and abuse-related immune compromised states. Moreover, IPV contributes to unplanned pregnancies, miscarriages, abortions, and decreased contraceptive use.

According to Rees et al. (2014), mental disorders that are prevalent amongst women who have experienced IPV include depression, PTSD, suicidal tendencies, low self-esteem, and insomnia as well as alcohol and substance abuse. Vithilingum (2004) indicated that women who obtained protection orders against intimate partners, experienced severe depressive symptoms (66%) while 51.9% experienced symptoms of PTSD. It was also found, as early as 1997, that IPV is associated with depressive symptomology adding to the evidence of a contributory relationship (Campbell et al., 1997; Sanz-Barbero et al., 2019). These authors report that IPV has been associated with multiple adverse physical and mental health conditions and health risk behaviours amongst women of all backgrounds. Comprehensive reviews of physical health consequences of IPV report multiple negative health outcomes including chronic pain (for example, fibromyalgia, joint disorders, facial and back pain); cardiovascular problems (for example, hypertension); gastrointestinal disorders (for example, stomach ulcers, appetite loss, abdominal pain, digestive problems); and neurological problems (for example,

severe headaches, vision and hearing problems, memory loss, traumatic brain injury [TBI]). According to Gallegos et al. (2019), sleep disturbances may be a product of complex relationships among the physical, psychological, and environmental mechanisms for those who endure IPV.

The WHO (2019) reported that an estimated 5.8 billion is spent annually because of medical and mental health costs and loss of productivity associated with IPV. However, in the context of IPV, disparities related to race/ethnicity, socio-economic, and foreign-born status are principal in negative health outcomes (for example, cardiovascular disease, depression, HIV/STIs). This is because more black and non-caucasian women have lower levels of education, live in poverty, and have less access to healthcare and other resources, further worsening the health consequences of IPV.

In support of the previous research Constantino et al. (2019) indicate that IPV may increase cardiovascular disease (CVD) risk amongst women. Lifetime abuse is placed as a chronic stressor affecting CVD risk through direct and indirect pathways. Directly, IPV experiences can cause long-term biophysical changes within the body, which increase the risk of CVD. Indirectly, smoking, drinking, and overeating, known CVD risk behaviours, are common coping strategies in response to IPV. Additionally, women with IPV histories frequently report depressive symptoms and anxiety, which can persist for years after the abusive experience. Depressive symptoms and anxiety are known predictors of CVD and can facilitate CVD risk behaviours. Therefore, depressive symptoms and anxiety are mediators between lifetime IPV and CVD as well as between lifetime IPV and CVD risk behaviours.

Shivambu (2015) and Redd (2019) report that women who suffer violence also acquire Learned Helplessness. Learned Helplessness is associated with depression as the woman feels

she can do nothing about removing herself from the trauma, which is experienced repeatedly, making her feel powerless and dejected. In Learned Helplessness, a woman becomes submissive and acquiesces for instance, to IPV as she does not have the physical or psychological resilience to remove herself from the traumatic event (Redd, 2019; Swadley, 2017).

To a limited degree the impact of IPV on women in Mpumulanga Province is addressed in the results of this research, which adds to new knowledge about IPV in the country.

3.5.3 Impact of Intimate Partner Violence (IPV) on parenting

Empirical evidence indicates that the quality of parenting and ability of both parents to meet their child's needs are compromised in households that experience domestic violence (Graham-Bermann & Perkins, 2010). For women, continuing abuse affects their relationship with their children (Renner, 2009) and can impact negatively on their parenting capacity and on the quality of the attachment between them and their children. Campbell et al. (1997) and Raising Children (2021) suggest that maternal stress and depression can result in an emotionally distant, unavailable, or even abusive mother whose emotional energy and time for her children are severely compromised.

Levendosky et al. (2012), in a systematic review of the literature pertaining to IPV, estimated that one to two-thirds of abused women experience PTSD, low self-esteem, depression, and anxiety. This may compound the behavioural problems of any children the woman has and increase the impact the observed violence has on the child. Research also indicates that domestic violence impacts negatively on a woman's ability to develop authority and control over her children, culminating in some cases in physical aggression by adolescents

towards their mother (Jackson et al., 2009; Raising Children, 2021). This aggression increases with the child's age and is much more frequent in families where the mother is abused.

Furthermore, Levendosky et al. (2012) suggest that this not only has implications for parenting, but also puts children at risk of learning anti-social behaviour(s). While it may be wrong to assume that all abused women show greater deficiencies in parenting than their non-abused counterparts, research suggests that because of living in constant fear, they may deny their children normal developmental transitions. In this regard children do not develop a sense of basic trust and security that is the basis of healthy emotional development (Graham-Bermann & Perkins, 2010). According to Coohey (2004) and the WHO (2019), battered women are more likely to hit their children as a reaction to being 'battered' themselves. Additionally, these children are also directly at risk from the perpetrator of the adult violence.

Salazar et al. (2012) and the WHO (2021) indicate that IPV against women has an impact on the growth and nutritional status of the children of affected women. Some of the estimated 170 million children in low and middle-income countries, whose growth is stunted, may be suffering from the indirect effects of IPV. Additionally, Salazar et al (2012) report that there have been attempts to investigate possible links between IPV and the under-development of children. For instance, in Liberia, children whose mothers had been exposed to sexual IPV were found to have relatively low mean body weights and be 2.6% more likely to be undersized than the children who had not been exposed to IPV. The WHO (2021) report that in a community-based study in Nicaragua, children of mothers who reported suffering IPV during pregnancy, had relatively low height for age scores. This is underpinned in research by Sigella et al. (2017), with a nationally representative sample of children in India, who found that compared to other children, the children of women who had been exposed to IPV were 25% more likely to be underdeveloped physically.

Levendosky et al. (2012) report that children who have observed IPV are more likely to develop childhood stress that, in turn, can decrease their metabolic rate, physical growth and cognitive functioning. Moreover, Kidman (2017) reports that the partners of women in an abusive relationship may stop them attending healthcare clinics when their children are sick, stop the women paying for the health care of their children and/or severely limit the amount that they can spend on food for their households. As a result, IPV against a woman can have a negative impact on the woman's physical and mental health, partly by limiting her access to health care for herself, including her access to antenatal care and skilled birth attendants. It can also affect her ability to care for her child and may contribute to childhood malnutrition.

Empirical studies show that a lack of family or peer support in IPV situations is a stressor (Pels et al., 2015; Raising Children, 2021). Families in which this type of violence occurs tend to be socially isolated and to maintain a culture of silence. The socio-cultural context in which they live can also play a role. Pels (2015) reports that several studies have revealed the paradox within communities where the maternal caregiver role is promoted and respected, but notes that this can lead to an exaggeration of the taboo against talking about domestic violence that exists in a family. This contributes to the continuation of negative parenting situations. Overall, this suggests that IPV influences how children perceive their parents for example, acting in a caring manner in a community setting but with violence at home, which makes them untrustworthy and unreliable role models (Graham-Bermann, 2001; Levendosky et al., 2012).

The WHO (2021) report that IPV can have short and long-term effects on children, including uncertainty about their safety, constant worry and experiencing feelings of worthlessness that last a lifetime. Furthermore, the effects of IPV can contribute to death at an

early age. Additionally, girls who witness IPV between their parents have an increased chance of becoming a victim themselves while boys who witness IPVare more likely to become abusers (to wives, partners, and children). Experiencing and witnessing IPV leads to a continuous cycle of violence. Children as young as 1-year old who have witnessed violence can experience trauma symptoms, especially those who observe extreme instances of IPV.

Although childhood characteristics might be affected by IPV it is also suggested that the negative outcomes on psychological well-being and stress and lack of support are key factors in determining the impact of IPV on mothering (Pels et al., 2015; Raising Children, 2011). According to Pels et al (2015), the lack of support and diminished well-being of the mother because of IPV can lead to hyper-vigilant, unresponsive, and overly permissive or controlling parenting behaviour. It can also lead to a lack of emotional support for children, insufficient parental protection from witnessing IPV and/or the child becoming a direct victim of the violence. This leads to less positive parent–child relationships and negative child outcomes. On the other hand, in some cases, the experience of living through violence might lead mothers to become more empowered by finding help or to react with increased care for their children (Levendosky et al., 2012; Pels et al., 2105).

The Office on Women's Health (OWH, 2020) reports that children who live in violent households also report being on edge as they 'wait' for an event to occur. Individuals who experience domestic violence at a young age do not develop a normal level of trust with their parents because they do not receive enough safety in their environment. These children are not able to form healthy relationships within or outside of the family. Peterson et al. (2019) reported that children in families where IPV is present often have difficulties in school such as not being able to focus their attention properly, as a result they may have lower grades than children who do not experience violence in the home. These children, as adults, also

experience dysfunctional intimate relationships (Savopoulos et al., 2022).

The following section deals with the various reasons for IPV as found in the literature.

3.6 Reasons for Intimate Partner Violence (IPV)

Understanding the causes of IPV is considerably more difficult to research than studying a disease. For example, diseases usually have a biological basis and occur within a social context, but IPV is wholly a product of its social context. Consequently, understanding the causes of IPV requires research in many social contexts, one of these in the South African context was noted as payment of lobola (Lopes, 2016; Shivambu, 2015). According to Onigbogi et al. (2015), other factors that are associated with IPV include poverty, alcohol, and substance abuse, learned (observed) social behaviours, and marriage at a young age. These are discussed in the following paragraphs.

3.6.1 Poverty

Jewkes (2002) highlights that poverty and associated stressors are key contributors to IPV. Although violence occurs in all socio-economic groups, it is more frequent and severe in working class groups. According to Slabbert (2016), low-income families are significantly more likely to have to contend with domestic violence, as poverty is a factor in this type of conflict. It was also found that men of low income are more inclined to abuse their partners than do men with a higher income. Additionally, many battered women never escape their situation, mostly because they do not have the financial means. Some women are caught up in a cycle from which they can never escape for instance, being poor and being dependent on their intimate partners. Their housing is often directly linked to their partners employment, and they feel they cannot leave as they have nowhere to go.

Parenzee and Smythe (2013) also suggest that, for some women, acting against perpetrators of IPV might result in the loss of employment, housing, and/or income. This is worsened by the fact that many of these women have low levels of education significantly reducing the possibility of finding alternative employment and reinforcing poverty. Chernet and Cherie (2020) also support this finding and report that this occurs in Ethiopia in women who have experienced IPV. In their research it was also noted that urban women are less likely to experience IPV than rural women. This higher prevalence rate of IPV in rural women may be due to entrenched cultural perceptions, lack of knowledge and information about IPV in a community where beating, verbal insults and other forms of violence are considered as a way in which a man 'shapes' his wife's behaviour.

Bassuk et al. (2006) and Savas and Agridag (2011) also agree that low-income families are significantly more likely to suffer domestic violence and its accompanying stressors. They suggest that some women keep violent men in their lives because they want to meet their basic needs that is, food, water, and shelter. Poverty thus creates an extra burden for abused women.

Hidrobo et al. (2016) suggest that some men feel threatened by their female partners having jobs that pay well, as this could mean that they may not be needed any more. They do not like it when women are independent and prefer a woman to be dependent on them. On the other hand, if a woman's income increases, this may decrease her risk of violence as her economic dependence decreases. Their families become better off, so men feel less economic stress, so they do not resort to IPV (Svec & Andic, 2018). However, Ayodeji and Basirat (2020) suggest that the risk of IPV may increase if men use violence as a mechanism to take away a woman's income or take authority over managing it, to assert their dominance. Sanawar et al. (2019) also indicate that womens empowerment, both

economically and socially, may interact with IPV because women depend economically on men and tolerate some level of violence in return for economic and social support.

According to Savas and Agridag (2011), men who are abusive might interfere with their partner's workplace and harass them at work. Additionally, they report that abused women with children often feel the need to stay with their partners, for the sake of their children. In this research women, when asked why they did not leave, participants stated that they did not want their children to grow up without a father. Pain et al. (2014) state that some women who are trapped in poverty also alternate between low-wage jobs and taking money from the state (welfare). This cycle is often seen in women who suffer domestic abuse. The interdependent relationship between poverty and abuse means that women must try and negotiate ways in which to survive financially, physically, and emotionally (Slabbert, 2016).

3.6.2 Alcohol and substance abuse

Reyes et al. (2020) report that another factor that plays a role in IPV is substance abuse. They indicate that statistically IPV is common in sexual relationships with or without substance use disorders; however, the number of IPV cases is higher in sexual relationships where one partner has an alcohol, or another substance use disorder. Grigorian et al. (2020) report that high alcohol consumption by both men and women is associated with increased risk of IPV. Alcohol reduces inhibitions, clouds judgment, and impairs an individual's ability to interpret social cues which often leads to them exhibiting violent behaviours. Research suggests that connections between violence and drinking and drunkenness are socially learnt and contribute to IPV (Jewkes, 2002; Shivambu, 2015; Sontate et al., 2021).

According to Frieze et al. (2020), drinking behaviours contribute to making people either more or less violent or aggressive in many ways. Reinforcement and modelling of behaviours are

major forms of learning. This is supported by Javaid (2015) who found that 67% of persons who victimise an intimate partner use alcohol as compared to 38% who victimise an acquaintance or 31% who victimise a stranger. It has also been reported that many men are aggressive when they drink and end up being violent towards their significant others (Jewkes, 2002; Junior & Oppong, 2019). According to Miller and Carroll (2006) and Mittal and Singh (2021), some men use alcohol as an excuse to attack their partners. They verbally and physically abuse their partners but say that it was not their intention. They say they were drunk and tell their partner that they are 'sorry' only to start the cycle again (after their partner forgives them).

In a study conducted by Mignone et al. (2009) it was found that when abusive men who had completed substance treatment relapsed, they were also likely to relapse into IPV. Javaid (2015) also indicated that when men are angry, they tend to be verbally and physically abusive towards their intimate partners. This is underpinned by research undertaken by Mignone et al. (2009) who found that for couples where the male was a heavy drinker and unemployed, the risk for domestic violence was significantly higher than it was for couples where the male did not have a drinking problem. Mittal and Singh (2021) also found that during times of global stress for instance, the COVID-19 pandemic that all types of GBV which includes IPV surges and puts womens safety at risk.

3.6.3 Learned social behaviours

Researchers have discussed IPV as a learned social behaviour for both men and women. For stancece, the intergenerational recycling of violence has been documented in many settings (Lopes, 2016). The sons of women who are beaten are more likely to beat their intimate partners and the daughters of women who are beaten are more likely to be beaten as adults. Women who are beaten in

childhood by their parents are also more likely to be abused by intimate partners as adults (Cunningham & Baker, 2021). Experience of violence in the home in childhood teaches children that violence is normal in certain settings. In this way, men learn to use violence and women learn to tolerate it, or at least tolerate aggressive behaviour (Rees et al., 2017).

According to Holt et al. (2008), Raising Children (2021) and Rees et al. (2017), children and young people may be significantly psychologically affected by living with domestic violence, and this can endure even after measures have been taken to secure their safety and counsel them. This was supported by Fulu et al. (2017) who report that the one of the catalysits for violence as an adult is witnessing parental violence as a child. They also indicate that children who witness any forms of abuse (physical, sexual, or verbal) between their parents are more likely to experience or perpetrate this type of violence as adults. Men who experience childhood emotional abuse, neglect and childhood sexual abuse are also at increased risk of perpetuating rape, IPV, and sexual assault. Women who experience IPV are more likely to physically abuse their children than women who do not experience abuse (Huecker et al., 2022). Furthermore, children who grow up witnessing abuse are at increased risk of being physically and sexually abused themselves either by intimate partners or peers (Bacchini & Esposito, 2020; Holt et al., 2008**).**

Anderson and Van (2018) refer to children who are not the direct receivers of violence, but who experience its effects indirectly, as secondary victims. The effects of IPV on children can manifest in multiple ways. Very often children do not acknowledge or discuss violence in the home once it ends However, exposure to it can impact the individual functioning of the children, as well as their relationships with people around them for instance, friends, peers, and teachers. Other children who indirectly experience IPV by

hearing of the violent acts in their families, or witness controlling or coercive behaviour (which may appear to be carried out politely) towards their mother are likely to suffer psychologically.

The United Nations Children's Fund (UNICEF, 2014) reported that in situations of violence children as young as a year old can display heightened distress in response to verbal conflict between parents. Moreover, witnessing severe IPV has been associated with trauma symptoms, behavioural problems, as well as increased risk of alcoholism, illicit drug use and depression later in life. It has also been linked to the perpetration of violence because of social learning. Gilbert et al. (2009) and Raising Children (2021) report that exposure to violence in the home may also impact the likelihood of adverse psychosocial outcomes. This can include poor emotion regulation, anxiety, depression, low self-esteem, attention difficulties, disturbances in interpersonal relationships and reduced overall adaptive functioning, as well as maladaptive cognitions regarding the causes of IPV; that is, blaming the mother or themselves. As a result, children are observed to have reduced problem-solving abilities in both interpersonal and external environmental violence situations (Bacchini & Esposito, 2020).

3.6.4 Bride-price (lobola) as a contributory factor to IPV

I discussed bride-price under 3.4, which noted the impact of lobola on IPV. However, it not only has and impact on IPV, but I would argue, is one of the major influences in IPV in an African context. As a result, I have provided a more detailed discussion here regarding how lobola contributes towards facilitating IPV.

According to Lowes and Nunn (2017), the practice of lobola is transactional in nature and results in the commodification of women, which has adverse consequences. Eryenyu (2014) reports that husbands may feel that because they have paid for their wives, they can

mistreat them, leaving women in marriages prone to physical violence and conflict. He also notes that a Ugandan women's rights group reported cases where men say: 'I am beating my cows,' when they hit their wives. Moreover, in other African countries women are denied ownership of property (Slavchevska et al., 2016) and they may be expected to be sexually available to their husbands at any time, regardless of how they feel. Ellsberg et al. (2001) report that women who have had lobola paid for them are not allowed to discuss condom use. They are expected to do as their husbands say which perpetuates patriarchy (Eryenyu, 2014; Moono et al., 2020). If they do not, then they might incur their husband's wrath and incur a 'slap' or more (Dery, 2021).

Mwesigwa (2015) states that if a woman leaves a marriage her parents are required to return the lobola to the man's family, particularly if she has not yet had any children. In this scenario, it is possible that the practice of bride-price results in women being locked into the marriage because her parents are unwilling, or unable, to repay the lobola. Poverty is another reason some parents are unable to return the money to the man's family, if the woman leaves, as they do not have the financial means. Women are thus forced to stay in abusive relationships because their parents do not have the money or goods to return to the groom's family.

Ashraf et al. (2020) report that many ethnic groups traditionally engage in bride-price payments which can have positive outcomes for women. For instance, higher female education at marriage is associated with a higher bride-price payment, providing a greater reason for parents to invest in a girl's education because they know that they will ultimately gain from this. Conversely, higher bride-price payments also increase the risk of IPV because some men start to think that their wives have been 'bought', thus they can do whatever they like with (or to) them. In this instance, it can be argued that bride-price is

essentially transactional in nature.

African norms which Wadesanga et al (2011) argue have become distorted, because of colonialism and slavery, have created an environment where marital violence is accepted and justified by the payment of lobola. As a result, when marital violence occurs, women believe it is a normal part of marriage. They also believe that if they complain no one will listen to them. Women are therefore not supposed to ask about their husbands' whereabouts. If they ask a man where he has been, or is going, the implication is that they do not have respect for him (Anderson & Taylor, 2009). Conversely, females are expected to inform their husbands where they are always, failure to do so can result in physical and/or psychological abuse. Aris (2011) states that husbands monitor their wives' movements closely, and they must account for any extra time spent away from home.

Sikweyiya et al. (2020) stated that most men believe that a wife's responsibility towards her husband centres on her 'pampering' him. According to these men, 'pampering' means to sexually pleasure and satisfy them. Two reasons inform these men's sexual entitlement, the payment of bride-price and the notion that men 'own' their female partners (for instance, 'you are my girl'). According to Anderson and Taylor (2009), these men interpret the bride-price payment as meaning that their wives cannot refuse their sexual advances. Fundamentally, the payment of bride-price accentuates their sense of ownership and entitlement to their wives' bodies.

3.6.5 Marriage at a young age

Fulu et al. (2017) argue that parents may have a reason to 'sell' their daughters early to obtain the bride-price payment, resulting in early marriage and higher rates of lifetime infertility and IPV. In some African cultures the start of the menarche is a sign for the elders

that a young woman is ready for marriage (Ramathuba, 2015). For example, in Uganda some parents take children out of school so they can be married early in return for a bride-price. This according to Hague and Thiera (2009) is a common practice and is used when the family need money. Moreover, the authors report that this also occurs because some parents prefer wealth at the expense of their daughter's happiness and education.

This is also reported in a study by Corno and Voena (2016), in Kenya. They found that low family income increases a woman's chance of early marriage among groups that practice bride-price. In this regard they indicated that some Kenyan families appear to use early marriage, and with it the receipt of bride-price, as a way of enhancing their income. The authors note that to fight early marriage due to bride-price, the local government in Laikipia County, Kenya, has instituted a programme to give cows to parents whose daughters graduate from high school as this alleviates their poverty and they do not have to rush to marry their girl child. Malga et al. (2018) also report that the myth that sex with a virgin will cure an HIV-infected person or AIDS sufferer of his illness is a factor in men wanting to marry young girls.

Adolescent and child marriage is still a common practice in many countries, especially among girls who are forced (or expected) to marry much older men. Worldwide, one third of women aged 20-24 years are married before the age of 18. This phenomenon is particularly widespread in the poorest regions in the world. For instance, in sub-Saharan Africa 40% of women aged 20-24 years were child brides (UNICEF, 2014). A direct consequence of early marriages is adolescents having children. In Tanzania research indicated that 22.8% of girls aged 15-19 had children or were pregnant in 2010 and the adolescent fertility rate of 126 (births per 1,000 girls aged 15-19) was the highest in the world (The World Bank, 2019). Child marriages are associated with reduced educational attainment, lower use of preventive health care services, lower bargaining power within the household, physical abuse, and

domestic violence. Conversely, these young girls may become infertile later in life because of being pregnant too young and ensuing complications (UNICEF, 2014).

3.6.5.1 Patriarchy and its influence on IPV

Patriarchy is a system of social structure and practices, in which men dominate, oppress, and exploit women. Mathews and Manago (2019) define patriarchy as the manifestation and institutionalisation of male dominance over women and children in the family and the extension of male dominance over women in society in general. Galtung (1996) reports that patriarchy is a gendered structure in which the most powerful men of society impose their will on others. Patriarchy is linked to other kinds of oppression which produces experiences of power inequality for women in distinct national contexts (Mathews & Manago, 2019). According to Sanka (2019), the patriarchal system trains women and men from birth on how to behave and it socialises women into stereotypical roles of submissiveness. The more the gendered role of masculinity is incorporated by the man, the more likely the woman is to experience violence by default.

According to Douge-Prosper (2018), patriarchy identifies the prevalent domination of men in society through various forms of toxic masculinity. Masculinity is often used to refer to features that are ascribed to being a man, such as assertiveness, aggressiveness, authority, and leadership (Hong, 2000). It is also linked to poor self-esteem and poverty in working class men (Ratele, 2008) and protest masculinity, where men fight against injustice and take violence home with them (Morrell et al., 2012). This, in turn, has led to the perpetuation of violence and abuse against women and children (Kanuha, 2002).

Male control over the sexuality of women is thus a manifestation of patriarchy. This control is exercised by the male within the structure of marriage, family, and kinship. Especially in patrilineal societies (such as India and many African nations) the institutions of marriage, family

and kinship becomes a site for reproducing patriarchal structures. This was arguably a 'leftover' from colonialism as Eurocentric cultures embraced toxic patriarchy and its norms were forcibly entrenched into colonised cultures (Bent-Goodley, 2005). This usurped a different type of patriarchal environment which existed in many African cultures. For instance, Guyo (2017) reports that historically any social disharmony in a specific African culture was dealt with by the tribal council, A man who did not respect a woman's rights had his own rights removed. To have his rights restored he would have to pay a fine or take part in certain rituals until his partner could return home in peace. This restored social harmony in the community. Additionally, Spencer-Woods (2016) reports that patriarchy and heterosexism are linked to Eurocentricity and racism which are intrinsically a part of colonialism.

According to Dube (2009), in a marital alliance, in this type of structure, a virgin bride is always desirable. Pre-marital sex is seen in terms of moral pollution which is more severe for women than for men. Sex before marriage for a woman is thought of as internal pollution whereas a male may not be considered polluted but considered a 'true' or 'real' man because he has 'had' many women. As a result, any external pollution he may have acquired is nullified. In this way the sexuality of women gets negatively connected to larger social norms based on tribal structures.

3.6.6 Early parenthood

Cox et al. (2019) report that although young mothers can provide children with a loving, stable, and nurturing environment, they often lack a healthy support system, experience high levels of stress, and miss out on important educational opportunities. In North America, teenage motherhood is associated with a higher risk of being unemployed or underemployed, living in poverty and, lower levels of education. Young mothers also tend to live in an unhealthy/unsafe environment which causes IPV. Lack of postpartum contraception, experiencing IPV and

having mental health and substance abuse issues have also been identified as key factors associated with multiple pregnancies and IPV amongst young married women (SmithBattle & Freed, 2016).

Almost 86% of married women have experienced their first act of violence from their partners before they reached age 24 in India and Nepal. Adolescence is a period where women are more likely to be victims of physical violence, and the younger a woman is at marriage, the higher the chances of first sex being non-consensual or forced. These young married women are usually denied contraception by their partners as a result, it can be argued, that pregnancy infringes their reproductive rights and the right to decide the number of children they intend to bear and the timing of conception (Santhya, & Jejeebhoy, 2015).

Field et al. (2018) state that most women in South Africa (SA) who are abused during pregnancy are also abused before and after the pregnancy (more than 80% in most studies). In SA, violence has become normative. It is presented as one of the few ways in which men can assert their masculinity. Gibbs et al. (2018) report that in a study among working men in Cape Town, SA, it was found that 42% reported the use of physical violence against their partners and 16% reported the use of sexual violence against an intimate partner with whom they had had a relationship in the last 10 years. Women who have borne children, particularly young ones, are prone to post-natal depression (Biaggi, 2016). If this is combined with IPV it is likely that their prospensity for depression is increased. For instance, a study of young women in SA indicated that depression was associated with emotional IPV (Schneider et al., 2018). In a systematic review Hoque et al. (2009) reported that there is a consistent association between emotional IPV and negative mental health outcomes for women of all ages.

