

**EXPLORING PSYCHOSOCIAL IMPACT OF GENDER-BASED VIOLENCE
AMONG SILENCED AND MARGINALIZED WOMEN IN VHEMBE DISTRICT
MUNICIPALITY, LIMPOPO PROVINCE**

by

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DECLARATION

I, Rodney Rikhotso (Student Number: 56712618) declare that:

Exploring psychosocial impact of gender-based violence among silenced and marginalized women in Vhembe District Municipality, Limpopo Province

is my own work, that it has not previously been submitted for any degree or examination purposes at any other university, and that all the sources I have consulted or quoted have been disclosed and duly acknowledged by means of complete referencing.

Name: Rodney Rikhotso

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Date: 2022/03/04

DEDICATION

I dedicate this dissertation to my parents posthumously, Mr Gezani Robert Rikhotso and Mrs Veronica Rikhotso. I also dedicate this study to all victims of Gender-Based Violence with the hope and belief that they will continue to speak out against the perpetrators and contribute towards efforts to eradicate this menace from society.

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ABSTRACT

Gender-based violence (GBV) is one of the most severe social challenges confronting South African society. The purpose of the study was to explore the psychosocial impact of gender-based violence among silenced and marginalised women in the Vhembe District Municipality, Limpopo Province.

The study opted for the exploratory qualitative research design approach with a total of 15 purposively sampled participants who are women in the 19-35 years age cohort selected to provide their lived experiences concerning gender-based violence in the Vhembe district. Semi-structured interviews were utilised as the study's primary data collection method.

The primary study findings revealed that victims of gender-based violence suffered from the immense psychological and social effects of their experiences. These effects included levels of depression, isolation, stigmatisation, and suicidal ideations. Among some of its recommendations, the study proposes protracted interventions by multiple stakeholders to address gender-based violence, especially in rural communities that are still fraught with increasing patriarchal values and norms that reinforce gender attitudes and unequal power relations.

Key terms: gender-based violence; psychosocial impact; silenced and marginalised women; violence against women; abuse; intimate partner violence; feminist theory; ecological model; domestic violence; femicide.

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CSVR	Centre for the Study of Violence and Reconciliation
COGTA	Cooperative Governance and Traditional Affairs
DSD	Department of Social Development
GBH	Grievous Bodily Harm
GBV	Gender-Based Violence
GVEI	Gender Violence Effects Indicators
HIV	Human Immunodeficiency Virus
IPV	Intimate Partner Violence
KZN	KwaZulu-Natal
LO	Life Orientation
LP	Limpopo Province
LPDSD	Limpopo Provincial Department of Social Development
POWA	People Opposing Women Abuse
PTSD	Post-Traumatic Stress Disorder
RSA	Republic of South Africa
STI	Sexually Transmitted Infections
SAB	South African Breweries
SAHRC	South African Human Rights Commission
SAPS	South African Police Service
TVEP	Thohoyandou Victim Empowerment Programme
UK	United Kingdom
UNW	United Nations Women
USA	United States of America
VAW	Violence Against Women
VAWG	Violence Against Women and Girls
VDM	Vhembe District Municipality
WHO	World Health Organization

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND OF THE STUDY

The purpose of this research study was to explore the psycho-social impact of gender-based violence (GBV) among silenced and marginalised women in the Vhembe District Municipality (VDM), which is located in Limpopo Province (LP), Republic of South Africa (RSA). The phenomenon of gender-based violence constitutes a profound human rights and public health concern, and is categorised in terms of its physical, emotional, domestic, economic, and sexual manifestations, as well as femicide (Mihirka & Lembeme, 2016). It is worth noting that the term, 'gender-based violence' encompasses but is not confined to Intimate Partner Violence (IPV). According to Evans and William (2013), gender-based violence is a societal matter, which explains the different conceptualisations and experiences regarding an individual's race, religion, gender, sexual orientation, and various contextual factors. According to the World Health Organization/ WHO (2017), males were most likely to be the perpetrators of GBV against women and girls, who continue to be marginalised victims irrespective of their age.

Di Cesare (2014) states that the unequal distribution of power between the male and female gender results in the insubordination and danger for women throughout their lives. Physical and psychological abuse by intimate partners (IPV) also constitutes one of the most common forms of violence in the household. For instance, newly married women may succumb to pressures from their partners and, sometimes, extended family to contribute to household production and reproduction. The terms 'silenced' and 'marginalised' in this study refer mainly to women who continue to find themselves in situations where their intimate partners violate their fundamental human rights, leading to their silence due to the fear of being stigmatised, judged, and blamed by the society. In this regard, and correctly or incorrectly, some societies could be viewed as normalising injustices, such as the beating and humiliation of a woman. However, this study recognises that even men could be victims of gender-based violence, notwithstanding that women are the ones who bear most of the brunt.

The ages-old gendering of the female body continues to be a challenge, even in the contemporary era (Di Cesare, 2014). Violence against women worldwide has been one of the most widespread violations of human rights, with almost 18% of women and girls experiencing either physical, psychological, emotional, or sexual violence committed against them by either a person known to them or an intimate partner (United Nations Children's Fund/ UNICEF, 2015; WHO, 2017). It is against such a context that, this specific form of violence became generally

known as a “shadow pandemic”, or a pandemic within another pandemic (United Nations Women/ UNW, 2020:1). Restrictive lockdown strategies were applied internationally as more countries reported the increasing spread of the COVID-19 pandemic. At the same time, increasing numbers of domestic violence helplines and cases were reported across many shelters worldwide. The latter situation is a stark indication of the extent of violence meted out against children and women in their homes.

The global outbreak of the Corona Virus (Covid-19) in 2019 (whose epicentre is the province of Wuhan in China) found the country (RSA) reeling from its own “shadow pandemic” in the form of gender-based violence (UNW, 2020). According to the latter author, this shadow pandemic contributed to a large-scale prevalence of GBV. For example, government risk adjusted levels restricted people’s movements and confined them to their homes in order to limit congregation in public spaces. In many instances, women and children who were already abused found themselves in the same living spaces with their abusers (mostly men) for longer periods, depending on the duration of the COVID-19 restrictions at the time. Confined to their respective homes, many families were affected by the tensions and strains engendered by the new work and income arrangements as a consequence of the COVID-19 pandemic on world economies (UNW, 2020). A combination of these factors during lockdown confinement compounded the situation for many women who were increasingly isolated from work colleagues and family, with little security. As such the women in such conditions were vulnerable to violent and impetuous partners, since they were separated from people and livelihood resources.

According to Lips (2014), many women in India were reportedly fearful of reporting sexual violence as a result of police officers who were insensitive and not well equipped with the requisite skills in such sensitive cases. In addition, the sense of entitlement and privilege by the males was tantamount to endorsing the subjugation of women as a natural state of affairs, which constitutes a serious challenge in public health and its development; let alone the serious abuse of human rights (Muche, Adekunle & Arowojolu, 2017). Contrarily, a study conducted by Mirrka and Lemberme (2016) among female university students at Hawassa University in Ethiopia revealed that 68% of married women were not as fearful as their Indian counterparts but reported sexual or physical abuse and violence inflicted by their partners to the law enforcement authorities. The self-same research study found that the foremost impact of GBV was psychological in nature. Furthermore, the study found that 35.48% of these students who experienced gender-based violence consequently hated their male counterparts.

Jewkes and Abrahams (2002) assert that in terms of rape, many women still face systemically induced barriers based on identified vulnerability to non-reporting of sexual coercion in South Africa. For example, they are despondent in the criminal justice system because reporting gender-based crimes to the police is scoffed at as an isolated incident. Consequently, they fear that they may not be believed. In addition to those above, some women face barriers to reporting because of threats or retaliation by the perpetrator. In many other instances, women even fear unfair treatment by the very police officers who are supposed to be their protectors. A critical factor raised by Jewkes and Abrahams (2002) is that women's anticipations that their actions to report the incidents of gender-based violations to the police may lead to the perpetrator's impunity, and that compounds their distrust of the justice system.

South Africa's rape crisis should be understood within the context of the country's very significant problems of gender and power inequalities (Nkosi & Van Der Wath, 2012). Similar to domestic violence, rape has become a manifestation of persistent male domination of women under the guise of self-proclaimed male superiority. However, in South Africa, both sexual and physical violence against women form part of a repertoire of control strategies, in terms of which the control of women by males and their sexual entitlement features strongly in dominant social constructions of masculinity (Jewkes & Abrahams, 2002). Such a state of affairs results in sexual coercion becoming a perennial force within marriages, dating relationships, families or in situations where sex is only agreed upon after threats, blackmailing, or persistent pleading (Mazibuko & Umejese, 2015; Nkosi & Van Der Wath, 2012).

The trauma experienced by GBV victims is enormous and can trigger suicidal behaviours by the victims (WHO, 2013). Moreover, the GBV victims could experience psychological effects such as deep feelings of shame, powerlessness, depression, anxiety and continuous paranoia (Nkosi & Van Der Wath, 2012). In addition, the consequent psychological trauma endured may reach a level at which they generally lose interest in life, demonstrated by the failure to establish intimate relationships (Colombini, 2002). The most prevalent and severe health problems in the country are the result of rape, intimate partner violence, childhood abuse, and neglect, including HIV and sexually transmitted infections, substance abuse, and mental health disorders, including depression, post-traumatic stress disorder, and suicidality (Seedat et al., 2009).

The level of gender-based violence (the shadow pandemic) in South Africa was on the increase, with women and children suffering the brunt of abuse by males even before the advent of the COVID-19 pandemic (UNW, 2020). Similar to other jurisdictions worldwide, the abuse and maltreatment of women through gender-based and other forms of violence directly violates their

constitutionally protected rights (South Africa, 1996). A study conducted in Kwazulu-Natal (KZN) found that GBV prevalence rates in the province were 60.9% (psychological abuse), 23.6% (non-sexual physical violence) and 10% for sexual violence (Mngoma et al., 2016). While GBV was not *sui generis* to the South African context, the afore-cited KZN statistical data provokes the question: Is there any end to the red tape of silencing, marginalising, and abusing girls and women in South Africa as the most vulnerable groups in society due to different factors not limited to cultural expectations and societal roles between male and females (Mukanangana et al., 2014).

In 2012, it was found that 77% of women in Limpopo, 51% in Gauteng, 45% in Western Cape and 36% in Kwazulu-Natal respectively did experience one form of GBV or another (CSV, 2016). The study located men as the most dominant perpetrators of this form of violence. These statistics have increased the level of interest in understanding the psycho-social impact and extent of GBV exposure and vulnerability by women and girls (Mihirka & Lembeme, 2016). Evidently, the study indicates that Limpopo Province was at the forefront of GBV prevalence of GBV in South Africa (CSV, 2016).

It is the researcher's contention that the dreaded social phenomenon of GBV warrants urgency of attention by society, rather than expecting only the government to intervene. It is critically important that families and communities themselves should be the first to intervene and thwart the scourge of GBV. In this regard, the researcher concurs with the cogent proposition by Mihirka and Lembeme (2016), that the cross-cutting and complex nature of GBV necessitates multiple stakeholder approaches involving communities, cultural and religious leaders, victims, and their families, as well as educational institutions. The perpetrators themselves, who are mostly men, should also be involved in such all-inclusive anti-GBV initiatives (Boohoo, 2015). It is against such a background that the researcher was prompted to explore the psychosocial impact of gender-based violence among women in the Vhembe District Municipality, Limpopo Province.

1.2 RESEARCH PROBLEM

In the case of the current research, the research problem is premised largely on the nature, magnitude, and effects of gender-based violence, particularly in the Vhembe District Municipality. The alarming prevalence of GBV in South Africa has drawn incessant calls for serious and protracted interventions by the general public. Regrettably, public awareness initiatives such as the annual Department of Social Development's (DSD's) "**sixteen days of activism for no violence against women and children**" appear to be inefficacious insofar as enlightening the men, in particular, to be the active protectors of women and children has not

stopped the violence against women. The mass media is replete with many accounts of women and children suffering or even losing their lives due to both gender- and home-based violence (Molosankwe, 2020). For example, in December 2016, a 24-year-old woman from a village outside Thohoyandou was gruesomely killed by her husband, who slit her throat with a knife. It was reported that the woman was sometimes locked in the house for three consecutive days by the husband as a form of punishment. After killing the woman, the man tried to cut his throat, but he was taken to the hospital for medical care. This example is reflective of the challenges that women face in South African communities (Limpopo Mirror, 2016).

According to Matthews et al. (2008), intimate femicide is the extreme consequence of intimate partner violence. In their study, Matthews et al. (2008) found that among 1349 perpetrators of intimate femicide, only 19.4 % committed suicide within a week of the incident. In addition, theories on causes of intimate femicide suggest that jealousy and possessiveness by the male partner led to the gruesome killing of the other partner or spouse. However, such actions have been associated with depression in the perpetrator, leading to the stated pathological jealousy and eventual killing of their partners. On the other hand, the self-same study found further that suicide among intimate femicide perpetrators was more likely to be committed by white men employed in a professional or in white-collar jobs and owned a legal gun (Matthews et al., 2008). Currently, in South Africa, reports on social and mainstream media show an increasing number of black men as perpetrators of intimate femicide compared to more than a decade ago.

According to the Thohoyandou Victim Empowerment Programme (TVEP), the Vhembe District Municipality was the centre of the highest reported cases of domestic violence in Limpopo Province (Pengpid & Peltzer, 2014). For example, the first quarter of 2012/13 reported 2553 GBV cases, which was the highest in the province. Furthermore, a study involving 268 sampled women (18 years of age and older) who consecutively received a protection order in the Vhembe District indicates that 40.7% of these women reported sexual violation once or more during their intimate partner relationships in the previous 3 (three) months. Another 58.2% of these women were found to have been stalked by their intimate partner. About 94% of these women reported psychological abuse, while physical violence was reported by about 93.7%; and danger by 99.3% of the sampled women participants. Collectively, 37% reported physical, psychological, and sexual violence (Pengpid & Peltzer, 2014). In terms of multivariate regression, it was found that psychological and physical abuse and violence, as well as stalking were linked to sexual assault (Pengpid & Peltzer, 2014).

In November 2018, a 23-year-old woman was brutally stabbed to death by her 26-year-old boyfriend, merely for refusing to consent to his sexual (Sowetan, 2017). On 17 February 2020, a 52-year-old former lawyer of Ga-Phasha village in Limpopo hacked three of his own children to death with an axe, while the fourth and youngest were bashed with a huge stone. Molefe (2020) reports that the man confessed to murdering his four children because of the suspected infidelity by his wife. The same man had previously attempted to kill his wife, who survived because the bullet narrowly missed her and killed an innocent child nearby. The man was subsequently arrested and charged with murder but was later released on parole. It was after his release that he then killed his own four children (Molefe, 2020; Molosankwe, 2020).

While it exacerbated the gender and domestic violence situation, the COVID-19 pandemic is not necessarily the cause of these malices since they precede the pandemic in their magnitude (UNW, 2020). For instance, during the 12-month period before the pandemic, about 243 million women and girls (aged 15-49) globally, were subjected to physical and sexual violence by their intimate partners (WHO, 2015). As projected, the continuation of the COVID-19 pandemic and its attendant lockdown restrictions would most certainly escalate the number of violence and abuse cases – with untold implications on the women's reproductive and overall wellbeing. Consequently, the women's socio-economic roles and activities are hampered due to the psychological heaviness they carry.

In addition to the preceding examples of the magnitude and manifestations of gender and domestic violence, another aspect of the research problem is situated in the effects and implications of the GBV malice. The researcher believes that most women do not report the forms of abuse they endure in their households and socially. However, some of GBV victims are negatively affected by factors such as isolation, stigmatisation, loneliness, depression and trauma, guilt, and shame. Women exposed to gender and domestic violence were also prone to symptoms associated with depressive mental disorders, the most common of which is post-traumatic stress disorder (PTSD) (Nkosi & Van Der Wath, 2012). The PTSD presents with symptoms such as nightmares, hyper arousal, flashbacks of the abuse, as well as numbing (Nkosi & Van Der Wath, 2012). Additionally, the GBV victims may also experience major forms of depression, including despondency, temperament, insomnia, fatigue, irritability, and anxiety.

Clearly, the statistical sampling of cases of GBV deaths cited above is an apt demonstration of the seriousness of the problem in the Vhembe District Municipality, as well as in Limpopo Province and the country at large (Van Vlaenderen & Cakwe, 2003). Additionally, the psychological manifestations of both gender and domestic violence serve as irrefutable evidence

of the incalculable effects and implications of the problem of gender and domestic violence. Therefore, both the manifestation rates and magnitude of this malice requires concomitant multiple stakeholder approaches and interventions in order to ameliorate the situation and ultimately eliminate GBV from the fabric of society (Thobejane & Luthada, 2019).

1.3 RATIONALE OF THE STUDY

In the context of this study, the rationale for its undertaking is the product of two crucial factors, namely: the researcher's own observation of the GBV problem, as well as his personal background. Over a period of time, the researcher observed the prevalence and continued abuse and killing of women by the very men against whom they had obtained protection orders. The researcher further observed the psychosocial devastation and impact of gender-based violence among these silenced and marginalised women in the Vhembe District Municipality. Most worrisome was the fact that society and the criminal justice system appeared to have reached a state of ennui and helplessness because the scourge of GBV continues unabated. In the final analysis, a perpetual state of victimhood then characterises the victims' close families; as well as the victims themselves as they remain scarred for life in many instances with the risk of HIV and AIDS infection (Uwadiwegwu, 2015; WHO, 2013).

Secondly, the researcher grew up in a village in which women were generally viewed condescendingly by most men. Evidently, no sense of value was attached towards women as human beings with the same equal right to exist as their male counterparts. In this village, it was commonplace for a woman to be publicly assaulted and humiliated by her husband or even fiancé without even any sense of shame, guilt, or embarrassment. At some point in an adjacent village, a man killed his wife, children, and himself. The incident sparked an interest in trying to understand the psychosocial turmoil that women go through in relationships clouded by gender-based violence. The researcher believes that talking to women with first-hand experience and information will be able to shed light and generate in-depth understanding of their lived experiences (Mpani & Nsibande, 2015).

Moreover, the researcher's professional background and experience constitute adequate justification for the feasibility of this study. The researcher has completed an internship programme as a Social Worker employed by the Department of Social Development in Limpopo Province. One of his key performance areas focused on family preservations. It was in this regard that the researcher was cognisant of women's 'reluctance' to report their victimisation through GBV due to its sensitivity and associated outcomes, such as being scorned or stigmatised in the village. The settlements were known through the area Social Work office for

their substance abuse, gambling with children's support grants from the government and school drop-out rates. Therefore, the rationale, motivation, or justification for undertaking this study is premised on the collective impetus of the researcher's own observations, professional background, and the magnitude of the malice of GBV in Vhembe District Municipality in particular.

1.4 STUDY SIGNIFICANCE/ RELEVANCE

By virtue of its preponderant manifestation in society, gender-based and domestic violence has attracted significant research both locally and internationally. The researcher envisages that the current study will contribute to the body of knowledge on GBV in predominantly rural communities. As opposed to the urban and suburban setting settings, rural communities mostly receive sparse media attention, and locally based activist movements and the non-profit sector render relevant services and interventions in the sphere of children and women abuse. Therefore, the researcher's familiarity with, and rootedness in the rural environment will provide relevant knowledge to the field of gender studies and GBV as a phenomenon of interest. Ultimately, the researcher will be able to explore lived experiences of women who are victims of GBV. The study findings will then be able to provide a framework on whose basis possible answers could be developed in respect of issues such as the socio-culturally steeped impediments to the acceptability of women; as well as the emotional and social impact of women living in such situations.

For practitioners in social work services, both the study's findings and recommendations are of relevance insofar as policymaking and implementation regarding effective intervenes on this social menace. The researcher sternly upholds that there is a need for the employment of more professionally skilled social services practitioners in various villages so that people can access services, especially those in remote areas.