My research, I believe, adds contemporary knowledge about causes of IPV amongst African women, specifically, amongst the Tsonga, in Mpumulanga, Province. It does not

necessarily bring new knowledge but shows how IPV has distinct causes and how, in a traditional African context, cultural knowledge, signs and rituals have an impact on the phenomenon.

In the next section I have provided a brief explanation of theories of coping. This is followed by a concise account of Lazarus and Folkman's (1984) transactional model of stress and coping which emphasises an individual's ability to evaluate harm, threat, and challenges to self. This model is relevant to this study as women who experience IPV must always assess threats to themselves and/or their children. After this section specific coping mechanisms, that are identified in the literature, that are used by women who have suffered IPV are presented.

3.7 Theories of coping

According to Sincero (2013), there are two different classifications of coping theories namely: trait-oriented as compared to state oriented theores and the macroanalytic as compared to the microanalytic approach. Trait oriented theories look at the resources an individual as in terms of how they cope, and state-oriented theories look at how the individual copes and the outcome of his or her coping strategies. Macronanalytic theories look at basic and abstract coping practices while microanalytic approaches look at specific, concrete coping strategies.

3.7.1 Macroanalytic, trait-oriented coping theories

1. Repression-senstisation

In this theory an individual copes with stress by repression or sensitisation. Individuals who use repression deny or minimise the existence of any stress or stressors fundamentally they use avoidance coping mechanisms. Individuals who use sentisisation react to stressors by thinking about them and worrying. They are likely to be obsessive about factors causing their stress and try to understand it however, this results in an endless cycle of stress

and worry (Sincero, 2013).

2. Monitoring and blunting

This construct is characterised by cognitive blunting which utilises denial, reinterpretation, and distraction. Additionally, the individual monitors the stressor which can be effective in coping with it (Sincero, 2013).

3.8 Models of coping modes (MCM)

Although MCM arises out of monitoring and blunting it is also linked to the repression-senstisisation idea and highlights notions of vigilance and cognitive avoidance. An individual is motivated to avoid the situation and perceives the stressor in a confusing manner (Sincero, 2013).

3.8.1 The transactional model of stress and coping – macro and microanalytic (Lazarus & Folkman, 1984)

According to Lazarus and Folkman (1984) the transactional model of stress and coping proposes that stress is experienced as an appraisal (an evaluation) of the situation that people find themselves in. Specifically, the transactional model suggests that people go through two stages of appraisal before feeling and responding to stress. Originally, this theory was macronalytic in approach however, the authors specified coping strategies putting them into 8 groups which made it both a micro and macro analytic theory (Sincero, 2013). The groups proposed by Folkman and Lazarus (1984) are, as follows.

- Self-controlling coping – this involves the down-regulation of thoughts, emotions and behaviours which are unwanted and the utilisation of their desirable equivalents.
- Confrontative coping – this means that an individual will be aggressive in his or her effort to change a situation even if it is precarious.

- Seek social support – which involves looking for help from peers, colleagures, organisations, medical or allied health professionals and/or religious groups.
- Distancing – an individual tries to distance themselves from the perceived threat.
- Escape – avoidance – this is when individuals try and escape or avoid a stress by changing a behaviour or trying to avoid thinking about things that are uncomfortable (avoidant coping).
- Accepting responsibility – infers that an individual acknowledges their part in the issue/problem.
- Positive reappraisal – this is an adaptive process where stressors are interpreted as either benevolent, useful, or favourable to the individual in some way.
- Problem-solving – this means that an individual actively tries to manage a stressful situation and tires to alter/change/modify or remove the stressor.

Lazarus and Folkman (1984) define stress as psychological relationship between an individual and their environment or something in their environment which is a danger to themselves and might be problematic to their wellbeing as they find it difficult to deal with. They define coping as how an individual changes his or her behaviours and cognitive approaches to any demands (internal and/or external) that are made on them, and which might be outside their ability to manage with their present resources.

Their transactional process of stress and coping incorporates separating individual and environmental issues and accentuates cognitive appraisal to assess the harm, threat or challenge presented by any encounter. The process is the flow of events between a regularly changing environment and the individual's reaction and emotional state, where the shift in emotions reflects

changes in the meaning of the relationship (Biggs et al., 2017).

Miller and McCool (2003) explain that the coping ability of any individual is mediated by their characteristics, previous experiences, beliefs, and values and is defined by the relationship between the person and the event. It is thus not always the same when experienced at different times by the same (or different people). Coping strategies involve either altering the person-environment relationship, or managing the emotional distress resulting from the encounter, or both. Lazarus and Folkman (1984) state that when people identify any inappropriate coping strategies which lead to emotional distress they need to learn new ways to problem solve and cope with stressful situations.

The transactional process suggests that acute and chronic stress outcomes are dependent on individual and environmental factors. Relationships between stressor exposure and stress outcomes are facilitated by how threatening, harmful, or challenging those factors are seen by the individual, and the degree to which they feel capable of dealing with them. These appraisals, in turn, are mediated by the coping strategies the individual enlists to adapt to other than neutral situations. Bandura (1997) and Benight and Bandura (2004) state that an individual's belief in their ability to respond to adversity is a key factor in their actual ability to cope.

The following section deals with how women, in the literature reviewed, use coping strategies to deal with IPV.

3.9 Coping strategies used by women who have experienced Intimate Partner Violence (IPV)

This section is broken down into different sub-heading to show the diverse array of coping strategies, found in the literature, as used by women who have experienced IPV.

3.9.1 Negative coping skills

In a quantitative study Mitchell and Vanya (2009) found that women who experienced IPV have poor adaptive coping skills. It was also reported that the coping strategies they have are mostly negative and include, amongst others, withdrawal, displacement, passive confrontational skills, and verbal aggression. Naved et al. (2006) outline some of the ways women, who have experienced IPV cope with their lives these include, trying to think of ways to provide a better life for their children, hoping things will change and dreaming of a future life without violence however, these often do not happen as they are passive events, and no actual 'action' is taken (Goodman et al., 2009).

Odero et al. (2014) and Shivambu (2015) list abused womens coping strategies as including actions such as seeking information, redefining the situation, seeking help from family, friends, and legal or social service organisations, and leaving the relationship temporarily or permanently.

3.9.2 Active and passive coping mechanisms

Goodman et al. (2009) categorise coping strategies for battered victims as active or passive. Observable behaviours are categorised as active while unobservable or cognitive efforts are noted as passive strategies. Furthermore, Hirschel and Buzawa (2002) and Goodman et.al. (2009) suggest that active help seeking strategies could be an abused woman's engagement with the criminal justice system such as calling the police, filing a petition for a civil protection order (CPO), filing criminal charges, attaining a temporary restraining order and/or testifying against the abuser in court. Problematically, Decker et al. (2019) identified the relationship between local police and some abusers (males) in rural areas as 'friendly', thus action is not taken against them. Friendship and sharing of common interests between police

and abusers make it more difficult for women in rural areas to depend on the local police. Women stated that if the police officer knew the abuser, they received little or no help (whether the officer was male or female). Nevertheless, rural women, like their urban counterparts, are not 'helpless individuals' but often do not seek help because they fear violent repercussions from their intimate partner (Shivambu, 2015).

Passive coping strategies involve substance use or ignoring the violence. When women use substances like alcohol they forget about their problems and accept their partners behaviour(s). Family members, peers, colleagues, and neighbours may well observe that the woman has been battered but if she abuses substances, they tend to blame her (victim blame). Shivambu (2015) reports that victim blame occurs for instance, if a woman wears clothes that are considered provocative, or she answers back to elders and her spouse or drinks too much alcohol. A woman who does this is considered at fault and thus deserves to be chastised through whatever means necessary, even violence.

3.9.3 Immediate and protective coping responses

Magen et al. (2001) and Haight et al. (2007) distinguish between long-term protective strategies and immediate protective responses in the context of a physical assault. They indicate that leaving the house or escaping from the scene of the assault is an immediate protective strategy. Further, they outline long term strategies commonly used by abused women that for instance, involve a woman trying to inform her children that abuse is wrong and that they must make nonviolent choices in their own relationships in future (Cunningham & Baker, 2021). According to Hamby (2008) and Pels (2015), many abused women delay terminating their relationships because of the man's threats to kill or harm their companion animals or children if they left as a result, even if they leave, they often return (Pels, 2015).

3.9.4 Employment as a coping strategy

According to Rothman et al. (2007) and Reeves and O'Leary-Kelly (2009), employment can play a critically important and positive role in the lives of IPV victims. Waking up in the morning and knowing that they have a job lowers the woman's level of stress. Furthermore, Reeves and O'Leary-Kelly (2009) identified six ways in which employment was helpful to women who are victims of IPV: by (1) improving their finances; (2) promoting physical safety; (3) increasing self-esteem; (4) improving social connectedness; (5) providing mental respite, and (6) providing motivation or a purpose in life. Weiss et al. (2017) identified social support as a strategy for coping with IPV this entails turning to others for comfort, advice, and/or human contact. Positive social support is also a factor in alleviating some of the self-blame that victims often impose upon themselves (Akbar & Aisyawati, 2021).

3.9.5 Social support as a coping strategy

Hamby (2008) noted that social support provides women with needed validation, another perspective on a situation, support around safety planning and assistance with holding the abusive partner accountable. Social support for abused women may also reduce any negative impact on their mental health. Women who suffer from IPV are in need of social support, they need to talk to someone who will listen to them empathetically and who is non-judgmental, and also gives them positive advice (Pels, 2015). This is underpinned by Illangasekare et al. (2013) and Raising Children (2021) who state that social support moderates the association between IPV and a range of mental health outcomes, including depressive symptoms and alcohol abuse. In a case-control study of suicide attempters Machisa et al. (2018) found that social support moderated the impact of IPV on suicide.

However, Mitchell and Vanya (2009) reported that not all abused women seek social support because they feel stigmatised, if others know of their abuse, as they believe that violence in the home is private matter. Other abused women, in this research, reported that even when they sought social support, they did not receive it because the support providers seemed to blame them for being abused, or did not want to discuss this sensitive topic. Since abuse is usually chronic women who are abused over long periods of time often become inured to it, and do not report it because they are 'used to it.' Furthermore, Mitchell and Vanya (2009) stated that by reporting a partner's violent behaviour a woman's social support networks may respond negatively, nullifying potential benefits. For example, family and friends may be less sympathetic, minimise the severity of the problem, try to avoid or change the topic, and become frustrated and impatient as the woman has put up with it for a long time so: "Why is she complaining now?"

3.9.6 Social problem solving used to help women cope with IPV

Weiss et al. (2017) identify social problem solving as another domain that abused women use as a coping strategy. Social problem solving is a self-directed cognitive behavioural process in which the woman attempts to identify adaptive or effective strategies for coping with everyday problems in living (Hasegawa et al., 2018). Social problem solving is considered as purposeful, rational, and effortful. It is a multi-dimensional construct consisting of different problem-solving dimensions. These dimensions are explained in the next two paragraphs (Weiss et al., 2017).

Bell and Higgins (2015) report that there are five dimensions to social problem solving which include positive problem orientation (PPO). This is a cognitive set in which a problem is viewed as a solvable challenge that can be resolved effectively using an individual's own

abilities. On the other hand, negative problem orientation (NPO) is an ineffective or dysfunctional cognitive-emotional set, in which problems are viewed as threatening and unlikely to be solved using an individual's own skill solving abilities, leading to frustration and distress. Additionally, rational problem solving (RPS) is a constructive problem-solving style characterised by rational, systematic, and deliberate use of problem-solving skills. Furthermore, impulsivity and carelessness strategies (ICS) are maladaptive problem-solving styles in which problem-solving skills are applied carelessly, impulsively, narrowly, and incompletely. Lastly, an avoidance coping style (AS) is a dysfunctional problem-solving style characterised by passivity, dependency, inaction, and procrastination. This is the one most often found in women experiencing IPV (Weiss et al., 2017).

Individuals are considered to have 'good' social problem-solving ability if they demonstrate high PPO and RPS and low ICS, AS, and NPO. Poor social problem-solving ability is thought to be reflected by high ICS, AS, and NPO and low PPO and RPS. Effective social problem solving is positively associated with positive psychological well-being (Bell & Higgins, 2015). Women who are victims of IPV and who have good social problem- solving skills use high PPO and RPS and low ICS, AS, and NPO as a coping strategy, but those who have poor social problem skills uses high ICS, AS, and NPO and low PPO and RPS as a result they remain in an abusive relationship (Bell & Higgings, 2015; Weiss et al., 2017). It must be noted that women who have good problem-solving skills rarely stay in abusive marriages, although it can happen.

3.9.7 Avoidance and self-blame as coping strategies

According to Weiss et al. (2017) the third domain that abused women use as a coping strategy is avoidance such as physical or psychological withdrawal. Avoidance coping is

consistently linked with negative mental health outcomes among women experiencing IPV. It worsens the negative impact on women's health. Avoidance coping can result in high PTSD symptom severity, depression, and drug use problems. This happens because women who use avoidance as a coping mechanism cannot effectively deal with their problems and will 'find something else to do,' to avoid dealing with the actual problem. Many abused women use alcohol to avoid dealing with their problems which worsens the abuse severity and has negative mental health implications (Flanagan et al., 2014).

Richman et al. (2011) found that some women who are victims of IPV use coping strategies such as denial and self-blame while others use adaptive coping techniques such as positive reframing and humour. Although self-blame is a negative it is believed to influence coping and the social adjustment of victims positively because it restores their perceived control over the environment. Nonetheless, many abused women ultimately blame themselves for causing their partner's violence. Women who blame themselves for their victimisation will become very depressed, even suicidal, if the violence persists.

Kennedy and Prock (2018) indicate that IPV occurs within social contexts that shape how survivors judge themselves and are evaluated by others. Because these are gendered, sexual and intimate crimes that violate social norms, survivors may experience stigma. This includes victim-blaming messages from broader society as well as specific stigmatising reactions from others, particularly family and peers, in response to disclosure. This stigmatisation can be internalised among survivors as self-blame and shame. Stigmatisation plays an important role in shaping survivors' thoughts, feelings, and behaviours as they recover. Survivors of IPV often feel shunned by their own families and communities, furthering the isolation they feel. Self-blame is conceptualised as a cognitive attribution by a survivor, in which she places the blame for the abuse/assault on herself. This can lead to depression and

suicidality.

3.9.8 Religion, emergency shelters and victim empowerment used to help women cope with IPV

Aldridge - Gerry et al. (2011) and Flanagan et al. (2014) agree that different coping strategies exist which include religion, resisting violence, pacifying the abuser, safety planning and accessing formal and informal supports systems to get to safety. Ramsay et al. (2009) and Human Rights Watch (2021) assert that though not used by all victims, emergency shelters serve as an important protective strategy, especially for severely abused women and those with limited financial and social resources.

Slakoff and Penzeymoog (2020) reported that IPV is the leading cause of womens homelessness, which precipitates and exacerbates poor health conditions. These victims may seek help from informal supports such as friends, family and neighbours and formal supports such as courts, police, shelters, and social service providers. Social service providers help victims secure safe shelter or housing, review safety plans, facilitate peer support groups and find mental health counselling. West et al. (1998) argued that although human service agencies are often thought of as a gateway for victims of violence, they are not as universal as sometimes thought because they are few, far between, and often full (which is particularly true in South Africa).

Simonič (2020) indicated that IPV is a specific form of trauma where spirituality/religiosity (especially positive religious coping) can play a major role for victims, in helping them reshape their perceptions, establish new behaviours, and promote recovery by providing hope and preventing feelings of helplessness. Religiousity and/or spirituality helps survivors find meaning and purpose in life events and suffering. The author suggests that aspects of religion and spirituality can help a woman gain integrity and a sense of dignity.

Hodges and Cabanilla (2011) and Shivambu (2015) indicate that many women can cope with IPV because of their spirituality and religious beliefs. In their opinion prayer and spiritual guidance helps victims of domestic violence carry on with their lives. Furthermore, Ahinkora (2021) and Lipsky et al. (2006) found that faith in God (Christian) was an important coping mechanism for battered women. This notion is supported in various research studies (Hassouneh-Phillips, 2001; Mwenesi et al., 2004; Shivambu, 2015). Moreover, Ahinkora (2021) reports that culturally specific spiritual practices play an important role in the process of healing and protection of women who have suffered physical and emotional violence. The author reports that this can include the use of prayer as it helps build resilience among domestic violence victims.

Leburu-Masigo et al. (2019) report that in SA, the Department of Social Development (DoS) is the principal department driving victim empowerment programmes (VEP). The aim of a VEP is to bring together multidisciplinary services that seek to address the needs of victims of violence, as well as promoting the reduction of secondary victimisation. According to Watson and Lopes (2017), the DoS also provides shelters to women and children who experience high levels of trauma. This is to ensure they have a safe place to stay, psycho - social support, access to medical and para-legal services, skills development initiatives, and associated services. However, they also report that there are too few of these services, particularly in semi-rural and rural areas.

In this research I highlight the coping strategies used by Tsonga women in Mpumulanga, which can be seen in the results section. These have not been a focus of previous research in SA on the topic.

3.9.8.1 Differences between rural and urban women who suffer IPV which impacts on their ability to cope

Bhandari et al. (2011) argue that there are differences in abusive relationships when comparing rural and urban women in Africa. In rural areas, access to safety through shelters or hospitals is limited due to physical and geographic isolation, as well as lack of public transportation. This impacts on how women deal with IPV as women in rural areas may not be able to access services which help them cope. The services that could help them may be located a few hundred kilometres away and thus are not easily accessible. As a result, battering can go on without any interventions. Additionally, rural women have less social support, lower levels of education and income, have usually experienced more childhood physical and sexual abuse, and worse overall health than urban women. In more westernised settings women have been found to adopt more constructive coping mechanisms, because they are easily accessible, such as spiritual, medical, mental health help and the use of social support facilities (Rothman et al., 2007). These have been found to be effective in helping victims cope with their emotional burden (Shivambu, 2015).

Shannon et al. (2006) suggests that there are differences in coping skills between rural and urban women facing IPV. They noted that urban women used more emotional support, positive self-talk, and exercise/meditation to manage the abuse whereas rural women rely on denial, that is not telling their friends or family and telling themselves that the violence will not happen again.

3.9.9 Emotion focused coping

Shannon (2006) reports that many women are positive that their partner will change they say things like: “It won’t happen again,” and/or “He was just in a bad mood, he didn’t

mean it." The latter group or women are aware that they are in an abusive relationship, but they do not seek help as they do not want to leave the relationship because they believe that one day everything will be fine (Bridges et al., 2018). These women also use emotion-focused coping strategies which are highly associated with harmful effects on an individual's physical and psychological well-being for instance, drinking alcohol or taking other substances. Due to lack of available resources women use emotionally focused coping strategies to minimise the pain and hurt they experience. They do this to downplay the significance of the IPV they suffer (Khodabakhshi-Koolaee et al., 2018).

Rothmann et al. (2007) report that it is taboo in rural areas to discuss family matters in public because of fear and shame that the whole community will find out about them. There is also a lack of trust in service providers, for instance health clinics not keeping sensitive information private. Families meet on a regular basis in churches, their homes, grocery stores, schools, and government agencies however, they only discuss matters that are considered polite, such as how well their children are doing at school. These encounters do not offer support to women suffering IPV, but it can be argued that carrying on with daily routines is related to coping, in other words it is a form of 'denial' as everything on the surface appears to be going well.

3.9.10 Survival focused coping

Other women who are victims of IPV use 'survival focused coping' to be able to carry on with their lives (Shivambu, 2015). According to Carr and Pudrovska (2007), survival-focused coping is different from either emotion or problem-focused coping. It is aimed at surviving in the short term, meeting basic needs, and keeping the individual and their loved ones as safe as possible. It is about creating breathing room in the hope that something will

change. It is composed of constant negotiations with self and the IPV perpetrator to try and minimise harm while trying to protect for instance, children or elderly parents. This is referred to as 'continuous negotiations' and can be seen as acts of micro control on the part of the victim. The use of micro control, within the context of survival-focused coping, is when the victim tries to make small changes to ensure their (and/or other family members) safety while being alert to the possibility of more dangerous threats from the perpetator of the violence.

Goodman et al. (2009) also report that the long-term impact of current decisions and choices for women who experience IPV is less of a priority than it would be for a woman who has many resources. A woman using survival-focused coping knows that she needs to focus on survival in the here and now, as her future is very unpredictable and outside of her control. Even though a woman using survival-focused coping may seem passive this may not be the case as her manner of coping can be attributed to her socio-economic status (for instance, poverty), rather than true passivity.

3.9.11 Direct action as a coping strategy in IPV

According to Freeland et al. (2018), some women who are victims of IPV use direct action as a coping strategy. This type of strategy involves seeking out counselling services with mental health professionals (psychologists, social workers, physicians, and social service providers), volunteer counselling services at churches, approaching domestic violence centres and police, as well as talking to friends and/or family. These women can be considered to have taken the first step to extricating themselves from the violent situation in which they live.

Cronholm et al. (2010) and Sandiou (2018) state that counselling women who have suffered IPV is useful as it assists them in becoming more self-assured and helps them to recognise that hey must act to change their lives. Sandiou (2018) notes that therapy can be

individual or family therapy, because in some families' children also witness IPV and will also need counselling.

The following paragraph explores how resilience can be a coping mechanism in women who have suffered IPV.

3.9.12 Resilience as a coping strategy in women who have suffered IPV

Wagnild and Young (1993) and Hurley (2020) define resilience as the ability to cope, learn, and grow from difficult experiences. Ahern et al. (2008) and Southwick et al. (2014) categorise resilience as the ability to successfully cope with change or adversity. All these authors argue that resilience is a characteristic of the personality that handles the effects of negative stress and promotes adaptation. Shivambu (2015) suggests that resilience is based on an individual's ability to positively adapt and rebound from significant adversity and the distress it creates. Bonanno et al. (2007) provides another definition of resilience which states that despite being exposed to trauma and loss, it is an individual's ability to maintain relatively stable, healthy levels of psychological and physical functioning across time and posseses the ability to help the individual generate new experiences and positive emotions.

Resilience involves multiple factors such as hardiness, self enhancement, repressive coping, positive emotion, and laughter and is derived from various pathways (Bonanno et al., 2007). Southwick et al. (2014) reported ten effective resilience coping mechanisms that help individual's manage stress and trauma such as realistic optimism, facing fear, moral compass, religion and spirituality, social support, resilient role models, physical fitness, brain fitness, cognitive and emotional flexibility. Additionally, Raghaven and Sandanapitchai (2019) found that gender, age, race/ethnicity, education, level of trauma exposure, income change, social support, frequency of chronic disease, and recent and past life stressors were unique predictors of resilience. Furthermore, Shatté et al. (2017) report that individuals with high resilience find

it easier to cope with difficult situations. Gopal and Nunlall (2017) report that women who experience violence are more likely to show resilience if they have support or external resources within their family or community.

3.10 Developing coping guidelines

When developing coping guidelines, I looked at how Skinner and Zimmer-Gembeck (2016) identified coping as a transactional process, and reviewed theory and research on how individual differences in coping and emotional responses are linked to adaptive functioning. Skinner and Zimmer-Gembeck (2016) describe coping as a basic human adaptive process that involves the regulation of multiple subsystems (like emotion and attention), that are activated by stress. They consider coping as an integral part of development that if positive leads to resilience but if negative can lead to psychopathology.

To develop coping guidelines for women who have experienced the psychological impact of IPV in Ehlanzeni District, I had to take this into account. I used Skinner and Zembeck's (2016) notion that personal and social resources can be used to facilitate positive outcomes together with how the participants in this study appraised their situation and coped with it (based on their responses). I also used Lazarus and Folkman's (1984) transactional theory of stress and coping as a theoretical basis with which to develop the guidelines. This enabled me to construct coping guidelines for use in a South African context in Mpumulanga Province both in English and XitSonga. I saw this gap in the literature, pertaining to not having coping guidelines in one of the main African languages in the province, when I worked at various clinics as a clinical psychologist.

3.11 Summary

The chapter gave a broad overview of recent and older literature on IPV and associated research. It looked at the impact and causes of IPV for instance, the role of patriarchy, culture, poverty, early marriage, observed behaviours and substance abuse both globally and in South Africa. Theories of stress and coping were briefly presented as well as a transactional coping. Lastly, an account of how coping guidelines for women who have experienced IPV were developed was provided. The following chapter decribes the research methods I used in the study.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 Introduction

Chapter 4 describes, in detail, the step-by-step research procedures I used for the study. These are described in the chapter and include the research questions, research aim and objectives, research design, sampling, data collection, data analysis, quality criteria and ethical considerations. The research questions, aim, and objectives are reiterated here for ease of reference.

4.2 Research questions

1. How do women experience IPV?
2. What is the psychological impact of IPV on women who have experienced it?
3. How does lobola and other contexts such as poverty, early parenthood, alcohol/substance abuse and observed behaviours perpetuate IPV?

4.3 Aim of the study

The aim, or focus of the study, was to explore IPV, and its contexts, with the intention of developing coping guidelines for women who are married and who have experienced the psychological impact of IPV in Ehlanzeni District.

4.4 Objectives of the study

- To explore the experience of women who have been the victims of IPV.
- To examine whether there is any psychological impact of IPV in women who

have experienced it.

- To explore whether there are any contextual factors such as lobola, or contexts such as poverty and/or early parenthood as well as alcohol/substance abuse and observed behaviours perpetuate IPV.
- To develop coping guidelines for women who are married and who have experienced the psychological impact of IPV in Ehlanzeni District.

4.5 Research design

The study adopted a qualitative approach which Neuman (2013) defines as a systematic and subjective approach to highlighting and explaining every-day life experiences in order give them meaning. Qualitative research allows researchers to explore behaviours in an in- depth manner in order to understand the perspectives of the participants. Additionally, Creswell and Creswell (2017) define the qualitative inquiry process as an understanding based on traditions of investigation that explore a social or human problems. A qualitative research method namely, phenomenology was used in this research with an Afrocentric theoretical underpinning. This was done to add an in-depth understanding of the topic.

The use of an exploratory hermeneutic phenomenological research design in this study is supported by the philosophy of Afrocentricity. Cresswell and Cresswell (2017) state that phenomenological research designs are used to study the meaning of people's lives in their real-world roles and properly represent their views and perspectives. They do this through identifying important contextual conditions to discover new and additional insights about existing social and behavioural elements as well as acknowledging the contribution of multiple perspectives.