1.5 SCOPE OF THE STUDY

The epistemological rootedness of this study is confined to the field of gender studies, in which GBV is located. While GBV entails some form of violence and a degree of issues raised by feminist studies, the current study restricts itself only to gender orchestrated violence against women by men. Furthermore, the geographic scope of the study is confined only to the Vhembe District Municipality, and not the entirety of Limpopo Province.

1.6 PURPOSE/ AIM OF THE STUDY

The purpose or aim of the study entails the broader context of the researcher's intentions and reasons for undertaking the investigation (Kumar, 2014; Neuman, 2011). In that regard, the purpose or aim (goal) of the present study is:

To explore, describe and analyse the psycho-social impact of gender-based violence among the silenced and marginalised women in the Vhembe District Municipality, Limpopo Province.

It is the researcher's fundamental intention to gain in-depth information and understanding of the lived experiences of victims of gender- and home-based violence. Such an orientation is influenced by the confirmed nexus between GBV, marginalisation and social exclusion (Acharya, 2018 as cited in Von Braun & Gatzweiler, 2014). Marginalised individuals or groups are generally victimised, excluded, discriminated against, and oppressed (Kagan et al., 2002). In some instances, inequality, poverty, and injustices may be attributed to marginalisation (Chanda, 2019).

1.7 STUDY OBJECTIVES

Unlike the generalised nature of the study aim or purpose, the study objectives are characterised by their specific reference to the activities and measurable processes undertaken within a particular time frame to achieve the study's intended purpose (Babbie, 2012; Bryman, 2012). The specificity of the study's objectives implies that the overall purpose is then reduced to its most irreducible state. In addition, the research objectives also provide an indication of the parameters and structure of the study in relation to the research questions and the data collection and analysis procedures (Maggie, 2013). Emanating from the study aim, the research objectives were articulated thus:

- To explore, describe, and analyse the psycho-social impact of women who experienced gender-based violence in the Vhembe District Municipality, Limpopo Province.
- To identify the coping mechanisms used by women who are victims of gender-based violence in the Vhembe District Municipality, Limpopo Province.
- To propose a framework of recommendations and policy-related guidelines that contribute to the improvement of the lives and livelihoods of the silenced and marginalised victims of gender-based violence.

1.8 RESEARCH QUESTIONS

The research questions are not peripheral or stand-alone aspects of investigation (Bryman, 2012; Maggie, 2013). Therefore, the following research questions were addressed in tandem with the research aim and objectives, as well as the data acquisition instruments and analysis approaches:

- What is the psychosocial impact of women who experienced gender-based violence?
- What are the coping mechanisms used by women who are victims of gender-based violence in the Vhembe District Municipality, Limpopo Province?
- What are the proposed interventions intended to assist silenced and marginalised victims of gender-based violence?

1.9 DEFINITION OF KEY CONCEPTS

The definition of key concepts is necessitated by the clarity required to understand their meanings and application in the disciplinary (epistemological), practice (professional) and contextual (connotative or denotative) sense (Vaismoradi et al., 2013). The below-mentioned key concepts were selected on account of their thematic relevance and association with the research topic and its main tenets. Also, the alphabetic sequencing of these terms does not in any manner depict the order of their appearance in the study.

1.9.1 Abuse

Abuse is defined as a patterned behavioural orientation intended to cause harm in any form and consequently establish control or dominance over individuals or groups (Rakovec-Felser, 2014). In this study, abuse refers to the human rights violation and maltreatment of individuals (mostly females by males) either physically, sexually, emotionally, and economically.

1.9.2 Domestic Violence

According to Sohal, Feder and Johnson (2012) domestic violence is characterised by behaviour that is threatening and likely to lead to damage to property in the home (as opposed to business property), submissiveness, harm, violence or domineering presence and command in the home by a family member or either of the intimate partners of their sexuality or gender. The Domestic Violence Act (No. 6 of 1998) presents domestic violence as “any form of abuse which includes physical, sexual, emotional, psychological or economic harassment”.

1.9.3 Exploration

This refers to systematic investigation or search for understanding intended to provide answers to questions pertinent to the investigated problem (Babbie & Mouton, 2012; Creswell, 2014). In

this study, the most fundamental goal of exploration is to seek more information in order to maximise the appropriate context for reaching conclusions.

1.9.4 Femicide

According to the United Nations Women (2020), femicide is the intentional killing of a female person by a male counterpart. In this study, predominantly abusive males are the most identifiable femicide perpetrators.

1.9.5 Gender

According to Lips (2014), gender refers to the socially constructed class of expectations, norms, and roles of different forms of masculinity, femininity, and androgyny. In this study, gender classification factors are crucial for determining differentiating the perpetrators from the victims of various forms of violence.

1.9.6 Gender-based Violence (GBV)

According to Evans and William (2013), gender-based violence (as opposed to domestic or home-based violence) relates to patterned and forceful behaviour deriving from unequal power relations as expressed and experienced differently in respect of a person's sex, religion, race, ability, sexuality, and other situational factors. According to UNICEF (2015), GBV is a form of abuse and exploitation mostly meted out against women, the elderly, and intimate partners. In this study, while GBV is mostly meted against women and children, it is also acknowledged that men could also be victims of gender-based violence perpetrated against them by women.

1.9.7 Homicide

Homicide refers to the intentional act of one human being killing another (Stats SA, 2018). In other international jurisdictions such as the USA, the terms, "murder" and "killing" are differentiated and classified into four categories based on the perpetrator's intent and severe nature of the deed. In such contexts, "homicide" is then classified as capital murder, murder, manslaughter, or criminally negligent homicide (Alexander & Associates, 2021).

1.9.8 Intimate Partner Violence (IPV)

Lopes (2016) defines intimate partner violence as different patterns of coercive behaviours, including excessive battering and injury, psychological abuse, sexual assault, social alienation, neglect, and bullying. Such intentional behavioural patterns are intended to exercise power, control, and dominance over a loved one (Rigby & Johnson, 2017). In this study, IPV relates to the emotionally linked control that is exercised on women by their intimate partners.

1.9.9 Marginalise

Acharya (2018) in Von Braun and Gatzweiler (2014), ascertains the inter-connectedness between marginalisation and social exclusion or ostracisation. Marginalised people or groups are those to whom control of their own lives and access to resources is limited or restricted by the dominant group or class. In this study, GBV victims are marginalised directly by the perpetrators. Their marginalisation may also be directly or indirectly reinforced by some or other socio-cultural constructs.

1.9.10 Masculinity

Masculinity is the belief in the dominance or superiority of males over females based on sheer physicality or muscular strength (Miller et al., 2014). In this study, masculinity is also portrayed as mainstream or culturally perpetrated dogma that enhances patriarchy and its stereotypes.

1.9.11 Patriarchy

According to Martinez (2008) in Dzinavane (2016), patriarchy is a socio-culturally constructed system of norms, attitudes and values designed to entrench male hegemony, attitudes and perspectives regarding the roles and values of women in the family, society, and the economy. The concept of patriarchy is referred to in this study for examining the power dynamics between men and women, as well as the core reasons for women's control and subordination.

1.9.12 Psycho-social Factors

Gellman and Turner (2013) assert that psycho-social factors relate to a combination of influences affecting an individual both in his/ her psychological and/ or social sphere. The psychological sphere or domain encompasses such constructs as cognitive behavioural responses (e.g., satisfaction, self-esteem, self-efficacy, and the locus of control); as well as mood status (e.g. distress, depression, anxiety, and positive effects). On the other hand, social factors encompass constructs such as education; socioeconomic status; employment; family; religion; physical attributes; ethnicity; locality; changes in personal roles and status; as well as relationships with others. In this study, psycho-social factors are significant, especially that they help in the understanding of the suffering and experiences of GBV victims in both their social and psychological spheres.

1.9.13 Silence

Ifechelobi (2014) defines silence as representing the historical muting of women in a patriarchal system, which perpetuates domination by males at the expense of women to have inferiority. In addition, silence involves the reinforcement or imposition of superficial limitations on women's existential purpose. In this study, silence is an important factor insofar as it depicts

the actual state to which GBV victims have been subjected which leads to views that the cases of GBV that are reported to the police are not a true reflection of what is happening. In this study, reference to “silence” is a depiction of the magnitude of the unheard voices and pleas of the GBV victims whose fear of reporting the continuous abuse has rendered them powerless and hopeless in South Africa (Mazibuko & Umejesi, 2015).

1.9.14 Violence Against Women (VAW)

Violence against women is a component of gender-based violence and refers to a system of patterned forceful behaviours rooted in abuse and exploitation orchestrated against women and girls during the course of their lifetime (Mpani & Nsibande, 2015). The notion of violence against women in this study is mostly rooted in the maltreatment and killing of women.

1.10 CHAPTER OUTLINE

This dissertation is segmented into five chapters, which are structured as indicated below.

Chapter 1: Orientation to the Study

The chapter outlines and introduces the study in respect of its background, the investigated problem, rationale, significance, and scope; the research purpose, objectives, and research questions; as well as the definition of key concepts.

Chapter 2: Literature Review

In this chapter, the theoretical framework (previous efforts, arguments, and information) that guides the study is presented as well as the relevant aspects and factors relating to gender-based violence as the central phenomenon of discussion.

Chapter 3: Research Design and Methodology

In essence, this chapter provides discussions on the research methodology, detailed research approach, research design, data collection, data analysis, measures of trustworthiness, and ethical considerations.

Chapter 4: Findings of the Study

In this chapter, collected data is presented and analysed in conjunction with literature-based perspectives. The chapter mostly entails the respondents’ profiles or biographic information, which is distinguishable from the ensuing input based on their experiences, knowledge, perceptions, and understanding of gender-based violence as a phenomenon with its idiosyncratic constructs.

Chapter 5: Summary of Main Findings Conclusion and Recommendations

This chapter basically summarises the major findings accrued in the previous chapter and situates these in the context of the research objectives and questions as a framework to determine the extent to which the study achieved its initial intentions as stated in Chapter 1. Also included in the chapter are the possible limitations of the study, the implication of the study findings, as well as the recommendations and the researcher's own concluding remarks.

1.11 CONCLUSION

Overall, the current chapter presages the entire study, and outlines the main units of analysis; all of which are presented in varying details in the ensuing chapters. The units of analysis presented briefly in this chapter relate to the introduction and background of the study, the research problem, purpose and objectives of the study, research the research questions, the study rationale, significance, and scope. The definition of key concepts and chapter outline concluded the chapter.

The following chapter focuses entirely on the literature review and the theoretical framework.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The review of literature (which preceded the primary data collection with the research participants) was instrumental in the structure and content of the current chapter, which focuses principally on the theoretical framework that guided the philosophical premises and discussions relevant to the core phenomenon of gender-based violence. The review of literature was also helpful insofar as it familiarised and exposed the researcher to current global and local trends, practices, and debates in the field of gender-based violence from multiple scholarly perspectives (Babbie & Mouton, 2012; Leedy & Ormrod, 2015). This systematic search and identification of relevant secondary materials was further instrumental in the identification of the contributions by other GBV scholars, as well as any gaps that may still exist in the disciplinary field of gender studies in general, and GBV in particular (Du Plooy-Cilliers, Davis & Bezuidenhout, 2014). In this regard, the reviewed literature constituted the secondary data collection of the study, which was obtainable from diverse sources, including academic books, published and unpublished dissertations, conference proceedings, scientific journals, databases, and search engines (Hammond & Wellington, 2013; Kumar 2014). Therefore, this chapter basically discusses the theoretical and conceptual framework, prevalence of GBV globally and in South Africa, an overview of forms of GBV, causes and consequences of GBV; as well as the misconceptions about GBV.

2.1.1 The Link Between Literature Review and the Theoretical Framework

Throughout the review of pertinent literature in this study, gender-based violence constituted the most integral and perennial theme, even in the development of the conceptual model and related theoretical framework. Similar to many other parts of the world, gender-based violence is a commonplace social problem in South Africa (UNW, 2020). As a patterned system of behaviours, attitudes and values, gender-based violence thrives on disproportionately distributed power relations based on gender considerations within a particular society (Bloom, 2008; Mpani & Nsibandé, 2015). Gender-based violence can be classified into two categories, namely: Intimate Partner Violence (IPV) and non-Intimate Partner Violence (non-IPV). The classification itself is dependent on the various cultural and traditional perspectives and considerations from which the perpetrator of such violence is categorised or labelled (Ilika, 2005).

The researcher concurs that the socio-cultural context of gender-based violence could not be generalised to all women in various countries around the world, especially since GBV was higher in developing countries than in developed economies (Beyene et al., 2019; Lips, 2014; Mcilwaine, 2013; UNW, 2020; WHO, 2017). Moreover, the range of nomenclature characterising GBV as a “dreaded”, “shadow”, “second”, ‘silent”, or “tip of the iceberg” pandemic is a further indication of the social, cultural, psychological, and economic milieu in which GBV is manifested and interpreted (Palermo, Bleck & Peterman, 2014). According to WHO (2013), about 35% of women globally (one in every three) had been victims of either sexual and/ or physical violence meted by either an intimate partner or non-intimate person in their lifetime. Figure 2.1 below is a diagrammatic representation confirming the world-wide prevalence of gender-based violence.

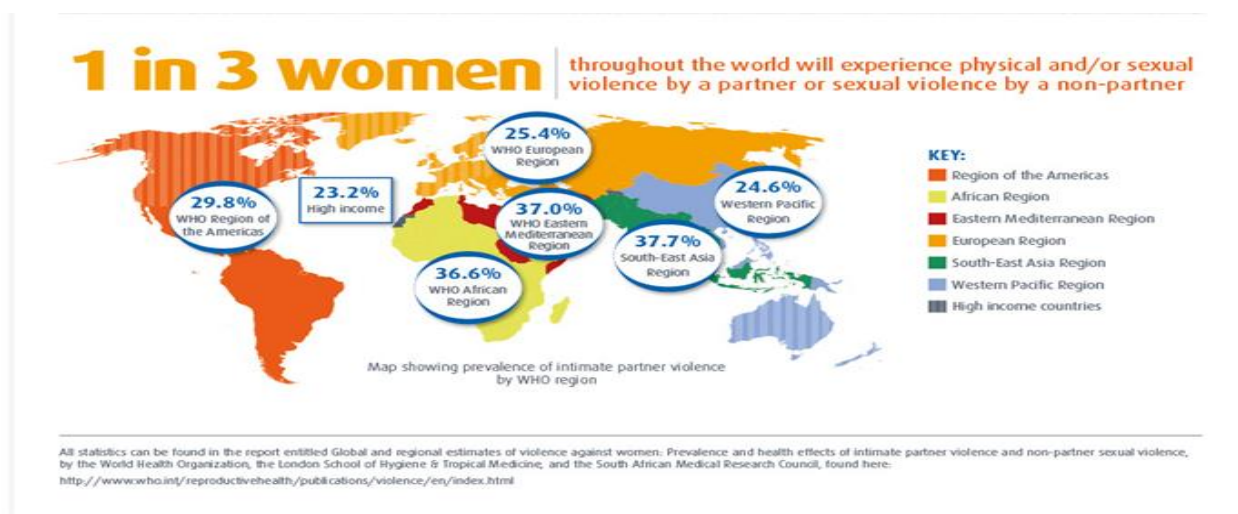


Figure 2.1: Map showing the world-wide prevalence of GBV
(Source: WHO, 2013)

Having outlined the role and value of a literature review in this study, as well as an overview of the existential state of GBV, the following section presents discussions on both the conceptual and theoretical parameters. It is also worth stating that the latter parameters are cohesively linked to gender-based violence as the core unit of analysis or phenomenon.

2.2 THE THEORETICAL AND CONCEPTUAL FRAMEWORK

In this section, the ecological model is presented and discussed first, followed by relevant perspectives from three theories, namely: the feminist theory, the empowerment theory, and the individual theory. Gender-based violence is not an isolated situation or event, it is integral to a long-term and widespread pattern of values, attitudes, and behaviours (Hearn, 2012). According to Knoblock (2008), gender-based violence was previously viewed as a personal trouble or

private issue between couples, with potentially harmful aftermaths on the self-worth of the individuals concerned. However, GBV also transcends personal or individual boundaries, and has public or large-scale ramifications. The immanent violence stems from the roots of gender inequality, and the view of women's bodies as sexual objects and the property of the overpowering party or partner (Hearn, 2012). The latter author intimates further that GBV could be understood better in the event that it is viewed beyond its personal boundaries as mere conflict occurring between couples. Rather, GBV should be framed within basic sociological ideologies or theories of social conflict than ordinarily placing or reducing it to gender studies, within which interpersonal, domestic/ home-based, and intimacy violence are located (Hearn, 2012; Wright & Tillyer, 2017).

It is against the latter authors' exegetic analyses that the conceptual model and theories in this study project GBV in a broader perspective, and not only as a form of conflict meted by men on women generally. Such a perspective is informative, considering that violence is also viewed in respect of a product of socio-economic inequalities (Hearn, 2012; Knoblock, 2008). In this regard, masculinity is understood as a social construction, and violent behaviour is always linked to masculinity through masculine norms describing toughness, dominance, and the willingness to prove one's masculinity (Peretz & Vidmar, 2021). Furthermore, gendered violence is considered an integral part of culturally revered masculinities. It is also noticeable that gender-based violence against men is a growing and broad area of inquiry, encompassing aspects such as sexual victimization, domestic violence, and hate crimes, with much overlap between these categories (Peretz & Vidmar, 2021).

2.2.1 The Ecological Model

According to Heise (1998) and Shields et al. (2020), the ecological model or approach is appropriately suited for studying and understanding violence against women (VAW) holistically. The ecological model premises on studying individuals, family, community, and socio-cultural maltreatment and IPV factors that expose others to vulnerabilities, while also influencing and reinforcing potential perpetrators' attitudes and perceptions about women and society at large. In this regard, the model distinguishes and considers the various factors that influence violence and people's behavioural patterns. Heise et al. (2002) mention further that the importance of the ecological model is underpinned by its facilitation of understanding the link between the situational, personal, and socio-cultural contexts of violence. A practical example of such linkage relates to an individual growing up in a dysfunctional family which uses violence to resolve conflicts. In such a situation, the conflict itself could be attributed to socio-economic

circumstances external to the family, such as the unemployment of the breadwinner. In other instances, the extant conflict and resultant violence in one family could become a societal norm, that it was tolerable to use violence as a problem-solving mechanism since the consequences were minimal. In such situations, boys learn from a very young age that violence against women was tolerated because they grew up dysfunctional and violence prone families in which their mothers also tolerated the aggressive behaviour of their fathers (Mpani & Nsiband, 2015).

Khumalo et al. (2013), as cited in Leburu and Phetlho-Thekisho (2015) assert that the ecology of GBV affects children, who may be the victims themselves, or witnessed the deed of domestically perpetrated violence. In this regard, the views expressed concur with those of Mpani and Nsiband (2015) insofar as they allude that witnessing family violence in childhood may have a probability that the children themselves will become either victims or perpetrators of violence at a later stage in their lives.

According to Krug et al. (2002), the ecological model is categorised into four aspects, namely: the individual, causal, relational, and community factors; all of which relate to the study and understanding of GBV. At the individual, factors such as personality are helpful to detect and determine the propensity to violence; while causal factors include, but not limited to causes of violence such as alcohol and illicit substance use and extent of immorality or perversion. The relationship or family factors are characterised by a family environment in which frequent conflict and violence occur. Community factors relate to the extent to which society and the public views and prohibits GBV. Tolerant attitudes and weak prohibitive interventions by the community against the perpetrators of violence (especially GBV) could engender behaviours that perpetuate sexual violence as a socially acceptable norm. In the main, Krug et al. (2002) tenets of the ecological model are not at variance with those of Heise (1998), from which they are cognate.