Comment [R11]: I put this back in because:
Basic themes of hermeneutic phenomenology are interpretation, meaning of texts, dialogue, preunderstanding, and traditions. Heidegger and Ricoeur represent hermeneutic phenomenology.
The aim of phenomenology is to clarify and describe and to make sense of the human experience.
Hermeneutics wants to articulate the reflexive nature of human experience as it is seen in the language and signs people use. Asante's Afrocentricity uses signs, traditions etc. to interpret and interrogate meanings in an African setting

Comment [R12]: You can take it out if you see fit

According to Neuman (2013) phenomenology is concerned with the study of experience from the perspective of the individual. Epistemologically, phenomenological approaches are based in a paradigm of personal knowledge and subjectivity and emphasise the importance of personal perspectives and interpretations. They are powerful tools for understanding subjective experience, gaining insights into people's motivations and actions, and cutting through conventional wisdom. Phenomenological research seeks to describe rather than explain and starts from a perspective free from hypotheses (Husserl, 1970). Phenomenological methods are particularly effective at bringing to the fore the experiences and perceptions of individuals from their own perspectives, and therefore at challenging structural or normative assumptions. Hermeneutic phenomenological research wants to:

> Understand that the phenomenon is part of a significant whole and there is no possibility of analysing it without the holistic approach in relation to the experience to which it belongs (Guillen, 2019, p. 219).

It is also true that in phenomenology there are no clear-cut definitions of methodologies which can limit a researcher's vision and creativity (Gray & Grove, 2020). In this regard an exploratory hermeneutic phenomenological research design using deductive interpretation was utilised. According to Smith et al. (2009), hermeneutic phenomenology looks at the relationship between the meaning of an individual's experience and the context, or environment, of that lived experience. It is a dynamic process which looks at different parts in the process in order to understand 'the whole.' It offers a holistic way of viewing any phenomena.

This research design allowed me to collect data, related to an in-depth account of the participants experiences of physical and psychological violence, which allowed me to

develop coping guidelines for women who have experienced the psychological impact of IPV. These guidelines were developed out of the participants perceptions of their lived experience in their own environment. However, it must be understood that participant's accounts do not refer to a verifiable reality (Creswell & Creswell, 2017; Neuman, 2013) but rather to their personal understandings of their *'Ukweli,'* or *'*Truths*,'* about their lived experiences related to '*Ujamaa,'* or 'Familyhood.' Any, '*Uhaki'* or 'Literacy Criticism' related to these views, which is presented, has been gleaned out of participants responses which are linked to their subjective knowledge and view of their world. However, it must be stated that this knowledge may well reflect a distorted view of African cultural norms and traditions. The participants knowledge and related views about their own culture cannot be properly divorced from centuries of subjugation (slavery, colonialisation, separate development and apartheid) and the forced adoption of Eurocentric culture which has led to their misrepresentation or distortion (Asante, 1990).

4.6 Sampling method

Sampling is a procedure for finding cases to study (Creswell & Creswell, 2017). According to Neuman (2013), a sampling procedure is used in research when the researcher is unable to investigate the total population which is involved. Non-probability sampling was used in this study as the researcher used a qualitative approach to the phenomena under investigation. Creswell and Creswell (2017) state that non-probability sampling is used in studies that are not interested in the parameters of an entire population and where members of the population do not have an equal chance of being selected. In this study the researcher used purposive sampling. This sampling method involves the deliberate choice of participants regarding their inherent ability in meeting the criteria required by the investigation. This

implies that the researcher decides what needs to be known and sets out to find people who can, and who are willing, to provide the information by virtue of their knowledge or experience. It is a non-random technique that does not need underlying theories or a set number of participants (Neuman, 2013).

As 10 participants stated they were willing to participate they were all interviewed and none were omitted because of data saturation, that is when participants were found not to add new knowledge (Cresswell & Cresswell, 2017). This was because all participants experienced IPV in intensely private and somewhat different ways thus 'data saturation' was not a concept appropriate to this study.

4.6.1 Participants

Participants in the study were women who were victims of IPV. These women were identified at Victim Empowerment Programmes in Mkhuhlu and Acornhoek, Ehlanzeni District in the Mpumalanga Province. It must be noted that during proposal phase the researcher aimed to collect data at Thulamahashe centre for victims of violence however, when data had to be collected the institution did not have patients who met the requirements for the study, hence the researcher was referred the victim empowerment centres. The victim empowerment centres that were used to enrol participants in my study offer different services to women who have suffered trauma, or harm through violence and crime, as well as natural disasters. They consider victims as any woman who has suffered:

> "Harm, including physical or mental injury; emotional suffering; economic loss or substantial impairment of [in this case] her fundamental rights, through acts or omissions that are in violation of the criminal law" (Social Development, 2022, p.1).

Ten participants, which are an appropriate number in terms of qualitative research (Cresswell & Creswell, 2017), were enrolled and took part in the research. The age group of the participants ranged between 35-60 years old.

4.6.2 Procedure

I needed to identify possible participants, so I asked for permission to conduct the research from the Non-Governmental Organisation (NGO) that runs the clinic. A preliminary discussion, where it was made clear the research had to pass through the various ethical channels at the University of Limpopo, indicated that the Gatekeepers of the clinic would like this research to take place.

After I was granted permission to conduct the research by both the University of Limpopo and gatekeepers of the clinic I (a Clinical Psychologist) went to the centres and discussed, and described, the proposed research with women who attended them and asked if anyone wanted to participate. I made my cell number and e-mail address available to the possible participants so that they could contact me. I also highlighted confidentiality and anonymity when I spoke to them.

4.6.3 Data collection

In this research I used semi-structured interviews as according to Creswell and Creswell (2017), semi-structured interviews are useful for qualitative research. Semi-structured interviews are in-depth interviews where the respondents must answer a set of focused, open-ended, and flexible questions in their own words. It is a verbal exchange where one person, the interviewer, attempts to elicit information from another by asking questions Those questions

were determined before the interviews however, probing took place when more information was needed. I used the semi-structured interview guide to help me focus on getting answers which were relevant to the research topic.

Creswell and Creswell (2017) state that the semi-structured interview unfolds in a conversational manner offering participants the chance to explore issues they feel are important. It is about talking but it is also about listening, paying attention, being open to hearing what people have to say, creating a comfortable environment in which people can share their experiences, being non-judgmental, and being careful and systematic when recording what participants say. This includes using an appropriate tone of voice. I used an empathic tone of voice which, in my view, helped the participants feel comfortable and was not threatening in any way. The semi-structured interview guide offered a focused structure for the discussion but was not strictly followed. This was because I needed to probe when participants responses needed clarifying. The idea was to explore the research area by collecting comparable types of information from each participant by providing them with guidance on what to talk about.

The semi-structured interview is often perceived as an easy data collection method however, if carried out properly it is a rigorous and difficult method (Creswell and Creswell, 2017; Neuman, 2013). The main advantage of this format is that it has been found to be successful in enabling reciprocity between the interviewer and participant (Creswell & Creswell, 2017), enabling the interviewer to improvise (probe) follow-up questions based on participant´s responses. Polit and Beck (2017) suggest that this allows space for participants' individual verbal expressions. This form of interview therefore allowed me to clarify ambiguous statements, permit exploration of topics and to elicit experiential accounts of the

lived experiences of the women, in terms of IPV. I took field notes to ensure that no data (for instance, body language) was lost.

The interviews took place in English and the local vernacular, which is Xitsonga, whichever the participant felt most comfortable with. Each interview lasted approximately sixty (60) to ninety (90) minutes. I conducted the interviews in a quiet, comfortable, and safe setting in a room in the clinic which was made available for my use. No incentives were offered for the research however, water and tissues were available for use by the participants. Appointments were set with each participant according to their availability. At the start of the interview rapport between myself and the participant was established. According to Shenton (2004), rapport can be described as a state of mutual trust and responsiveness between individuals or groups of people.

Demographic questions were asked first to obtain pertinent background information and to allow the participant to become used to the situation. All participants were de-briefed immediately after each interview. Debriefing is an opportunity to share in depth recent experiences with someone who is willing to listen and care, without judgment or criticism (Maree, 2007). Appointments were made after the initial interviews for participants to give feedback on the transcript of their interviews, to ensure that it was proper record of their experience. These feedback appointments took between 15 to 20 minutes each and took place at the same venue when the women were available.

4.7 Data analysis

Before the data analysis began the data were transcribed from the audio recordings. The data that were collected in Xitsonga were translated into English and then back translated into Xitsonga to ensure the translations were correct. This was carried out by an expert in the field. The research although phenomenological in nature had an exploratory design. As a result, a deductive

analytical approach was followed which was based on the questions which were derived from pre-existing knowledge (Azungah & Kasmad, 2020), as reported in the literature review

Data analysis is a process of bringing order, structure and meaning to a mass of collected data (Welman et al., 2005). Qualitative data analysis is usually based on a philosophy that is aimed at examining the meaningful and symbolic contents of data. It is a non-numerical examination and interpretation of the data (Cresswell, 2017). For the purpose of this research, analysis of the texts and collected data were guided by Thematic Analysis (TA). According to Braun and Clarke (2012;2021), TA is the process of identifying specific principles, themes or general rules underlying data, it is about searching for patterns in data it was thus an appropriate method for this study as it analyses qualitative data. A deductive approach was used as it is flexible and often driven by the researcher's interests (Braun & Clarke, 2006, p. 12).

> TA approaches typically acknowledge the potential for inductive (data-driven) and deductive (theory-driven) orientations to coding, capturing semantic (explicit or overt) and latent (implicit, underlying; not necessarily unconscious) meanings, processes of coding and theme development, and the potential for some flexibility around the theory that frames the research (Braun & Clarke, 2021, p. 6).

The process of TA has 6 phases, adapted from Braun and Clarke (2012) and Vaismoradi et al. (2013). These phases are:

- Phase 1: Familiarisation with the data

According to Braun and Clarke (2006), this is the first phase where the researcher transcribed data and read and re-read it to become familiar with it. During this phase I noted

down initial ideas about the data submerging herself in it by reading and rereading textual data which, in this case were the transcripts of interviews. I combined this with reading observations about non-verbal data, which I had observed during the interviews, and written down in field notes. In this research I collected information, with permission from the participants, with an audio recorder and field notes. I listened to every recording many times in order to ensure the written transcript was correct.

Vaismoradi et al. (2013) state that reading data as data means not simply absorbing the surface meaning of the words on the page, but reading the words actively, analytically, and critically, and starting to think about what the data mean. The aim of this phase was to become intimately familiar with the dataset and to notice things that were relevant to the research questions. I needed to 'listen' to the data, transcribe it and then to read and re-read it several times until I understood the content properly. I also made notes on the entire data set as well as on individual transcripts. Note-making at this stage was observational and casual rather than systematic and inclusive.

- Phase 2: Generating initial codes

In this phase I started coding interesting features of the data in a systematic manner across the entire data set, collating data relevant to each code. Braun and Clarke (2012) state that codes are the building blocks of analysis. Codes are thus identified and provided a label for a feature of the data that was relevant to the research questions. Codes, in this research, provided a concise summary of a portion of data or described the contents of the data. These descriptive, or semantic, codes were kept in line with the contents of the data and the participants' meanings.

Vaismoradi et al. (2013) state that codes are succinct and work as shorthand for something the analyst, understands; they do not have to be fully worked-up as explanations, those come later. Furthermore, codes will almost always be a mix of the descriptive and interpretative. In this investigation the researcher read through every data item and coded it before coding another item. Every time I identified something that I thought was relevant I coded it. When all the data were fully coded I collated it.

- Phase 3: Searching for themes

This is where I sorted out the different codes into potential themes and positioned all relevant coded data extracts within all identified potential themes and sub- themes. The themes that were gleaned out of the data captured something important in relation to the research questions for the study and represented a specific meaning within the dataset (Braun & Clarke, 2012).

I ensured that I searched for themes that were hidden within the data. After that, I again reviewed the coded data to identify areas of similarity and overlap between codes. This basic process of generating themes and subthemes, which are the subcomponents of a theme, involved collapsing or clustering codes that seemed to share some unifying features, so that they reflected and described a coherent and meaningful pattern in the data (Vaismoradi et al., (2013).

Another important element of this stage was that I started to explore the relationship between the themes and sub-themes and consider how the themes worked together in telling the overall story gleaned from the data. I realised that good themes were distinctive and, to some extent, stood alone, but they also needed to work together as a whole. During this stage, I also had a few miscellaneous themes (Braun & Clarke, 2012), which included all

those that I could not, at this point fit into other themes. These were later absorbed into existing themes or sub-themes or put into a new theme. In this research no miscellaneous themes were discarded as they all found a place within the themes and sub-themes.

- Phase 4: Reviewing potential themes

Braun and Clarke (2012) indicate that this phase consists of reviewing and refining themes. I read all the collated extracts for each theme and considered whether they formed a coherent pattern. This phase was about quality checking. It was particularly important for me to ensure that I had found all the themes possible in this large data set. The first step was to check the themes against the collated extracts of data and to explore whether the theme worked in relation to the data. If it did not, I had either to discard some codes or relocate them under another theme which I did.

Once I had a distinctive and coherent set of themes that worked in relation to the coded data extracts, I undertook the second stage in the review process namely reviewing the themes in relation to the entire data set. This involved one final reread of all the data to determine whether the themes meaningfully captured the entire data set, or an aspect thereof. Revision at this stage involved creating additional themes or tweaking or discarding existing themes which I completed. If the analysis seemed incomplete, I went back to "look for what was missing" (Braun & Clarke, 2012, p.9).

- Phase 5: Defining and Naming Themes

In this phase the I defined all the themes that had been captured and documented what was unique or interesting about them. I clearly stated what was unique and specific about each theme. According to Braun and Clarke (2012), good thematic analysis has themes that (a) do not try to do too much, as themes should ideally have a

singular focus; (b) are related to but do not overlap too much, so they are not repetitive however, they may build on previous themes; and (c) directly address the research question. This phase involved the analytic work involved in TA and the critical shaping up of the analysis into its fine-grained detail. It involved selecting participants responses which told the story of each theme. The other aspect of this phase was working out what to call each theme and sub-theme. Naming might seem unimportant, but the names must accurately reflect the themes and sub-themes (Vaismoradi et al., 2013).

- Phase 6: Producing the research results

This is the final phase where the researcher wrote up the PhD and ensured all the research questions were answered, underpinned by the theoretical framework (Braun & Clarke, 2012). The purpose of the PhD was to provide a compelling story about the data based on the analysis and to provide coping guidelines for women who have been affected psychologically by IPV.

- Phase 7: The development of coping guidelines

Examples of coping guidelines, in a South African context were developed in this study out of the transcribed data. I followed Skinner and Zimmer-Gembeck's (2016) process of how to use data to develop coping guidelines for various kinds of psychopathology or pathology related to any type of symptomatic abuse, in this case IPV.

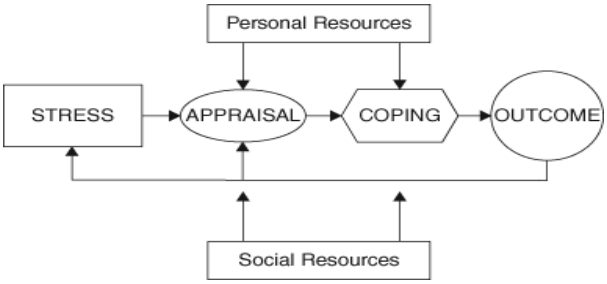

Figure 1: Coping depicted as a transactional process (Zimmer-Gembeck& Skinner, 2016, p.10)

Data were collected as per data collection in the research methodology and analysed through TA. The specific social resources that are unique to South Africa were identified as were the personal resources that women have, or need, to overcome IPV.

4.7.1 Using Afrocentric theory to provide an African analysis for themes arising out of the data

To ensure a truly African meaning to the TA Reverie's (2001) tenets, which summarised and conceptualise Asante's (1991) Afrocentric theory were used, as follows:

- *Ukweli* or 'Truth' – The researcher found the 'Truth' or *'Ukweli'* by ensuring the research was grounded in the female participants' subjective knowledge of their culture. This was achieved by making sure that the research was grounded within the women's understanding of their own culture. The participants spoke Xitsonga. This also allowed for data to be verified within their context which is an African frame of reference (Reverie, 2001).
- *Ujamaa or* 'Family-hood'– I had to understand the main cultural mores of the women in terms of their own culture. Their culture (Xitsonga culture) is a part of the larger community culture in the area. In this regard, I was informed by the cultural

knowledge and truths from the women which informed my own and understanding of the topic being researched (Reverie, 2001).

- *Uhaki* or 'Literacy Criticism' – This tenet is related to being just and objective. I made sure that the participants were comfortable and felt both harmony and well-being when I interviewed them. The interviews were carried out with respect for the participants' culture and their traditional understandings in terms of their Xitsonga culture. I was thus able to be objective in a way that was fair and mindful of the traditions the participants adhered to as part of African culture (Reverie, 2001). However, it must be stated that these traditional understandings have been impacted on by the African experience of being subjugated by Eurocentric culture (Asante, 1990).

4.8 Quality criteria

This research was underpinned theoretically by Afrocentricity. Reliability and validity were ensured, as far as possible in qualitative research by using the following three concepts.

4.8.1 Transferability

Transferability refers to the degree to which the results of qualitative research can be transferred to other contexts with other respondents; it is the interpretive equivalent of generalisability (Anney, 2014; Shenton, 2004). I achieved this through providing a rationale for the selection of research participants who were selected purposively, which facilitated the process of transferability in terms of the research findings. Additionally, through reading appropriate research and literature on the topic of IPV, I determined that it is very possible that the study results and findings could be used in similar, but different contexts, relating to IPV as there is some comparison to previous research findings on the topic (as seen in the literature

review).

4.8.2 Credibility

Credibility is defined as the confidence that can be placed in the truth of the research findings (Anney, 2014). Credibility establishes whether the research findings represent reasonable information drawn from the participants' original data through the correct interpretation of their original views. This was achieved through my experience, detailed field notes, the audio notes, ongoing supervision, and my ability to reflect at every point in the research process, the assessment of the study and the clinical and/or interview experience which established the structural coherence of the research (Shenton, 2004).

4.8.3 Dependability

According to Anney (2014, p. 271), dependability "refers to the stability of findings over time". In this study, this was ensured through the involvement of participants and by evaluating the findings, interpretation, and recommendations of the study to make sure that they were all supported by the data received from the study sample (Anney, 2014; Shenton, 2004). This was established using an audit trail, a code-re-code strategy, examination of the work (researcher's supervisors and external assessors) and verification of data transcripts by participants (Anney, 2014).

4.8.4 Bracketing

To ensure the research was about the participants perceptions and that the ideas were not mine I had to 'bracket' (Cresswell & Cresswell, 2017) any pre-conceived notions that I had that is, put them to one side. To do this, I had many meetings with my supervisors and had to reflect on any biases or prejudices that I had. I found that I had to develop insight into

my own cultural assumptions and thoughts to present a balanced view of the participants notions.

4.8.5 Bias

Bias in qualitative research is noted as any type of influence which can distort the investigation results (Anney, 2014). In the study I put my own feelings and ideas of the phenomena aside and let the participant's narratives 'speak' for themselves. I did this, as noted, through bracketing (Shenton, 2004). I also had sessions with my supervisors to ensure that I was being objective and not judgemental in anyway. I was encouraged to reflect on my engagement with participants and the research process until (and after) the work was completed.

4.9 Ethical considerations

4.9.1 Permission to conduct the study

Before undertaking the study, I requested ethical clearance from the University of Limpopo's ethics committee (Roberts, 2015; Walliman, 2017). Thereafter, Gatekeeper permission was requested from the Enhlanzeni Municipality (See appendix 4 for Letter of permission to Enhlanzeni). Ethical clearance number: TREC/96/2020: PG.

4.9.2 Informed consent

Informed consent means that research participants have the right to be informed about the nature of the research and the right to withdraw at any time (Walliman, 2017). Participants were informed about the significance and relevance of the study. The nature and aim of the research were explained to the participants and it was ensured that they

understood the information. According to Roberts (2015), researchers obtain the informed consent of participants to ensure that they explicitly express a willingness to take part in the research, after having been informed about its nature. I also explained to the participants that their participation in the research project was entirely voluntary, and they were free to withdraw at any time and that any information they had given would be used solely for the purpose of my research (PhD) and any possible articles.

In this study the participants (all women who experienced IPV) were approached (as per the sampling procedure) and requested to give informed consent before they were interviewed. In this regard, each participant was given an informed consent letter (see Appendix 1) and an informed consent form (see Appendix 3) that they then signed (Roberts, 2015; Walliman, 2017).

4.9.3 Confidentiality, privacy, and anonymity

Confidentiality means a person knows but will not tell and anonymity means that a person's name is not known and is not made public. Walliman (2017) states that information obtained from research must be confined to certain well-defined scientific uses that should be clear to the participants at the time of informed consent. Information they provide must not be made generally available in any way that could harm or embarrass the participants. I undertook to do this.

Research participants who agreed to participate in this study were ensured of the confidentiality of their information. Privacy and anonymity were also assured, and the participants were informed it would be maintained throughout the study. To ensure anonymity the participants only wrote their names on the informed consent forms but not on the questionnaires. The informed consent forms were separated from the questionnaires. Where any

limits of confidentiality and privacy were envisaged, it was discussed with participants during the consent form agreement phase. For instance, if a participant expressed that she was depressed and wanted to take her own life at that time. In this research this did not happen. The researcher used an audio recorder to record interviews with permission from the participants. The data collected was safely stored and accessed only by the researcher and the supervisors. When storing data, I used pseudonyms rather than participants' actual names to ensure privacy and anonymity. The information shared was kept confidential, as no names or other identifying information were used in the write up (Roberts, 2015). The information will be kept at the University of Limpopo, by my supervisors for a period of five years after the research was completed, it will then be destroyed (shredded).

4.9.4 After-care for participants

Due to the nature of the topic investigated some participants had negative psychological reactions. These participants were referred for psychological support to psychologists at the clinic which they already attended. I hope that participants benefited from the research by airing their feelings and having the time and space to reflect on them. The coping guidelines developed out of the study were presented in a poster format to the clinic for all attendees to use. I contacted the participants after the research had been completed and ensured they were given a copy of the poster of coping guidelines. It is hoped they will help the participants in two ways: 1) by giving useful and relevant information to them pertaining to IPV and 2) by giving the partcipants a sense of self-worth as they are aware that the guidelines were developed out of their inputs. In this regard, participants should benefit from the study regarding aspects of coping strategies and help seeking pathways.

4.9.5 Vulnerable persons

This study aimed to investigate the experiences of women. The participants of the study were adults, and no children or other vulnerable group took part in the research. These participants were adults who did not need consent (Walliman, 2017) as they were not cognitively challenged in any way. This study did not aim to obtain information or conduct any experiment with the children or minors, only to understand the lived experience of women who have experienced IPV. As a result, only the participants consent was necessary. In terms of IPV the women could be regarded as vulnerable however, every effort was made to ensure the research was ethically and empathetically conducted and participants were properly informed and referred for aftercare as needed.

4.9.6 Deception

Deception is the act of misleading or wrongly informing the participants about the nature of the research and concealing information (Roberts, 2015; Walliman, 2017). When a psychological research study involves deception, no consent can be ethically obtained. In this research there was no deception and the reason for the research was properly explained, as was the research process.

4.10 Summary

In this chapter, the qualitative research method and the phenomenological exploratory research design were discussed. Non-probability sampling was explained as was the use of the semi-structured interview guide used to collect data. Thematic analysis (TA) was described as it was used for data analysis. Quality criteria for the study and ethical considerations were outlined. The next chapter (5) focuses on the presentation and analysis of results in the form of themes and sub-themes.

CHAPTER 5

PRESENTATION OF RESULTS, ANALYSIS AND DISCUSSION

5.1 Introduction

This chapter presents the results of the study. The focus is on the participants' experiences reflected through their responses to the semi-structured interview questions (See Appendix 1). These are presented as themes and sub-themes which emerged out of the TA. The major causes of IPV and its psychological impact, in terms of this sample are considered. The results are discussed in terms of relevant literature and Asante's (1990) Afrocentric theory. Reverie's (2001) notions linked to Afrocentric theory are used in order to give a more holistic, balanced, and Afrocentric interpretation of the results. Reverie's (2001) notions are repeated here for ease of reference.

- *Ukweli* or 'Truth' – The researcher found the 'Truth' or *'Ukweli'* by ensuring the research was grounded in the female participants' subjective knowledge of their culture. This was achieved by making sure that the research was grounded within the women's understanding of their own culture. The participants spoke Xitsonga. This also allowed for data to be verified within their context which is an African frame of reference (Reverie, 2001).
- *Ujamaa or* 'Family-hood'– The researcher had to understand the main cultural mores of the women in terms of their own culture. This culture (Xitsonga culture) is a part of the larger community culture in the area. In this regard, I was informed by the cultural

knowledge truths from the women which informed my own and understanding of the topic being researched (Reverie, 2001).

- *Uhaki* or 'Literacy Criticism' – This tenet is related to being just and objective. I made sure that the participants were comfortable and felt both harmony and well-being when I interviewed them. The interviews were carried out with respect for the participants' culture and their traditional understandings in terms of their Xitsonga culture. I was thus able to be objective in a way that was fair and mindful of the traditions the participants adhered to as part of African (Reverie, 2001). However, it must be stated that these traditional understandings have been impacted on by the African experience of being subjugated by Eurocentric culture (Asante, 1990).

5.2 Presentation of research findings

Demographic information will be presented first in a tabular format. A summary of emergent themes, with a brief discussion, will follow.

5.2.1 Demographic information in tabular format

The following table (1) summarises the demographic information of the participants. All participants were females owing to the nature of the study.

Table 1: Demographic information of participants

Participants	Age in years	Marital status	Number of years living together	Education	Occupation
Participant 1	42	Married	12	BA	Administrator
Participant 2	44	Married	24	BA	Safety Officer
Participant 3	46	Married	16	BEd	Teacher
Participant 4	45	Married	20	BCurr	Nurse
Participant 5	40	Married	10	Matric	Unemployed
Participant 6	48	Married	30	Grade 9	Unemployed
Participant 7	45	Married	11	BA	HR Assistant
Participant 8	35	Married	15	Grade 8	Nanny
Participant 9	45	Married	20	Grade 6	Unemployed
Participant 10	60	Married	44	Grade 2	Pensioner

5.2.1.1 Background information of participants

This section of the results presents more detailed background information of the participants so that their socio-economic and environmental contexts can be clearly understood. Numbers are used instead of pseudonyms as they are less personal, and a pseudonym could inadvertently be based on a participant's characteristics, which might reveal their identity.