In terms of the practicality, applicability, or relevance of the ecological model to this study, the case of the Vhembe District Municipality is a significant point of reference. For example, the study by Peltzer and Pengpid (2013) to investigate the GBV situation in Vhembe District Municipality highlights some aspects of the ecological model. The socio-cultural factors were responsible for the overwhelming maltreatment of women, to the extent that even their humiliation and assault in public was tolerated without any shame or sense of guilt. Furthermore, the killing of women (femicide) in such rural communities is reflective of entrenched patriarchal values and chauvinistic ideals. In the final analysis, children growing up in such communities were most likely to emulate the coercive hegemony of their fathers and

submissiveness of their mothers (growing with the fear of reporting abuse) (Khumalo et al., 2013; Krug et al., 2002; Mpani & Nsiband, 2015).

Viewed through the lens of the ecological model, gender-based violence can also be perpetrated by men who have lost income and their family status as breadwinners in the families. Therefore, frustrations may culminate in abuse being perpetuated on women who may also be at risk of HIV/AIDS infection as negotiation power may be limited (Wechesberg, Parry & Jewkes, 2010). Their reluctance to seek help on their mental health leads some of them to start abusing substances and alcohol as a coping mechanism for the individual problems experienced in their families and personal lives. Mcilwaine (2013) alludes that women whose partners abuse alcohol were more likely to become victims of domestic and/ or gender-based violence. This is because excessive alcohol consumption can lead to impaired judgment and this impaired judgment may lead to certain behaviours which may/are generally avoided in a sober state. Dzinavane (2016) further ascertains that gender-based violence, which begins as a personal or private issue, could become the 'epicentre' of a myriad of other problems, such as increased exposure to STIs, HIV and AIDS; loss of quality time; failed marriages; and girls' high dropouts in schools. Therefore, for all its intents and purposes, the ecological model is deemed most relevant to this study.

2.2.2 Feminist Theory

In essence, the feminist theory addresses issues affecting women in terms of their past, present and positive future (Coleman, 2008). The relevance of feminist theory to the study is founded on the principle that women can make significant contributions to society, and that research should actually focus on the social transformative power and essence of women. In the context of this study, the feminist theory provides a contemporary sociological perspective for understanding violence against women. As such, the theory elevates the prominence of women's voices and the contributions they make in society. The researcher found this theory to be relevant insofar it presents an antithetical moment to the patriarchal systems that seek to advance the 'inferiority' of women narrative. Additionally, the feminist theory also enabled the researcher's broader understanding and insights on the influential role of social, political, and institutional structures concerning the position of women in both their families and society. According to Lorber (2005), feminist theories are varied and diverse, but convergently examine experiences of gender subordination, or put differently, the ways in which gender inequality is perpetuated. Lorber (2005) propounds further that in radical feminism, the objective is to eliminate patriarchy and compulsory heterosexuality in order to *enhance* gender-based oppression that has 'normalised'

the bodies of women as a platform of control through violence; or a 'scene' for the crime of assault rape or murder.

Furthermore, feminist theory advocates for the liberation of women from the oppressive patriarchal system and its values of women's subordination to abuse by men (Uwadiegwu, 2015). As such, the ideological foundations of patriarchal society can actually be eliminated on the provision that women come into the understanding and realisation of their own values and strength (i.e. moral authority and agency) by confronting the ages-old belief of male superiority (Uwadiegwu, 2015). Therefore, feminist theory accentuates the view of patriarchy as the fundamental causal factor of violence against women throughout human history. Patriarchy is also posited as a cultural system structured in a way that places men at the pinnacle of power and control, such that women ultimately occupy the periphery of marginalisation politically, socially, culturally, economically religiously (Abdullahi, Cusairi & Abdullah, 2017). In relation to the research problem as articulated in Section 2.1 of this study, the patriarchal system finds relevance in the theoretical framework and construction of the current study.

The psychoanalytic component of the feminist theory emphasises the exploration of the emotional experiences of women, as well as their bodies and sexuality (Lorber, 2005). The violence meted against women subjects them to a myriad of physical, emotional, psychological, and other challenges (Wechsberg et al., 2010). According to Peltzer and Pengpid (2013), the provision of shelters is not proportional to the levels of gender-based violence and women abuse in the Vhembe District, which implies that the emotional and psycho-social needs of the victims of the violence against women are insufficient.

In the context of this study, the feminist or gender inequality theories are deemed profound to the extent they challenge the ideology of patriarchy as a socio-culturally rooted ideology and system of oppressive values, attitudes and values that are predominantly designed to deny women opportunities to showcase their capabilities (Coleman, 2008; Wechsberg et al., 2010). Notwithstanding the gradual strides made by (educated) women in the public sphere and leadership roles, there are still considerations by liberal feminists that "marriage is a site of gender inequality and that women do not benefit from being married as men do" (Uwadiegwu, 2015:100).

2.2.3 Empowerment Theory

Zimmerman (2000) avers that empowerment theory focuses on processes and factors that both facilitate and enable individuals, communities, and organisations to ascend their highest ideals and goals. Of the various categories of empowerment that exist, psychological empowerment is deemed relevant for purposes of this study, especially in view of the psycho-social pressures induced by GBV on the women and children as victims. In this regard, psychological empowerment coheres with the feminist theory's emphasis on the liberation of women through their own agency by recognising their value and worth (Coleman, 2008; Uwadiogwu, 2015). It is the view of the researcher that empowerment theory is also relevant in this study, to the extent that the focus on women's progression in society is further fulfilment of their freedom from marginalisation and being silenced.

Psychological empowerment includes personal beliefs about a person's competence and understanding of the socio-political environment (Zimmerman, 2000). An empowered person is able to exert personal influence and control on her/ his environment. Other studies have proposed that psychological empowerment is a mixture of an individual's level of consciousness of the immediate environment; as well as the particular individual's belief system in terms of control and participation in activities to uplift himself or herself (Zimmerman, 2000).

The relevance of the empowerment theory to the current study premises on its capacity to cause and influence change in the skewed power relations between women and men. In that regard, the theory further raises awareness about the disempowerment of women and its unequal power structures in a largely patriarchal society. In addition, the empowerment theory could be viewed as advancing the transition of marginalised members of the society (particularly women and children) from the disempowered state towards empowerment. Based on its findings, the study has proposed a framework of recommendations regarding interventions to address GBV-related challenges.

2.2.4 Individual Theories of GBV

This section focuses entirely on the three individual theories deemed relevant for the purpose of locating the core phenomenon of gender-based violence in its philosophical or scientific context (Bless et al., 2013; Maggie, 2013).

2.2.4.1 Social Learning Theories

Albert Bandura (1977) is credited as the founder of the social learning theory, which focuses mainly on socially learnt behaviour (Rakovec-Felser, 2014). Accordingly, an individual's immediate surroundings or environment is posited as the primary locale for the particular

individual's learnt behaviour in the future. In the context of this study, social learning theory is most relevant insofar as children are concerned as victims of the violence against women as their mothers. For instance, a child who has experienced abuse, or has a caregiver who has experienced abuse may view violence as a normal part of a relationship. According to a study conducted in Canada, childhood sexual abuse is linked to severe IPV in adulthood, including beatings, choking, being threatened with a gun or knife, and being forced or manipulated into unwanted sexual activity (Shields et al., 2020). Furthermore, it was found that women reported child sexual abuse and childhood exposure to IPV at a higher rate than men, while men reported childhood exposure to child physical abuse at a higher rate than women (Shields et al., 2020).

For example, a boy-child who grows up in dysfunctional domestic surroundings with conflict-ridden family interactions, was also more likely to emulate abusive and violent behaviour in their later lives. In the event of a girl child, she may imitate her mother's patterned behaviour of submissiveness, silence and not reporting the father's abuse. In both cases, society could also be complicit by its tolerance of such abusive behaviour learnt by children at an early age in their homes. In essence then, social learning theory proposes that behaviour is learnt from the earliest stages through observations, imitations, and reinforcement, as well as direct and/ or indirect experiences (McLeod, 2016). This basically means that people imitate the behaviour they see others displaying. In an earlier example, the young boy who grew up with repeated observations of his father inflicting grievous bodily harm (GBH) on his mother and simultaneously ridiculing her, will likely grow up thinking and believing that mistreating a woman in this manner was acceptable; since he would have witnessed, observed, and directly experienced such behaviour from his father.

Women who do not seek help from law enforcement inadvertently reinforce the perpetuation of gender-based violence through their silence. Ultimately, such behaviour is modelled on account of its perceived impunity and tolerance levels in society (Grieve, Van Deventer & Mojapelo-Botka, 2005). Parents are immediate role models to their children; therefore, their behaviour may be reinforced and more likely to be repeated by their children. Accordingly, aggressive, and unpunished behaviour that is perpetuated by men towards women may have been learned, only to find expression once again in their scions. It is in such contexts that some cultural norms would endorse ideas such as: a man does not cry and should always be in a dominant position in all areas of life (Abdullahi et al., 2017).

2.2.4.2 Background/ Situational Model

The situational model is premised on the notion of courtship aggression proposed by Riggs and O'Leary (1996), the aim of which is to explain intimacy factors in relationships. According to the situational model, there are basically two factors that contribute to developing and maintaining courtship aggression. Firstly, the background factors such as the individual, history and society play a central role in the individual's future aggression. These factors are linked to the individual's history of child abuse or exposure to any form of abuse or violence; as well as the role of social norms and attitudes in resolving conflicts is concerned; such as when an individual grew up witnessing the manner in which conflicts are resolved in the home or community at large (Antai, 2011).

Secondly, the situational component of the model basically means that some factors or situations in the environment actually precipitate for the occurrence of violence and poor problem-solving skills. Almost similar to social learning perspectives, situational factors could produce anomalous behaviours and attitudes that eventually become acceptable as normal or acceptable (Antai, 2011; Balogun, Owoaje & Fawole, 2012). In the final analysis, factors such as substance abuse, poor problem-solving skills, and witnessing parental violence or conflict may have a seminal effect on intimate partner violence. detailed explanation of a form of intimate partner violence (IPV). Therefore, the background/ situational theory is deemed relevant in this study, to the extent that it helps to unravel the immanent dynamics attendant to IPV as a factor in the gender-based violence equation.

2.2.4.3 Power Theory

Straus (1977) proffers that power theorists uphold the view that violence is rooted in existing power relations within both family structures and cultural values espoused by different people. To this effect, Mahalic and Elliot (2005) report that families with high levels of mental health problems (e.g. stress) may have an increased rate of intimate partner violence, which is viewed as the product of the entrenched gender inequality between women and men leading to society's acceptance and tolerance of violence as something that is normal.

In the context of this study, the power theory could be viewed as integrating some aspects of the previously mentioned conceptual model and theories, in terms of which the environment constructs the locale in which certain patriarchal attitude, values, and behaviours are learnt and practiced later in life. Interstitial to both the ecological model and the three theories (i.e. feminist, empowerment, and individual) is the situatedness of gender-based violence against women. Therefore, the theoretical framework was not merely, academic but helpful in the scientific or

philosophical explanation and interpretation of realistic problems in society (Hammond & Wellington, 2013; Walliman, 2016).

The theoretical framework focused mostly on the scientific and philosophically informed principles relating to gender-based violence. In contradistinction, the next discussion is based on the literature perspective.

2.3 PREVALENCE OF GENDER-BASED VIOLENCE GLOBALLY AND IN SOUTH AFRICA

The gendered violence against women is not an isomorphic occurrence or event (Thobejane, 2019; UNW, 2020). In every country, socio-cultural, religious, and legal factors contribute to different forms of understanding and interpretations concerning violence meted out against women and children as marginalised members of society (Dutelle & Becker, 2019; WHO, 2017). Some arguments posit that violence against women is less in socio-economically developed and advanced countries than in the less developed societies (Beyene et al. 2019). Such arguments are supported on the grounds that the democratisation of societies in developed countries, in conjunction with the relative advancement and progress of women in public life and the private sector, has rendered women less dependent on men (Abdullahi et al., 2017; Camarasa & Heim, 2007; Uwadiogwu, 2015).

In contrast, and particularly in less developed and culturally rooted societies, patriarchal systems and values occupy centre stage in every aspect of life (Chitiga-Mabungu et al., 2014). Accordingly, the dependency syndrome looms large as women rely on men for financial sustenance as they are systematically denied opportunities through machinations of early and arranged marriages, for instance (Rasool & Fakunmoju, 2018; Uwadiogwu, 2015). In this section, the literature-focused discussions largely focus on the international and African (Sub-Saharan Africa and South African) contexts of gender-based violence. As indicated earlier, such contextualisation is necessitated by the various forms of GBV characterisation in each regional, national, and international jurisdiction. The researcher mentions forthwith that in both the international and local (i.e., South African) contexts, only a few country-specific examples are represented, which does not in any way reduce aspects or factors that are most common.

2.3.1 The Global Context of GBV Prevalence

The rampant occurrence of violence against women and girls (VAWG) across the globe warrants urgency of scrutiny and remedial approaches (Anon, 2018). To this effect, the WHO (2017) alludes that the astronomical prevalence rates of physical and sexual violence have assumed a level of a public health problem and human rights violation affects more than a third (33%) of the world's female population. However, under-reporting of cases constitutes a serious challenge

for comparing the prevalence of gender-based violence cases between, and among countries and nations (UN Women, 2020). Notwithstanding the possible statistical limitations, reputable international bodies such as the United Nations, the World Health Organization and Amnesty International have been able to provide insightful statistical information through the services of local experts in every country. The rate at which GBV is committed globally is most disconcerting as it basically translates into 137 femicides daily committed by an immediate family member of the murdered women (WHO, 2017). It was further disconcerting that only 40% of women reported their ordeals to law enforcement authorities, while the majority (60%) opted for silence (UNW, 2020).

In 2017 (about two years prior to the advent of the COVID-19 global pandemic), of the 87 000 women murdered globally, 58% of them died through violence meted by either an intimate partner or known family member (United Nations Women, 2020). The advent of the Covid-19 pandemic in late 2019 saw a remarkable increase in global GBV trends against women and girls. For instance, GBV increased by 30% in France from 17 March 2020, while Cyprus and Singapore experienced a 30% and 33% increase in GBV-related helpline calls respectively (UNW, 2020). Meanwhile a similar category of emergency calls in Argentina increased by 25% following introduction of lockdown restrictions on 20 March 2020. In countries such as United Kingdom (UK), Canada, Spain, Germany, and the United States of America (USA), significant demands for emergency shelters were also observed for the accommodation of destitute victims of gender-based violence.

A review of 21 studies conducted in Sub-Saharan Africa by Akamike et al. (2019) to understand the predictors and facilitators associated with gender-based violence revealed that there was a relationship between substance abuse and gender-based violence. Furthermore, in terms of age, two studies documented the age of respondents as a predictor of GBV, and that younger women were likely to experience GBV compared to their older counterparts (Akamike et al., 2019). The study concluded that in Sub-Saharan Africa, there was a high prevalence of GBV with greater than 50% in a review including South Africa, Kenya, Ethiopia, Uganda, and Nigeria. The findings reveal that women in African culture are expected to be submissive to their male partners as a way of showing respect. Challenging such social norms would be regarded as disrespectful.

According to Giardino and Giardino (2010), the USA experienced approximately 5.3 million incidents of intimate partner violence among women annually, and 3.2 million among men over the same period. Evidently, females were the main victims in this predominantly male

perpetrated intimate partner form of violence perpetrators. The latter is corroborated further by another national study that found 29% of women experiencing the sexual, physical, or psychological manifestations of IPV, compared to 22% of the men in their lifetime. Meanwhile, the WHO (2013) reported that intimate partner violence was also rife in countries such as Mexico (40%), Canada (29%), Turkey (58%), and Thailand (20%).

On the African continent, gender-based violence exists within an intense socio-culturally framed environment (Chitiga-Mabungu et al., 2014). Accordingly, the fight against GBV ought to be confronted in consideration of both social and cultural factors in terms of which the ideology of patriarchy has steadfastly gained ascendancy (Abdullahi et al., 2017; Chitiga-Mabungu et al., 2014). The ideology is entrenched through practices such as men exercising their self-imposed authority and control over women's bodies (e.g. determination of number of children); polygamous relationships (as opposed to polyandry); early and/ or forced marriages for young girls; as well as a generally uneducated female population (Sakala, 2015; Uwadiogwu, 2015). In essence, the culture of male dominance in traditional African communities could be viewed as the 'the perfect storm' for the continuation of violence against African women and girls.

A GBV study conducted by Toang and Naami (2016) from 2009 to 2013 in South Sudan informed that about 82% of females and 81% of males agreed to the proposition that women endured the violence against them for the sole purpose of saving their families from disintegration. Astoundingly, 68% of the females and 63% males in the self-same study agreed that women occasionally deserved physical harm by their male partners. Furthermore, 47% of the surveyed women almost agreed to the proposition of a woman being beaten in the event that she refused to have sex with the man. In some parts of Nigeria, domestic violence against women (at 31%) assumes an extreme pattern, with women viewed as worthless, incompetent, and inferior to men (Uwadiogwu, 2015). They are even prohibited by these 'superior' men from any form of relationship, even with friends or relatives. The challenges that women face was also reported in some African studies, which found that in places such as Egypt (34%), Ethiopia (45%), and South Africa (13%), reports of intimate partner abuse were frequent (Uwadiogwu, 2015).

2.3.2 The South African Context of GBV Prevalence

From the viewpoint of the researcher, the South African context of gender-based violence and oppression present somewhat paradoxical sides or perspectives. On the one hand, the post-1994 human rights culture has ushered-in an era of heightened respect for the rights of women and children. On the other hand, the brutalisation of the same rights continues to take place, considering the growing intensity and number of cases of violence against women and girls

(South African Human Rights Commission/ SAHRC, 2014; South African Police Service/ SAPS, 2020), leading some South Africans to advocate for the return to the death sentence for GBV perpetrators. The Constitution of the Republic of South Africa (Act No. 108 of 1996) endorses equality of all citizens, irrespective of gender, race, creed, socio-cultural class and origin, and economic status (South Africa, 1996). As such, gender-based violence is an outlawed practice. By implication, all forms of violence against women and children are then legally prohibited

Whereas GBV may be considered a private or personal matter in some cultures and communities, the liberalisation of women's rights as human rights through legislation then presents GBV as a public issue (Randa & Mokoena, 2019). Hence, the jurisdiction of the courts to publicly preside over any GBV-related and gender discrimination cases (Morei, 2014; SAHRC, 2014). Some Examples of relevant legislation in this regard include: the Children's Act (No. 38 of 2005), Child Justice Act (No. 75 of 2008), the Domestic Violence Act (No. 116 of 2008), and the Criminal Procedure Act (No. 51 of 1977).

According to Statistics South Africa (2018), the rape of women and girls was increasing in South Africa, as evinced by the 250 of every 100 000 women becoming victims of a range of sexual offences as opposed to 120 in every 100 000 men. Moreover, the SAPS 2016/17 crime report showed that rape constituted 80% of the sexual offence cases. These were the highest in the world, leading to the worrisome characterisation of South Africa as "the rape capital of the world" (Randa & Mokoena, 2019). Also worrisome is the fact that almost half of femicide cases in South Africa involved intimate partners, at six times the global average (Thobejane, 2019). The latter state of affairs basically implies that intimate partner violence accounted for the highest form of conflict within the South African family setting.

Thobejane (2019) intimates that about 25% of women in the 18–49-year age cohort in South Africa has encountered forms of intimate partner violence. At the provincial level, the Centre for the Study of Violence and Reconciliation reported that the highest GBV cases were in Limpopo (77%), followed by Gauteng (51%), Western Cape (45%); and Kwazulu-Natal (36%) respectively. In most of the GBV incidents reported, men were found to be the primary culprits. For instance, men in Gauteng (76%), Limpopo (48%); and 41% KwaZulu-Natal (41%) confessed to perpetrating GBV. The predominance of men in acts of gender-based violence coheres with the current study's findings, that 35% to 76% of men were the main perpetrators of intimate partner violence across all nine provinces. This does not preclude the fact that men are also victims of gender-based violence but. To this effect, Thobejane and Luthanda (2019) assert that women perpetrate domestic violence behind closed doors against their partners, but were

unreported for the same victimisation reasons of the fear of being ridiculed and not treated with dignity when seeking assistance. These men victims could then be labelled as double victims of abuse, domestically and in the gender sphere.

The South African context of gender-based violence presents both contradictions and similarities with other African (and developing non-African) countries whose mode of life in general, is culturally and traditionally steeped. As indicated earlier, for example, the most common denominator is the men who were still the most dominant GBV culprits, which is emblematic of the entrenched patriarchal ideology found in many other African nations. Critically, the dependency syndrome sustains the culturally protected patriarchal system. For instance, an investigation by Randa and Mokoena (2019) illuminated that 75% of women participants were reliant on their partners for financial sustenance, while 25% of women were independent. It was also disconcerting that violence against women was seminal in dysfunctional families and perpetuated from childhood to adulthood. No wonder that among communities, people have normalised aberrant behaviour, violence, and conflict. A person being mugged and/ or stabbed by criminals during broad daylight will rarely attract intervention by other members of the public. Clearly, a serious need exists for social unlearning in respect of GBV by all role players (Romito, 2008; Wechsberg et al., 2010).

Unlike other Sub-Saharan African jurisdictions, GBV in South Africa exists within a society that is relatively more democratic, socioeconomically viable, rule of law oriented, and an expansive healthcare system. An immediate example pertains to the number of African expatriates who have entered the country legally and illegally in search of better living conditions (Dahab & Sakellariou, 2020). Notwithstanding that South Africa is arguably the most unequal society in the world, the gradual post-apartheid reforms have contributed to the transformation of society and gender equality. In this regard, the need to reinforce anti-GBV strategies is more compelling to prevent the creation of a violent society (Sohal et al., 2012; Vhembe District Municipality, 2019/20). To its credit, the government continues in its mission of a non-sexist society through significant gender-equality strides in the public sector, such as increasing the number of women public representatives in leadership positions in all spheres of government. However, women are still vulnerable in institutions and spheres considered as private, such as in their own homes, churches, and business organisations (Gevers, Jama-Shai & Sikweyiya, 2013).

From the perspectives of many private individuals and civil society organisations, the gains or benefits of the feminist movement and gender activists in South Africa could regress severely in the absence of stringent measures by the State to fully exercise its Constitutional obligation of

protecting all citizens without any considerations to gender, sexuality, and sexual orientation (Peltzer & Pengpid, 2013; South Africa, 1996). Seeing that the death sentence is not an option under the current constitutional dispensation, some South Africans have opted for strict measures concerning the parole system of the Department of Correctional services. Such a proposition for the review of the parole system was made in 2019 after the realisation that several acts of violence against women and girls were committed by parolees themselves soon after they were released from the correctional facilities.

2.4 OVERVIEW OF FORMS OF GENDER-BASED VIOLENCE

That GBV thrives on disproportionate power relations is not in dispute (Nkosi & Van Der Wath, 2012; WHO, 2017). The current section outlines the manifestation of various forms of GBV in respect of its physical, sexual, psychological, and economic characterisation, including the threats posed by physical and sexual violence. Figure 2.1 (overleaf) is a representation of the power and control wheel showing the exercise of male dominance over women.

The power and control wheel was developed by Pence and Paymar (1993) and displays the dominant manifestations of gender-based violence. Many GBV and IPV scholars have established that its perpetrators derive their manipulation, power, and control over their victims through psychological, sexual, physical, and financial/ economic abuse (Antai, 2011; McLeod, 2016; Rakovec-Felser, 2014). The researcher considers that aspects of the power and control wheel resonate with the main tenets of power theory. The power-control dynamics were mentioned in the different sections of both the preceding and the current chapter.

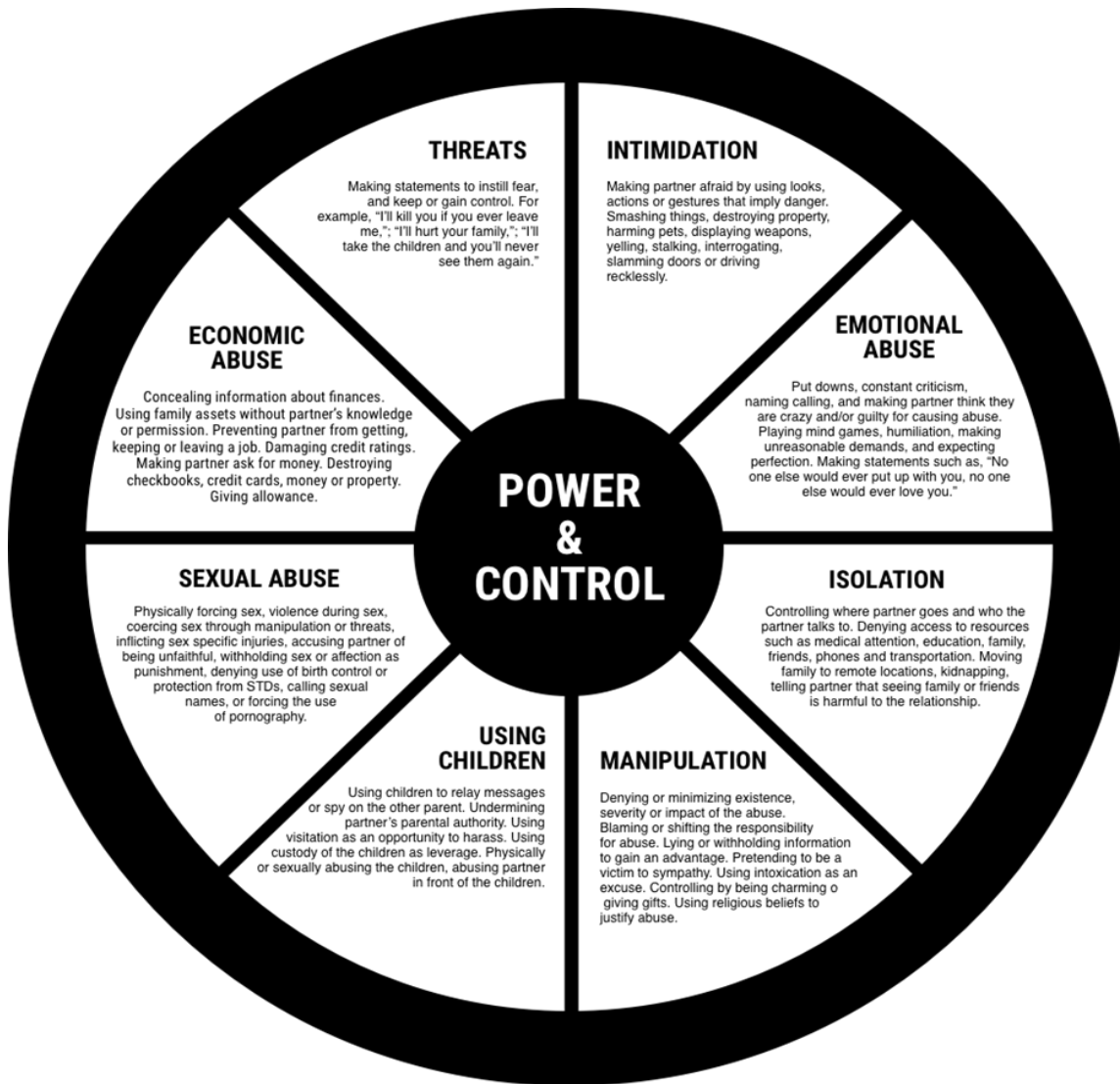


Figure 2.2: Power and control wheel
 (Source: Johnson 1995 as cited in Giardino & Giardino, 2010)

2.4.1 Physical Violence

Physical violence depicts the perpetrator's purposeful use of bodily force abusively on the victim, by means of shoving, punching, scratching, biting, pushing, throwing, shaking, grabbing, choking, slapping, burning, using weapons or bodily strength to inflict harm on the body of the other person (victim) (Giardino & Giardino, 2010).

2.4.2 Sexual Violence

Giardino and Giardino (2010) segmented sexual violence into three groups. The first group relates basically to using physical power to coerce a sexual act against the other person's will. The second group relates to the attempted or completed sexual act with an incapacitated person whose understanding of the act itself may be impaired by illness, drug/ substance abuse, or disability. The last group relates to abusive sexual contact, in terms of which the perpetrator (usually the man) feels he is entitled to 'sex on demand'.

2.4.3 The Threat of Physical or Sexual Violence

According to Giardino and Giardino (2010), the perpetrators of violence usually apply the use of gestures, words, or weapons as a means of intimidation to communicate their intention to cause harm, injury and even death.

2.4.4 Psychological or Emotional Violence

This type of violence is broad, and involves humiliation of the victim, controlling the victim to the point of dictating the type of friends she should have, display of condescension towards the victim based on their educational background and/ or employment status. Another psychological factor premises denying the victim any meaningful social involvement in the community (Giardino & Giardino, 2010).

2.4.5 Economic Violence

This type of violence entails the intentional and non-justifiable deprivation of financial and other resources to the woman to buttress dependency, which may culminate in psychological damage to the woman as victim (Giardino & Giardino, 2010). Particularly for poor and uneducated women, their plight and dependency may be aggravated by factors such as: limited health care and employment access, low levels of education; as well as lack of proper housing (Camarasa & Heim, 2007).

2.5 CONTRIBUTORY FACTORS TO GENDER-BASED VIOLENCE

In this study, factors contributory factors to gender-based violence include: stereotypical roles, financial insecurity, poverty and unemployment, and educational factors.

2.5.1 Stereotypical Roles

Women are stereotyped as weak merely by virtue of their physique and biological composition; as such, they are supposed to need protection by men (Uwadiogwu, 2015). Such thinking predates modern civilisation, and has characterised the nature of male-female interpersonal relationships. Some religious adherents even justify such thinking biblically on the story of Adam and Eve as demonstrating the 'natural' order of things that cannot and should not be reconfigured. However, democratic, and socio-economically advanced countries and nations have evolved to a point that such stereotypical values and attitudes continue to dissipate (O'Brien et al., 2016; Rasool & Fakunmoju, 2018; Straus, 1977a).

2.5.2 Financial Insecurity

The financial dependence of women on men accounts for one of the major casual factors of GBV (Camarasa & Heim, 2007; Randa & Mokoena, 2019). A critical issue raised is that of some men tending to resort to violence when they are unable to express their sense of authority in their homes through economic powers or means. Various societies view such economic incapacitation as signifying a failure in the man's responsibilities. Various studies concur that total financial dependence on men by women mostly leads to frustrations. Ironically, some women stay in the abusive relationship due to the need for financial support (Uwadiwegwu, 2015). Such a situation is compounded by the particular women's unemployment status and low educational levels. As such, the thought of opting out of the relationship engenders great uncertainty of how ends will be in the future. Therefore, the dependent women's financial insecurity becomes the abusive man's means of securing his grip on a relationship of unequal partnership.

2.5.3 Poverty and Unemployment

Poverty is one of the perpetuators of violence against women (Beyene et al., 2019; Chanda, 2019). The feminist theory (the anti-thesis of the power theory) asserts women's liberation from oppressive relationships and systems. In that regard, self-sufficiency would render women freedom from dependence on men's financial support. Ndungu (2004) in Uwadiwegwu (2015) posits that male unemployment is arguably the foremost factor that negatively affects males and their relationships and may even lead to aggressive behaviour. Some men feel disempowered through lack of financial support to their families when they lose their jobs and struggle to cope with socio-economic challenges, which then leads them to excessive use of substances and alcohol. Thus, the cumulative psycho-social effects induced by unemployment and imminent poverty become realisable through substance abuse as an avenue to aggressively reclaim lost financial authority and control. As a result of finding, it difficult to deal with their own problems, they end up taking out all their frustrations and disappointment on innocent women by means of violence (Mcilwaine, 2013; O'Brien et al., 2016).

2.5.4 Educational Factors

Habyarimana, Zewotir and Ramroop (2018) are of the view that education plays a critical role in women's empowerment, self-sufficiency, and self-reliance. The empowerment of women frees them from male choices about their lives, which is difficult when they are entirely dependent on their partners. As such, it becomes difficult to leave the abusive relationships since they are uncertain of sustaining themselves due to the competitive job market. According to Wang (2019), education has the power to impart skills, knowledge and understanding that

violence cannot be used as the means to resolve conflicts that may arise in one's life. Such empowerment is also relevant for situations in which women who are in abusive relationships may tend to normalise the violence that happens to them. In general, education enables an individual to view life and its aspects in a different way, as well as strategies to address intimate partner violence and abusive relationships.

Social theorists have argued that education and financial independence will liberate women from marital power. For instance, Van Vlaenderen and Cakwe (2003) contend that education can help women break free from traditional gender roles of dependency on their partners or husbands. Mazibuko and Umejese (2015), on the other hand, intimate that educated women's status is unrelated to the prevention of unequal power in marriages. A study conducted in Mamelodi found that domestic violence is not exclusively experienced by uneducated and unemployed individuals, but also by all socio-economic classes (Mazibuko & Umejese, 2015). Choi et al. (2014) also agreed that educational status alone cannot be used to protect women from violence perpetrated by their husbands or partners.

Henke and Hsu (2017) emphasise the powerful agency of education in that it offers women negotiating authority on whether or not to accept the violence that is perpetuated against them by men. The importance of educational attainment was also highlighted by Kaukinen and Powers (2015), who concur that women's economic gains play an important role in providing them with control and bargaining power for decision making and preferences in relationships, which in turn reduce their risk of victimisation by their male partners.

2.6 CONSEQUENCES OF GENDER-BASED VIOLENCE

The consequences or effects of gender-based violence manifest physically, psychologically, behaviourally, and socially. These effects are discussed below.

2.6.1 Physical Effects

According to the CSV, (2016), the physical effects of GBV include head injuries from hitting, punching, and stabbing with sharp objects; HIV infections as women are scared to discuss about sex; back pains as a result of punching and being kicked on the body; and loss of hearing. GBV has health consequences which are specifically associated with sexual violence. Such consequences have detrimental effects on the physical and emotional state of women. In addition, physical effects may include, but not limited to body pains and severe gynaecological problems. The sexual violence or assault women undergo may result in their suffering from concussions and wounds, depending on the level of the violence. It is also important to note that

there may be either short- or long-term implications associated with violence. This may include partial or permanent disability given the fact that men are physically stronger than women. Fatal consequences that may emanate include suicide (Colombini (2002). According to Chibesa (2017), a study conducted in Lusaka, Zambia found that 28% of the effects of physical violence leads to divorce, and 34% leads to breakdown in communication.

2.6.2 Reinforcement of Masculinity

Domestic violence is not merely a product of men's need to demonstrate complete control over women, but also a result of the intricate interplay of culture and physicality; both these factors are central to patriarchy, according to a study by Msheshwe (2020). According to Tonsing and Tonsing (2019), culture has been determined to justify patriarchy and maintain male supremacy by accepting and fostering hegemonic masculinity, a set of gender norms that ensures men's dominance and women's subordination.

Jewkes and Morrell (2018) used latent class analysis (LCA) on a population-based sample of South African men to examine their usage of violence. The LCA revealed three men's groups (classes) that were linked to a clustering of behaviours connected to aggression and gender relations performance in heterosexual masculinities. The most aggressive men made up a quarter of the sample (24.7 percent) and reported high levels of IPV. The lower violent men (45.7 percent) indicated very little IPV perpetration, whereas the second group of violent men (29.6%) reported slightly less. In comparison to the males in the least violent group, individuals in the most violent group displayed an exaggerated version of masculinity (or hyper-masculinity). Non-partner rape, inequitable gender attitudes, and controlling behaviors were all substantially linked to the most violent category indicated by IPV.

2.6.3 Psychological Effect

Women who are victims of GBV are more likely to have long term negative effects, which include psychological stress and post-traumatic stress disorders. These effects ultimately affect the survivors' lives, with causes such as suicidal behaviours, anxiety, depression, social dysfunction; and problems such as substance use and abuse. The symptoms of psychological stress and post-traumatic stress disorders include nightmares, flashbacks of abuse, numbing, and hyper arousal (CSVR, 2016). WHO (2013) stated that women who are abused by their partners normally suffer from mental health issues. In addition, the women were reported to experience a high level of depression, anxiety and phobia when compared to other women who are not abused. It was also indicated that women who are victims of IPV or GBV are more prone to have

suicidal thoughts to the extent of attempted suicide. Mkhonto et al. (2014) ascertain that the exposure to IPV resulted in stress, worries, depression, suicidal ideation, and flashbacks. The culture of silence seems to protect the perpetrators of violence and the pride by men that they paid “lobola” or the bride price for the women, which in turn, gives them perceived power of entitlement or ownership. Stewart (1995) explains that within the Zimbabwean culture, there is some thinking that beating one’s wife shows love.

In their South African study, Wood and Jewkes (1997) found that male partners allocated unto themselves the uncontested right to determine both the timing and conditions of sexual intercourse with their partners. Sex was viewed as transcendental to love in a relationship, which underlines issues of gender power in reproductive health rights. In the very same study, the participants revealed how they were forced by their male partners to engage in sexual activities involuntarily. In a study conducted by Radzilani-Makatu and Chauke (2019), it was revealed that women in abusive marriages lose self-confidence and develop low self-esteem, which is the product of the words they are constantly told, such as being useless or worthless.

2.6.4 Behavioural Effects

According to the WHO (2010) as cited in Chitaga-Mabungu et al. (2014), there is interlink of violence against women and HIV. Violence has consequences for individual women as some of them consequently suffer from depression, mental health issues and attempted suicide. Mirrka and Lambeme (2016) stated that the effects of GBV impacts the social, physical, and psychological well-being of women and girls. The behavioural effects of GBV include alcohol abuse with the aim of numbing the traumatic memories of abuse. The victims may also have suicidal ideations to escape the abuse.

The victim may also be isolated from family members or have relationships with people around her (CSV, 2016). A study conducted by Chibesa (2017) in Zambia confirmed that sexual violence resulted in partners being infected with sexually transmitted infections and HIV/AIDS (Mirrka & Lambeme, 2016). A country such as South Africa with a high prevalence of HIV/AIDS infections poses vulnerability risks to women. Chitaga-Mabungu et al. (2014) share the same sentiments as Mirrka and Lambeme (2016), that GBV has become the driver of HIV/AIDS infections in Sub-Saharan Africa because women are silenced and marginalised when it comes to negotiating the use of proper contraceptives. The after-math leaves women vulnerable psychologically and socially.

2.6.5 Social Effects

According to Colombini (2002), survivors of sexual violence are stigmatised and isolated by their communities. Some believe that their association with a woman who is a victim of abuse may lead to harassment by the partner of the particular victim. It is also mentioned that stigmatisation has a negative effect on survivors in their journey of rehabilitation. Therefore, the community plays a central role in shaping the achievement of rehabilitation. On the issue of social stigma, Razilani-Makatu and Chauke (2019) state that victims of GBV face stigmatisation from their communities. This emanates from community members viewing the victims of gender violence as having caused their own fault, and that they enjoy it. Hence, they decide to stay in the relationship. The misconceptions of many people in the wider society about GBV makes it difficult for its attention in all sectors of the society. The victims of GBV felt that their neighbours did not understand what they were going through and were angry about them staying in the abusive relationship. There is still a gap in social education, despite the awareness campaigns conducted by the Department of Social Development.