- **Participant 1**

Participant 1 is a married woman. She was 42 years old, at the time or the research and had been married for twelve years. She studied Public Administration at university and now works as an administrator. She has three children who live with her and her husband. She grew up in a middle-class family and noted that she did not 'want' for anything. The participant currently lives with her husband. He has a job which is well paid, and they can take care of their children and themselves with no monetary problems. She fears that if she leaves him, she will not be able to take care of the children properly (pay for schools and clothes) and that her lifestyle will change. Her husband abuses her by physically hitting her. He drinks alcohol and he gets angry quickly. He comes home very late and when she asks him if he has been drinking, he becomes defensive which makes her suspect that he might be 'cheating' on her. When growing up she observed her parents fighting (verbally) and calling each other names. She had her first child when she was quite young, that is in her second year at university, where she also worked as a tutor. Participant 1 experiences IPV caused by her husband whom she describes as a traditional man who believes that a man is the head of the family and should not listen to a woman. He believes that as he paid lobola she must be submissive to him in all areas of their married life.

- **Participant 2**

Participant 2 is a married woman who is 44 years old and who has been married for twenty-four years. She has three children with whom she stays and two who live with her mother. The participant has a Bachelor of Arts in Safety Management and Food and Beverage Management and has a full-time job working as a safety officer. She grew up in a middle-class

family and did not want for food, clothes, or other material goods. She experiences ongoing IPV at the hand of her husband. She describes him as a cheater who physically and psychologically abuses her. He drinks alcohol occasionally. His family background is very traditional, and his family paid lobola to her parents. She had her first-born child when she was young, she was 18 years old. After her parents discovered that she was pregnant they were very angry and verbally abused her. Her husband is employed, and they both contribute to the family finances. Her biggest fear is losing everything that she has worked for if she leaves him. Three years ago, she discovered that her husband was having an affair at his workplace and that this woman was having his child. She states that as far as she is concerned this is a form of abuse.

- **Participant 3**

Participant 3 has been married for 16 years; she is 45 years old. She holds a Bachelor of Education degree and a teaching diploma. She has a full-time job working as a teacher. She and her husband have four children who live with them. She describes her husband as an abusive, traditional man who does not want to listen to women. He believes women should always take second place to men in family matters. He has reminded her that if he hits her and she leaves, he will ask her parents for repayment of lobola. She describes the abuse as emotional and physical (he beats her). Her husband drinks alcohol and she has found out that he is cheating on her with different 'slender girls'. His girlfriends (he has several) call her, sometimes in the middle of the night and call her names. She grew up in a poor, working-class family, where both her parents did not work. She received a bursary to further her studies after completing matric as she had good marks. The participant stated that her father abused alcohol and that he also physically abused her mother.

- **Participant 4**

Participant 4 is 45 years old. She has been married for twenty years and lives with her husband and their three children. She studied nursing and now works as a nurse. She grew up in a poor, working-class family. Her parents were unable to get work and, until now (the time the study took place), still do not work. Her uncle assisted her with her first-year university fees, and she also got a NSFAS grant when she was in her second year. Her parents were loving, and she did not observe any abuse at home. She had her first-born child when she was very young, she was still at high school. The participant left the child with her mother while she completed her education. She describes her husband as a traditional man who does not want to listen to her. They fight whenever she has an opinion on family matters and voices it. He thinks that she should 'keep quiet,' and reminds her of her place in life. Her husband had a job at the time the research took place. He started 'cheating' on her after she had their first child because she could not have sex with him for quite some time, as she had a caesarean section. Lobola was paid for her and participant 4 states that because of this he thinks he owns her. She thinks her husband is jealous and feels insecure because they are both working, and she does not depend on him for everything. The participant thinks this is the main cause of the abuse. Her husband abuses her financially as all her money goes into his account. He pays for food and household bills, but she is not allowed to have any money. She stated that her husband is an abusive alcoholic.

- **Participant 5**

Participant 5 is 40 years old and has been married for ten years. She has three children who live with her and her husband. She had his first child after he paid lobola. The participant completed matric but was not able to further her studies because of lack of finances. She grew up

in a poor, working-class family. Her father died when she was 11 years old which put a financial strain on the family. The participants mother had to work thereafter. The participant is unemployed however, her husband works. She depends on him to keep the family financially 'comfortable.' She does not recall any form of abuse between her parents when she was young. Her mother did not remarry and has no boyfriend. She states that she stays in the abusive marriage because she has nowhere to go, and as lobola was paid, she cannot go home. The participant fears not being able to support her children without her husband's financial support. She is abused emotionally by her husband. He insults and criticises her so much that she has no self-esteem and is depressed.

- **Participant 6**

Participant 6 is 48 years old and has been married to her abusive husband for thirty years. However, she still lives with him and their three children. She has Grade 9 and does not work which makes her dependent on her him for basic needs. She grew up in what she describes as a 'rich family' (middle-class) where both her parents worked. Her father was a school principal, her mother was a nurse. She did not complete school because she states that she was a naughty child who did not listen to her parents because of peer pressure. Her parents were in a loving relationship and there was no abuse in the family. The participant became pregnant in Grade 9 and then she dropped out of school. She fears that if she leaves her husband, her children will suffer and grow up without a father figure. Her husband has a short temper and insults and hits her weekly. Furthermore, she reported that her husband abuses alcohol and when he is drunk he treats her very badly.

- **Participant 7**

Participant 7 is 45 years old and has been married for eleven years. She has one child who lives with herself and her husband. She has two university degrees one in Human Resource Management (HR) and one in Information Technology (IT). She works full-time as an HR assistant. She observed her father abusing her mother both physically and verbally when she was young (more so when he was drunk), and as she was the first born, she felt she had to protect her siblings from their father's rages. The participant stated that her father did not work but her mother did, and that the family had enough money and was, in her opinion, middle class. She had her only child when she started working. She does not depend on her husband financially but fears that if she leaves him, she will not find a better man because as she stated, "all men are the same." She reported that her husband cheats on her however, she does not want her child to grow up without a father. If she left her husband, it would bring shame on her family as lobola was paid for her. Her husband abuses her psychologically and physically. She reported that her husband does not drink alcohol but has multiple girlfriends.

- **Participant 8**

Participant 8 is 35 years old and has been married for fifteen years. She lives with her husband and four children. She has Grade 8 and works as a nanny. She grew up in a poor, working-class family. Her parents passed away when she was very young. Her two brothers also passed away, so she is the only child left and because of that she thinks that her husband takes advantage of her (as he knows she has nowhere to go). She did not remember her parents abusing each other but notes they passed away when she was a baby. The participant describes her husband as an abusive man who she fears leaving because he is angry when he drinks alcohol

and could do “anything to her.” She does not want her children to grow up without their father as she thinks this would be bad for them. Participant 8 also noted that she would not be able to go back to her home as there is no close relative and this would shame her extended family (Aunts, Uncles, etcetera) as lobola was paid. Her husband beats her and does not support his children financially, he uses his salary for his own needs.

- **Participant 9**

Participant 9 has been married for twenty years and is 45 years old. She has Grade 6 and could not continue with school because of her parents’ finances. She does not work but sometimes gets part-time jobs for extra money. She grew up in a poor family, which she describes as working class. The participant observed her father abusing her mother both physically and verbally. She had her first two children at a young age (the age difference between them is one year). When she was young, she used to pretend to be asleep just to avoid her mother knowing that she saw her crying every night after her father hit her. Her father was abusive, even more so when he drank alcohol. At present she lives with her husband and five children. Her husband does not work but lives in the household to which he does not contribute. He also did not contribute to building the house which came from her family. She fears that if she leaves, he will keep the house. His family paid lobola for her and he is very traditional in that he thinks he can do what he likes to her because of this. The participant describes him as a drunkard and an abusive man. He uses his children’s grant money to buy alcohol. She does not think he is cheating as he is just too drunk on a nightly basis. He abuses her physically and beats her up regularly.

- **Participant 10**

Participant 10 is 60 years old. She has been married for forty-four years. She has no formal education. She is a pensioner and has never worked. She does not have children. She grew up in a poor family, but her parents were very loving even though they had nothing. There was no abuse in the family. When she started dating her husband, he 'did everything for her,' until he was forced to marry her as her parents (and his) were scared he would bring shame on the family if she got pregnant. Lobola was paid before they were married. The participant was very young when she got married to her husband who is much older. He has been abusive since their marriage but she says nothing because he supports her and other members of her family financially. After her father passed away, her husband started threatening her and her mother that if she left him, he would kill them both. He is a taxi owner and a pastor. He does not drink alcohol and she has never heard of, or suspected him, of any affairs. Once or twice, she decided to leave him, but as he threatened to kill her and her mother, and because she was worried about how the community would look at her, she stayed. Her husband beats her quite often and one time he stabbed her with a knife. He has always been unhappy that she has not 'given' him a child and states it must be her fault.

5.2.1.2 Summary of demographic data

Six participants reported working and 4 participants reported not working. Five participants reported having degrees, one participant reported only having matric and three participants reported that they dropped out of high school while one participant reported that she dropped out of primary school. Seven participants reported that their husbands were working; one participant reported that her husband is a taxi owner and two participants reported that their husbands were not working. Seven participants reported that their husbands are physically and

psychologically abusive; two reported that they were financially abuse and two participants reported that their husbands psychologically abused them. Four participants reported that their husbands drink alcohol sometimes excessively. Lobola seems to be a common thread pertaining to why participants stay in abusive relationships as they feel that it is not culturally acceptable to go home (to parents) after bride-price has been paid and/or their husbands threaten to claim the lobola-price back if they leave.

5.3 Themes and sub-themes developed out of participants' responses

The following section presents themes and sub-themes that were developed out of responses from the participants. It must also be noted that some themes overlap because of the nature of the topic however, each theme can stand alone. When 'square' brackets are used in the text it denotes that I either probed for a further response or that the text in the bracket gives clarity to the response.

The themes are discussed in terms of the literature reviewed for the study and in terms of Asante's (1990) Afrocentric theory which underpins the research.

5.3.1 Theme 1: Understandings of IPV

Participant's knowledge pertaining to IPV was revealed in this theme which emerged out of their responses to questions posed by the researcher. They were able to explain what IPV was in accordance with their knowledge and cultural understanding. The participants reported that all their husbands thought they should make the final decisions in regard to family matters. It can be argued (Mathews, 2019) that this is due to the patriarchal, traditional environment in which they

live and the social norms which prevail. This is underpinned by the payment of lobola which the women perceive make their husbands think that they 'own' them and thus could do 'what they liked with and to them (Ellsberg et al., 2001; Shivambu, 2015). This can lead to abusive situations where women suffer physical, psychological and/or sexual violence. The following statements by participants support this theme.

> *"I think it [IPV] is suffering. Society and culture in our land suggest that a woman must be married and stay in that marriage even if it is abusive and violent. Yes, we Tsonga women must stay in our marriages."* **(Participant 1)**
>
> *"When I got married, my family said I have to stay in my marriage no matter what happens [because my husband paid lobola for me]."* **(Participant 2)**
>
> *"IPV, it means a husband-and-wife fight and the husband always has to win"*. **(Participant 3)**
>
> *"It is when a husband and wife don't see things the same way. Because he is the head of the family, he thinks he has the final say. No, we must make decisions together but because he is a traditional man, he thinks he must have the final say. That is the reason we end up fighting.* **(Participant 4)**

"*I think it's just an abusive situation which is unwanted and unacceptable. But because of the situation [probing revealed lobola influenced her decision], you end up staying in that abusive marriage.''* **(Participant 5)**

"IPV – it's when someone abuses their partner. It could be in different ways, physically, emotionally, or even sexually. It usually happens when a woman doesn't listen to her man.'' **(Participant6)**

"*It happens when there is a lot of conflict in a marriage. Yes, there are fights in a marriage, but there must be an agreement, eventually. I believe there should be peace, but it's impossible sometimes.''* **(Participant 7)**

"I don't really know what IPV is…but I know what abuse is."

(**Participant** 9)

"It hurts. Some stay because they cannot support themselves. Some, like myself, is because we are threatened by our husbands. Others do not have anywhere else to go. Others stay because they have children, but I stay because he threatened me [physically and he would ask for lobola back]." **(Participant 10)**

Several participants indicated that the 'man is the head of the family,' or thinks he is and thus must have the final say in family related issues which causes arguments and IPV. This is consistent with male patriarchy and is supported by findings by Shivambu (2015) who found that battered women also experienced trauma inflicted by strongly patriarchal men. Khomari et al.

(2012) and Rees et al. (2017) also support this finding and state that in countries with strong patriarchal cultures men use violence to ensure their 'women' are submissive. They tend to treat their partners as acquired objects.

In terms of Reverie's (2001) tenets based on Asante's (1990) Afrocentric theory this relates to cultural 'Truths' or *'Ukweli.'* The women live in an environment that is patriarchal and their husbands behave according to traditional social norms which dictate that a man is head of the household. This is supported by Mkabela (2005) who found that African women are not able to speak their minds in their own homes because they will be viewed as women who do not respect their husbands. The author notes that this is linked to the tradition of lobola where men believe that if the women have been 'paid for,' they must do as they are told.

Responses indicating that physical, sexual, and psychological abuse was prevalent were found and, although one participant did not know what the acronym IPV was, she knew what abuse was. This is also supported by Shivambu (2015) who reported that abuse was another word for women who experienced IPV. This is associated with the participants 'Truths' or '*Ukweli'* (Reverie, 2001), dictated by their cultural norms and 'Family-Hood' or *'Ujamaa.'* This is linked to the social norms and communal culture in the area in which the participants live. Tsonga traditional culture, which is patriarchal in nature, expects women to behave in a specific, and subservient manner, when trying to make a point with their husbands, or boyfriends. Mkabela (2005) and Khomari et al. (2012) support this assertion as what is termed, 'speaking your mind,' in western culture is noted as disrespectful in an African culture. Additionally, Mkabela (2005) reports that, in this sense, there are Tsonga traditional rules which govern how women speak to their husbands and that should not speak until asked or spoken to.

It is true that if one takes *'Uhaki'* (Literary Criticism) into account it can be argued that because of the forced adoption of Eurocentric culture African traditional notions may be misunderstood by present generations, or improperly applied to their own circumstances. African cultural elements and rituals are thus improperly understood (by many Africans) and have not been the same since the start of European colonisation (Asante, 2017). All the participants understood IPV as their experience of physical, sexual and/or psychological abuse by their partners which resulted in their suffering because of threats of violence (psychological and physical).

5.3.2 Theme 2: Intimate Partner Violence (IPV) experienced by participants

This theme presents the types of IPV that participants have personally experienced. The theme indicates that the women have experienced physical, sexual, emotional, and psychological forms of IPV from their partners. In developing countries where the dominant paradigm is patriarchy this is usually the case (WHO, 2021). The responses given by participants are supported by statistics which indicate that 35% of women worldwide have experienced either physical and/or sexual IPV. In some countries up to 38% of women have experienced IPV (McCauley et al., 2017). This is supported by the WHO (2019) which report that almost one third of all women who have been in a relationship have experienced physical and/or sexual IPV

> *"He hits me and sometime does not support me financially. I earn more than him which seems to make it worst. He always says that I want to the man."* **(Participant 1)**

> *''The first way he abuses me is emotional because my husband cheats on me. His behaviour is unlike when we first met. He also wants sex and gets it even if I don't want it. He always insults me*

and says that I have affairs at work.'' **(Participant 2)**

"He calls me stupid and tells me that I am fat and sometimes he doesn't come back home on weekends. If I ask him where he is he says it's none of my business.'' **(Participant 3)**

"He does not give me the money I need. He spends his money on booze. He abuses me financially. Sometimes when I come from work tired, he forces me to sleep [have sex] with him. He abuses me sexually…I would never try to force him to sleep [have sex] with me if he didn't want to." **(Participant 4)**

"Actually, he abuses me sexually – if he wants sex then it must be then and there." **(Participant 5)**

''He beats me. If he wants something he just shouts. He has a short temper, and he is always drunk. He never listens to me'' **(Participant 6)**

"There is lack of communication. He is not open; he does not want to talk when we have problems. It's like emotional abuse." **(Participant 7)**

''He sometimes calls me names and even insults me using my late mother's name. You know, often he doesn't give me money or support his children.'' **(Participant 8)**

> *"He hits me and sometimes he even takes the blankets off me when I am asleep if he wants sex. I even sleep outside sometimes to stop him forcing himself on me [sexually]…but sometimes I just let him [have sex] just so I can sleep in the house."* **(Participant 9)**

> *"He beats me and even stabs me with a knife. He always calls me names, and this gets worse if there is no food in the house…sometimes there is no food because he hasn't given me any money."* **(Participant 10)**

In terms of Asante's (2000; 2017) Afrocentricity and Reverie's (2001) concepts this relates to *'Ukweli'.* In this case the participants 'Truth' is underpinned by their cultural understandings and knowledge. It also relates to '*Ujamaa'* or their beliefs pertaining to 'Family-Hood' in respect of their community and culture. South Africa is a patriarchal society thus men lead the way in all forms of family life and, as such, they try to control their families (Shivambu, 2015). It can be argued that the men behave in this manner because they are situated both environmentally and psychologically in a social context which has a specified set of beliefs (Asante, 1990). These women are brutally abused are not listened to and have, as can be seen by their own words, very unhappy and unfulfilled lives which can even result in physical injury, even death.

In this research I found that psychological, physical, and sexual abuse are part of the participants lives. I observed the vulnerability and fear they felt through their tone of voice and body language. They would for instance, drop their shoulders and look at the floor in a defeatist way. The statements they made are part of their '*Ukweli,'* (Truths) and are underpinned by the social context in which they live and can be understood as truths related to their notions of 'Family- Hood' (*Ujamaa)*. However, it is likely that how the participants interpret these beliefs

and customs is incorrect. This is because of the damaging impact that Eurocentric culture has had on South African traditional customs and beliefs. Furthermore, the social and political changes that occurred over the decades resulted in the adoption of Eurocentric notions (Pellerin, 2012), which in turn, have distorted meanings ascribed to African cultural beliefs and rituals by Africans themselves (Amadiume, 1987; Mazama, 2003).

According to Amadiume (1987), one of the main arguments in this regard is that the concept of gender, as constructed in western feminist ideologies, did not exist in Africa before colonialisation. Additionally, that the application of western ideals onto African cultures erased the social positions of males and females that existed previously. As a result, Africans understanding of their sex and gender roles were corrupted because of the western habit of imposing their structures and identities onto their colonies thus there was no possibility of understanding fundamental differences between societies.

5.3.3 Theme 3: Reasons for IPV

The data collected from participants indicate that they believe that men have the final say in a marriage, all things must be done their way. This indicates that gender inequality still exists in marriages, particularly in patriarchal environments (Rees et al., 2014; 2017). According to McCauley et al. (2017), IPV is a common manifestation in countries where there is a high prevalence of violence and where men are perceived as 'heads' of the household. Another notion that I found emerged from responses, which is supported by findings from Savas and Agridag (2011), is that some men feel threatened if their partners earn as much money as they do and are thus likely to have low-self-esteem. This the authors suggest can lead, in some cases, to IPV. Participant's responses supporting this theme are as follows.

"A man will tell you that you don't have a say in a marriage as a woman; he is the head of the family. He does not want to be told what to do. If women don't agree with men ...then there is violence.'' **(Participant 1)**

''I think it could be low self-esteem in my husband's case. I work and don't need to ask him for money…but because he paid lobola for me he thinks he can abuse me because he thinks he has bought me. He has affairs with young women, and he says they are better than me…. they aren't educated I am…" **(Participant 2)**

"I think we bore each other now because we have been together for a long time now. We no longer have the same kind of happiness we used to at the beginning. I think we are old now and my husband wants a new lifestyle with a young woman, so he abuses me". **(Participant 3)**

"He works well and gets paid well. But he doesn't want me to be at the same level [of pay]. The problem is, career wise, we are at the same level. That is the reason there is violence as he is head of the house, he must earn more money." **(Participant 4)**

I think he's influenced by the things of the world [images and videos of women on social media]. He lusts for other women so beats me because I don't live up to what he thinks I should be." **(Participant 7)**

When the participants made these responses I noted that they seemed very 'matter of fact' as they were not able to see their husbands through any other lens. I understood their reasoning which was embedded in their cultural environment. Lobola had been paid for them and they felt they could not go against them by leaving or calling the police (to avoid shame in the community). I was empathic and non-judgemenmtal so they would feel comfortable sharing their painful truths.

According to Asante's (2017), Afrocentricity the participants 'Truths' or '*Ukweli'* are embedded within the social environment in which they live. African men see themselves as heads of families and thus if their partners do not adhere to their dictates of *'Ujamaa'* or 'Family-hood' they express themselves through IPV at the expense of their partners. According to Han (2003), victims of IPV need empowering and both partners must have an equal say in relationships. This is well stated but in a traditional, patriarchal environment supported by community norms it is a difficult thing to achieve.

5.3.3.1 Sub-theme 3.1: Alcohol as a facilitator of IPV

Alcohol consumption is associated with increased risk for all forms of IPV. Heavy alcohol consumption by men (and women) is associated with IPV. Alcohol reduces inhibitions, clouds judgment, and impairs ability to interpret social cues which often leads to individual's exhibiting violent behaviour (Jewkes, 2002; Ramsoomar et al., 2021). Research on the social anthropology of alcohol drinking suggests that connections between violence and drinking and drunkenness are socially learnt and contribute to IPV (Pallito et al., 2013). According to Ramsoomar et al. (2021), it is also true that women who have experienced their fathers (or mothers and/or their partners) drinking alcohol marry men with the same predilection.

"As I have said, I think it is because we married each other at a young age. He is also violent when he is drunk. He wants me to always give him money. Sometimes when he is drunk, he does not even ask for something [money or sex], he just takes. He will sometimes borrow money and not return it. When I don't give him money, he will beat me. He is just violent. We are always fighting. You know he is a pastor; I just think that's how men are because my father was like this when he drank.'' **(Participant 5)**

"I think it is because he is just violent, and he keeps friends with young men who are not on the right path [in life]. He also has a thing for alcohol." **(Participant 6)**

"You know my father used to hit my mother and abuse her in other ways, Even more so when he was drunk. I think all men are the same because it is the same with my husband." **(Participant 7).**

"Another thing is he has realised that I have no choice. I cannot leave him, even when he is violent, because we have children together. When he gets drunk it gets worse.'' **(Participant 8)**

This theme relates to Asante's (1990) Afrocentricity and Reverie's (2001) notions in regard to participants knowledge and understanding of '*Ukweli'* or their own 'Truths.' The participants expect violence, often because of what they have witnessed as children and are thus socialised to believe that they should behave in a subservient manner and 'put up' with it. The patriarchal social climate in which they are embedded, and their understanding that the 'male' is head of the household facilitates their 'Learned Helplessness' (Redd, 2019; Shivambu, 2015).

Their experience of *'Ujamaa'* or 'Family-Hood' is thus underpinned by what they 'know' and 'expect' out of life as they have 'no choice' even though they are likely to have a subjective understanding that violence, related to drinking alcohol is wrong. The responses the participants made to me show how anxious they felt about the ongoing violence and how they are 'stuck' mentally in their relationships.

5.3.3.2 Sub-theme 3.2: Early parenthood as a facilitator of IPV

According to Dhunna et al. (2018), early pregnancy, particularly when both the male and female are adolescents, often results in IPV. The authors report that most women who become pregnant at an early age, experience IPV. Most participants in this research indicated that they had their first child when they were quite young and they all experienced IPV. The responses below support this sub-theme. As the responses are very similar, to avoid repetition, two are provided.

> *"I had my first-born child when I was 18 years old. After my parents discovered that I was pregnant they were very angry at me. My husband, then boyfriend, and I were not ready for a child. We had a lot of much stress, and this made us fight a lot."*
>
> **(Participant 2)**

> *"I had my first two children at a very young age. Their age gap is one year. I think my partner and I were not ready when we had these children. We had many conflicts [verbal and physical]. It was difficult and very stressful for me."* **(Participant 3)**

According to Afrocentric theory (Asante, 2000) and notions derived out of it (Reverie, 2001) early parenthood is grounded in African notions of *'Ujamaa'* or 'Family-Hood'. In African culture it can also be a sign that the girl is ready for marriage (Ramathuba, 2015) which can lead to early parenthood (POWA, 2019). This is the '*Ukweli'* or 'Truth' that the participants in this study live by underpinned by their understanding of Tsonga culture**.** Their distressing responses are their subjective, mindful *'Uhaki'* or 'Truths' which are embedded in the socio-cultural norms in the environment in which they live. This points to the issue that women outside the participants environment, even though they may be of the same ethnic background, may not have the same cultural understandings or '*Ukweli*.' I would explain it as follows, a woman's *'Ukweli'* or 'Truth' is grounded in her socio-economic, cultural, and environmental background irrespective of her level of education. Participants who were married and became parents at a young age were tied to their partners by the African notion of 'Familyhood.' This concept of *'Ujaama'* is ingrained in their psyche which made them very likely to stay in abusive relationship. These notions of 'Family-Hood' are tied to lobola and bride price in that the participants feel they cannot leave their family because they have been 'paid for.'

5.3.3.3 Sub-theme 3.3: Poverty as a facilitator for IPV

Poverty also plays a role in IPV. Children who grow up in poor families are more likely to experience IPV when they get married or have partners. Slabbert (2016) reports that low-income families are significantly more likely to have to contend with domestic violence, as poverty fuels IPV. This is even more likely if one of the partners has witnessed violence in their homes when growing up. Violence is associated with inequality because socio-economic injustice at a community or societal level has increasingly been shown to be an important factor in facilitating domestic violence and IPV (Rees et al., 2017; Sanawar et al., 2019). The

following are responses from the participants as all the answers were similar, a selection is given.

> *"I grew up in family where we had nothing, we were poor. Both my parents were not working, and we could not even have food to eat sometimes."* **(Participant 3)**

> *"My parents did not have jobs; they did not work. We didn't have anything and could not afford many things. Sometimes we would go to bed with an empty stomach."* **(Participant 4)**

> *"I was raised by a single mother who was not working. We were very poor. My father passed away when I was very young, and my mother had to try and provide for our family."* **(Participant 5)**

Asante's (1990) Afrocentricity can be understood in relation to a woman's *'Ukweli'*or 'Truth' (Reverie, 2001). This sub-theme recognises the '*Ukweli'* or 'Truth' of participants because these women were (or are) situated in low-income families where they were (or are) significantly more likely to suffer domestic violence and accompanying stressors (Sanawar et al., 2019). The women are frightened of being poor, they feel they cannot leave as they are afraid of not having their daily needs met. It is also true that some male partners may feel threatened by their partners as they have jobs (Savas & Agridag, 2011). It is thus the male partners 'Truth' or '*Ukweli',* that their position as head of the family is endangered (Asante, 2017) which relates to Afrocentric notions of *"Ujamaa,'* or 'Family-Hood'. These ways of thinking (by both African men and women) are related to *'Uhaki'* or 'Literary Criticism,' which notes the misrepresentation of African norms, rituals, beliefs, and culture that have occurred since Eurocentric views were forced on the African continent in a paternalistic and injust manner

through colonialism (Asante, 1991; Chawane, 2016).