2.7 MISCONCEPTIONS ABOUT GBV

Table 2.1 below is an illustration of the myths and facts about GBV, the purpose of which is to ensure there is a clear understanding of the ontological nature of GBV.

Table 2.1: Misconception of GBV

Myth	Facts
Myth 1: GBV only include physical abuse (hitting, punching and pushing).	Physical violence is just one form of violence. This basically means that GBV can manifest as emotional, psychological and verbal abuse. Such form of abuse may include but not limited to repeated insults and name calling (University of Pretoria, 2017).
Myth 2: Women allow themselves to be abused. They could leave their partners if they really wanted.	The reality of the matter is that there is nobody on this planet who deserves or enjoys being abused. There are strategies that perpetrators of violence use to control and abuse women in a way that it becomes difficult for them to escape. Research conducted attest to the fact that some women find it difficult to leave their intimate partners because of fear of femicide and even their children being hurt. Some women find it difficult to leave their violent relationships due to lack of proper housing and even shame of divorce (University of Pretoria, 2017).
Myth 3: Violence against women is an inherent part of maleness or a natural expression of male sexual urges.	The fact is that the masculinity model that allows and even encourages men to be aggressive perpetuates male violence, not genetics (IGWG, n.d.)
Myth 4: Domestic violence is a private family matter in which the state has no right to intervene. How a man treats his partner is a private matter.	Violence that is perpetuated against women is a serious violation of human rights, irrespective of where it happens (University of Pretoria, 2017).

Myth	Facts
Myth 5: A man cannot rape his wife.	Rape is defined by an action and not by identity of the perpetrator or the survivor. According to the law, any forced sexual intercourse is rape, irrespective of whether the survivor is married to the perpetrator or not (University of Pretoria, 2017).

2.8 CONCLUSION

Gender-based violence is a widespread social and health problem which mostly affects women and girls. Men have been identified as the main perpetrators of this violence against women, and studies show that gender inequalities are largely perpetrated through cultural norms and roles. The theoretical framework that guides this study includes the ecological model, feminist theories, empowerment theories and social learning theories. The ecological models provide an analytical framework in terms of which the home, community and society play a crucial role in either reducing or perpetuating violence against women. The feminist theories outlined how patriarchy continues to suppress and oppress the voices of women to stand up and show their capabilities and make contributions to society in the very same way, and even more than men. Feminist theorists are of the view that women are relegated to secondary citizenship due to the gender inequality that continues to thrive.

The literature further supports that gender-based violence is a serious violation of human rights and has significantly negative effects which include post-traumatic stress disorder, suicide, and depression. Furthermore, there are also social impacts such as victims of violence facing stigma from their family members, neighbours, and the community broadly.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The previous chapter presented both the theoretical framework and literature-based perspectives on gender-based and intimate partner violence. The current chapter on the other hand, presents the research design and methodology adopted and implemented in relation to the collection of data that provided a framework for the ultimate findings of the study (Babbie & Mouton, 2012; Tavakoli, 2012). In this regard, the chapter also details the research design and approach; the study setting and its associated characteristics (i.e. population and sampling variables); the trustworthiness measures; as well as the respective ethical considerations and issues applicable to this study.

3.2 RESEARCH PARADIGM/ PHILOSOPHICAL WORLDVIEW

A research paradigm pertains to a particular scientific perspective, intellectual tradition, belief system or philosophical principles on whose basis the researcher decides to form or generate ideas and views about the world, knowledge, and the immediate environment (Thanh & Thanh, 2015; Wahyuni, 2012). According to authors such as Berg and Lune (2012), Kuhn (1970) and Thanh and Thanh (2015), the idea of paradigms in research is writ large, an expression of the inherent theorists characterises scientific knowledge and distinguishes it from 'non-knowledge; that is, knowledge that is not scientifically credible or valid.

3.2.1 The Constructivist Paradigm/ Perspective

The nature of the present study renders it constructivist in its orientation and approaches to data collection. As opposed to the positivist paradigm and its quantitative predominance, the constructivist research paradigm is premised on the construction and development of knowledge from its primary source (participants) (Bless et al., 2013; Welman et al., 2012). The constructivist paradigm was deemed relevant in this study, based also on its emphasis on the interpretation of truth and knowledge from those with direct experience of such truth and knowledge about the investigated phenomenon in their own environment (ecology/ ethnography) and in their own words. Most importantly, the constructivist paradigm coheres with the current study's qualitative approach, in terms of which the researcher seeks actual verbal and written representations and records as indispensable sources of information Bless et al. (2013). It is in this context that the semi-structured interviews preferred in this study entailed aspects and features of the constructivist philosophical worldview.

3.3 RESEARCH DESIGN AND APPROACH

3.3.1 Qualitative Research Approach

Consistent with the constructivist perspective, the study has adopted the qualitative research design approach due to its emphasis on prosaic statements from the research participants as the fundamental premise for exploring, describing/ explaining, interpreting, decoding and translate the prevalence and effects of the phenomena or state of affairs under investigation (Berg & Lune, 2012; Creswell, 2014).

As stated in both the Abstract and Section 1.6 in this study, the purpose of the study was to explore the psycho-social impact of gender-based violence among silenced and marginalised women in the Vhembe District Municipality, Limpopo Province. By virtue of this fundamental goal. Therefore, the exploratory aspect is entailed in the adopted qualitative research design in this study. The exploratory component of a research facilitates the investigation of social phenomena without any prior expectations by the researcher, which enables him/her to provide explanations (Creswell, 2014; Du Plooy-Cilliers et al., 2014). Although research studies have already been conducted about gender-based violence, more still remains to be explored with the purpose of expanding knowledge on the field of gender studies. The magnitude and evolving manifestations of the violence meted against women and necessitate continuous research. Therefore, an exploratory research design was viewed as highly beneficial for gaining all-encompassing and in-depth understanding of the deeper meanings and contexts of the psychosocial impact of gender-based violence among silenced and marginalized women in the Vhembe District Municipality.

3.4 DATA COLLECTION PROCESSES AND METHODS

Data collection relates to the systematically conducted process through which both secondary and primary (empirical) information is obtained from different sources (Denscombe, 2012; Leedy & Ormrod, 2014). The process of data collection is not and by itself, but the means to finally resolve the research problem and attainment of the researcher's overall intentions for undertaking the study. For the current (qualitative) study, the researcher utilised the review of literature and documentary sources, interviews, and self-reporting to acquire relevant information to adequately explore the psycho-social impact of gender-based violence among silenced and marginalised women in the Vhembe Municipality District.

3.4.1 Literature and Documentary Sources

The reviewed literature provided the study was obtained from multiple sources such as academic books, scholarly journal articles, published and unpublished dissertations/ theses, as well as research papers presented at accredited conferences. Moreover, the reviewed literature was valuable to the researcher insofar as enlightening him on current developments in gender studies broadly, and gender-based violence (Babbie & Mouton, 2021; Giardino & Giardino, 2010). Documentary sources are not necessarily academically inclined, and included official policy documents and reports, as well as legislative prescripts. In this regard, the researcher referred to specific laws, such as the Domestic Violence Act (No. 116 of 2008) for familiarisation with relevant legal aspects of GBV (Department of Justice and Constitutional Development, 2008).

3.4.2 Main Research Instrument

The researcher utilised interviews as the main data collection method. In essence, interviews include the researcher's direct personal interaction with the participants, who are supposed to answer specific questions (Bless et al., 2013). For Neuman (2011), an interview is a short-term, secondary, and social interaction between two unfamiliar persons who meet for the sole intention of obtaining particular information from the other person.

In this study, the use of interviews enabled the participants to answer open-ended questions concerning their GBV-related experiences. Telephonic interviews were opted for, in adherence to the UNISA COVID-19 risk-adjusted guidelines. This advice was also emphasised by the supervisor. It is also worth mentioning that the telephonic interviews did not in any way compromise the optimal data collection from which to develop the study's findings.

3.4.2.1 Interview Process

The researcher utilised interviews as the main data collection method. In essence, interviews include the researcher's direct personal interaction with the participants, who are supposed to answer specific questions (Bless et al., 2013). In this study, the use of interviews enabled the participants to answer open-ended questions concerning their GBV-related experiences. Telephonic interviews were opted for, in adherence to the UNISA COVID-19 risk-adjusted guidelines in order to minimise the spread of Covid-19 infections. Telephonic interviews still enabled the researcher to obtain optimal information from which to develop the study's findings.

All fifteen (15) participants were interviewed individually within a period of 5 (five) days, from the 15th to 19th March 2021. Three participants were interviewed on each day. Open-ended and probing questions were asked to enable the participants' spontaneous and uninhibited

responses and lived experiences of victims of gender-based violence (Du Plooy-Cilliers et al., 2014; Ritchie & Lewis, 2011). During the interviews, the researcher utilised a notepad (fieldnotes) to document the non-verbal and observed details pertinent to the interview questions. In situations where the researcher did not understand what the participants were saying, clarity was sought in order to provide a true reflection of the interview proceedings (Wahyuni, 2012).

Due to the sensitivity of the study and GBV being treated as a private matter than a public concern, the participants were not comfortable being recorded for fear of what has been happening on social media with leaked audio recordings by some unscrupulous persons. The researcher accepted and respected their decisions in this regard, notwithstanding the reassurances of privacy, confidentiality, and anonymity he had provided to the participants prior to the interviews themselves. Participation in the study was voluntarily, and it was important for the researcher to respect their wishes and continue with documenting on a notepad during the telephonic interviews, which were conducted in Xitsonga and translated into English for the purpose of the final report.

3.5 STUDY POPULATION AND SAMPLE SIZE

The population in this study comprised all the women victims of gender-based violence aged 19 to 35 years of age and residing at N'wamatatani and Hlanganani settlements in the Vhembe District Municipality, Limpopo Province. It was from this population that the researcher selected participants who eventually constituted a sample size of fifteen research participants aged 19-35 years. Accordingly, the researcher secured 5 (five) participants from N'wamatatani RDP settlement, and 10 (ten) from Hlanganani, both of which are situated in the Vhembe District Municipality. The researcher chose the study location because of engagements with Social Workers and community development workers in the area about the social challenges that are taking place; such as substance abuse, unemployment, child-neglect, and gambling. The researcher then had an interest in researching about GBV in the area after noting these and other factors that were highlighted in previous research studies. Moreover, there few studies that have been conducted in Limpopo Province on GBV, compared to provinces such as KwaZulu-Natal.

3.5.1 Study Setting

The study site premises on the actual physical location or place at which the study was conducted (Polit & Beck, 2008; Welman et al., 2012). The study was conducted in N'wamatatani and Hlanganani settlements, both of which are in the Vhembe District Municipality, one of the

five districts in Limpopo Province. This municipality is situated in a rural district in the northern part of South Africa and is populated by a community of an estimated 1.385 million people (VMD, 2020/211). Some South Africa studies show that Limpopo is one of the provinces with a high prevalence of gender-based violence. According to the CSVR (2016), Limpopo Province's GDV prevalence rate was the highest in the country at 77%. Figure 3.1 below shows the location of Vhembe Municipality District in Limpopo Province and its four other district municipalities. The two settlements under study comprise of predominantly South Africans, Zimbabweans, and Mozambican nationals. Most of the Mozambican and Zimbabwean nationals do not have official documents, which creates a problem even when they bear children who remain undocumented due to the residential status of their parents.

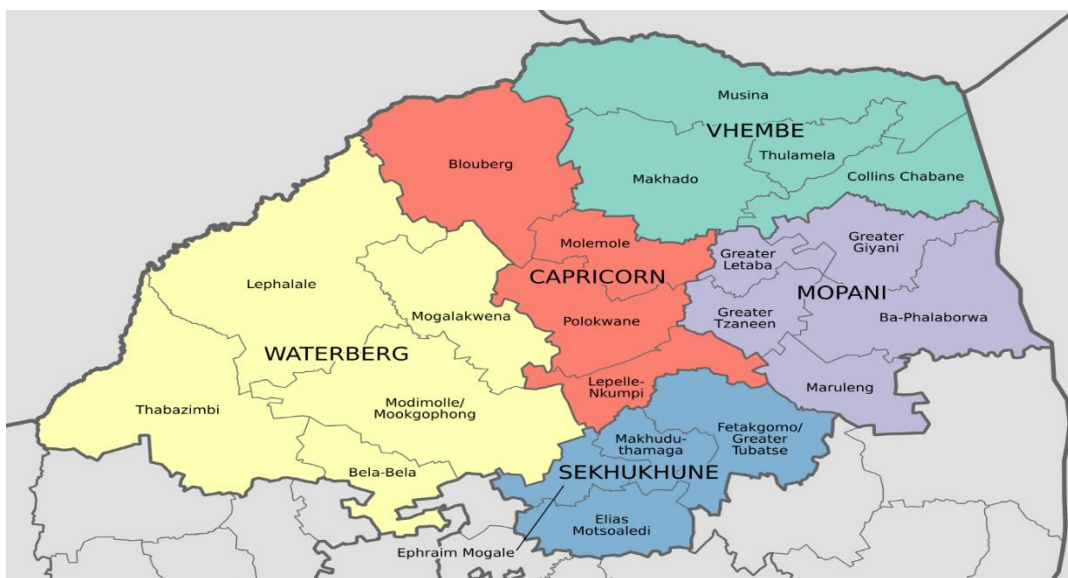


Figure 3.1: The Map of Limpopo Province and its five district municipalities
(Source: VMD,2020/21)

3.5.2 Sampling Strategy

The sampling strategy is the technique or method utilised by the researcher to select participants for participation in the empirical (experiential) aspect of the research (Flick, 2011; Thomas, 2013). In the first place, sampling is necessitated by the representativity requirement, or the inclusion criteria. Due to logistical, financial, and other considerations, it is virtually impossible to include all population members in a research study (Bless et al., 2013; Hammond & Wellington, 2013). Hence, the need for a representative sample from the population on account of its (sample's) homogenous traits relative to those of the population from which it (sample) was selected.

The researcher opted for the non-probability purposive/ judgemental sampling strategy, based on his knowledge of the Area Social Worker who possess the grassroots knowledge of the social issues in the area and was responsible for providing social work services in the self-same area. Basically, non-probability purposive sampling is premised on the researcher's own judgement of the appropriateness of the selected participants based on their eligibility (Rubin & Rubin, 2012; Silverman, 2014). The Area Social Worker assisted with the recruitment of three participants who also assisted in reaching out to other women they knew who experienced GBV. Additionally, snowball sampling was also used, in which case the researcher used the initial sample that was recruited through the assistance of the area Social Worker to identify others that would have an interest to participate in the study. Another strategy used was to share information about the study on social media platforms such as Facebook and WhatsApp. Living in the digital age has its own advantages because when a post is shared in the platforms, other users can share the very same post in their timelines which enables the information to reach wider populations. Therefore, women from the areas under investigation were able to reach out to the researcher through the contact numbers that were provided on the social media posts.

3.5.3 Sampling Criteria

Sampling criteria is the range of pre-determined considerations applied by the researcher insofar as including or excluding the participants for involvement in the study (Hammond & Wellington, 2013; Rubin & Rubin, 2012). Accordingly, participants are considered eligible or ineligible on the basis of their homogenous (similar/ compatible) or heterogeneous (dissimilar/ incompatible) traits when compared with those of the larger population from which they were selected. The criteria for inclusion in the study are as follows:

- Participants were all females in the 19-35 years age cohort;
- Participants were residents of N'wamatatani or Hlanganani settlements of the Vhembe District Municipality in Limpopo Province;
- Women and girls (19 years and above) who have experienced gender-based violence;
- Participants were willing to be interviewed of their own volition (un-coerced); and
- Participants participated in the study without any form of reward or compensation.

Converse to the inclusion/ eligibility criteria, the exclusion/ ineligibility criteria premises on the standards or considerations on whose basis some prospective participants become excluded from any involvement in the study's empirical data collection processes (Denscombe, 2012; Rubin and Rubin, 2012). The criterion for exclusion in the study was:

- Any male person of any age, whether resident in N'wamatatani or Hlanganani settlements or not;
- Any 19-35 years old female not resident in N'wamatatani or Hlanganani settlements; and
- Any female resident of N'wamatatani or Hlanganani settlements who was not in the 19-35 years age category and had not directly experienced gender-based violence.

3.6 DATA ANALYSIS AND INTERPRETATION

Babbie and Mouton (2012) describe data analysis as the process of working repetitively over texts, which may be field notes and interview transcripts for the purpose of interpreting data. Leedy and Ormrod (2014) further add that data analysis is the methodically conducted process of organising, classifying, or synthesising data according to its various categories based on the patterns or frequencies of occurrence in order to allocate intelligible meaning. For the purpose of preparing for data analysis, the interviews were transcribed on Excel sheets. Similarly, the Xitsonga versions were translated to English (see Appendices F and G). The researcher utilised an independent coder's services to check the consistency of the findings. In its entirety, the following data analysis steps were applied as suggested by authors such as Anderson (2014) and Cresswell (2014):

- **Preparing data:** the researcher prepared relevant transcripts and field notes;
- **Identifying themes:** the researcher checked for re-occurring statements or issues, and corroborate with the field notes;
- **Presenting and displaying the data:** interpreting and presenting the findings through graphical illustrations (e.g. graphs, figures, and tables);
- **Analysing the data:** entails coding data and classifying the codes as individual or grouped categories and themes;
- **Comparing:** main themes categorised and summarised to reduce large categories to manageable levels; and
- **Validating the data:** collected data and preliminary results corroborated in consultation with relevant stakeholders and participants.

The fact that data was collected through telephone interviews necessitated that the researcher should regularly contact the participants for confirmation and corroboration of information they had provided. This was also because a recorder was not used during the telephonic interviews as the participants were not comfortable with that, and had not granted approval to the researcher to audio-record the interview proceedings

3.7 MEASURES TO ENSURE TRUSTWORTHINESS OF THE STUDY

The concept of trustworthiness accrues from the belief that confidence in the study processes and consequent findings are the product of rigorous scientific and quality assurance standards from the viewpoint of the research community and reading public (Connelly, 2016; Korstjens & Moser, 2018). Accordingly, five indicators or criteria for determining the extent of trustworthiness in this qualitative study are: credibility, transferability, reliability and confirmability and authenticity.

3.7.1 Credibility

Kumar (2011) and Walliman (2016) describe credibility as involving the reliability of the qualitative study results from the viewpoint of the participants, and not the researcher's. Credibility in qualitative research is measured by the degree of concordance, verification, congruence, validation, and approval to those who participated in the study. The researcher enhanced credibility by:

- Developing rapport through engagements with the participants: The researcher managed to set time aside to contact the participants telephonically at a single point before the initial interview date to explain the purpose of the study and build trust with the participants. This was done to reassure the participants that the information is for research purposes only, and that their identities will not be revealed to anybody in any way. When participants are assured that there will be no harm that will happen to them, they are able to freely share their lived experiences and realities. In addition, the researcher provided pre-counselling to the participants to prepare them for any eventualities during their involvement in the study such as the triggering of painful emotions.
- Member checking: After the collection of data, the researcher made follow-up appointments with the participants with the view to clarifying questions which might have been misunderstood during the interviews or data collection. This was done once for each participant, a week after the collection of data.

3.7.2 Transferability

According to Bryman (2012) and Korstjens and Moser (2018), transferability implies the extent of the qualitative findings' transmittability to other contexts with different participants. Although transferability is not easily established, it is still attainable through the researcher's thorough detailing of all the research stages and processes (audit trailing) for interested researchers to follow and duplicate. The researcher documented the research from its conceptualisation until the report writing stage, including the decisions made and their rationale throughout the execution of this study (Berg & Lune, 2012).

3.7.3 Dependability

The concept of dependability concerns itself with the attainability of the same results in the event that the same study was to be repeated (Kumar, 2014; Maggie, 2013). The qualitative research supports flexibility, and freedom, because it might be hard to establish unless the extensive and detailed records of the processes are kept for others to reproduce with the main aim of ascertaining the level of dependability (Kumar, 2014). The researcher utilised an independent coder's services to check the consistency of the findings.