5.3.3.4 Sub-theme 3.4: Observed behaviour as a facilitator of IPV

Most children who experience violence and abuse growing up are most likely to experience it or incite it when they are married (Rees et.al., 2017). It appears that most participants in this study who experienced IVP had witnessed it during their childhood. Literature indicates that the daughters of women who are beaten are more likely to be beaten as adults (Lopes, 2016; Rees et al., 2017). Women who are beaten in childhood by parents are also more likely to be abused by intimate partners as adults (Rees et al., 2017). According to Lopes (2016), the experience of violence in the home in childhood teaches children that violence is normal in this context. Moreover, if males witness violence in the home as children, they are more likely to use violence in their own homes while women learn to tolerate it (Raising Children, 2021; Rees et al., 2017).

> *"I grew up experiencing my parents' fight. My father abused my mother verbally, he used to call her names."* **(Participant 1)**

> *"I grew up experiencing my father abuse my mother. It was physical abuse. Though I didn't see it I think the abuse was also sexual."* **(Participant 7)**

"I was always out of the house to avoid seeing my mother cry. My father used to hit her, and it was traumatizing."

(Participant 9)

The participants recounted very sad moments in their lives when they witnessed domestic abuse. As a researcher I felt honoured that they trusted me enough to share their 'Truths' with me. In terms of Afrocentric theory (Asante, 1990; Reverie, 2001) theory this relates to the participants '*Ukweli'* or 'Truth' relating to *'Ujamaa,'* or 'Family-Hood'. Children who grow up in an abusive family learn to use violence and/or tolerate it. African boys are raised by their fathers to follow in their footsteps and girls are raised to behave like their mothers. This is problematic if violence underpins the marital relationship (Raising Children, 2021; Rees et al., 2017). The participants are embedded in their communities' norms and values which are underpinned by patriarchy. This reinforces the notion that men are head of the household and that their wives should be subservient to them and, if they are not, they 'invite' violence (Shivambu, 2015). Furthermore, violence and aggression in families can be seen as their understandings of '*Uhaki,'* (Literary Criticism) that is, being just and objective in terms of the participants cultural understandings of IPV is underpinned by any observed, violent behaviour they have witnessed. This may not be everyone's '*Ukweli'* (Truth), but it is what they have experienced and know. Asante (1991) explains this as understandings based on injustices caused by Eurocentric and American ways of interpreting behaviours which occur in an African environment. This is related to the notion that many African philosophers have placed emphasis on similarities to Eurocentric philosophy which has led to an African version of the same. Asante (1991) states that, as a result, these are unjust and incorrect interpretations that do not properly reflect the African experience (Gwaravandal & Ndofirepill, 2020)

Furthermore, historically cultures with patriarchal views held little regard for the female gender which often led to various forms of domestic violence. Bent-Goodley (2005) reports that while many indigenous people were patriarchal some were not. For example, the Makhadzhi in Venda had a matriarchal culture. The shift from matriarchy to patriarchy occurred after colonialism. As a result, patriarchal norms were adopted by the Venda nation, and most indigenous groups in Africa. This saw women on the continent being viewed as little more than property allowing males to treat them in any way they saw fit. Patriarchal belief systems, adopted from Eurocentric colonisers, are thus the norm in Africa. This has resulted in continuing violence against women and children (Kanuha, 2002).

The distressing childhood experiences of the participants childhood years are reflected in this sub-theme. The women's experience of violence at a young age impacted on their development and triggered 'Learned Helplessness.' Sadly, a cycle of generational violence has become a part of their lives.

5.3.4 Theme 4: The role of lobola/culture in IPV

The role of culture, particularly in terms of the payment of lobola, is an important issue in this research. Previous research suggests that the payment of lobola increases the risk of IPV as women are seen as 'acquired objects', subject to their husband's wishes (Hague & Thiera, 2009; Khomari et al., 2012; Rees et al., 2017; Shivambu, 2015). Furthermore, these authors suggest that the custom of bride-price or lobola underpins a woman's inequality in patriarchal communities and supports male entitlement. A study by Smith et al. (2017) found that violence in a domestic setting can result in physical injury, psychological trauma, and even death. The findings in my research indicate that participants are 'locked' into staying in abusive relationships because of their perceived cultural norms and values. The following

participants responses underpin this theme.

> *"I think culture does add to causing violence, but it could also assist in ending violence. We can educate men that not all matters should be resolved by him or by the elders because they promote the culture that men are heads of families. Men should be educated that when we have problems, we sit down and solve them. When you are married as man, it is not like you have a final say. Husband and wife are equal. The purpose of marriage is to grow the family.''* **(Participant 1)**

> *"Culture promotes violence in marriage because it does not give us a solution as women. When you run to your parents, they will only tell you that you must persevere as a woman [because the man is the head of the family]. When you go to church they preach as if a woman is someone who must suffer just because she is married. Even programmes and presenters on the radio seem to promote that woman must suffer in a marriage. I think as women we don't have protection."* **(Participant 2)**

> *"I think culture promotes violence in a marriage. Even when it is hard you are told by family and friends that you must stay in your marriage. Once you are married, you only come out of it in a coffin. However hard it is, you must stay. Even your parents will tell you to stay no matter that he beats you and abuses you. Lobola also makes marriage harder. It makes it as if your husband has bought you. You*

are more like his property, he owns you. You are just like his car or furniture. You don't have a say in anything." **(Participant 3)**

"I think our culture kills us. Our culture suggests that we should not report abuse in our marriages. Our culture says there are things men are supposed to do and women do not have to. Culture makes women to feel less of themselves. When you get married you are told that you no longer have a room here, you belong to your husband and his family. Whatever happens, you must stay in your marriage. That is the reason many women end up committing suicide. Our culture needs to be reviewed. When men are brought up, they are taught that their wife and children are their subjects, they own them.'' **(Participant 4)**

"It encourages violence because it suggests [culture] that even if the marriage is hard you have to stay. Even if your husband leaves you for many years, you must stay and wait until he comes back, as long as he supports you and your children." **(Participant 5)**

"Culture encourages us to stay in a marriage. I think it encourages violence in marriages." **(Participant 6)**

"I think things in African culture encourage abuse/violence in marriages.'' **(Participant 7)**

"Our culture promotes violence in marriage because it does not give us any power as women. When you run to your parents, they will only tell you that you must persevere as a woman. They say he paid

> *lobola so you must stay and remember he is head of the house. When you go to church they preach as if a woman is someone who must suffer just because she is married. I think as women we don't have protection.''* **(Participant 8)**
>
> *"Culture is just something we are born into, so we follow it. We live in a violent culture so that is just how it is."* **(Participant 9).**
>
> *"Culture is something that does not end this violence we suffer [in marriages]. The only way out is to leave and that is impossible because of our culture."* **(Participant 10)**

In terms of Asante's (1990) Afrocentric theory this theme is underpinned by *'Ujamaa'* or 'Family-Hood' (Reverie, 2001). I found that this relates to participants perceptions of their culture which, in their communities, endorses notions of patriarchy in marriage. Culture has been found to perpetuate patriarchy, which exists in most emerging countries and endorses the male as head of the family. This contributes to the incidence of violence against women who are viewed as the 'man's property (Hudson & Matfess, 2018). This is the participants *'Ukweli'* or 'Truth'. This, I argue, is a Eurocentric interpretation and does not recognise that Africans should be the centre of all things African (Akapan & Odohedi, 2016). As an African woman, who has done much research on the topic I find that misrepresentations of the meanings of African cultural practices have been facilitated by the forced entrenchment of European culture onto the continent which in turn, has led to Africans adopting these distorted views (Reverie, 2001). The theme reflects the hurt the women feel and their vulnerability, it highlights their inability to move forward to find a gentler less violent life.

5.3.4.l Sub-theme 4 1: Participant's cultural understanding of lobola

It is apparent that historically and traditionally the payment of lobola is about uniting two families (Khomari et al., 2012) and continuing the male 'family' name. This is supported by Parker (2015) who states that the children of any African marriage legally belong to the father's lineage group. In this sense, African culture dictates that a man's family must have paid lobola for his wife if their children are to be called by his surname. It is apparent from the participants responses that most of them know something about the historical meaning of lobola. It can also be inferred that most participants think that their spouse misunderstands the original meaning of lobola, which was aimed at uniting their families (Shivambu, 2015), by thinking that their wife 'belongs' to them when lobola has been paid. This increases the risk of violence against them by their spouse as allocating a price to a woman objectifies her and legitimises his power over her (Rees et al., 2017). According to Khomari et al. (2012), lobola is a legal, cultural practice in South Africa which is essential to any marital arrangements, and it is likely to carry on as a way of reinforcing cultural traditions. Participant's responses underpinning this sub-theme are as follows.

> *"In my understanding, lobola is all about uniting two families and growing a family. I will bear children for my husband and in that way his family grows…but it seems that men seem to think it means they own us."*
>
> **(Participant 1)**

> *"It's a relationship between the families and the money a man pays is to cement that relationship and to show his thanks to the woman's parents for bringing her up well (laughs) but, our men seem to think we are bought and are his possession."* **(Participant 2)**

"I think lobola is about uniting two families. It also about uniting a man and woman." **(Participant 3)**

"Lobola unites two families. It is not necessarily selling a woman to a man…but sometimes it seems like that." ***(Participant 4)***

"It's all about building a relationship between two families."

(Participant 5)

"I think once a man pays lobola for you, you no longer belong to your parents but to him." **(Participant 6)**

"When you are married, through lobola, you must respect one another. It also means one must endure suffering in a marriage."

(Participant 7)

"It is important in both families because it unites two families."

(Participant 8)

"I don't know the real meaning it's just something that happens in our culture. He still must pay off the lobola, he owes my parents. He still thinks he owns me though." **(Participant 9)**

"Lobola is just for a man to please his parents. When he pays lobola, he pleases his family because it [the family and family name] grows. It shows that there is future for expanding the family name. For women it can be a bad thing. [men feel they can do what they want]."

(Participant 10)

This sub-theme can be understood in terms of Asante's (1990) Afrocentric theory as '*Ukweli'* (Reverie, 2001) or the participants 'Truths.' In this case, I would argue, that lobola is the process of bestowing men with more human rights than women, who are stripped of their freedom and rights which results in their commodification (Khomari et al., 2012; Rees et al., 2017). Lobola is a part of what the women know as 'Family-Hood' or '*Ujamaa'* thus it could also be contended that women do not leave their abusive partners because they are not expected to (once lobola has been paid) which is a psychological element of IPV (Shivambu, 2015). It is a ritual that is recognised in most African societies and denotes why Africans behave in a particular manner in both a psychological and physical sense (Shepherd, 2014). However, the thought processes of Africans have, to an extent, been distorted (or manipulated) by Eurocentric culture leading to cognitive distortions underpinned by an adopted ethos (Mazama, 2003). The participants struggled to relate some of their thoughts to me in their (our) home language and had to relate them in English as they did not have the words or cencepts in their own language. This, I would argue, goes to how distraught the women felt when trying to tell me about their experiences. It illustrates how English and Eurocentric concepts and norms have embedded themselves into many cultural settings. I understand this very well as many of the words we use in a psychological setting have no direct translation into Tsonga.

5.3.4.2 Sub-theme 4.2: The psychological impact and other experiences of IPV on women whose husbands paid lobola

Research indicates that the impact of IPV is psychological, emotional, physical, and sexual (Rees et al., 2017; Shivambu, 2015). These authors found that there are many psychological disorders found amongst women who have experienced IPV the most prevalent being, depression, PTSD, suicidal tendencies, low self-esteem, insomnia, alcohol, and substance

abuse. This is supported by Campbell et al. (1997) and Sanz-Barbero et al. (2019) who note that IPV is associated with multiple adverse physical and mental health conditions and negative health risk behaviours amongst women (for instance, abusing alcohol). I found that the participants in this study had similar experiences which is evident by their responses which support this sub- theme.

> *"It hurts me. I am hurt as we speak, my eye is injured, I can't see clearly. One day I was beaten for asking him where he had been because he came home late. You know I don't see clearly anymore, I put on sunglasses so people can't see, and he won't allow me to go and see a doctor. So physically I am not fine. You know the pain is both physical and psychological. Sometimes I wake up in the middle of the night and cry. Sometimes I must take sleeping pills to sleep.''* **(Participant 1)**
>
> *"When he insults me, it affects me emotionally. He calls me names. Another thing is he does not give me money so I can't feed my children this makes me so sad.''* **(Participant 2)**
>
> *"It affects my confidence because I don't see myself as beautiful and I don't value myself anymore. Even when I must make decisions [for instance, about decorating the house], I don't trust myself anymore. I don't feel like I can do anything because I feel useless. You know, even when I am dressed well, I don't feel beautiful anymore. He never has any money to give me he spends his money carelessly."* **(Participant 3)**

"I am always angry. Even when my children try to speak to me, I don't respond well. I am always moody, even at work. I always think of the animal I will meet at home after work. Emotionally I am not fine. It affects me.'' **(Participant 4)**

"It affects me emotionally. I think I'm depressed. I don't have anyone to talk to because he doesn't want me to go out and be with other people. I can't even visit my relatives and he doesn't even want my friends to visit me. I can feel that one day I will be more than depressed [perhaps suicidal].'' **(Participant 5)**

"He doesn't treat me well, even my children are affected. They can't even concentrate at school. They fail…I feel very sad, sometimes I have bad dreams.'' **(Participant 6)**

"It affects me [the violence] very badly. I get very emotional, and I don't have anyone to talk to when I have problems in the home." **(Participant 7)**

"He treats me so badly and I feel so bad all the time, but I can't do anything because he paid lobola and he's the father of my children." **(Participant 8)**

"The violence it hurts me physically and emotionally. When he starts to shout, I shake." **(Participant 9)**

"He hurts me. Often when I sleep, I don't want to wake up…in the morning sometimes I struggle to get up. You know I've thought about

killing myself…but then I think of my mother, and I don't want to leave her…but one day it might happen." **(Participant 10)**

In reference to Afrocentric theory (Asante, 1990;2017) and Reverie's (2001) notions this relates to the particpants 'Truths' or *'Ukweli.'* They have learnt to live with the abuse and understand it as their reality. They feel badly for themselves and their children. This is underpinned by how they perceive *'Ujamaa,'* Family-hood. Fundamentally, they expect IPV from their spouse as it is inherent to their experience of family. Some of the participants referred to lobola and their perception is that they have to 'put up,' with the abuse because of this. This is their *'Ukweli,'* or 'Truth however, I would state that this is a misunderstanding or misinterpretation of the real concept of lobola which is meant to bring a family together to create the spirit of '*Ujamaa'* (Family-Hood). This has happened because Eurocentric concepts (such as toxic-patriarchy) have become negatively intertwined with African traditions. These traditions and rituals are then interpreted outside a valid frame of reference such as Afrocentricity (Asante, 2017).

5.3.5 Theme 5: What makes participants stay in abusive marriages (relationships)

Literature indicates that women stay in abusive relationships because they feel they have no choice (Rees et al., 2017; Swadley, 2017). Learned Helplessness plays a role because battered women begin to believe that there is no way for them to prevent the violence, therefore they give up and accept the abuse (Shivambu, 2015). Cultural aspects such as traditional African norms which suggest that a women must stay in a relationship if lobola has been paid, also play a part (Rees et al., 2017). Lack of finances and self-esteem are also factors which play a role in women staying in violent relationships which according to Shivambu (2015), is linked to patriarchal norms evident in African culture. Some participants stated that they did not want their children

to grow up without a father which is supported in findings by Pain (2014) and Swadley (2017). The following responses by participants underpin this theme.

> *"I stay with him and put up with his abuse because I had no money at first, I wasn't working; it isn't long since I started working…about five years or so. Another thing, I want my children to grow up with a father. It isn't easy when you have children to decide to leave your marriage because your partner does not treat you well. Also, your family will also tell you that's how life is; every marriage has problems, so you must persevere. I mean I can't go home as lobola was paid and the community would see my shame.''* **(Participant 1)**

> "*He paid lobola for me. And I feel like I will lose everything I have worked for if I break up with him.''* **(Participant 2)**

> "*The fear of starting a new life. I have been with him since I was 21[years old]. So, starting life from scratch would be difficult and my family told me that I can never come back home [because lobola was paid]."* **(Participant 3)**

> *"Our culture suggests that when you have a marriage problem, you don't return to your parents [lobola was paid] but you stay with your husband and solve the matter. If you return home, you are regarded as a failure. I can't even report the case to the police because it will look like I am spreading my family affairs to the whole nation. That is why I stay in my marriage."* **(Participant 4)**

"I stay because my husband supports me and my children, he pays everything for us. My family and siblings they don't work, my husband sometimes helps them. Where would I go? What would I do? No, I must stay and just live with it [the abuse]." **(Participant 5)**

"My children make me stay. I can't leave they say it would be too much shame and they love their father. I no longer have a future, I'm too old, leaving would be a waste of time. It's hard. I'm not sure whether I would be able to manage alone." **(Participant 6).**

"It's terrible [the abuse], but I cannot leave. I also think of my child. I can't find a better man; all men are the same." **(Participant 7)**

"*[I stay] because I have children with him, if leave my children would suffer. They need to grow up next to their parents, there is no choice in this.*'' **(Participant 8)**

"I can't leave him although he didn't contribute [money or labour] to developing my house on the stand that my parents gave me. No, he would take it from me and culturally that is right [facilitator asks and legally]. I don't know about that but where would legal help come from? The police? No, no one would help me." **(Participant 9)**

"When I was young, I thought he loved me but after we married, I realised he was abusive. He threated to kill my mother if ever left

> *him. I think he would do this, so I stay. He also said he would beat her if I didn't do what he said. I ended up seeking help from the police and asked if they could help me find a place to stay. They weren't all that helpful, so I stayed because I was [and still am] scared he'd kill my mother. My neighbours do come and help me when they hear my screams when he is beating me, but they also say I must stay because marriage is pain."* **(Participant 10)**

In terms of Afrocentric culture (Asante, 1990) this theme is linked to participants cultural understandings of *'Ujamaa'* or 'Family-Hood.' In this regard, it is associated with research findings that indicate that African women do not leave abusive marriages because they feel culturally bound to stay in them because lobola has been paid (Khomari et al., 2012; Shivambu, 2015). Fundamentally, I found that it is their 'Truth' or *'Ukweli.'* Their truth is that an African woman who has had lobola paid to her family cannot leave unless the monies or goods are given back to the husband's family. According to Shivambu (2015), as well as the economic cost to her family the community she lives in is likely to shun her. The author states that this happens because African women are expected to put up with bad times in a marriage. Additionally, black South African families do not encourage divorce and generally motivate their female children to stay in a marriage even if it means enduring physical and emotional violence. This underpins the notion that the meanings of symbols and rituals in African culture have been distorted as they have been usurped by Eurocentricity (Chawane, 2016). The participants were threatened with death, beaten, and felt they had nowhere to go. I observed how defeated they felt and how their eyes welled up with tears when they discussed their truth with me. I remained sensitive to their perceptions of Tsonga culture and did not bring my own understandings of the history of the country and its devastating effects on all African cultures, as it may have been a barrier to our

relationship.

5.3.6 Theme 6: Steps, or interventions, taken by participants to cope with IPV

Participants use the following coping mechanisms: some have support groups at their church and workplace while others 'talk 'to both their own and their husband's families. Some participants also used their religious beliefs to help them cope with the ongoing IPV. These coping mechanisms are positive in nature and have been found in various studies for instance, Rothman et al. (2007) and Shivambu (2015). However, the 'Learned Helplessness,' that many of these women experience also means that they put up with physical, psychological, and sexual violence (Shivambu, 2015). This leads to women adopting negative coping mechanisms like 'putting up' with the IPV and/or feeling like nothing can be done or drinking alcohol to excess. The following responses support this theme.

> *"I spoke with my mother. I told her that I don't have peace in my marriage. I am abused. She asked me how long the abuse had been going on and what my intentions were. She said that although lobola had been paid for me these are different times and she would try and assist me if I decided to leave [although she would not have done this when my father was alive]. I also go to church now and although there is still violence, I find it helps. My coping mechanism is my family''* **(Participant 1)**

> *"I involved my family. My family is well-known in the community. Every time I tell them that I'm abused, they tell me marriage is difficult and that I must stay. My coping mechanisms are my family and my church. They also quote Bible [Christian] scriptures to me.*

They tell me that the Bible says a woman perseveres. I go to church and hope that God will heal my husband, it helps. Also, we have a group at work that helps abused people. I'm scared to go but think I will as it might help me." **(Participant 2)**

"I tried to speak to his family, but it didn't help. I tried to tell my family as well but that didn't help either. His family is scared because he supports them financially, if they said anything they would show him up and he wouldn't help them anymore I also tried to speak to him, but he wouldn't listen. When I got married, I was told to fight for my marriage. So, now I am fighting for my marriage; I have to stay. I go to church and talk to God [Christian] it helps me a bit. You know I think it would be good if I went to see a psychologist perhaps, I should do this.'' **(Participant 3)**

"There was a meeting with his uncles, they did speak to him but when he's drunk, he is so violent. He's okay when he's sober. His family advised me not to tell his family. They don't want the shame. So, I stay and just try to forget about each session of abuse. He does come to church with me now and I'm hoping that, because we pray together, things will change. I cope by speaking with my husband's family." (Participant 4)

"I tried to take my belongings and go home. But my parents are traditional, and they couldn't understand why I left him. They advised me to stay. I'm with him physically but not in my heart, I'm

not there. You know I started studying and when I'm finished, and I get a job I think I will be able to leave him and end this marriage." **(Participant 5)**

"I had him arrested this year. His brother came and begged me to cancel the case and said that we could solve the matter as a family. I'd had enough and didn't withdraw the case, but his family paid his bail so he's out. His family tried to burn my house [with me in it] for bringing shame on the family. The police took me to a place of safety, but his family forced me to leave my children with me. I don't see that I have many choices, if I want my children back, I'll have to withdraw the case…what else is there to do?'' **(Participant 6)**

"I tried to call my family and his family, but they were not really interested. The matter has not been addressed [the abuse] and there is nothing more I can do…sometimes I drink [alcohol] to forget." **(Participant 7)**

"I think there is nothing I can do to solve this. I don't want to be shamed in the community nor do I want my family [and his] to have knowledge of the abuse it is also shameful. I must just pray to God." **(Participant 8)**

"I just keep quiet. I sometimes just fight back but then I get hurt more so usually I just stay silent and hope he will leave me alone." **(Participant 9)**

> *"I had him arrested but the police let him go they didn't charge him they told me to talk to him and solve the matter. I also shared this with my mother, but she could not help me. So, I left him for the care centre, but I am back now because I've got nowhere else to go. He told people I had gone to visit relations in another province. I just talk to my mother about it, [the ongoing abuse] and she tells me that life is hard I just have to cope as best I can. Talking to her helps.*
>
> *"You know I'm a pensioner now so I've been thinking that I might as well leave and stay with my (very elderly] mother and perhaps we can start a business [selling things sweets, vegetables, etcetera], maybe I will go soon.* **(Participant 10)**

According to Afrocentric theory (Asante, 1990), this relates *'Ujamaa'* or 'Family-Hood,' as this relates to participants understanding of their culture. In my research many of the participants involved family members (their own and/or their husbands) to try and resolve problems that they experienced related to IPV. Participants believe that it is culturally appropriate to involve family when there are marital problems. This is because in African culture two people (husband and wife) are joined by their families through lobola so when marital problems occur the family is expected to intervene to 'help' solve the matter (Shivambu, 2015). However, the help may or not be useful as it may relate to the women just 'putting up' with the status quo as seen in some of the responses. It is their *'Ukweli'* or 'Truth'and their 'Learned Helplessness,' together with their cultural identification which prevents them from leaving. Today, African cultural norms are underpinned by Eurocentricity and Africans themselves often

do not have a considered and objective understanding of African ideals, symbols, and rituals (Chawane, 2016).

5.3.7 Presentation of themes and sub-themes in a tabular format

The themes and sub-themes arising out of the research are presented in a tabular format for ease of reference.

Table 2: Summary of themes and sub-themes arising out of the data

Theme	**Sub-theme**	**Brief description of the overall theme and related sub-themes**
Theme 1: Understandings of IPV.		This theme addresses participants' understandings of IPV to grasp their different perceptions of it. The theme suggests that their knowledge is related to how 'stuck' they are in their relationships and how they are unable to 'escape.'
Theme 2: Intimate partner violence (IPV) experienced by participants.		This theme looks at the types of IPV experienced by participants. It also describes the different experiences each woman has with her partner pertaining to IPV and its impact on them.

Theme 3: Reasons for IPV.	Sub-theme 3.1: Alcohol as a facilitator of IPV. Sub-theme 3.2: Early parenthood as a facilitator of IPV. Sub-theme 3.3: Poverty as a facilitator of IPV. Sub-theme 3.4: Observed behaviour as a facilitator for IPV.	This theme and sub-themes outline some of the causes or considerations that pre-dispose participants to becoming victims of IPV. It also looks at some of the behaviours that could couse IPV. The theme also narrates participants views of what drives her partner to commit IPV.
Theme 4: The role of lobola/culture on IPV.	Sub-theme 4.l: Participant's cultural understanding of lobola. Sub-theme 4.2: The psychological impact and other experiences of intimate partner violence (IPV) on women whose husbands paid lobola	This theme and sub-themes discuss if, in the perceptions of participants, lobola, culture play a role in IPV. It looks at the understandings the women have of lobola. The theme also describes the womens understandings of their own culture about how it perpetuates IPV.
Theme 5: What makes participants stay in abusive relationships (marriages).		This theme looks at participants motives for staying in an abusive relationship marked by IPV. It looks at their perceptions of marriage and how their culture plays a role in

	compelling them to stay in the relationship.
Theme 6: Steps, or interventions, taken by participants to cope with IPV.	This theme addresses how participants' cope with IPV in their marriages. It looks at the different kinds of coping mechanisms they use to cope with their situation. The theme describes the steps the woment take to deal with IPV and any help or interventions they have received.

5.4 Summary

This chapter presented and analysed the results of the study. Demographic results were presented first thereafter themes and sub-themes that emerged out of the data were presented. I interpreted the results using appropriate literature and Asante's (1990; 2017) Afrocentric theory and tenets derived from Reverie (2001). I also presented a table of themes and sub-themes. In the following chapter I address conclusions gleaned from the research as well as study strengths, limitations, and recommendations.

CHAPTER 6

DISCUSSION OF RESULTS, RESEARCH LIMITATIONS AND STRENGTHS, AND RESEARCH RECOMMENDATIONS

6.1 Introduction

Chapter 6 presents and discusses the research results. I also present the research strengths and limitations. Future research paths are recommended as well as a practical or applied guidelines that inform coping mechanisms targeting women who have experienced IPV. The research concludes with my reflections on the research process and an overall conclusion.

6.2 Discussion of results

The results of this research are discussed in terms of the study aim and objectives together with, appropriate literature and Asante's (1990) Afrocentric theory. These are followed by the coping guidelines which were developed out of the research findings underpinned by relevant literature and Lazarus and Folkman's (1984) transactional model of stress and coping.

Participants experienced physical, sexual, emotional, and psychological forms of IPV by their partners. The responses given by participants are supported by statistics which indicate that 35% of women worldwide have experienced either physical and/or sexual IPV. In some countries up to 38% of women have experienced IPV (McCauley et al., 2017). This is supported by the WHO (2019) who report that almost one third of all women who have been in a relationship have experienced physical and/or sexual IPV. Participants in this study have all experienced physical, sexual, and psychological violence from their partners. Their feelings of

sadness and hurt are well documented by their responses, which I 'heard.' The participants seemed to find comfort in confiding with me as I listened with empathy. Responses such as: "*he always insults me;" "he calls me stupid and fat;" "he abuses me sexually;" and "he hits me sometimes and does not support me financially,"* indicate that they trusted me with their truths. I also think they found me compassionate and that the exchanges were meaningful to participants in that they were better able to understand their own situation. This is is seen for instance, by two participants reflections on their partners behaviour. One said: *"His behaviour is unlike when we first met;"* and the second one reflected that: *"There is a lack of communication."*

It is apparent to me, as a researcher, that gender inequality still exists. I think this is facilitated by the payment of lobola where some men think this means that they 'own' their wives that fundamentally, she is a commodity (Khomari et al., 2012; Rees et al., 2017). The participants felt that because lobola was paid they could not leave their partners as they had nowhere to go. Their feelings of disconnection from their parents or family were apparent as they seemed to have feelings of alienation resulting from their experience of IPV. This is suggested by responses such as, "*Lobola also makes marriage harder. It makes it as if your husband has bought you;"* and *"When you run to your parents, they will only tell you that you must persevere as a woman."*

According to McCauley et al. (2017), IPV is common manifestation in countries where there is a high prevalence of violence generally and in countries where men are perceived as 'head' of the household, which is true of South Africa. Some participants perceive that their partners feel threatened because they earn more money, which is supported by findings from Savas and Agridag (2011). This is related to toxic masculinity and patriarchy where men feel they must have the upper hand in all things and may suffer low self-esteem if they do not (Doug-Prosper, 2018). One of the women stated: "*I earn more than him which seems to make it worst.*

He always says that I want to be the man." This is underpinned by another woman's response which refers to her experience and understanding of her culture: "*Our culture promotes violence in marriage because it does not give us any power as women."*

Khomari et al. (2012) suggest that an African worldview is related to how things are understood from the point of view of people indigenous to the continent. It relates to concepts such as lobola which was originally 'paid' to cement the union between two families. This payment was one that was made from respect for the woman's family. I would say, as an African woman, that much meaning about lobola has been lost over the centuries due to the dominant Eurocentric culture which was adopted through colonisation. The participants understandings of lobola are thus in fact a 'misunderstanding' of what was originally meant and now are understood through a Eurocentric lens. I would suggest that these interpretations are the women's lived reality, but do not appropriately reflect true African cultural experience (Gwaravandal & Ndofirepill, 2020). This interpretation is further supported by a participant's response that when lobola has been paid, *"If you return home [after lobola has been paid], you are regarded as a failure."* It is likely that before colonisation any disharmony in an African tribal context would have been addressed and a man may have been suspended from his role in the community until his partners rights had been addressed (Guyo, 2017).

In terms of Afrocentric theory (Asante, 1990) this relates to *'Ujamaa*' or 'Family-Hood,' as participants are embedded in their cultural milieu and thus accept the status quo, which is linked to their socio-cultural environment. Their environment is embedded in both hyper and toxic masculinity. Hyper-masculinity which is prevalent in patriarchal communities is where men who have insecure identities show aggressive, violent behaviours to 'prove' their masculinity (Hong, 2000). In South Africa we also have protest-masculinity, which is dominant amongst poor, working-class communities. This helps them relieve their sense of insecurity which is linked to being poor and having little power (Ratele, 2008). Toxic masculinity is

associated with violence against, and domination of, women (Morrell et al., 2012). I contend that these types of masculinity occur together in the cultural setting the participants live in. As a result, their notions of 'Family-Hood' or *'Ujamaa'* are skewed as based on the violent, dominating behaviour of their partners.

It is also related to the womens lived reality, 'Truth' or *'Ukweli,'* as their understanding is that a Tsonga woman, who has had lobola paid to her family, is expected to stay in her marriage as, if she leaves, her family must pay monies back. As a result, she may well be spurned within her community. This explanation is supported by research by Khomari et al. (2012) and Shivambu (2015). Nonetheless, I think that these interpretations, based on participants understandings of social norms and values, are a misrepresentation of the original meaning of the tradition of lobola. This, I suggest, is because African symbols and rituals have been negatively influenced by Eurocentric culture (Asante, 1990; Gwaravandal & Ndofirepill, 2020). For me, it was apparent that the participants felt isolated from their culture and very lonely as it was difficult, if not impossible for them, to mobilise any effective social support.

Poverty is a factor that influences IPV. According to Slabbert (2016), low-income families are significantly more likely to engage in different types of domestic violence, as poverty facilitates this sort of conflict. This kind of violence, that is IPV, is even more likely if one (or both) of the partners witnessed violence in their homes when growing up (POWA, 2019). Many participants in this research indicated that they were raised by unemployed parents and thus had a difficult upbringing, some also witnessed violence in their homes as children. This is the participants Truth or *'Ukweli'* (Asante, 1991). It is what they experienced in their lives, their truths. When participants spoke to me about their upbringing I could see that they were distressed as their tone of voice changed and the pitch was lower, and they often 'dropped' their eyes and looked at the ground. It seemed they found it hard to discuss. I tried to be as

considerate as possible and leaned forward, attentively to ensure that they knew they were being 'heard.' Responses from several participants, which indicate how they suffered as children were: *"We did not even have food to eat sometimes;" "We would go to bed with an empty stomach;" "I grew up experiencing my father abuse my mother;" I think the abuse was also sexual".* I reassured the participants and told them that they had no need to lower their voices as it was their experiences and that they needed to validate them by speaking and being heard.

Early parenthood also influences IPV. People Opposed to Woman Abuse (POWA, 2019) report that women who had their first child at an early age are more likely to experience IPV. The present research supports this finding as most participants had a child when they were quite young and all experienced IPV. It is often customary for women to have children at a young age in African society. This can be linked to Afrocentricity (Asante, 2017) in terms of early parenthood being grounded in African notions of '*Ujamaa*' or 'Familyhood'. The fact that women in this study experienced IPV supports this notion, which is not necessarily related to African culture, it is the participants perceptions of it. This, I would argue, is the participants lived experience of '*Ujamaa*' or 'Familyhood' in their own culture, but it may not be the same for women in different cultural groups in South Africa and Africa.

Participants in this study reported that alcohol also play a role in IPV. Participants in this study reported that their husbands used alcohol which impacted negatively on their experience of violence for instance, "*He is also violent when he is drunk…. Sometimes when he is drunk, he does not even ask for…. sex…he just takes it;" "When he gets drunk it gets worse;" "He also has a thing for alcohol".* This is underpinned by literature I discovered during my research for instance, Jewkes (2002) and Shivambu (2015) found that the social anthropology of alcohol drinking suggests that violence and drinking are learnt in social settings and contribute to IPV. It is also true that women who have experienced their fathers (or mothers and/or their partners)

drinking alcohol marry men with the same proclivity (Renzetti et al., 2018), which regrettably tends to lead to IPV (Shivambu, 2015). This, I found, was experienced by some of the women in my research as for instance, participant 7 stated that her father abused her mother violently and *"more so,"* when he was drunk.

Additionally, I found in my readings that children who experience violence and abuse growing up are most likely to experience or incite violence and abuse in marriage (Raising Children, 2021; Rees et al., 2017). These findings are supported in my study as many participants who experienced IPV had witnessed the same sort of violence during their childhood.

The current findings are also underpinned by research which shows that the daughters of women who are beaten are more likely to experience this type of abuse as adults (Lopes, 2016; Rees et al., 2017). Violence in the home is normalised if witnessed by children who learn that this is how adults behave (Rees et al., 2017). In my research participants responses supporting this included: "*I grew up experiencing my parents' fight"* and *"my father abused my mother. It was a physical abuse"* and *"My father used to hit her; it was traumatising."*

In terms of Afrocentric (Asante, 1990) theory these interpretations are associated with African concepts of '*Ujamaa*' or 'Family-Hood.' Participants in this study related experiences of violence, which they appeared to think of as normal, because of the IPV they had witnessed during their childhood (Rees et al., 2017; Shivambu, 2015). The women experienced IPV, so it is their 'Truth' or '*Ukweli*' which, of course, is not necessarily true to the real meanings and truths of African culture which have I assert, been unfortunately distorted by Eurocentric culture (Asante, 2017) and its toxic patriarchy.

In this regard, according to Chukwuokolo (2017), European colonisation left Africa and its diaspora psychologically, economically, culturally, and politically damaged. Effectively, African society was badly damaged during colonial rule which resulted in socio- political domination, slavery economic exploitation and racial and cultural devastation. Colonial forces destroyed the philosophical, religious, and social norms of African society resulting in a society that was forced to adopt Eurocentric norms or change its cultural notions to 'fit in' with Eurocentricity.

6.3 The development of coping guidelines for women experiencing IPV

I developed practical or applied coping guidelines for women who experienced IPV out of the study data, using Lazarus and Folkman's (1984) transactional model of coping as the theoretical foundation. As a result, the guidelines are built around participants acknowledging or accepting their part in the situation and their responses are re-framed in an adaptive manner, so that favourable outcomes can be determined. The guidelines are also built around problem solving used by the participants for instance, seeking help from family, the police and going to church and talking to me and/or other psychologists or counsellors. It is hoped, they will be of use to various organisations and Non-Governmental Organisations (NGOs). They will be provided to the Department of Health in Mpumalanga where the research took place as well as the clinic where participants were recruited. The guidelines will also be published in the form of an article so that they can be used as is or developed further.

I also used Skinner and Zimmer-Gembeck's (2016) notions on how to develop coping guidelines from research data, in this case, experiences of symptomatic abuse pertaining to IPV. As stated, I used Lazarus and Folkman's (1984) transactional model of stress and coping as a theoretical guide. These guidelines are unique to South Africa, in particular Ehlanzeni District as they are underpinned by Asante's (1990) Afrocentricity (Figure 1 is repeated here for ease of reference (See 4.7 Data analysis in the Research Methodology chapter).

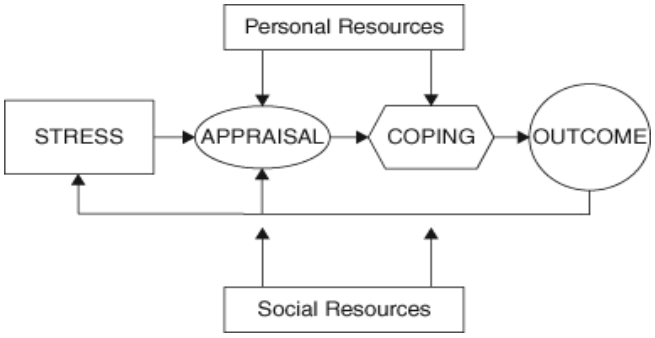

Figure 1: Coping depicted as a transactional process (Zimmer-Gembeck & Skinner, 2016, p.10)

According to Lazarus and Folkman (1984) successful coping mechanisms depend on emotional functions related to the problem. I found that participants in my research used forms of coping that are inherent to the transactional model of coping which incorporates both micro and macro analytic concepts of coping (Sincero, 2013). I used these to reinforce my coping guidelines. In this regard, some of the participants tended to down-regulate their thoughts, which is consistent with self-controlling coping. When using this type of coping they gave a rationale for the IPV for instance: "*Culture promotes violence in marriage because it does not give us a solution as women;" "I think we bore each other now because we have been together for a long time now;"* and "*He lusts for other women so beats me because I don't live up to what he thinks I should be."* They also sought social support, "*"I spoke with my mother. I told her that I don't have peace in my marriage;" The police took me to a place of safety…I also shared this with my mother;" and "Life is hard I just have to cope as best I can. Talking to her [my mother] helps."* Confrontative coping was also utilised by participants: "*"I had him arrested this year;"* and *"I'd had enough and didn't withdraw the case."*

Distancing themselves from the threat of IPV was another way that the participants used to cope with IPV for instance, "*I was always out of the house to avoid seeing my mother cry."* This goes to putting a physical distance between her father (perpetrator of the violence) and herself while another participant stated, "*I just stay silent and hope he will leave me alone."* This response is indicative of psychological distancing. Escape or avoidance of IPV was another coping strategy the particpants used which is indicated in the following responses, "*I put on sunglasses so people can't see;"* (her bruised eye) and "*If leave my children would suffer. They need to grow up next to their parents, there is no choice in this."* This participant is avoiding thinking about the damage that is done to her children by them witnessing ongoing abuse. She chooses to rationalise her choice to stay in the marriage by stating that two parents are needed to raise children. The following participant wants to physically escape and states, "*We can start a business [selling things sweets, vegetables, etcetera], maybe I will go soon."* This is avoidance as she is a pensioner and her mother is over 80 years old and, after many years of marriage and abuse she still has not left.

The following four-step process was used to develop guidelines in conjunction with the model in figure 1 namely: 1) The data was read and re-read to get a complete understanding of the IPV women in the study had experienced. 2) The themes and sub-themes that emerged out of the data were reviewed and coping guidelines developed out of them. 3) Templates were devised into which guidelines (and strategies) for coping with IPV were created. These are for the use of policy makers, clinicians, workers at health clinics, government organisations, Non-Governmental Organistions (NGOs) and other stakeholders and 4) Coping guidelines for women who have experienced IPV, as needed for real-world applications, were developed, and form the basis of the poster for practical use by women who have experience IPV.

6.3.1 Personal resources - guidelines

Personal and social resources for women who have experienced IPV are presented before overall coping guidelines. This was carried out to develop an overall pattern of coping guidelines for the victims of IPV as it is a transactional process, that is developing guidelines relates to exchanges and/or interactions between people. The women spoke to family members and spoke to me (a psychologist) about their IPV. *"I spoke with my mother. I told her that I don't have peace in my marriage."* They also went to church to seek guidance and comfort through their religious beliefs. *"I go to church and hope that God will heal my husband, it helps."*

Firstly, I have provided an example of personal resources which women and girls, who have experienced IPV can use. Please note that lay counsellors may be those who work for an NGO or who are linked to religious institutions however, all must have appropriate training. How these resources relate to figure 1 is noted by the inclusion, in brackets, of stress, appraisal, coping and outcomes in each block in table 3.

Table 3: Personal resources: coping guidelines for women and girls who have experienced IPV

Personal or individual needs guidelines and resources for women and girls who have experienced Intimate Partner Violence (IPV)	
First responders – sensitivity training related to IPV (Appraisal)	Women and girls who have experienced IPV need the people who they first deal with after the event to be sensitive to their needs and feelings. This requires that police, psychologists, social workers, and counsellors (registered and lay) have training related to IPV.
Provide coping strategies to help women and girls suffering from IPV. These can be based on emotion-focused coping strategies (Lazarus & Folkman, 1984), used in a positive manner, and related to how each victim of IPV relates to the strategies. (Stress, coping and outcomes).	These include: • How to release pent up emotions. • How to use distraction in a positive manner. • How to manage hostile feelings positively. • How to find help in mediating situations. • Practice mindfulness techniques. • Use systematic relaxation processes.

Women should be upskilled in other coping strategies through for instance, counsellors (lay, church and registered), wellness programmes (at work), psychologists, and social workers.
 	
(Stress, coping and outcomes).
	These include:
	
	• Asking others to help family, friends, peers, or community members.
	  • Try to be active in problem solving that is: "What can I do to help myself."
	  • Maintain emotionally supportive relationships with someone close.
	  • Look at the situation – assess 'your' role in it. Who has the responsibility when 'you' stay in an abusive relationship and what are the consequences?

Behaviour change (Appraisal, coping and outcomes)	Through counselling women and girls should understand their behaviour for instance, staying in an abusive relationship, and understand how they can change it.

Build resilience (Appraisal, coping and outcomes)	Resilience involves the thoughts, actions and behaviours individuals learn and develop through life thus it can be learned (Konnikova, 2016) with the helped of skilled professionals (for instance, social workers, psychologists, and counsellors).

6.3.2 Social resources – guidelines

Secondly, social resource examples that provide coping skills for women and girls who suffer from IPV are presented in tabular format. These resources should be available at clinics, hospitals, NGOs, tertiary institutions, schools, and work organisations. The participants in my research all attended the clinic I worked at. During clinic appointments all victims of IPV are made aware verbally of social resources available to them however, at the time the research was conducted these were not written down. It was apparent that many of the participants felt they had to stay in their abusive relationships because they did not know what to do and had no where to go. For instance, "*Where would I go?"* and *"What would I do?" and "No, I must stay and just live with it [the abuse]."* Guidelines can help women who suffer IPV with problem solving as they can see 'how, where and why' they need and can get help. The guidelines need further development and 'fleshing out' which I intend to do in post-doctoral work pertaining to women and their experiences of IPV. The individual and social resources for the prevention of IPV guidelines, are suitable for Government (local and national), NGO's, clinics, hospitals, and other stakeholders to develop policy out of. These are followed by applied coping guidelines which are practical and meant for the use of women who have experienced IPV (See table 4).

Table 4: Social resources coping guidelines for women and girls who have experienced IPV

Social Resources for the prevention of Inter-Personal Violence (IPV): The development of guidelines to help women and girls cope
Relationships skills (Outcomes and coping)– these should be taught from school level upwards and provide women and girls with insight into how 'health' relationships should look. Different programmes for different age-groups should be drawn up. These can be developed to include men and boys.
To facilitate the teaching of relationship skills at all levels adults who have standing in communities and peers who have had experience with IPV should be approached to help draw up these programmes. Family based programmes can also be included (Outcomes and coping).
Develop pathways to disrupt developmental violence – when domestic abuse and violence is reported to the South African Police Social Workers and Psychologists should visit the family and ensure that all members take part in programmes aimed at informing, enriching, and teaching parents and children (of appropriate age) skills in dealing with familial and inter-personal violence (Appraisal, coping and outcomes).
In South Africa protective environments are few and far between. Government, NGOs, and industry should work together to provide enough safe houses for women and children who are victims of IPV (Outcomes and coping).
Financial support for families where poverty is a facilitator of IPV is required. Government needs to look at creating some form of economic help for women, children and families who are on, or below, the poverty line if IPV and domestic violence exists in the home (Stress, coping and outcomes).

There should be proper mechanisms for providing social resources to help women and children who suffer or are witness to IPV. These include (Appraisal, stress, coping and outcomes):

- Victim centred services at clinics, hospitals, and NGOs
- Housing programmes specifically aimed at women and their children who need to escape physical and psychological violence. This could be part of housing development in the country.
- Police or first responders (possibly paramedics) must be properly trained and upskilled in dealing with IPV and domestic abuse and have the resources to help women and children in need.
- Treatment and support for women and girls who have survived IPV must be provided at provincial and national level.
- Involve communities in programmes aimed at the prevention of IPV through programmes developed by, and provided by, Government, Industry and NGOs working together.
- Engage men by engaging both traditional leaders and healers as IPV must be treated holistically.
- Gender based training related to both differences in gender and violence emanating from misunderstandings about gender should also be provided at work, in schools and in communities.
- Sensitivity training programmes aimed at understanding differences and why violence occurs be provided in schools and workplaces and communities again with various stakeholders (Government, Industry and NGO's).
- Ensure women and girls, when attended by first responders (police or paramedics) are given a comprehensive list of resources from which help is available.

The following overall coping guidelines for women who have suffered IPV, developed out of participants responses and theoretically underpinned by Lazarus and Folkman's (1984) transactional model of stress and coping, are as follows. They are put into non-academic (easy to understand) English and Xitsonga so that most women will be able to understand them. Website resources are given as there are many working class and middle-class women in the country who have access to smartphones (some have tablets or computers). It is hoped that those who do not have the aforementioned resources can get help from clinics, public hospitals and or private medical doctors, psychologists and/or allied health or social workers.

The practical guidelines are in English and Xitsonga (the major African language in Mpumulanga, where the research took place) and could be placed on websites and/or the noticeboards of clinics, hospitals, community centres and/or churches using an attractive poster design to gain the attention of women suffering from IPV (See the poster following table 5 for an example). The same table in the vernacular can be found in table 6.

Table 5: Applied Coping guidelines and resources for women and girls who have experienced IPV

Coping Guidelines and Resources for Women who have Experienced Inter-Personal Violence (IPV)	
	Website resources are given for those who have access to the internet
Application	These guidelines apply to all women who have experienced Intimate partner Violence (IPV).
Purpose	The purpose of these guidelines is to give women who have experienced IPV access to coping resources.
Background	These guidelines were developed out of a study into Intimate Partner Violence (IPV) in women in an area in South Africa. This was seen as necessary because one in every four, or a quarter (25%) of all women in South Africa, are assaulted by their partners every week.
Guidelines	• Take care of yourself psycholol gically – see a psychologist at a clinic or hospital or privately to discuss the challenges you face (See the following website it is one from England but it is useful for all women, no website was available just for South Africans: https://healthtalk.org/womens-experiences-domestic-violence-and-abuse/womens-coping-strategies-for-domestic-violence-and-abuse and https://www.groundup.org.za/article/how-access-public-mental-health-services/). • Take care of yourself physically ensure you see a medical doctor at a clinic, or hospital or privately to see if you have any medical problems. Look on the

internet or go to your local clinic for a list of all clinics hospitals in your area.

- Take care of yourself physically ensure you see a medical doctor at a clinic, or hospital or privately to see if you have any medical problems (See this website: https://www.tears.co.za/).
- If you can see a dietician at your clinic, hospital or privately as if you have poor nutrition (this does not mean you have to buy expensive food), you will feel more stressed and anxious (see this website: https://www.cdc.gov/healthyweight/healthy_eating/index.html)
- Join a women's group that discusses IVP and other issues a local clinic should be able to help you find one, or your local doctor and/or perhaps your local church group (See this website: https://www.gov.za/faq/justice-and-crime-prevention/where-can-i-find-organisation-offers-assistance-victims-violence).
- You should also find at least one good trustworthy friend with who you can discuss the challenges you have.
- If you are reading this you have recognised that you need help – please seek it as soon as possible from a local clinic, social worker, or psychologist at a hospital (or private).
- You should try and exercise, this can be running or walking this will help you feel better. Look at this website https://www.cdc.gov/physicalactivity/basics/adults/index.htm
- Find out what resilience means and try to build it up – with the help of a psychologist, social worker or perhaps a medical doctor – this will help you build up your self-esteem and even break free from the abuse you are suffering

(See the following website: https://www.mentaltoughness.partners/build-resilience/).

- Tell yourself everyday (look in the mirror) – I am beautiful, I am worthy – I am NOT going to be abused anymore (See the following website: https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/self-esteem/art-20045374).
- Write down what you want out of life and tell yourself: I am going to achieve my goals" (See the following website: https://www.lifehack.org/articles/communication/7-powerful-questions-find-out-what-you-want-with-your-life.html).
- Contact the South African Police – if your local police station is not helpful go to another or make a complaint – online (get someone to help you do this if you do not have access). See the following website for help in this regard: https://www.saps.gov.za/resource_centre/women_children/women_children.php

Definitions

The following definitions apply to women, and if you are reading this it is likely you are one, or know a woman, who has experienced inter-personal violence (IPV) [TEARS, 2021].

Sexual assault can range from inappropriate touching to a life-threatening attack, rape or any other penetration of the mouth, vagina, anus, or drug facilitated sexual assault. It's a myth that victims of sexual assault always look battered and bruised. Sexual assault may leave no outward signs, but it's still a crime.

Abuse is the improper usage or treatment of an entity, often to gain benefit unfairly or

improperly. Abuse can come in many forms, such as: physical or verbal maltreatment, injury, sexual assault, violation, rape, unjust practices; wrongful practice or custom; offence; crime, or otherwise verbal aggression.

Emotional abuse (also known as **psychological abuse**) is any act including confinement, isolation, verbal assault, humiliation, intimidation, infantilization, or any other treatment which may diminish the sense of identity, dignity, and self-worth.

Rape is a type of sexual assault usually involving sexual intercourse, which is initiated by one or more persons against another person without that person's consent. The act may be carried out by physical force, coercion, abuse of authority or against a person who is incapable of valid consent, such as one who is unconscious, incapacitated, or below the legal age of consent (16).

Sexual abuse, also referred to as **molestation**, is the forcing of undesired sexual behaviour by one person upon another. When that force is immediate, of short duration, or infrequent, it is called **sexual assault**.

Physical abuse is an intentional act of another party involving contact intended to cause feelings of physical pain, injury, or other physical suffering or bodily harm.

Domestic violence, also known as **domestic abuse, spousal abuse, battering, family violence, dating abuse, and intimate partner violence (IPV)**, is a pattern of behaviour which involves the abuse by one partner against another in an intimate relationship such as marriage, cohabitation, dating or within the family. Domestic violence can take many forms, including physical aggression or assault (hitting, kicking, biting, shoving, restraining, slapping, throwing objects, battery), or threats thereof;

sexual abuse; emotional abuse; controlling or domineering; intimidation; stalking; passive/covert abuse (e.g., neglect); and economic deprivation.

Date rape is forcible sexual intercourse during a voluntary social engagement in which the "victim" did not intend to submit to the sexual advances and resisted the acts (Either by verbal refusal, denials, or pleas to stop, and/or physical resistance).