3.7.3.1 Pilot Study

A pilot study is instrumental in determining the implementability/ feasibility and relevance of the final data collection instrument (Berg & Lune, 2012; De Vos et al., 2012). The researcher conducted the pilot study with three participants who fulfilled the selection criteria but were not included in the final interviews as they would have an unfair benefit over the final list of (15) participants. The three participants were identified with the assistance of the Area Social Worker who was granted permission by the Department of Social Development to assist with the recruitment of participants, who were unknown to the researcher; therefore, there was no conflict of interest.

The Area Social Worker spoke to three women and asked whether they were interested in voluntarily participating in this research. The researcher then arranged time to administer the consent forms at the participant's homes, but sometimes they could not be found due to other various commitments. However, the researcher eventually tested the piloting instrument through face-to-face interviews with the three participants. Other participants who later formed part of the study were interviewed telephonically in adherence to the UNISA Covid-19 guidelines. In this regard, the pilot study enabled the generation of trust and confidence in the quality of the final version of the research instrument (interviews).

3.7.4 Confirmability

Confirmability relates to the extent of corroboration or confirmation of the study results from others the viewpoint of independent professionals or practitioners in the field of study (Connelly, 2016; Edmonds & Kennedy, 2012). Confirmability is also associated with reliability and objectivity in quantitative research. The idea of objectivity assumes the independent reviewer's neutrality and unbiased examination of the veracity and appropriateness of the study's findings and conclusions drawn by the researcher (De Vos et al., 2012). In this study, confirmability was achieved with the involvement of the researcher's supervisor to check the appropriateness of various aspects in the study, including the interview questions and the research methodology.

3.7.5 Authenticity

Authenticity relates to the extent of truthfulness as displayed or emanating from the findings as reflective of the unaltered lived experiences of the participants (Edmonds & Kennedy, 2012; Welman et al., 2012). The implication is that the original information provided by participants is truthfully representative of their knowledge and views concerning the phenomenon being investigated. The information provided by the participants was recorded in the notepads as a true reflection of what they have shared with the researcher. Thereafter, the researcher was responsible for the transcriptions and translations because he is Xitsonga speaking.

3.8 ETHICAL ISSUES AND CONSIDERATIONS

Connelly (2016) and Donley and Graueholz (2012) posit that ethics in research pertain to the professional, moral, and legalistic standards that are generally accepted for the conduct and behaviour of the researcher and his/her research subjects. Neuman (2011) corroborates and mentions that ethics are founded on procedures and principles that are developed by professionals to inform their research-related practice in order to separate unethical and ethical behaviour. For this study, the researcher addressed the ethical considerations relating to informed consent, confidentiality, voluntary participation, protection from harm, debriefing, and permission to conduct the study.

3.8.1 Informed Consent

Informed consent is based on the perception that participants ought to be fully informed about all aspects of the research, including the way in which it will affect them, possible risks, and benefits for their involvement, and that they can refuse to participate (Donley & Graueholz, 2012). Informed consent is also emblematic of the respect for the person's human dignity.

Before their involvement in the study, no attempt was made by the researcher to lure or induce them to participate through financial or any other devious means (e.g. empty promises). A full disclosure was made about *what* the research involves. They were notified about their right to participate or decline before any involvement in the study. The researcher further explained that their involvement would be in the form of answering the researcher's questions orally and also asking questions of their own (De Vos et al., 2012; Neuman, 2011).

For the purposes of acceptability and transparency, the researcher also presented and disclosed the study to community leaders in recognition of the hierarchies of authority still strongly adhered to in the area. Consequently, any suspicions about the study were obviated, and participants volunteered to be involved through the assistance of the Area Social Worker and the use of

social media platforms as the digital age tool to reach a wider audience. In addition, the researcher explained the study's benefit to the community and society at large through its findings. The informed consent was obtained telephonically when the researcher read out the consent form contents verbatim to each participant. Afterwards, the participants were asked to explicitly make their verbal consent to participate.

3.8.2 Confidentiality

Confidentiality ensures that the participants' sensitive and personal information is protected and not divulged or disclosed without the participants agreeing in writing for such disclosure to be made (Adler & Clark, 2011; Berg & Lune, 2012:93). Confidentiality could also be viewed as a variant of privacy insofar as limiting access to other people's private information (De Vos et al., 2012). The principle of confidentiality was enforced by ensuring that information provided by the participants is kept under secure conditions. The researcher further assured the participants that none of their information would be shared with anyone except the researcher's supervisor.

The participants were further assured that pseudonyms would instead be referred to in the dissertation as a mechanism to maintain their anonymity as well. In terms of data handling and storage, a hard copy of all the interview notes and transcripts, were secured in a locked filing cabinet accessible to the researcher only. Moreover, any other digital material relating to the study was also stored in an encrypted computer file.

3.8.3 Voluntary Participation

Voluntary participation relates to involvement in the study on the basis of freewill and choice (Adler & Clark, 2011; Babbie & Mouton, 2012). Therefore, no person who should be coerced or compelled to participate in any study. In fact, coercion constitutes an infringement on the participants' right to choose as autonomous human beings who have the capacity to make their own judgements and decisions (Adler & Clark, 2011; Edmonds & Kennedy, 2012). The researcher developed rapport with the participants before the interviews and did not employ any deceitful means to entice their involvement. Developing the rapport was necessary for establishing trust and accessing participants' personal spaces, which was helpful in generating the spontaneity of sharing their GBV experiences.

The researcher contacted the participants before the interviews in order to explain what the study entails in detail and to assure them that they are not compelled to participate in the study, and that their identities and information they shared would not be made public. This was also intended to enquire whether the participants would agree to being audio-recorded. GBV is a

very sensitive topic and most people, including the participants, should be asked whether they were comfortable to share their personal stories without being audio recorded. Initially, the study was supposed to take the form of face-to-face interviews, but the plan was changed after the issue of UNISA COVID-19 guideline was discussed with the research supervisor. Therefore, the researcher had to migrate to telephonic interviews.

3.8.4 Protection from Harm/ Beneficence

Research should be construed as an organised activity intended to 'do good' to individuals and communities as a fundamental ethical rule (Berg & Lune, 2012; Rubin & Rubin, 2012). Therefore, it is the duty of the researcher to ensure their safety from any psychological, physical or emotional harm. The researcher ensured the participants arranged safe environs from where they were telephoned for the interviews. Gender-based and intimate partner violence are sensitive issues that may evoke undesirable psycho-social memories for the participants (CSVR, 2016; Mkhonto et al., 2014). However, the participants were informed of the possibility of such effects before the interviews began. The researcher mediated this concern by arranging for the availability of the area Social Worker to provide relevant psychological counselling and intervention, should the participants feel that they would need the services. However, the services of the Social Worker were not utilised because the interviews were conducted telephonically, as opposed to the initial plan to have face-to-face interviews. Nevertheless, the participants were advised and encouraged to use the services of the Area Social Worker's services when the need arises.

3.8.5 Debriefing

Marshall and Rossman (2011) illuminates that debriefing could be viewed in the context of a group therapy process organised in response to some traumatic occurrence. Especially in qualitative studies, interviews, and self-reporting impact positively and therapeutically on individuals involved to discover and rediscover themselves (Babbie & Mouton, 2012). As a factor of the trust developed by the researcher with his participants, debriefing sessions created opportunities GBV victims (participants) to relate their experiences and to possibly find answers to their questions in order to remove stigmatisation and misconceptions. During the incipient full disclosure and informed consent sessions with participants, the researcher explained both the benevolence and the risk implications, especially that the interviews could revive experiences of trauma for some victims of gender-based violence.

The researcher was granted permission to work with the local Area Social Worker employed by the Department of Social Development in Vhembe District Municipality. It was the role of the Area Social Worker that was vitally influential in rendering professional support during the post-interview debriefing situations wherein participants direly needed such counselling support (Marshall & Rossman, 2011; Mason, 2014). In terms of the initial plan of the study, the Area Social Worker was supposed to travel with the researcher for the debriefing of the participants after the interview sessions if the need arose. However, the telephonic nature of the interviews nullified the need for the services of the Social Worker. The participants were encouraged to make use of the services of a Social Worker for both social and psychological support when the need arises. To this effect, debriefing could be regarded as a cathartic moment, a practical demonstration of the benefit of research to communities and to society (Marshall & Rossman, 2011; Mason, 2014).

3.8.6 Permission to Conduct the Study

Permission to conduct the study is reflective of the researcher's observance of the administrative fiat of institutions and organisations that are directly linked with the study (Silverman, 2014; Tavakoli, 2013; UNISA, 2013). The researcher obtained ethical approval and permission to conduct the study from the UNISA's Health Sciences Research Ethics Review Committee (see Appendix A). Further permission to undertake this study and working with a local Area Social Worker was provided by the Limpopo Provincial Health Department's Research Ethics Committee (LPREC) and the Limpopo Provincial Department of Social Development (LPDSD) (see Appendix B and C respectively).

3.9 CONCLUSION

The current chapter basically detailed the main units of analysis attendant to the research design and methodology that were presaged to a lesser extent in Chapter 1. The foremost units of analysis focused mainly on the *people* and *processes* involved in the study's execution. In that regard, the data acquisition and analysis component of this research provided a framework for the ultimate findings of the study (De Vos et al., 2012; Rubin & Rubin, 2012). The trustworthiness measures and ethical considerations completed the research design and methodology of the study. The results of the in-depth interviews are discussed in the following chapter.

CHAPTER 4

FINDINGS OF THE STUDY

4.1 INTRODUCTION

The previous chapter largely presented and discussed the study's research design and methodology, which essentially provided the theoretical parameters for the actual data collected and analysed (Bryman, 2012; Denscombe, 2012). The current chapter, on the other hand, presents the actual findings accruing from the collected data, which was thematically analysed and interpreted for the purpose of establishing a degree of relevance in relation to the original intention and purpose of the study. The purpose of the study was to explore the psycho-social impact of gender-based violence among silenced and marginalised women in Vhembe District Municipality, Limpopo Province. Based on the research purpose, the unfolding results depicted in this chapter are reflective of the explored lived experienced of the women victims of gender-based violence in their own words, which resonates with the constructivist paradigm of participant-based interpretation of an investigated phenomenon (Bouma et al., 2012; Creswell, 2014).

The current chapter is demarcated into two main sections, namely: the participants' individual profiles, as well as their input on the range of GBV-related issues emanating from the in-depth individual interviews. In both sections, the findings are mostly presented diagrammatically by means of tables and figures. In tandem with the ethical demand for participants' anonymity, confidentiality, and privacy, they are referred to by pseudonyms ranging alphabetically from 'Participant A' to 'Participant O'.

Table 4.1: Overview of the main/ global themes and sub-themes

Main/ Global Themes	Sub-theme
1. General Understanding of Gender-based Violence	
2. Psychological Impact	<ul style="list-style-type: none"> • Type of Violence Experienced • Perceived GBV Contributory Factors • Suicidal Ideation • Emotional Impact of GBV
3. Social Impact of GBV	<ul style="list-style-type: none"> • GBV Exposure and Effect on Participants' Children • The role of the community in addressing GBV • Knowledge of GBV Service Organizations
4. Coping Mechanisms	<ul style="list-style-type: none"> • Coping mechanisms for the violence
5. Views on Gender-based Violence Intervention Plans	<ul style="list-style-type: none"> • How GBV can be stopped

4.2 INDIVIDUAL PROFILES OF PARTICIPANTS

The interviews were conducted with fifteen purposively sampled participants who were themselves victims of gender-based violence in the Hlanganani and N’wamatatani informal settlements of the Vhembe District Municipality, Limpopo Province. Figure 4.1 (overleaf) represents the age distribution of the participants. Accordingly, the majority of the participants (n=6) were aged between 26 and 30 years; followed by four participants (n=4) aged 19-25 years; and five participants (n=5) who were between 31 and 35 years of age. However, the researcher’s age criterion should not be construed as discriminating against other GBV sufferers. Both gender-based and intimate partner violence are not restricted to certain ages only (Carlson et al., 2017; Chanda, 2019).

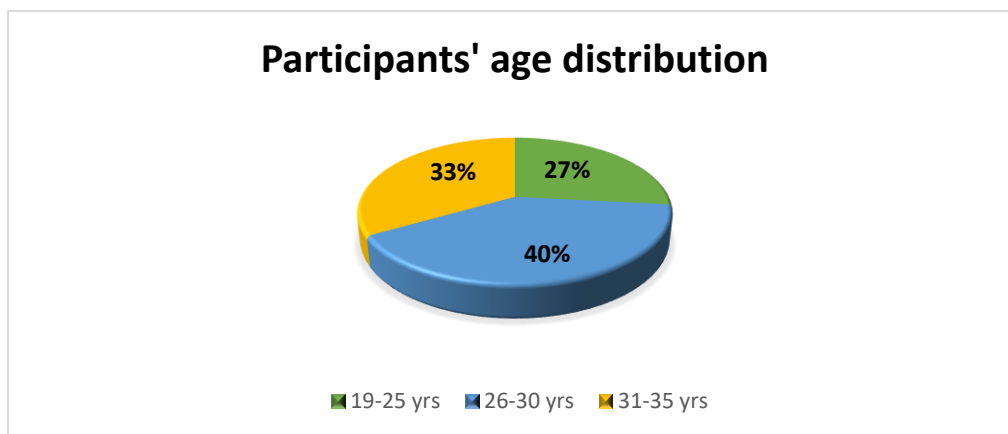


Figure 4.1 Participants’ age distribution

Table 4.2 below illustrates a broader range of participants’ profiles in addition to age as an important variable as well. the overall biographic data of the research participants includes their gender, language, nationality, and marital status.

Table 4.2: Overall biographic data of participants

Pseudonym	Age	Gender	Language	Nationality	Marital Status
Participant A	35	Female	Xitsonga	South African	Divorced
Participant B	27	Female	Xitsonga	South African	Married
Participant C	19	Female	Xitsonga	South African	Single
Participant D	30	Female	Xitsonga	South African	Married
Participant E	21	Female	Xitsonga	South African	Married
Participant F	33	Female	Xitsonga	Mozambican	Single
Participant G	23	Female	Xitsonga	South African	Single
Participant H	20	Female	Xitsonga	South African	Married
Participant I	27	Female	Xitsonga	South African	Married
Participant J	30	Female	Xitsonga	South African	Married
Participant K	34	Female	Xitsonga	South African	Widowed
Participant L	28	Female	Xitsonga	South African	Married
Participant M	31	Female	Xitsonga	South African	Single
Participant N	30	Female	Xitsonga	South African	Single
Participant O	34	Female	Xitsonga	South African	Married

The data in Table 4.2 above shows that all the participants (n=15) participants were female Xitsonga speakers. It is also worth noting that some of the participants were born as Venda speaking, but were assimilated into Xitsonga due to the preponderance of the Xitsonga speakers in the two informal settlements of Hlanganani and N'wamatatani where the study was undertaken. As such, the 'assimilated' Venda were comfortable to answer the interview questions in Xitsonga. Only one of the participants (n=1) was Mozambican by birth, and the rest (n=14) are aboriginally South African. Furthermore, eight participants (n=8) were married, five were single (n=5); one was a divorced (n=1); and another one was divorced (n=1). It is important to note that, while some of the participants were single, their culture enjoined them to address their partners as husbands and also regard themselves as married couples. This is the reason for some participants addressing their partners as husbands in the ensuing narrative statements.

4.3 KEY FINDINGS

The key findings and their related sub-themes or categories mentioned in this section emanate from the thematically generated and analysed statements/ responses of the participants during the interviews. Also worth noting is the fact that these responses are interstitially connected in respect of the participants' overall GBV knowledge and experiences; psychological effects on women; social impact of GBV on victims; coping mechanisms of the participants; as well as their views on GBV intervention plans.

4.3.1 Theme 1: Participants' General Understanding of Gender-based Violence

All fifteen participants were able to project their understanding and experiences concerning gender-based violence, which they understood to be a form of maltreatment directed towards an opposite gender. However, it seemed such understanding was mainly focused on women and not all-inclusive. Seven participants (n=7) seemed to clearly understand that GBV does not only happen to women, but also affected men as well. According to Evans and William (2013), gender-based violence is experienced differently by all genders irrespective of sexuality, creed, race, and other situational considerations. In this regard, gender-based violence is viewed as an umbrella terminology for any type of harm that is perpetrated against another person on the basis of their gender, and it is a result of the power inequalities that emanate from gender roles (Chanda, 2019).

The responses of the other eight participants (n=8) gave the impression that GBV has more to do with maltreatment directed towards women compared to men. As such, the responses of the participants indicate that awareness is needed to provide the critical clarity of the consequences of GBV. It may be that the media has played a role in perpetrating the narrative of GBV as

affecting women only because of the rarity of violence against men perpetrated by women. It is therefore important that GBV should be understood in its totality in order to avoid misconceptions. The researcher upholds the view that women's knowledge of GBV will enable them to identify its manifestation immediately before it escalates to physical, emotional, psychosocial, and other of abuse.

Table 4.3 below represents the statements of the participants (identified by pseudonyms) concerning their understanding of gender-based violence.

Table 4.3: Participants' general understanding of gender-based violence

Pseudonym	Narrative Statements
Participant A	<i>I ku xanisiwa ka vavasati hi vavanuna va vona kumbe ti boyfriend.</i> -It is the abuse of women by their husbands or boyfriends.
Participant B	<i>Hi loko rimbewu ra xinuna na ra xisati riri eka vuxaka byo rhandzana na kona va endlelana madzolongu.</i> -It is when a male and female are in a romantic relationship and are violent towards each other.
Participant C	<i>Hi loko rimbewu rin'wana ri xanisa lerin'wana.</i> -It is when the other gender is ill-treating the other one.
Participant D	<i>Ku twisisa ka mina hi leswaku i dzolongu leri humelelaka exikarhi ka vavanuna ni vavasati. Ku ngava eka vuxaka, emakaya, entirhweni nale tikweni. Ntsena loko swi katsa rimbewu hi vumbirhi.</i> - My understanding is that it is a violence that occur between men and women. It may be in a relationship, homes, and workplace and also in the communities as long as it is a violence that happens between both genders.
Participant E	<i>Hi loko kumbexana vavasati va xanisiwa hi vavanuna kumbe boyfriend.</i> -It is when maybe women are ill-treated by men or boyfriends.
Participant F	<i>Hi loko wanuna hi minkarhi hinkwayo a tshamela ku ba wansati.</i> -It is when a man is always beating a woman.
Participant G	<i>Ku xanisiwa ka rimbewu I ku xanisiwa ka vavasati ku ngava hi le mirhini, emiehlekwetweni kumbe hi swamasangu. Eka minkarhi yo tala I vavasati va xanisiwaku loko hi fananisa ni vavanuna.</i> -Gender-based violence is the abuse of women either physically, mentally or sexually. In most cases it is women who are abused compared to men.
Participant H	<i>Hi ndlela leyi ni swi twisisaku xixona, hi loko munhu a tirhisa matimba ehenhla ka munhu u'wana ku fana na ku n'wu tekela mali na ku bukutela.</i> -The way I understand it, Gender-based violence according to me is when a person uses power towards another person such as taking money from them or even hitting them.
Participant I	<i>Hi loko wanuna a xanisa wansati.</i> -It is when a man abuses a woman
Participant J	<i>I ku xanisiwa loko ku kongomisiwike eka munhu unwana loko ku langutiwe mhaka ya rimbewu, ku ngava n'wansati kumbe n'wanuna.</i> -It is the abuse which is directed to a particular person based on their gender either male or female.
Participant K	<i>Mina swa GBV ni swi twile loko ku vulavuriwa hi nhwenyana loyi a nghena xikolo a Capricorn college a nga dlayiwa ekamareni ya yena hi munhu loyi a va nga tivani.</i> - I just heard the words about a Capricorn College girl who was killed by a stranger in her room
Participant L	<i>GBV iku xanisiwa ka vavasati hi ndleal yoka yi ngari kahle hi ti partners ta vona hiku vaba.</i> - GBV is the ill treatment of women by their partners by hitting them.