Table 6: Applied coping guidelines and resources for women and girls who have experienced IPV (Xitsonga version)

Swipfuneta swa Vavasati lava va hlanganeke na Madzolonga yo vangiwa hi Vavanuna va vona **Swipfuneta swa webisayiti swi nyikiwe lava va nga na mfikelelo wa xihlanganisa va matiko**	
Xikombelo	Swipfuneta leswi i swa vavasati hikwavo lava va nga hlangana na madzolonga yo vangiwa hi vavanuna va vona.
Xikong-omelo	Xikongomelo i ku nyika vavasati lava hlanganeke na madzolonga swipfuneta.
Vuyimelo	Swipfuneta swi tumbuluxiwe ku suka eka dyondzo ya swa Madzolonga eka Vavasati hi,Vanuna va vona endzhawini yin'wana ya le Afrika-Dzonga. Leswi swa langutiwile swi fanerile hikuva un'we eka vavasati va mune kumbe kotara (25%) ya vavasati hinkwavo va Afrika-Dzonga va weiwa ehenhla hi vavanuna va vona.
Swipfuneta	• Wondla miehleketo ya wena – Vonana na dokodela ra swamiehleketo a tliliniki kumbe exibedlele kumbe exihundleni ku burisana hi mintlhintlho leyi u hlanganaka na yona (Vona webisayiti leyi landzelaka yi nga yin'wana yo suka eEnglnad kambe ya pfuna swinene eka vavasati hinkwavo, a ku nga ri na webisayiti ya maAfrika-Dzonga: https://healthtalk.org/womens-experiences-

domestic-violence-and-abuse/womens-coping-strategies-for-domestic-violence-and-abuse and https://www.groundup.org.za/article/how-access-public-mental-health-services/).

- Wondla miri wa wena u tiyisisa leswaku u vona dokodela etliliniki kumbe exibedlela kumbe exihundleni ku vona loko u ri na swiphiqo swa rihanyo. Languta eka xihlanganisa va matiko kumbe u ya eka tliliniki ya wena ya le ku suhi ku kamba titliliniki na swibedlela swa le ku suhu na ndzhawu ya wena,
- Wondla miri wa wena u tiyisisa leswaku u vona dokodela etliliniki kumbe exibedlela kumbe exihundleni ku vona loko u ri na swiphiqo swa rihanyo (See this website: https://www.tears.co.za/).
- Loko u nga kota ku vona dokodela wa swa madyelo etliliniki, xibedlele kumbe exihundleni ku vona loko u ri na madyelo yo ka ya nga ringanelanga (leswi a swi vuli leswaku u fanele ku xava swakudya swo durha), u ta ti twa u ri na ntshikelelo wa miehleketo kumbe u chuwile (vona webisayiti: https://www.cdc.gov/healthyweight/healthy_eating/index.html)
- Nghenelela mintlawa ya vavasati leyi burisanaka hi IVP na timhaka tin'wana. Tliliniki ya wena ya le ku suhi yi fanelele ku kota ku ku pfuna hi ku kuma ntlawa lowu, kumbe dokodela wa wena wa le ku suhi na/kumbe ntlawa wa le kerekeni ya le ku suhi na wena (Vona webisayiti: https://www.gov.za/faq/justice-and-crime-prevention/where-can-i-find-organisation-offers-assistance-victims-violence).
- U fanele u kuma na munghana un'we wo tshembheka loyi u nga burisanaka na yena hi mintlhontlho leyi u nga na yona.
- Loko u ri ku hlayeni eka leswi u swi vonile leswaku u lava mpfuneto – lavana na wona hi ku hatlisa eka tliliniki ya le ku suhi na wena, soxaliweka kumbe

dokodela wa swamiehleketo exibedlele (kumbe xihundla)

- Ringeta ku endla vutiolori, ku nga va ku tsutsuma or ku famba kunene. Leswi swi ta ku endla u tit wa kahle. Vona webisayiti leyi: https://www.cdc.gov/physicalactivity/basics/adults/index.htm
- Kumisisa leswaku ku vuyelelana i yini i vi u ringeta ku swiendla – na mpfuneto wa dokodela ra swamiehleketo, soxaliweka kume dokodela wa swarihanyo –leswi swi ta ku pfuna ku aka ku titshemba ka wena na ku ti humesa eka nxaniseko u nga eka wona (Vona webisayiti leyi landzelaka: https://www.mentaltoughness.partners/build-resilience/).
- Ti byele masiku hinkwawo (ti langute exivonini) – Ndzi sasekile, Ndzi ringanerile– A ndzi nga rhuakaniwi na kambe (Vona webisayiti leyi landzelaka: https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/self-esteem/art-20045374).
- Tsala ehansi leswi u swi lavaka evuton'wini i vi u ti byela: Ndzi ta fikelela swikongomelo swa mina" (Vona webisayiti leyi landzelaka: https://www.lifehack.org/articles/communication/7-powerful-questions-find-out-what-you-want-with-your-life.html).
- Ti hlanganise na va Xiphorisa – loko maphorisa ya le ku suhi na wena ya nga ku pfuni, yana eka lawa landzelaka kumbe u endla xivilelo eka xihlanganisa va matiko (kuma un'wana a ku pfuneta ku endla leswi loko u nga ri na mfikelelo). Vona webisayiti leyi landzelaka: https://www.saps.gov.za/resource_centre/women_children/women_children.ph

Tinhlamuselo Tinhlamuselo leti landzelaka i ta vavasati, na swona loko u ri eku hlayeni ka leswi u nga va u ri yena, kumbe ku tiva wansati loyi a nga hlangana na madzolonga hi nuna

wa yena (IVP) [TEARS, 2021].

Ku pfinya swi nga sungula eka ku khomakhoma miri swi nga fanelanga ku fika eka nhlaselo wo xungeta vutomi, mpfinyo kumbe ngheniso un'wana wa xirho enon'weni, xirho xa xisati, hala ndzhaku, kumbe swa masango endlaku ka ku nyka munhu swipyopyi. I swianakanyiwa leswaku vanhu lava va pfinyiweke va languteka va ri na mafelangati. Ku pfyiwa swi nga ka swi nga siyi mfungo, kambe ka ha ri vungevenga.

Nxaniso i makhomelo yo ka ya nga ri kahle ya xa n'wanchumu, hi Xikongomelo xo lava ku vuyeriwa hi ndlela yo ka yi nga ri kahle. Nxanisio wu nga ta hi tindlela to tala to fana na: miri kumbe mavulavulelo yo biha; maendlelo yo biha; khunguvanyiso; vugevenga, kumbe mavulavulelo yo biha.

Nxaniso wa ntlhaveko (swi tivekaka na hi nxaniso wa miehleketo) i maendlelo ya'wana na yan'wana ku katsa ku pfalela, mavulavulelo yo biha, ku poyila, ku chuhiseta, ku khoma munhu swi nga ringaneli malembe ya yena, kumbe ndlela yin'wana leyi nga nyadzaka vutitivi, na ku ringanela.

Mpfinyo i nxaka ya ku wela ehenhla loku katsaka swa masangu, leyi sungulaka hi munhu un'we kumbe vanhu vo tala ehenhleni ka munhu un'we ku nga ri na mpfumelelo wa munhu wa loye. Maendlelo lawa ya nga endliwa hi ku tirhisa matimba, ntshikelelo, ku tirhisa vufumi hi ndlela yo ka yi nga ri kahle, kumbe ehenhleni ka munhu loyi a nga le ka malembe ya le hansi ku a nga nyika mpfumelelo (16).

Nxaniso hi swa masangu i ku endla swa masangu na munhu a nga swi lavi. Loko nsusumeto wa lowo wu endleka hi xihatla, hi xinkadyana, ku nga ri minkarhi hinkwayo, swi vitaniwa **mpfinyo hi masangu**.

Nxaniso wa miri i maendlelo ya vomu hi xikongomelo xo vavasa.

Madzolonga ya le kaya, ya tivekaka tanihi **nxaniso wa le kaya, nxaniso wa**

mutekana wa wena, ku ba, madyolonga ya le ndangwini, nxaniso wa vahlekisani, na madzolonga yo vangiwa hi murhandziwa wa wena (IVP), i mahanyelo yo karhi lawa ya katsaka nxaniso hi murhandziwa eka vuxaka bya; e ku suhi swinene byo fana na vukati, vuxaka byo hlekisana kumbe endangwini. Madzolonga ya le kaya ya nga katsa ku vavasa miri (ku hima, ku raha, ku ba, ku kokakoka, ku arisa, ku hoax hi swilo),

kumbe ku xungeta; nxaniso hi masangu; nxaniso emoyeni; ku lawula; ku chuwiseka; ku sala sala munhu endzhaku; ku endla munhu a endla swilo a nga swi lavi; kumbe ku tsona mali.

Mpfinyo hi munhu loyi mi nga ti humesa swin'we i nsusumeto wa swa masangu hi munhu eka nhlangano wa xinghana laha 'mupfinyiwa' o ka a nga pfumelanga ku endla

timhaka ta masangu (ku nga va ku ala hi nomu, kumbe ku kombisa leswaku mupfini a yima.

The development of the applied coping and resources guidelines as well as the personal and social coping guidelines arose out of the themes developed out of the study data. These are not exclusive, and the researcher proposes to develop them further in post-doctoral research.

These guidelines can be adapted for use in South Africa (and internationally). They can be placed in a poster format, which does not necessarily mean at a high cost. An example is given below as today most clinics, organisations and individual stakeholders have access to computers and printers where colour posters (to attract attention) can be printed at minimal cost. These can have elaborate or simple designs. Below is an example of a simple design aimed at 'grabbing' attention using colour. Each clinic can adapt, and design, the guidelines as they see fit. See poster 1 on the next page which refers to violence, not coping guidelines, the aim is not to 'water' down the message but to use colour (and simple language) to 'catch the eye.' This poster is only in English, as the poster is merely a simple example of what can be made.

Poster 1: Coping guidelines for women and girls experiencing Intimate PartnerViolence

FOR WOMEN WHO HAVE EXPERIENCED VIOLENCE

- **Take care of yourself psychologically (that is your mind and how you think) –** see a psychologist at a clinic or hospital or privately to discuss the challenges you face (See the following website it is one from England but it is useful for all women**:** **https://healthtalk.org/womens-experiences-domestic-violence-and-abuse/womens-coping-strategies-for-domestic-violence-and-abuse and https://www.groundup.org.za/article/how-access-public-mental-health-services/).**
- **Take care of yourself physically ensure you see a medical doctor at a clinic, or hospital or privately to see if you** have any medical problems. Look on the internet or go to your local clinic for a list of all clinics hospitals in your area,
- Take care of yourself physically ensure you see a medical doctor at a clinic, or hospital or privately to see if you have any medical problems (See this website: https://www.tears.co.za/).
- **If you can see a dietician (someone who helps you plan your meals and what you eat)** at your clinic, hospital or privately as if you have poor nutrition (this does not mean you have to buy expensive food), you will feel more stressed and anxious (see this website: https://www.cdc.gov/healthyweight/healthy_eating/index.html)
- Join a women's group that discusses IVP and other issues a local clinic should be able to help you find one, or your local doctor and/or perhaps your local church group **(See this website: https://www.gov.za/faq/justice-and-crime-prevention/where-can-i-find- organisation-offers-assistance-victims-violence).**
- **You should also find at least one good trustworthy friend** with who you can discuss the challenges you have.
- **If you are reading this you have recognised that you need help – please seek it (look for it)** as soon as possible from a local clinic, social worker, or psychologist at a hospital (or private).
- You should try and exercise, this can be running or walking this will help you feel better.

  Look at this website https://www.cdc.gov/physicalactivity/basics/adults/index.htm
- **Find out what resilience means and try to build it up –** with the help of a psychologist, social worker or perhaps a medical doctor – this will help you build up your self-esteem and even break free from the abuse you are suffering **(See the following website: https://www.mentaltoughness.partners/build-resilience/).**
- **Tell yourself everyday (look in the mirror) – I am beautiful, I am worthy – I am NOT going to be abused anymore (See the following website: https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/self-esteem/art-20045374).**
- **Write down what you want out of life and tell yourself: I am going to achieve my goals" that is, what I want out of life". (See the following website: https://www.lifehack.org/articles/communication/7-powerful-questions-find-out-what- you-want-with-your-life.html**).

CONTACT THE SOUTH AFRICAN POLICE

If your local police station is not helpful go to another or make a complaint – online (get someone to help you do this if you do not have access). See the following website for help in this regard: https://www.saps.gov.za/resource_centre/women_children/women_children.php

6.4 Research strengths and limitations

6.4.1 Research strengths

The completed research was carried out in-line with similar qualitative studies. The research used quality criteria that were suitable for a qualitative approach. The participants are quite diverse in terms of age and educational status. Questions were posed in Xitsonga and then translated into English and back-translated into Xitsonga to ensure that no meaning was lost. The researcher engaged in supervision with her supervisors Proffs Saraswathie Govender and Kathryn Nel and This was undertaken to ensure that every part of the research was properly reflected on, and ethical procedure followed, as the research covered a very sensitive area. The development of applied coping guidelines for women who have experienced IPV will be made available to the DoH, DoS and other stakeholders.

6.4.2 Limitations of the study

A small sample (although appropriate for qualitative research it could have been larger). The topic was extremely sensitive which was, I think, the reason why it was difficult to recruit participants. As a result, no pilot study was carried out. On reflection gaining males perspectives of IPV could have added another dimension to the investigation. Moreover, an inductive rather than a deductive phenomenological approach might have elicited more in-depth and holistic information from the participants.

6.5 Recommendations arising out of the research

The following recommendations were made.

6.5.1 Future research

A larger mixed methods study, using random sampling of males and females, in Mpumalanga Province. This will allow a more holistic overview of IPV. A qualitative study of male perceptions of IPV should also be undertaken. A nationwide study or studies on IPV carried out under the auspices of the Department of Social Development (DoS) and/or the Department of Health (DoH) and relevant non-Governmental organisations should be undertaken as IPV is a significant public health problem. Knowledge about IPV in the country is limited and the aforementioned research would add to the limited data base allowing the government and relevant stakeholders to provide more interventions (more clinics related to IPV and GBV and more shelters for abused women and children).

6.6 Theoretical and applied contribution to knowledge in the field

The key contribution of this study was to use the data (collected knowledge) to inform coping guidelines, which provide appropriate care and/or interventions, for women who have experienced the psychological impact of IPV. This took place in the patriarchal context of South Africa where traditions such as lobola still take place. The research was undertaken amongst a group of Tsonga women who had experienced IPV, in a context where no research on the topic had previously been undertaken. It had a theoretical grounding in Afrocentric theory which allowed a truly African understanding of the challenges posed by IPV in present-day South Africa. These understandings are underpinned by the participants cultural perceptions of what IPV is and what it meant to their lived-experience. It was found that their experiences were was echoed in other cultures. However, I would argue that ongoing research, into any phenomena, is needed to ensure that any ‘new’ or ‘different’

knowledge is not missed or not properly understood. My research was essential to understanding the plight of Tsonga women who suffer IPV and who live in a traditional, patriarchal context in contemporary South Africa. The understanding of their plight was enhanced by using an Afrocentric lens which helped focus on their suffering. This highlighted that concepts of 'Family Hood' or *'Ujamaa'* were pivotal in their acceptance of IPV and Learned Helplessness. For instance, lobola and the patriarchal culture of the participants communities were found to be critical elements in the women staying in their abusive relationships and reflected their everyday, lived experiences or 'Truths' *(Ukweli).* As an African female, who is of the community but also a researcher, my *Uhaki* or *"*Literary Criticism,' allowed me to respect Tsonga culture and understandings while remaining non-judgmental and objective. This gave me a unique perspective on the phenomena as I am a black African woman embedded in African culture and Tsonga traditions.

This study thus adds value to the existing body of knowledge on the topic in the country and assists in a holistic understanding of IPV from an African perspective. Additionally, the practical contribution of the study, the coping guidelines, can assist mental health care professionals and guide their mental health practice when working with women who have suffered IPV in a traditional African marriage or relationship. The coping guidelines are provided in English and XitSonga, which is an innovative element of the study, as this has not been done before.

Additionally, another important element of this study is that, through publications and ensuring results are given to appropriate government departments and NGOs, findings will help raise awareness, and document the help seeking pathways followed by women, married using traditional practices such as lobola, who have experienced the psychological impact of IPV. The study results can also inform the development of the most appropriate therapeutic

interventions and help in developing positive coping strategies to curb IPV in a traditional, South African context.

6.7 My reflections on the research process

I found this research process quite challenging because of the nature of the topic. Intimate Partner Violence (IPV) is a very sensitive issue, and it is difficult for researchers to enquire about IPV and for participants to disclose their challenges. It was also difficult to discuss matters related to sex with the participants because all of them were older than me, and in African culture sex is usually a taboo subject. As a young Black and African female part of me felt like I was disrespecting participants when discussing issues of sex, due to my own entrenchement in local African culture. It was also sad to see the participants experience of IPV as many were old enough to be my mother, I really had to work hard to stay objective. Their experience meant they were disrespected by their partners which was very difficult to listen to. As a researcher my job was to interview the participants not to advise them of any action, they could take which made it more difficult for me, because I felt like I could advise them further on how to deal with their problems. I resolved this, and other feelings, by discussing them with my supervisors who guided me through the process and helped me remain objective and put my feelings aside. I did refer women to psychologists at the clinic where I recruited them after I interviewed them.

My supervisors managed to debrief me daily if I needed it. I was thus able to to complete the research and present the findings. As stated, the research was challenging but in my opinion this type of research, and the formulation of coping guidelines for victims of IPV is a necessity in South Africa. I really appreciate the fact that my supervisors were always there for me when I needed them. They were always available at any time on their emails and their personal cell phones. I hope to continue researching IPV in post-doctoral research as I see that it is really

needed. I am also lucky in that my family, peers, and friends supported me through my Ph by being there for me.

6.8 Overall conclusion

In conclusion, women who have observed domestic violence as children, have children at a young age, have partners who drink alcohol to excess and came from poor families are more likely to experience IPV, which was supported by findings in previous research. However, in this South African research lobola was also found to be a factor in IPV, in that participants did not feel they could leave their partners once bride-price was paid. This was due to a variety of reasons for instance, the financial implications for the participants family, feelings of not being accepted by the community if participants left her partner, and what they perceive as African notions of family where women must abide by their husbands' rules as they are the 'head of the family.' Coping guidelines developed out of a transactional process in terms of reading and re-reading the data which, it is hoped, will be useful to other researchers, NGO's, and appropriate government departments.

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APPENDIX 1: (ENGLISH & XITSONGA) - SEMI-STRUCTURED INTERVIEW QUESTIONS

PROJECT TITLE: Coping guidelines for women who have experienced the psychological impact of Intimate partner Violence (IPV) in Ehlanzeni District.

Before each interview participants were told about the research and what it entailed and were asked to fill in the consent form. They were also told that at any time they could withdraw from the research.

Date of the interview:

Instructions: The semi-structured questionnaire questions were all asked verbally (with probing if required) thus the questionnaire is structured in this manner for readers of the dissertation. The researcher ticked or wrote in the answers given by participants.

Section A: Demographic information

A1. What is your age?

≤25	
26-35	
36-45	
46+	

A2. How long have you been married to your partner?

≤2 years	
3-7 years	
8-12 years	
≥13 years	

A3. What is your highest education qualification?

Primary level	
Grade 8-11	
Matric	
Tertiary level	

A4. Are you currently employed?

YES	NO

If not, what is your source of income?

Social grant	
Informal job	
Monthly allowance/maintenance	
Education grant (NSFAS)	
Other (specify) _____	

A5. How many children do you have with your partner?

None	
1	
2	
3	
≥4	

A6. Are you living in with your children?

Yes	
Some	
No	

If some explain why?

If no explain why?

Section B: To examine the perceptions of women who experience IPV in terms of cultural and other aspects (for instance, poverty). These questions were asked verbally and the researcher recorded the answers and wrote field notes in this regard.

Probing took place, if required, after each question.

B1. What makes you stay in an abusive relationship?

B2. Did you grow up in a poor or middle-class household please describe your upbringing to me?

B.3 Did you ever see your parents fighting in anyway? If you did, please explain this to me.

B4. Can you tell me how old you were when you had your first child and describe the circumstances?

B5. Do you or your husband drink (alcohol)? After the question is answered ask: Did your father or mother drink alcohol?

B6. What is your understanding of IPV?

B7. What is your understanding of culture in the environment in which you live?

B8. What is your understanding of lobola?

B9. If you were to leave your husband due to IPV, what would the consequences be?

B10. Why do you think this abuse happened to you?

Section C: To determine whether or not there is any psychological impact of IPV in women who have suffered any type of IPV. **These questions were asked verbally and the researcher recorded the answers and wrote field notes in this regard.**

Probing took place, if required, after each question.

C1. Describe the type of abuse you experienced?

C2. How does this abuse affect you?

C3. How long was the abuse?

C4. What actions did you take from the beginning of IPV to date?

C5. Have you disclosed this to anyone?

If yes tell me to whom: (the researcher ticks the block)

Parents	
Siblings	
Friends State authority	
Other (specify) _____	

C6. How did your family react to the abuse you experienced?

Section D: To investigate whether lobola or cultural factors perpetuate IPV. **These questions were asked verbally and the researcher recorded the answers and wrote field notes in this regard.**

Probing took place, if required, after each question.

D1. What do you think is the reason for the perpetual abuse by your husband?

D2. What do you think contributes to your husband continued IPV?

D3. In your own understanding, what is the role of culture in curbing IPV.

D4. In your own understanding, what is the role of culture in worsening IPV.

Section E: To propose coping guidelines for women who have experienced IPV. These questions were asked verbally and the researcher recorded the answers and wrote field notes in this regard.

E1. How did you cope with IPV at its onset?

E2. How are you coping with the current state of your relationship (IPV)?

E3. How do you think you can help yourself in this situation?

NHLOKOMHAKA YA PHUROJEKE: Switsundzuxo mayelana na ku makhomelo evukatini hi vavasati lava hlaseriweke emiehleketweni hi Madzolonga ya le Vukatini eXifundzheninkulu xa Ehlanzeni.

Vatekaxiave va hlamuseriwile hi ndzavisiso lowu ku suka eku sunguleni na leswaku ndzavisiso lowu wu kongomile kwihi va tlhela va komberiwa ku sayina fomo ya mpfumelelano. Vatekaxiave va tlherile va byeriwa leswaku va nga ha tihumesa eka ndzavisiso lowu nkarhi wun'wana na wun'wana hi ku rhandza ka vona.

Siku ra nhlokisiso:

Swiletelo: Vatekaxiave va vutisiwile swivutiso leswi swi nga eka fomo leyi hi un'we un'we (swivutiso swo landzelerisa na swona swi vile kona laha swi faneleke), hikokwalaho swivutiso leswi swi tsariwile hi ndlela leyi swi endleriwa vahlayi va ndzavisiso lowu. Mulavisisi u gwejurile kumbe ku tsala tinhlamulo leti a nyikiweke hi vatekaxiave.

Xiyenge xa A: Vuxokoxoko bya vatekaxiave

A1. Xana u na malembe yangani?

≤25	
26-35	
36-45	
46+	

A2. I malembe yangani u ri evukani?

≤2 wa malembe	
3-7 wa malembe	
8-12 wa malembe	
≥13 wa malembe	

A3. Incini dyondzo ya wena ya le henhlahenhla?

Xikolo xa le hansi	
Giredi 8-11	
Giredi 12	
Dyondzo ya le kholichi kumbe yunivhesithi	

A4. Xana wa tirha?

INA	E-E

Loko u nga tirhi, xana u tihanyisa hi yini?

Mudende wa vana	
Ndzo titirha	
Mali yo hlayisiwa hi un'wana munhu	
Mali ya tidyondzo (NSFAS)	
Yin'wana mali handle ka leyi nga laha henhla (boxa muxaka wa mali ya kona) _____	

A5. Xana u na vana vangani na nuna wa wena?

Ndzi hava vana	
1	
2	
3	
≥4	

A6. Xana u tshama na vana va wena?

Ina	
Ndzi tshama na van'wani va vona	
E-e	

Loko u tshama na van'wana va vana va wena, hlamusela leswaku hikokwalaho ka yini.

Loko nhlamulo ku ri e-e, hlamusela leswaku hikokwalaho ka yini.

Xiyenge B: Ku lavisisa mavonelo ya vavasati lava hlaseriwaka hi Madzolonga ya le Vukatini hikokwalaho ka timhaka leti yelanaka na ndzhavuko na swin'wana na swin'wana (xikombiso vusweti). Swivutiso leswi swi vutisiwile vatekaxiave hi un'we un'we mulavisisi a karhi a kandziyisa tinhlamulo ni ku ti tsala ehansi.

Swivutiso swo landzelerisa swi vile kona laha swi faneleke endzhaku ka xivutiso xin'wana na xin'wana.

B1. Incini lexi endlaka leswaku u tshama evukatini lebyi nga na madzolonga?

B2. Xana u kulerile emutini wa vusweti kumbe lowu wu nga xikarhi ka vusweti na vuganyo. U komberiwa ku hlamusela makulelo ya wena.

B.3 Xana u tshama u vona vatswari va wena va karhi va lwa kumbe ku kwetlambetana?

Loko nhlamulo yi ri ee, u komberiwa ku nyika vuxokoxoko bya mhaka leyi.

B4. Xana u nga ndzi byela leswaku a wu ri na malembe yangani loko u kuma n'wana we wena wo sungula. U komberiwa ku hlamusela leswi nga humelela.

B5. Xana wena kumbe nuna wa wena ma nwa byalwa (xihoko)? Loko xivutiso lexi xi hlamuriwile, vutisa: xana tata kumbe mana wa wena a nwa byala kumbe xihoko?

B6. Hi ku twisisa ka wena, xana Madzolonga ya le Vukatini i yini kumbe hiloko ku humelela yini?

B7. Hi ku vona ka wena xana ndzhavuko i yini hi ku ya hi laha u tshamaka kona?

B8. Hi ku vona ka wena xana ndzovolo incini?

B9. Loko wo hambana na nuna wa wena hikwalaho ka Madzolonga ya le Vukatini, switandzhaku swa kona ku nga yini?

B10. Hi ku vona ka wena hikokwalaho ka yini madzolonga lawa ya humelerile eka wena?

Xiyenge xa C: Ku kumisisa ku vaviseka ka le miehleketweni hikokwalaho ka Madzolonga ya le Vukatini eka vavasati lava hlaseriweke hi madzolonga lawa. **Swivutiso leswi swi vutisiwile vatekaxiave hi un'we un'we mulavisisi a karhi a kandziyisa tinhlamulo ni ku ti tsala ehansi.**

Swivutiso swo landzelerisa swi vile kona laha swi faneleke endzhaku ka xivutiso xin'wana na xin'wana.

C1. Hlamusela muxaka wa nhlaselo wa madzolonga lowu u hlanganeke na wona?

C2. Xana nhlaselo lowu wu ve na nkucetelo muni emiehleketweni ya wena?

C3. Xana nhlaselo lowu wu vile kona malembe mangani?