Pseudonym	Narrative Statements
Participant M	<i>GBV iku xanisiwa ka vavasati hi vavanuna.</i> - GBV is the ill-treatment of women by men.
Participant N	<i>Mina ni tiva kuri veri iku xanisiwa ka vavasati, na kona nitwe siku rin'wani swi vulavuriwa eka Radio.</i> - They say it is the ill treatment of women and I heard it one day on radio they were discussing about it.
Participant O	<i>GBV hi loko nuna na nsati va tshamela kulwa, va phikizana hiku vulavula hikwalaho kati problems leti va hlanganaka na tona.</i> - GBV is when a husband and a wife are always fighting and arguing because of problems they're facing.

4.3.2 Theme 2: Psychological Impact of Gender-based Violence on Women

All fifteen participants shared their experiences in respect of the different effects that GBV has had on their lives. Therefore, this theme is segmented into sub-themes (categories) for the purpose of discussing the issues in this regard.

4.3.2.1 Sub-theme 1: Type of Violence Experienced by Victims of Gender-based Violence

The responses participants' responses show that physical violence is the foremost form of GBV experienced. Fourteen of the participants reported that they experienced physical violence from their partners, which is corroborated by a study conducted by Mukanangana et al. (2014) showing the commonality of physical abuse of women as the predominant form of GBV. It was further indicated by One of the participants revealed that intoxication by their partners was responsible for the violence they experienced. These responses are consistent with the findings by Stove and Kiselica (2015), who stated that individuals who present a high level of hostility were mostly engaged in the use of substances which in turn translates into more cases of intimate partner violence. Only three of the participants (n=3) reported sexual abuse by their partners. Furthermore, two of the participants (n=2) reported that partners would come home drunk and demand sex against their will.

Participant D indicated that she detested to have sex with her partner who used to come home drunk and smelling alcohol. She further indicated that he would grab her and violently take her clothes off and eventually force himself on her. According to the participant, she knew that her partner was wrong to do so. Her health was at risk because the partner was not even using condoms, and she had never used female condoms before due to the fear of being accused by her partner. According to Mukanangana et al. (2014), a study conducted in Zimbabwe revealed that, 92% of the participants reported being raped by their spouses. The self-same study revealed that such a form of rape took place irrespective of the age group, level of education, religion, and employment status of both the victim and the perpetrator.

From the point of view of the researcher, it is also disconcerting that women who have experienced sexual abuse from their intimate partners felt obliged to yield to the sexual demands of their partners. Three of the participants (n=3) stated their experience of financial abuse by their partners who would demand money from them which they would use to buy drugs and alcohol. A study conducted by Randa and Mokoena (2019) found that 75% of the women participants depended on their partners for financial support, while only 25% were self-reliant. Eight (n=8) participants in the current study reported emotional abuse by their partners.

It is evident that the patterned behaviour of the male abusers is inspired by their patriarchal views that they can have sexual intercourse with their female partners at any given time (Giardino & Giardino, (2010). Among the 15 interviewed participants four (n=4) reported that they eventually left their abusive partners, while eleven (n=11) still live with their abusers.

The following narrative statements pertain to the participants' responses to the psychological impact of gender-based violence as depicted in Table 4.4.

Table 4.4: Psychological impact of gender-based violence on women

Pseudonym	Narrative Statements
Participant A	<i>Mina ni hlangane ku xanisiwa emirhini, emoyeni nale ka macheleni.</i> - I experience physical, emotional and financial abuse. He was very manipulative that man.
Participant B	<i>Mina ni hlangane naku xaninisa emirhini na le miehleketweni ku suka eka muhlekisani wa mina loyi ang ani humesela na xuma.</i> -I have experienced physical and emotional abuse from my partner who paid lobola for me.
Participant C	<i>Xo sungula akuri ku xanisiwa emiehleketweni kutani ku landzela ku xanisiwa emirhini. Ani byeriwa leswaku ani nchumu loko yena angari kona nakona kuna swilo swaku tala leswi ni ngata tsandzeka ku swi fikelela loko yena angari kona hikuva ni huma eka ndyangu wo pfumala. A thlela ani byela leswaku namunthla ni tiva no ambala rhoko yo tlela hi yona hikwalaho ka yena, nakona ani tanga ni nchumu evukatini bya hina.</i> -First it was emotional and then it escalated to physical violence. I was told that I am nothing without him and there are a lot of things I cannot achieve without him because I am from a poor family. Today I know how to wear a night dress because of him and that I came with nothing to the marriage.
Participant D	<i>Mina ni xanisiwe hi swamasangu naku biwa hi mavoko. Eka mhaka yo biwa, wanuna luya u n'wa byala, nakona u nwa ngopfu. Loko a vuya kaya a dakwile, u sungula kuni lwisa ku ngari na mhaka yo khomeka. Loko swita eka ku xanisiwa eka swamasango, na switiva leswaku hi vatekani kambe nkarhi wun'wani ni titwa ni nga lavi ku endla timhaka ta masango kumbe ni va ani karhele. Yena loko a vuya a dakwile u fika a tirhisa matimba kuri hi fanele ku rnfla swamasango nakona minkarhi yo tala anga tirhisi swo ti sirhelerisa.</i> - I have experienced both sexual and physical violence. The man drinks, he drinks too much. When he comes back home drunk, he will start saying things. When it comes to sexual assault, I mean I know that we are a couple but sometimes you just feel like you don't want to have sex or maybe I am tired. He will be drunk forces himself on me and most of the time he does not use condoms.

Pseudonym	Narrative Statements
Participant E	<p><i>Mina na biwa emirhini. No biwa ku ngari na xivangelo. Mi nkarhi yinwani hi tava hiri karhi hi vulavula hi swa timali leswi hi fikisaku kaku hi sungula kuva na ti arguments, endzhaku ka swona swi hetisela hiku biwa. Anga lavi no vutisiwa swivutiso ku fana na loko a vuya kaya ni vusiku.</i></p> <p>- Physical violence. I just get beaten for no apparent reason. Sometimes we may be talking about finances which leads to arguments and thereafter, it may end up in physical assault. He does not even want to be asked questions such as when he comes home late.</p>
Participant F	<p><i>Mina ni xanisiwa loko swita eka mhaka ya swa timali xikanwe nale miehleketweni. Boyfriend ya mina yi tshamela ku londza mali leyi niyi kumaku eka swintirhwani leswi ni swi endlaku kwala tikweni.</i></p> <p>-Financial and emotional abuse. My boyfriend's always demand money from the piece jobs I do in the community.</p>
Participant G	<p><i>Mina no biwa. Ni tshama ekaya ka boyfriend ya mina endzhaku ka loko ni vile pregnant. Loko a nwile byala u hundzuka xiharhi, na biwa maswitwa.</i></p> <p>- Physical abuse. Living with a boyfriend because I got pregnant and stayed at his home. When he has drunk alcohol he turns into an animal, I get beaten do you hear me.</p>
Participant H	<p><i>Mina ni xanisiwa loko swita eka mhaka ya timali xikanwe niku biwa hi nuna wa mina. Loko swita eka swa timali, a tshamela kuni vutisa leswaka xana yena u banki kee loko ni kombela mali eka yena. Loko hi ri karhi hiva ni ti arguments eka mhaka ya timali, u hetelela hiku tlakusa rito eka mina leswi hetelelaku swi hi fikisa eka mhaka yo ni susumeta ani ba hikuva wani hlula hi matimba.</i></p> <p>- I suffered financial and physical violence in the hands of my husband. In terms of financial abuse, I endured, he used to ask me if he was a bank whenever I asked money from him. During our arguments about finances, he ended up raising his voice at me which eventually led to pushing and assault because he always overpowered me.</p>
Participant I	<p><i>Mina ni hlangane na ku xanisiwa hi nuna wa mina hiku biwa naku yena a sindzisa ku etlela na mina eka swa masangu.</i></p> <p>- I experienced beating and also my husband forcing to have sex with me.</p>
Participant J	<p><i>Mina ni hlangana na ku xanisiwa hiku biwa a mirhini.</i></p> <p>- I experience abuse through physical assault.</p>
Participant K	<p><i>Ni hlangane na ku xanisiwa hiku biwa, ku rhuketeriwa na ku foteriwa kuri hi endla swa masangu. Nuna wa mina a ndzi bukutela, a ndzi rhuketela loko ndzi nga endli leswi yena a lava swona. U hetelele a ndzi fostela kuri ni endla swa masangu endzhaku ka loko ndzi nga lavi ku endla swa masangu na yena.</i></p> <p>-I experienced Physical, emotional and sexual abuse. My husband was beating me up, insulting me when I did not do what he wanted me to do and also went to the extent of forcing to have sex with me when I did not want to be intimate with him.</p>
Participant L	<p><i>Mina ndzi hlangane na ku xanisiwa emirhini hiku biwa. Nuna wa mina a ndzi jolela swinene, kutani loko ndzi vutisa hi swona a ndzi byeriwa leswaku anga ndzi koloti explanation. Loko ndzi phikelela ku vutisa, u sungule hi ku ndzi opsuher kutani swi fikela ko biha hi mimpama. Kutani swibakele swi nghenelela na swona na ku rahiwa.</i></p> <p>-I experience the physical violence my husband used to cheat a lot on me and when I raised those issues, he said he did not owe me any explanation he did not want to discuss anything with me then when I persisted to get answers. He started by pushing me away and promised that he will beat me up first stop it escalated to sleeping me with his hands to physical feast wherein you would punch me and kick me.</p>
Participant M	<p><i>Mina ndzi hlangane na mhaka yo biwa na ku xanisiwa emotionally.</i></p> <p>- I experienced physical violence and being abused emotionally.</p>
Participant N	<p><i>Mina ndzi hlangane na ku biwa na mhaka yaku vitaniwa mavito hi partner ya mina.</i></p>

Pseudonym	Narrative Statements
	- I experienced physical abuse and being called names by my partner.
Participant O	<i>Mina partner ya mina munhu woba na ku abuser munhu emotionally hi ku nwu vulavulela swilo swo vava ku fana no vuriwa kuri ni bihile na ku ndzi useless.</i> - My partner is person who beats up and also abusive emotionally by saying painful things such as calling me ugly and useless.

4.3.2.2 Sub-theme 2: Perceived GBV Contributory Factors

Violence against women does not happen without certain contributing factors (Morei, 2014).

Participants A, G, K, L and M indicated that the contributing factor to the abuse they experienced was due to the sense of insecurity by their partners, who suspected them of infidelity. The painful account of **Participant L** was that her husband would sometimes come home drunk in the company of a girlfriend and demanded to sleep with her in the same bedroom she shared with him. The account of **Participant A** was that she worked with male colleagues, enraged her husband with jealousy. A similar account was that of **Participant O** who was accused of having an affair with her pastor because of the prayer meetings she sometimes attended at night. As for **Participant H**, the partner was merely jealous because of her conversations with other men on social media platforms whenever she was busy on her phone. As a result, she was assaulted. The participant is of the view that the partner was exerting physical control as a challenge to her because she was financially independent of him in terms of salary. Figure 4.2 below indicates the GBV contributory factors from the perspectives of the participants.

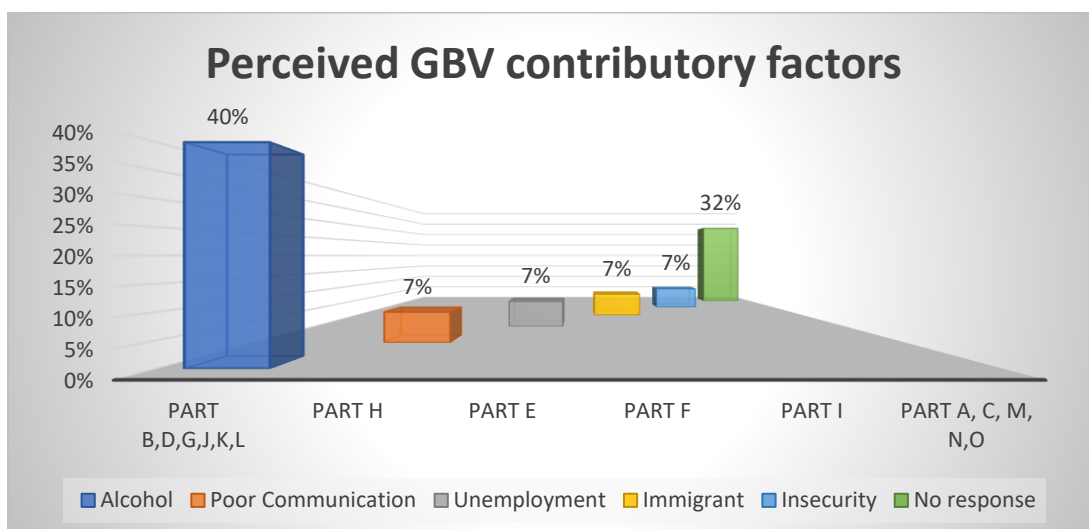


Figure 4.2: Perceived GBV contributory factors

Figure 4.2 above shows that **Participants B, D, G, J, K and L** (n=6) referred to alcohol as a cause of the abuse they endured from their partners. For **Participant H** (n=1), the causal factor of her abuse was related to poor communication with her partner, such that they were failing to resolve the challenges they were facing. She also indicated that she actually stayed in the

relationship for too long, which resulted in her state of comfort and tolerant of whatever was happening in her relationship. As for **Participant E** (n=1), her issues emanated from her unemployment and resulted in her partner's excessive financial control. According to Randa and Mokoena (2019) and Uwadiegwu (2015), women who were financially dependent on their spouses, partners, or husbands were vulnerable to their financial power and control.

Participant F (n=1) explained that she was abused because of her illegal immigrant status, which was taken advantage of, because her partner knew she could not report him at any police station for fear of deportation back to Mozambique. Meanwhile, **Participant I** intimated that her husband viewed her as property only because he paid lobola for her. He also felt that she would not leave him. According to Randa and Mokoena (2019) marital conflict is regarded as a private matter rather than a public issue, a view sometimes upheld by the police who tend to recommend family counsellors instead of enforcing the law and open criminal cases. Such a perspective exacerbates gender-based violence because the women victims suffer in silence, much the same way as some men justify the payment of lobola or bride price as entitlement to treat women as property or voiceless objects.

Table 4.5 below, is reflective of the participants' narrative statements relating to their perceptions on GBV contributory factors.

Table 4.5: Participants' perceptions on GBV contributory factors

Pseudonym	Narrative Statements
Participant A	<p><i>Nuna wa mina ari insecure ngopfu. A nga lavi leswaku niti kuma niri na vanhu vanwani hikwalaho ka jealousy ya yena. Ndzi munhu luya wo blovker swilo ndzi nga vulavuli hi swona. Problem yinwani leyi ndzi vonaku onge yi emdle leswaku kuva na problem iku mina ni forgiver easy.</i></p> <p>- My husband was very insecure. He did not want me to associate with other people because of his jealous. I am the type of person who block things and not talk about them. Another problem that makes me think that it contributed to the problem is that I forgive easily.</p>
Participant B	<p><i>Ko tola akuri swidzidziharisi hikuva loko ari sober, I munhu wa kahle. Ata vuya kaya hivo 2 in the morning a dakwile kutani a sungula ti unnecessary arguments. Loko ni nwu hlamula a sungula ku niba aku ni vulavula ngopfu.</i></p> <p>- Mainly it was substance abuse because when he is sober, he is a kind person. He would come home very drunk maybe around 2am and cause unnecessary arguments and then the conflict would start and if I back chat he would assault me saying that I talk too much.</p>
Participant C	<p><i>Loko a vuya kaya ni vusiku, a ndzi byela leswaku ndzi nga nwu vutisi nchumu hikuva yena I wanuna. A ku loko ndzo nwu vutisa nchumu uta niba. Mhaka ya kuri a ndzi nghenisi nchumu eka mhaka ya timali, wa switiva leswaku swi ta ndzi tikela ku hanyisa leswi ndzi hanyisaku xiswona loko yena a nga ri kona.</i></p> <p>- When he comes home late at night, he would tell me that I should not ask him questions because he is the man. He said that if I ask him questions, he will beat me up. The fact that I cannot offer anything to the family financially. He knows that it will be difficult to afford the lifestyle he has made me to live without him.</p>

Pseudonym	Narrative Statements
Participant D	<p><i>Byala. Byala. Tani hi loko niri ku vuleni kuri a hi tshama hi tsakile swin'we kambe loko a sungula kunwa masiku hinkwawo, loko a nga seya ntirhweni ni loko a chayisile. Hi kona ti problems ti nga sungula.</i></p> <p>- Alcohol. Alcohol. Like I am saying that we used to be happy together but immediately he started drinking every day, before he goes to work and after work. That is when problems started.</p>
Participant E	<p><i>Kumbexani I mahaka ya ku a ndzi tirhi. Ndzi ti tshamela kwala kaya. Kumbe wanuna loyi u ehleketa kuri a ndzi ngeyi helo hikuva andzi tirhi.</i></p> <p>- Maybe is because I am unemployed. I just sit here at home. Maybe this man think that I cannot go anywhere because I am not working.</p>
Participant F	<p><i>Eixxx... Ni vomna onge I mhaka yak u mina ni hava maphepha yova laha tikweni na kona a ndzi nge thleleli a Mozambique.</i></p> <p>- Eixxxx...I think it is because he knows I do not have official documents and cannot go back to Mozambique.</p>
Participant G	<p><i>A nga ti tshembi kikwalaho kati past relationships ta yena. A nga ndxi pfumeleli kuri nib ula na vanghana va mina hi phone niri free. Swa enleka a n dzi bukurtela loko niri karhi ndzi tirhisa phone ya mina a hleketela kuri ni vulavula ni vavanuna vanwani. Ku abuser byala na mhaka yoka hi nga tshembhani swa nghenelela.</i></p> <p>- He is insecure due to his past relationships and very jealous. He does not allow me to interact with my friends freely over the phone. He assaults me when I am using my phone thinking that I am talking to other men. Alcohol abuse and trust issues are also the contributing factors.</p>
Participant H	<p><i>Ndzi vona I ngaku kuva hi ngavi ni mkarhi wo tala wa ku tshama hanshi hi vulavula hiti challenges ta hina swi endle leswaku kuva ni abuse. A hi koti ku vulavula.</i></p> <p>So, I think that not having enough time to sit down and discuss our challenges has contributed to the violence. We have poor communication.</p>
Participant I	<p><i>Ni vona onge I xavangelo xa ku ni tshame ka relationship nkarhi wo leha ku fikela laha nuna wa mina a vona leswaku a ndzi nge nwu tshiki. Na kambe, ni vona onge u hetelele a ndzi vona tani hi property ya yena hikuva u ndzi humesele mali yo lovola.</i></p> <p>I think it is the reason that I stayed in the relationship for too long to a point where my husband realized that I will not leave him. Again, I think he ended up viewing me as his property because he paid lobola or dowry for me.</p>
Participant J	<p><i>Byala, hikuva loko munhu luya anga n'wanga, hi vanhu lava hi tsakeke. Kambe loko a n'wile ti problem ta sungula.</i></p> <p>Alcohol because when that person is sober, we are a people that are happy. However, when he is drunk problems emerges.</p>
Participant K	<p><i>Ndzi vona onge I ku abuser byala na kona ndzi vona I ngaku anga ha ndzi rhandzi mayve because A ndzi tihela kule na le kaya ndzi vuya month end. Phela munhu luya a vuyisa ti girlfriends a mutini niri kona.</i></p> <p>I think it is the abuse of alcohol and that he did not love me anymore due to coming home month because I was working far from home coming back month end.</p>
Participant L	<p><i>A ndzi jolela, kutani ni complainer eka yena hi swona. Kambe yena because anga lavi ku teka responsibility a vona onge mina ndza nwu delela. Then a ndzi biwa, a thlela masiku man'wani loko a vuya mabyalweni a dakwini na girlfriend ya yena va tlela ka bedroom ya mina. Hi nkarhi walowo mina ni humeseriwa handle ka yindlu.</i></p> <p>- He was cheating on me and I complained about it but because he did not want to take responsibility he viewed at as disrespect from my side. Then, I was beaten, and on some days when he got back drunk, he would bring back a girlfriend and they would sleep in my bedroom. At that time, I would be kicked out of the house so that he can sleep with his girlfriend.</p>
Participant M	<p><i>Swi sungule loko yena a hleketeklela leswaku mina ndza nwu jolela na classmate ya mina. Hi loko abuse yi singurile, ndzi biwa eka swilo leswi swoka swi nganri swona. U insecure ngopfu. Ti small disagreements aku tirhisiwa mimpama.</i></p>

Pseudonym	Narrative Statements
	- It all started by him suspecting that I was cheating on him with my classmate. That was the beginning of my abuse, I was beaten for the things that were not true. He is very insecure. Small disagreements would lead to slapping me with his open hands.
Participant N	<p><i>After nive pregnant u sungule ku cinca ku suka eka munhu wa kind loyi a ndzi nwu tiva. Eka nkarhi wun'wani a sungula ku ndzi byela leswaku n'wana ahi wa yena. Mhaka ya leyo yi ndzi kwatise ngopfu because a ndzi witiva kuri n'wana iwa yena nakona a ndzi nga nwu joleli. Maybe anga ha ndzi rhandzi because aniri pregnant, kumbe a lava ku twa vanwani vavasati.</i></p> <p>- After I fell pregnant, he just changed from being the kind person that I knew. At one point he said the baby was not his, which I was carrying and that made me so sad and angry because I knew that I never had an affair except a relationship that I was having with him. Maybe he was no longer attracted to me because I was pregnant, maybe you wanted to experience other women.</p>
Participant O	<p><i>Kuva ndziri Mukreste na ku attender swikhongelo na visiku swi endle leswaku nuna wa mina anga ti tshembi a ndzi accuser kuri mina ni rhandzana na mfunshisi wa mina.</i></p> <p>- Being a Christian and having to attend prayer meetings at night resulted in my husband being insecure accusing me of having an affair with the pastor of my church.</p>

4.3.2.3 Sub-theme 3: Participants' Suicidal Thoughts or Attempts

Figure 4.3 below depicts the participants' suicidal thoughts or attempts. Accordingly, all 15 participants were asked whether suicidal thoughts or attempts ever preoccupied them during the period of their abuse.