C4. Xana u tekile magoza muni ku suka eku sunguleni ka nhlaselo lowu ku fika sweswi?

C5. Xana u tshama u byela munhu hi mhaka leyi?

Loko nhlamulo yi ri ee, xana i mani munhu wa kona: (gwejula xivandla xin'we laha bokisini)

Vatswari	
Vamakwavo	
Vanghana Swirho swa mfumo	
Van'wani vanhu handle ka lava va nga laha henhla (boxa muxaka wa vanhu va kona)	

C6. Xana ndyangu wa wena wu yi vonile njhani mhaka ya ku hlaseriwa ka wena hi madzolonga ya le vukatini?

Xiyenga xa D: Ku lavisisa loko ndzovolo kumbe swivangelo swa ndhavuko swi nyanyisa madzolonga ya le vukatini. **Swivutiso leswi swi vutisiwile vatekaxiave hi un'we un'we mulavisisi a karhi a kandziyisa tinhlamulo ni ku ti tsala ehansi.**

Swivutiso swo landzelerisa swi vile kona laha swi faneleke endzhaku ka xivutiso xin'wana na xin'wana.

D1. Hi ku vona ka wena xivangelo xa ku hlaseriwa ka wena hi madzolonga ya le vukatini loku ku nga heriki hi nuna wa wena swi nga va swi vangiwa hi yini?

D2. Hi ku vona ka wena xana hikokwalaho ka yini nuna wa wena a ya emahlweni na madzolonga ya le vukatini eka wena nsati wa yena?

D3. Hi ku vona ka wena ndhavuko wu na xiave muni xo herisa madzolonga ya le Vukatini.

D4. Hi ku vona ka wena ndhavuko wu na xiave muni xo nyanyisa madzolonga ya le vukatini?

Section E: Ku pimanyeta switsundzuxo swa matikhomelo eka vavasati lava hlaseriweke hi madzolonga ya le vukatini.

E1. Xana a wu hanya njhani na nuna wa wena a karhi a ku hlasela hi madzolonga ya le vukatini eku sunguleni?

E2. Xana sweswi u na vuxaka muni na nuna wa wena evukatini a karhi a ku hlasela hi madzolonga ya le vukatini?

E3. Xana u vona ongeti u ta tipfuna njhani eka xiyimo xo fana na lexi u nga eka xona?

APPENDIX 2: TURFLOOP RESEARCH ETHICS COMMITTEE FORMS AND TREC RESEARCH CLEARANCE FORM

Date: 16.05.2018

FORM B – PART I (English version)

PROJECT TITLE: Coping guidelines for women who have experienced the psychological impact of Intimate partner Violence (IPV) in Ehlanzeni District.

PROJECT LEADER: Charmain Sandra Nyathi

DECLARATION

I, the signatory, hereby apply for approval to conduct research described in the attached research proposal and declare that:

1. I am fully aware of the guidelines and regulations for ethical research and that I will abide by these guidelines and regulations as set out in documents (available from the Secretary of the Ethics Committee); and

2. I undertake to provide every person who participates in this research project with the relevant information in Part III. Every participant will be requested to sign Part IV.

Name of Researcher: Charmain Sandra Nyathi

Signature:……

Date:……

For Official use by the Ethics Committee:

Approved/Not approved

Remarks:……...…

……

……...…

……

Signature of Chairperson:……..

Date:……

XINGETERIWA 2 - TURFLOOP RESEARCH ETHICS COMMITTEE

Siku: 16.05.2018

FOMO B – XIYENGE I (Xitsonga version)

NHLOKOMHAKA YA PHUROJEKE: Swiletelo swo tiyisela swa vavasati lava nga evukatini hi ku tirhisa matirhelo ya ndzovolo wa xinto naswona lava nga hlaseriwa emoyeni hi Madzolonga ya le Vukatini eXifundzheninkulu xa Ehlanzeni

MURHANGERI WA PHUROJEKE: Charmain Sandra Nyathi

XIHLAMBANYO

Mina, musayini, ndzi endla xikombelo xa ku pfumeleriwa ku endla ndzavisiso lowu hlamuseriweke eka phurophozali leyi khomanisiweke laha naswona na hlambanya leswaku:

1. Ndzi lemuka hi ku hetiseka swiletelo na milawu ya matikhomelo yo endla ndzavisiso naswona ndzi ti boha ku landzelela swiletelo leswi na milawa leyi tanihilaha swi andlariweke hakona ematsalweni (lama kumekaka eka Matsalwani wa Komiti ya Matikhomelo); naswona

2. Ndza tiboha ku nyika munhu un'wana na un'wana loyi a nghenelaka ndzavisiso wa phurojeke leyi vuxokoxoko lebyi faneleke eka Xiyenge III. Mutekaxiave un'wana na un'wana u ta komberiwa ku sayina Xiyenge IV.

Vito ra Mulavisisi: Charmain Sandra Nyathi

Nsayino:……

Siku:……

<u>Xa Komiti ya Matikhomelo xa Ximfumo:</u>

Xipasisiwile/A xi pasisiwangi

Nhlamuselo:……...

……

……..…

……

Nsayino wa Mutshamaxitulu:……..

Siku:……

FORM B - PART II (ENGLISH)

PROJECT TITLE: Coping guidelines for women who have experienced the psychological impact of Intimate partner Violence (IPV) in Ehlanzeni District.

PROJECT LEADER: Charmain Sandra Nyathi

Protocol for conducting research using human participants

1. Department: Psychology

2. Title of project: Coping guidelines for women who have experienced the psychological impact of Intimate partner Violence (IPV) in Ehlanzeni District

3. Full name, surname, and qualifications of project leader: Charmain Sandra Nyathi: PHD Psychology (UL).

4. List the name(s) of all persons (Researchers and Technical Staff) involved with the project and identifies their role(s) in the conduct of the experiment: Name: Nyathi CS,Qualifications: Doctor of Philosophy, Responsible for: All the research

5. Name and address of principal researcher: Ms CS Nyathi, Wind Valk Street, house 09, Sunset view Stonehege, Nelspruit, 1200.

6. Procedures to be followed: as noted in the proposal. Participants will also be given consent form to ensure that participation is voluntarily and they will also be told that they may withdraw from the research at any time.

7. Nature of discomfort: Participants may be anxious and feel traumatised by answering questions in the semi structured interview. Any participant who feels this way will be referred to a psychologist at the local hospital who has agreed to counsel these participants.

8. Description of the advantages that may be expected from the results of the study: The study may help in understanding if lobola/bride-price has a perceived psychological impact on women who experience IPV.

Signature of Project Leader:……

Date:……

FOMO B – XIYENGE II (XITSONGA)

NHLOKOMHAKA YA PHUROJEKE: Swiletelo swo tiyisela swa vavasati lava nga evukatini hi ku tirhisa matirhelo ya ndzovolo wa xinto naswona lava nga hlaseriwa emoyeni hi Madzolonga ya le Vukatini eXifundzheninkulu xa Ehlanzeni

MURHANGERI WA PHUROJEKE: Charmain Sandra Nyathi
Milawu yo endla ndzavisiso hi ku tirhisa vanhu tanihi vatekaxiave

1. Ndzawulo: Ntivomiehleketo

2. Nhlokomhaka ya phurojeke:Ndzovolo wa Hlomisa na ku khumbheka loku hleketeleriwaka emiehleketweni ya vavasati lava hlaseriwaka hi Madzolonga ya le Vukatini (IPV) eXifundzheninkulu xa Ehlanzeni, Exifundzheninkulu xa Mpumalanga.

3. Mavito hi xitalo, xivongo na tidyondzo ta murhangeri wa phurojeke: Charmain Sandra Nyathi: PHD Ntivomiehleketo (UL).

4. Xaxameta mavito ya vanhu hinkwavo (Valavisisi na vatirhi va xithekiniki) lava tingheniseke eka phurojeke leyi naswona boxa mitirho ya vona eka ndzavisiso lowu: Vito: Nyathi CS, Tidyondzo: Vudokodela bya Filosofi, Vutihlamuleri bya: Ndzavisiso hinkwawo

5. Vito naadireseyamulavisisinkulu: Manana CS Nyathi, Wind Valk Street, house 09, Sunset view Stonehege, Nelspruit, 1200.

5. Tindlelaletinga ta landzeleriwa: tanihihilahaswiboxiwekehakonaekaphurophozali. Vatekaxiaveva ta tlhelavanyikiwafomoyapfumelelanokutiyisisaleswakukunghenela ka vonandzavisisolowuva lo tinyiketanaswonava ta tlhelavabyeriwaleswakuvanga ha tihumesaekandzavisisolowunkarhiwun'wananiwun'wana.

7. Xivumbekoxakuvavisekaemoyeni:
Vatekaxiavevangakhumbhekanakuvavisekaemoyenilokovahlamulaswivutisoswanhlokisis olowu. Mutekaxiaveloyi a titwaka hi ndlelaleyi u ta hundzuseriwaekamutivamiehleketoexibedlhelexa le kusuhiloyi a ngapfumelakunyikavutshunguriekavatekaxiave.

8. Nhlamuseloyambuyelolowungalanguteriwakaekandzavisiso:
Ndzavisisolowuwungapfunakutwisisalokondzovolowutisakukhumbheka ka miehleketoekavavasati lava hlaseriwaka hi Madzolongaya le Vukatini (IPV).

Nsayinowa Murhangeriwa Phurojeke:……

Siku:……

FORM B - PART III (ENGLISH) - INFORMATION FOR PARTICIPANTS

PROJECT TITLE: Coping guidelines for women who have experienced the psychological impact of Intimate partner Violence (IPV) in Ehlanzeni District.

PROJECT LEADER: Charmain Sandra Nyathi

1. You are invited to participate in the following research project: (see consent form below)

2. Participation in the project is completely voluntary and you are free to withdraw from the project (without providing any reasons) at any time.

3. It is possible that you might not personally experience any advantages during the project, although the knowledge that may be accumulated through the project might prove advantageous to others.

4. You are encouraged to ask any questions that you might have in connection with this project at any stage. The project leader will gladly answer your question. They will also discuss the project in detail with you.

5. Participants may be anxious and feel traumatised when answering questions during the interview. Any participant who feels this way will be referred to the psychologist at the clinic they attend or any local hospital.

6. Should you at any stage feel unhappy, uncomfortable or is concerned about the research, please contact **Ms Noko Shai-Ragoboya at the University of Limpopo, Private Bag X1106, Sovenga, 0727, tel: 015 268 2401**.

FOMO B - XIYENGE III (XITSONGA) - VUXOKOXOKO BYA VATEKAXIAVE

NHLOKOMHAKA YA PHUROJEKE: Swiletelo swo tiyisela swa vavasati lava nga evukatini hi ku tirhisa matirhelo ya ndzovolo wa xinto naswona lava nga hlaseriwa emoyeni hi Madzolonga ya le Vukatini eXifundzheninkulu xa Ehlanzeni.

MURHANGERI WA PHUROJEKE: Charmain Sandra Nyathi

1. Wa rhambiwa ku nghenela phurojeke ya ndzavisiso leyi landzelaka: (vona fomo ya pfumelelano laha hansi).

2. Ku nghenela phurojeke leyi i ku tinyiketa naswona u tshuxekile ku tihumesa eka phurojeke leyi (handle ko nyika tihlamuselo) nkarhi wun'wana ni wun'wana.

3. Swa endlaka leswaku u nga kumi mbuyelo eka phurojeke leyi tanihi mutekaxiave, hambileswi vutivi lebyi nga ta hlengeletiwa hi phurojeke leyi byi nga ta vuyerisa van'wana.

4. U khutaziwa ku vutisa swivutiso leswi u nga va ka na swona mayelana na phurojeke leyi nkarhi wun'wana na wun'wana. Murhangeri wa phurojeke leyi u ta tsaka ku hlamula swivutiso swa wena. U ta tlhela a bula na wena hi vuxokoxoko bya phurojeke leyi.

5. Vatekaxiave va nga khumbheka ni ku vaviseka emoyeni loko va ri karhi va hlamula swivutiso hi nkarhi wa nhlokisiso. Mutekaxiave loyi a titwaka hi ndlela leyi u ta hundzuseriwa eka mutivamiehleketo etliliniki kumbe exibedlhele xa le kusuhi.

6. Loko u khunguvanyeka nkarhi wun'wana na wun'wana, u vaviseka emoyeni kumbe u khumbheka hi ndzavisiso lowu, u komberiwa ku tihlanganisa na **Manana Noko Shai-Ragoboya eYunivhesithi ya Limpopo, Private Bag X1106, Sovenga, 0727, Riq.: 015 268 2401**.

7. Vufikeleri bya mina bya matsalwa lama yelanaka na vungheneri bya mina endzavisisweni lowu swi ta katsa vanhu lava khumbhekaka eka ndzavisiso lowu.

8. Swivutiso swihi na swihi leswi ndzi nga va ka na swona mayelana na ndzavisiso lowu, kumbe vuxokoxoko lebyi yelanaka, swi ta hlamuriwa hi mu/valavisisi.

9. Loko ndzi ri na swivutiso, kumbe swiphiqo mayelana na ndzavisiso lowu, kumbe loko ndzi twa ku vaviseka emoyeni, ndzi nga tihlanganisa na xirho xa xipano xa vulavisisi kumbe Manana Ms Noko Shai-Ragoboya.

10. Ku nghenela ndzavisiso lowu i ku tinyiketa ka mina naswona ndzi nga tihumesa nkarhi wun'wana na wun'wana.

11. Loko no hlangana na xiphiqo lexi lavaka vutshunguri nkarhi wihi kumbe wihi hi nkarhi wa ndzavisiso lowu, kumbe loko ndzi kamberiwa ku vona loko ndzi ringanerile ku nghenela ndzavisiso lowu, mhaka yaleyo yi ta vekiwa emavokweni ya munhu loyi a thwaseke naswona ndzi nga ha hundzuseriwa eka dokodela wa mina.

12. Vutihlamuleri byo nghenela ndzavisiso lowu i mhaka ya mina, Yunivhesithi ya Limpopo na vanhu hinkwavo lava tinghenisaka eka phurojeke leyi nga laha henhla a va khumbheki eka vutihlamuleri lebyi nga humelelaka hikokwalaho ka ku tinghenisa ka mina eka phurojeke leyi nga laha henhla kumbe eka timhaka leti yelanaka na phurojeke leyi, hikokwalaho ka swivangelo swihi na swihi, ku katsa na matirhelo yo ka ya nga hetisekangi hi vanhu lava boxiweke eka ndzavisiso lowu.

NSAYINO WA MUTEKAXIAVE_____

NSAYINO WA MBHONI_____

Yi sayiniwile e_____ hi ti ____ siku ra _____ 20__

FORM B - PART IV (ENGLISH VERSION) - CONSENT FORM

PROJECT TITLE: Coping guidelines for women who have experienced the psychological impact of Intimate partner Violence (IPV) in Ehlanzeni District.

PROJECT LEADER: Charmain Sandra Nyathi

I, _____

hereby voluntarily consent to participate in the following project: Coping guidelines for women who have experienced the psychological impact of Intimate partner Violence (IPV) in Ehlanzeni District

I realise that:

1. The study explores experiences of IPV in women.

2. The procedure or treatment envisaged may hold some risk for me that cannot be foreseen at this stage.

3. The Ethics Committee has approved that an individual may be approached to participate in the study.

4. The research project, ie. the extent, aims and methods of the research, has been explained to me.

8. The project sets out the risks that can be reasonably expected as well as possible discomfort for persons participating in the research, an explanation of the anticipated advantages for

myself or others that are reasonably expected from the research and alternative procedures that may be to my advantage.

6. I will be informed of any new information that may become available during the research that may influence my willingness to continue my participation.

7. Access to the records that pertain to my participation in the study will be restricted to persons directly involved in the research.

8. Any questions that I may have regarding the research, or related matters, will be answered by the researcher/s.

9. If I have any questions about, or problems regarding the study, or experience any undesirable effects, I may contact a member of the research team or Ms Noko Shai-Ragoboya.

10. Participation in this research is voluntary and I can withdraw my participation at any stage.

11. If any medical problem is identified at any stage during the research, or when I am vetted for participation, such condition will be discussed with me in confidence by a qualified person and/or I will be referred to my doctor.

12. I indemnify the University of Limpopo and all persons involved with the above project from any liability that may arise from my participation in the above project or that may be related to it, for whatever reasons, including negligence on the part of the mentioned persons.

SIGNATURE OF RESEARCHED PERSON_____

SIGNATURE OF WITNESS_____

SIGNATURE OF PERSON THAT INFORMED SIGNATURE OF PARENT/GUARDIAN
OR THE RESEARCHED PERSON _____

Signed at_____this____day of_____ 20_

FOMO B - XIYENGE IV (Xitsonga version) - FOMO YA PFUMELELANO

NHLOKOMHAKA YA PHUROJEKE: Swiletelo swo tiyisela swa vavasati lava nga evukatini hi ku tirhisa matirhelo ya ndzovolo wa xinto naswona lava nga hlaseriwa emoyeni hi Madzolonga ya le Vukatini eXifundzheninkulu xa Ehlanzeni.

MURHANGERI WA PHUROJEKE: Charmain Sandra Nyathi

Mina, _____

ndza tinyiketa na ku pfumela ku tinghenisa eka phurojeke leyi landzelaka:Ndzovolo wa Hlomisa na ku khumbheka loku hleketeriwaka emiehleketweni ya vavasati lava hlaseriwaka hi Madzolonga ya le Vukatini (IPV) eXifundzheninkulu xa Ehlanzeni, Exifundzheninkulu xa Mpumalanga.

Ndza lemuka leswaku:

1. Ndzavisiso lowu wu languta ntokoto wa mina etimhakeni ta vukati bya mina mayelana na Madzolonga ya le Vukatini (IPV) endzhaku ka loko nuna wa mina a ndzi lovorile.

2. Maendlelo lama nga ta tirhisiwa ya nga va na nxungeto eka mina lowu nga riki erivaleni enkarhini wa sweswi.

3. Komiti ya Matikhomelo yi pasisile leswaku mulavisisi a bula na vanhu lava nga kotaka ku nghenela ndzavisiso lowu.

4. Phurojeke ya ndzavisiso lowu, hileswaku andlalo, swikongomelo na tindlela ta ndzavisiso lowu, ndzi hlamuseriwile swona.

5. Phurojeke yi andlala mixungeto leyi nga languteriwaka ku katsa na ku vaviseka emoyeni ka vanhu lava nga ta nghenela ndzavisiso lowu, nhlamuselo ya mbuyelo lowu mina kumbe van'wani va wu languteleke ku suka eka ndzavisiso lowu na maendlelo yan'wana lama nga ndzi vuyerisaka.

6. Ndzi ta tivisiwa hi vuxokoxoko byintshwa lebyi nga humelelaka hi karhi wa ndzavisiso lebyi nga kucetelaka ku navela ka mina ku ya emahlweni na ndzavisiso.

7. Vufikeleri bya mina bya matsalwa lama yelanaka na vungheneri bya mina endzavisisweni lowu swi ta katsa vanhu lava khumbhekaka eka ndzavisiso lowu.

8. Swivutiso swihi na swihi leswi ndzi nga va ka na swona mayelana na ndzavisiso lowu, kumbe vuxokoxoko lebyi yelanaka, swi ta hlamuriwa hi mu/valavisisi.

9. Loko ndzi ri na swivutiso, kumbe swiphiqo mayelana na ndzavisiso lowu, kumbe loko ndzi twa ku vaviseka emoyeni, ndzi nga tihlanganisa na xirho xa xipano xa vulavisisi kumbe Manana Ms Noko Shai-Ragoboya.

10. Ku nghenela ndzavisiso lowu i ku tinyiketa ka mina naswona ndzi nga tihumesa nkarhi wun'wana na wun'wana.

11. Loko no hlangana na xiphiqo lexi lavaka vutshunguri nkarhi wihi kumbe wihi hi nkarhi wa ndzavisiso lowu, kumbe loko ndzi kamberiwa ku vona loko ndzi ringanerile ku nghenela ndzavisiso lowu, mhaka yaleyo yi ta vekiwa emavokweni ya munhu loyi a thwaseke naswona ndzi nga ha hundzuseriwa eka dokodela wa mina.

12. Vutihlamuleri byo nghenela ndzavisiso lowu i mhaka ya mina, Yunivhesithi ya Limpopo na vanhu hinkwavo lava tinghenisaka eka phurojeke leyi nga laha henhla a va khumbheki eka vutihlamuleri lebyi nga humelelaka hikokwalaho ka ku tinghenisa ka mina eka phurojeke leyi nga laha henhla kumbe eka timhaka leti yelanaka na phurojeke leyi, hikokwalaho ka swivangelo swihi na swihi, ku katsa na matirhelo yo ka ya nga hetisekangi hi vanhu lava boxiweke eka ndzavisiso lowu.

NSAYINO WA MUTEKAXIAVE_____

NSAYINO WA MBHONI_____

Yi sayiniwile e_____hi ti_____siku ra_____20_

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE

ETHICS CLEARANCE CERTIFICATE

MEETING: 24 April 2020

PROJECT NUMBER: TREC/96/2020: PG

PROJECT:

Title:	Coping guidelines for women who have experienced the psychological impact of Intimate Partner Violence (IPV) in Ehlanzeni District.
Researcher:	C Nyathi
Supervisor:	Prof S Govender
Co-Supervisor/s:	Prof K Nel
School:	Social Sciences
Degree:	PhD in Psychology

PROF P MASOKO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

i) **This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.**

ii) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.**

iii) **PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.**

Finding solutions for Africa

APPENDIX 3: DSM-5 – DIAGNOSTIC CRITERIA FOR POST TRAUMATIC STRESS DISORDER (PTSD)

Criterion A: stressor

The person was exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (one required)

1. Direct exposure.

2. Witnessing, in person.

3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.

4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures.

Criterion B: intrusion symptoms

The traumatic event is persistently re-experienced in the following way(s): (one required)

1. Recurrent, involuntary, and intrusive memories. Note: Children older than six may express this symptom in repetitive play.

2. Traumatic nightmares. Note: Children may have frightening dreams without content related to the trauma(s).

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3. Dissociative reactions (e.g., flashbacks) which may occur on a continuum from brief episodes

to complete loss of consciousness. Note: Children may re-enact the event in play.

4. Intense or prolonged distress after exposure to traumatic reminders.

5. Marked physiologic reactivity after exposure to trauma-related stimuli.

Criterion C: avoidance

Persistent effortful avoidance of distressing trauma-related stimuli after the event: (one required)

1. Trauma-related thoughts or feelings.

2. Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations).

Criterion D: negative alterations in cognitions and mood

Negative alterations in cognitions and mood that began or worsened after the traumatic event: (two required)

1. Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol, or drugs).

2. Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous").

3. Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.

4. Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame).

5. Markedly diminished interest in (pre-traumatic) significant activities.

6. Feeling alienated from others (e.g., detachment or estrangement).

7. Constricted affect: persistent inability to experience positive emotions.

Criterion E: alterations in arousal and reactivity

Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event: (two required)

1. Irritable or aggressive behaviour

2. Self-destructive or reckless behaviour

3. Hyper vigilance

4. Exaggerated startle response

5. Problems in concentration

6. Sleep disturbance

Criterion F: duration

Persistence of symptoms (in Criteria B, C, D, and E) for more than one month.

Criterion G: functional significance.

Significant symptom-related distress or functional impairment (e.g., social, occupational).

Criterion H: exclusion Disturbance is not due to medication, substance use, or other illness

Specify if: with dissociative symptoms

In addition to meeting criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli:

1. Depersonalization: experience of being an outside observer of or detached from oneself (e.g.,

feeling as if "this is not happening to me" or one were in a dream).

2. Derealisation: experience of unreality, distance, or distortion (e.g., "things are not real").

Specify if: With delayed expression.

Full diagnosis is not met until at least six months after the trauma(s), although onset of symptoms may occur immediately

APPENDIX 4 - LETTER OF PERMISSION REQUESTED FROM THE VICTIM EMPOWERMENT CLINIC

Email: charmainnyathi@gmail.com

Cellular: 079 114 3619

TO: Mr Thibela

FROM: CHARMAIN NYATHI (PHD STUDENT)

DEPARTMENT OF PSYCHOLOGY

UNIVERSITY OF LIMPOPO

PRIVATE BAG X11006

SOVENGA

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DATE: 7.7.2020

SUBJECT: REQUESTING A PERMISSION TO CONDUCT RESEARCH STUDY FOR WOMEN WHO ARE VICTIMS OF INTIMATE PARTNER VIOLENCE (IPV)

I am requesting permission to conduct research at your organisation. I am a registered Clinical Psychologist who is currently enrolled with the University of Limpopo (Turfloop Campus) for a PhD. The topic of the study is coping guidelines for women who have experienced the psychological impact of Intimate partner Violence (IPV) in Ehlanzeni District.

I would like to ask for any survivors of IPV who attend your NGO if they would share their experiences with me. Their names would not be used, and strict confidentiality would be upheld in line with guidelines for the Health Professionals Council of South Africa (HPCSA) Psychology Division. Interested women, who define themselves as survivors of IPV, who volunteer to participate, will be given a consent form to sign which will also indicate that their participation is entirely voluntarily.

Ethical approval from the University of Limpopo (Turfloop Campus) is granted. This will be in the form of semi-structured interviews in a one-on one setting. If the final research is published only pooled results will be documented to ensure the anonymity of the participants. No costs will be incurred by either the NGO or the individual participants. Approval to conduct this study will be greatly appreciated. Feedback and coping guidelines will be reported back to the NGO in order to help them with their ongoing interventions.

Should you require further clarity in this matter, please do not hesitate to contact me.

Your Sincerely.

Ms Charmain Nyathi (PhD student)

Supervisors: Proffs S. Govender and K. Nel

E mail: Saraswathie.Govender@ul.ac.za Kathryn.Nel@ul.ac.za

APPENDIX 5 – EDITOR'S LETTER

To Whom It May Concern

I declare that I, K. Louise Nel, have proof-read and edited the PHD entitled: Coping guidelines for women who have experienced the psychological impact of Intimate partner Violence (IPV) in Ehlanzeni District

The PHD was generally well written. Major grammatical errors were found and corrected. However, in the second copy I received many of these were still not corrected. I can only assume there was a mix up with copies.

To ensure that the candidate's voice was not 'lost' not all minor grammatical errors were corrected as this would have meant re-constructing sentences thus losing the candidate's voice. I corrected many references as the student used APA-6 not APA-7. The layout in the text is mostly APA-7 however, some elements were not according to APA-7 format. I did not correct these as they were minor errors.

I have been editing journal articles, dissertations, and theses for a period of five years.

K Louise Nel

Ms K Louise Nel

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