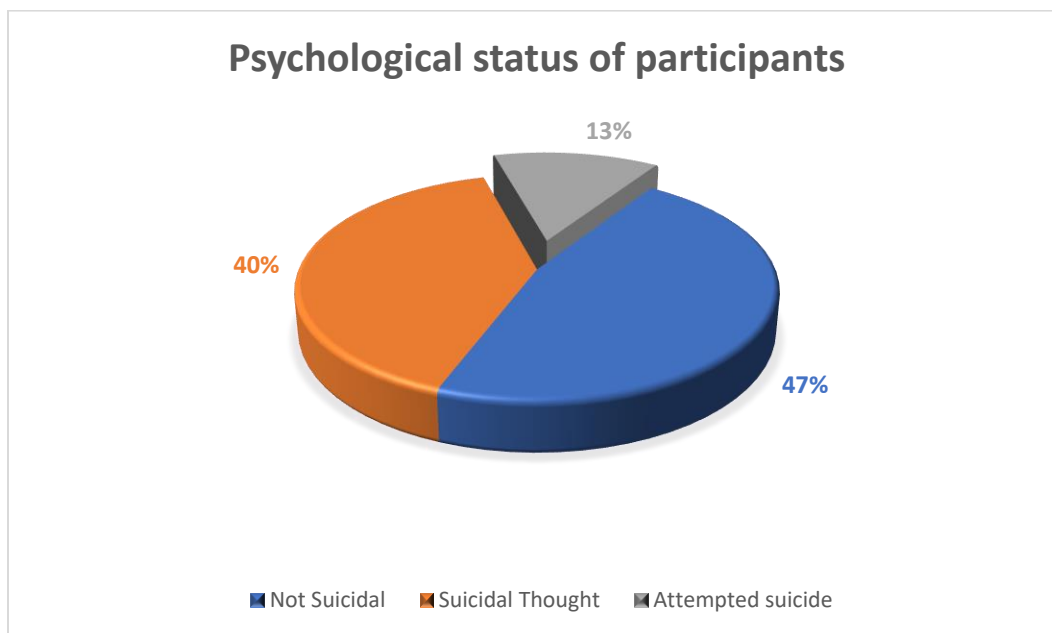


Figure 4.3: Psychological status of participants

In terms of Figure 4.3, **Participants A, B, G, H, J, L and M** (n=7) mentioned that they never thought of committing suicide. Meanwhile, **Participant H** intimated that she thought of killing her partner instead, while Participant E mentioned that she also attempted suicide by cutting herself using a razor blade in order to draw her partner's attention and hoping the abuse would eventually end. **Participants D, F, I, K, N and O** cited that they once thought of committing suicide. Mkhonto et al. (2014) also confirm that women victims of GBV did attempt commit suicide at one point or another in their lives because of the violence they suffered. They were emotionally distressed to a point that suicide seemed to be only plausible option. **Participant C** attempted suicide through an overdose of pills because she was tired of the hardship. **Participant D** on the other hand, indicated that she did contemplate suicide on several occasions, but the thought of losing her children prevented her from doing so.

Participant F indicated that she almost threw herself onto a moving vehicle. In the lived experience of **Participant I**, she mentioned that she once tried committing suicide by hanging herself from a ceiling, but the miraculous appearance of a neighbour who called her name saved her. **Participant K** indicated that she only thought of committing suicide when she found out that she was HIV positive. Meanwhile **Participant N** thought that there was nothing to live for, while **Participant O** opined that she was viewed with disdain in the community's due to allegations of an extra-marital affair with her pastor.

From the responses, it is evident that GBV resulted in undesirable psychological consequences such as suicidal thoughts, attempts to commit suicide, and eventually committing suicide. Mkhonto et al. (2014) stated that the exposure to intimate partner violence results in experiences such as stress, worries, depression, suicidal ideation, and flashbacks. According to the accounts of the participants, GBV does lead to suicidal ideation and may also be compounded by levels of depression. **Participant B** confirmed that she was diagnosed with depression due to maltreatment by her partner. Table 4.6 below shows the participants' narrative statements in respect of their views on suicide.

Table 4.6: Participants' views on suicide

Pseudonym	Narrative Statements
Participant A	<i>A ndzi ehleketangi kumbe ku rengeta kuti dlaya</i> I never thought or attempted to commit suicide.
Participant B	<i>Kuti dlaya ahi mhaka leyi hundzuke hile miehleketweni ya mina. Kambe a ndzo va depressed endzhaku ka loko a teke n'wana wa mina wo hetelela ndzi nga n'wu vona for 8 months loko hi hambanile</i> Killing myself never crossed my mind. I was just depressed after he took custody of my last-born child, and I could not see her for 8 months.
Participant C	<i>Mi nkari yin'wani a ndzi hleketa kun'wa maphilisi motala kuri ni wisa maxangu lawa.</i>

Pseudonym	Narrative Statements
	Sometimes I would think of overdosing some tablets so that I rest from this hardship.
Participant D	<p><i>Ndzi swi hleketile kuti dlaya minkari yo tala leswaku ni wisa eka swilo leswi. Kambe miehleketo yaku kuta endleka yini hi vana va mina yi endle leswaku ni nga swiyisi mahlweni.</i></p> <p>I thought of committing suicide several times I thought of ending my life in order to rest from all these things.</p> <p>The thought of what will happen to my children made me not to continue.</p>
Participant E	<p><i>Ndzi ti tsemile mavoko hi razor eka nkarhi wun'wana ndzi hlekete leswaku swita n'wu pfula miehleketo kuri ni karhele hi ku xanisiwa loko ndzi hlanganaka na wona.</i></p> <p>I have cut myself on the hands with a razor on one occasion thinking that it will open his mind that I am tired of all the abuse I am going through.</p>
Participant F	<p><i>Swi hundzile hile miehleketsweni ya mina. Ndzi tshame ndzi ehleketa kuti hoxa epatwini loko movha wuri kari wu hundza leswaku kuta hela maxangu lawa ndzi hlanganaka na wona.</i></p> <p>It has crossed my mind before.</p> <p>I once thought of throwing myself into a passing vehicle on the road my misery would end.</p>
Participant G	<p><i>A ndzi tshukanga ndzi ehleketa kuti dlaya. Andzi nge tidlayi hikwalaho ka n'wana un'wana.</i></p> <p>I never thought of killing myself.</p> <p>I cannot kill myself because of somebody's son.</p>
Participant H	<p><i>A ndzi se tshama ni hleketa kuti dlaya kambe ndzi hleketile ku n'wu dlaya</i></p> <p>I never thought of killing myself, but I did think of killing him.</p>
Participant I	<p><i>Ndzi ringetile kuti dlaya. Siku ra kona ndzi helekete van ava mina e mutini wa mhani leswaku ndzi ta kota ku swi endla hi ku rhula. Ndzi lo kanganyisa hi makhelwana wa mina ari kari a ndzi vitana, eka nkari walowo a ndzi swi yisangi emahlweni kambe ntambhu yona a ndzi bohile.</i></p> <p>I did attempt to commit suicide.</p> <p>On that day I took my children to my mother's place so that I could do it in peace.</p> <p>I just got disturbed by my neighbour calling my name and at that moment I did not go through with it but I had tied the rope.</p>
Participant J	<p><i>Mhaka yaku tidlaya ayi se tshama yini tela emiehleketsweni.</i></p> <p>The issue of killing myself never crossed my mind.</p>
Participant K	<p><i>Ndzi ehlekete kuti dlaya loko ndzi kuma leswaku ndzi HIV positive endzhaku ka loko nuna wa mina a lovile.</i></p> <p>I only thought of killing myself when I found that I was HIV positive after my husband passed away.</p>
Participant L	<p><i>A ndzi se tshama ndzi hlekeyta kuti dlaya</i></p> <p>I never thought of committing suicide.</p>
Participant M	<p><i>Hayi. a ndzi se tshama ndzi ehleketa kuti dlaya</i></p> <p>No, I never thought of committing suicide.</p>
Participant N	<p><i>Mina ndzi tshame ndzi swi hleketa kuti dlaya hikuva a ndzi nga hari na ku rhula evutonwini bya mina. Kahle-kahle wanuna luya u ndzi yivele freedom</i></p> <p>I did think of committing suicide because I was no longer having peace in my life. Actually, that man stole my freedom.</p>
Participant O	<p><i>Mina ndzi tshame ndzi swi hleketa kuti dlaya hikwalaho ka ku nyuma hi kuva murhangeri ekerekeni na kona ndzi thlela ndzi va victim yak u xanisiwa hi nuna wa mina. Ndzi hetelele ndzi vona ingaku a ndzi murhangeri wa kahle.</i></p> <p>I have thought of committing suicide due to the embarrassment of being a church leader and being a victim of abuse.</p> <p>I felt that I was not leading by example.</p>

4.3.2.4 Sub theme 4: Emotional Impact of GBV

All the participants confirmed their emotional suffering from gender-based violence. **Participant A** explained that she has separated with her husband due to gender-based and domestic violence. She now has trust issues and is temperamental and aggressive at people. In her new relationship, she had to undergo counselling because she still displayed some behaviours of the past. An example she gave was that of covering her face during an argument with her current boyfriend thinking he was about to assault her, when it was not the case. The Women's Health Survey (2016) conducted in Jamaica is in concurrence with the researcher's findings in the current study in that the above-cited narrated statements relate to the extent of the women victims' psychological and physiological suffering. Women victims are more likely to suffer from depression than their counterparts who have never experienced any form of abuse from their partners (Mihirka & Lambeme, 2016).

Participant N was also afraid because her obsessive and insecure husband would follow her to her workplace and wait at the gate so that he could take her home. Such obsessive behaviour made her paranoid of even being killed by him. She also became depressed as a result of the emotional abuse she was enduring. The account of **Participant B** was that the abuse she experienced destroyed her, to the extent that she lost her self-worth and identity. At some point she even left him and went back home her home. Her father and brother, the products of the patriarchal ideology, were unsympathetic and blamed her as the cause of the problems in her marriage due to her uncouth behaviour. The lack of family support affected her emotionally and led to her being diagnosed with depression. The CSVN (2016) and the WHO (2013) confirm that women who are abused by their partners usually suffer from mental health issues, which can be as severe as the physical effects of the violence meted against women. Higher risks of stress and post-traumatic stress disorder is also known as a common consequence of the violence against women.

Some of the common abuse factors for most of the participants was that their children became secondary victims as they directly experienced their mother's unhealthy reactions, such as unjustifiable temper and anger. **Participant C** cited that that the emotional impact of the violence against her has left her feeling worthless as a woman. **Participant I** also reported that she developed low-self-esteem and outbursts of anger. The above-mentioned emotional effects are supported by a study conducted by Radzilani-Makatu and Chauke (2019), which revealed that women in abusive marriages lose self-confidence and develop low self-esteem as a result of the constant harangue of words intended to belittle, denigrate, and humiliate them. **Participant O**

developed a low-self-esteem due to the abuse she suffered while holding a leadership position at her church.

Participant D indicated that apart from shouting at her children, she was never a violent person. However, her experience of violence and abuse changed her because she started to fight back physically whenever her husband assaulted her. She mentioned further that once a person experiences gender-based violence, she will never be the same again emotionally. Khumalo et al. (2013) as cited in Leburu and Phetlho-Thekisho (2015), posit that GBV has a detrimental effect on children, whether or not they were victims themselves or only witnessed the violence. Family violence in childhood may cause that the children themselves will become victims or perpetrators of violence at a later stage in their lives (Wechsberg et al., 2010). **Participant F** averred that her partner is a lazy person who does not want to take labour-intensive jobs, notwithstanding that he has no other source of income. When she comes home from her casual work (e.g. washing people’s clothes and cleaning their yards), the self-same lazy partner is the first to demand money from her to buy alcohol. She felt that her illegal Mozambican status could possibly be the reason for her maltreatment by her partner.

Participant K mentioned that her abuse ended with the death of her abusive husband who infected her with HIV/AIDS. A Zambian study by Chibesa (2017) confirmed that sexual violence also resulted in partners being infected with sexually transmitted infections. The account of **Participant L** was that she was emotionally drained by the abuse because she had two miscarriages. For **Participant N**, she was also afraid because her obsessive husband would follow her to her workplace and wait at the gate to take her home due to his misplaced insecurities. Such obsessive behaviour rendered her paranoid and stressed. Table 4.7 below captures the narrated statements of the participants in relation to the emotional impact of GBV.

Table 4.7: Participants’ responses on emotional impact of GBV

Pseudonym	Narrative Statements
Participant A	<p><i>Ku xanisiwa ka mina kuni hundzukile swinene. Nina problem loko swita ka ku tshembha munhu, na kona ni tshamela kukarihela vanhu minkarhi yo tola. Mhaka leyi ni vavisaku ngopfu iku ni karihela ni van ava mina eka swilo leswi nga laveku leswaku ni va karihela. Ni sweswi ka vuxaka lebyi n inga na byona ni boyfriend ya mina, ni hetelele niya ka counseling because ni tshamela kuva ready noti defender.</i></p> <p>The abuse I endured has changed me a lot. I have trust issues and I always snap at people every now and then. What pains me the most is that I even shout at my children for unnecessary things. Even in my current relationship I had to go for counseling with my boyfriend because I am always ready to defend myself.</p>
Participant B	<p><i>Swi ni onhile. Ni lahlekile. Kuve ni nkarhi lowu ani ti byele leswaku ni hetile hi yena. Kambe a tshemela ku teka nkarhi wa yena ari na swirho swa family ya mina vari karhi van’wa byala swin’we loko mina ni thlelele ekaya. Family ya mina ayi vona onge mina hi mina ni nga problem nakona yena I ntsumi. Ni hetelele niva ni depression endzhaku</i></p>

Pseudonym	Narrative Statements
	<p><i>ka loko a teke full custody ya last born ya hina. Entirhweni wa mina it affected me a lot hikuva loko ni vona ti case dockets ta vavasati lava xanisiweke kumbe ku dlayiwa hi vavanuna va vona a swi endla leswaku niva ni ku chava. Ani tshamela ku rila loko ni nga siya ntirhweni.</i></p> <p>It destroyed me. I lost myself.</p> <p>There was a time where I felt that I was done with him.</p> <p>However, he spent more time with my family members drinking alcohol even after I left him.</p> <p>My family looked at me as the source of the problems we encountered and view him as an angel.</p> <p>I ended up being depressed after he took custody of my last-born baby.</p> <p>At work it affected me a lot because I would even see case dockets of women who were killed by their partners. I would cry before I go to work.</p>
Participant C	<p><i>Swi ni twise ku vava swinene hikuva minkarhi yinwani ni humesa anger ya mina eka vana. Loko n'wana wa mina loyi wo hetelela ata eka mina aku mama ahi fambi hiya tlanga, niti kuma ni sungule ku huwelela ku kondza n'wana a famba. Minkarhi yo tala niti vona ni nga pfuni nchumu tani hi wansati.</i></p> <p>It affected me a lot because sometimes I take out my anger on the children. If my younger child come to me and say mom let us go and play, I will simply shout and my child will just walk away. I most of the time feel worthless as a woman.</p>
Participant D	<p><i>Aaaaaa...Swilo leswi swini vavisile swinene because uta kuma kuri ni lwisa vana va mina, ni humesa frustration niku kwata ka mina eka vona. Tani hi leswi ni ku byeleke kuri mina nati lwela nakona swini endla munhu un'wana loyi noka ni nga n'wi tiviku. Na kona ani ti twisisi na mina. Vana va mina va xanisiweka eka leswi vanga swi tiveku (mihloti yi huma). Ani ngari munhu wa violent kambe sweswi ni kota no yimisa voko eka nuna wa mina loko ari karhi ani ba na yena.</i></p> <p>Aaaaaaah...This thing is really affecting me because you can find that sometimes I fight with children, taking my frustrations, my anger to the children.</p> <p>Like I told you that I fight back and I started to be somebody I don't know. I also don't understand myself. My children are suffering for what they don't even know (Tears coming out).</p> <p>I was never a violent person but now I am able to raise my hand to my husband.</p>
Participant E	<p><i>Ni tshama ni khunguvanyekile nakona Ndlela leyi ni khomaku vana va mina yi kombisa kahle leswaku no humesa anger kahle-kahle. Ni kombisa ngopfu anger eka vanhu vo tala. Ku xanisiwa loku ni hlanganeke na kona kuni cincile completely.</i></p> <p>I am always unhappy and the way I treat my children shows that I am releasing that anger.</p> <p>I display a lot of anger towards other people.</p> <p>The abuse I suffered has changed me completely.</p>
Participant F	<p><i>Swa ni stressor kahle-kahle emiehleketweni hikuva ni fanele ku lavana na swintirhwani swaku hlantswela vanhu minkumba na ku basisia majarata ya vona. Boyfriend ya mina wa lolowa nakona anga lavi ku endla mintirho yo tika. Vana va mina va hava niti birth certificate hikuva na mina ani na maphepha ya kuva la South Africa hikuva ni huna Mozambique. Sweswo swani stresser na mina hikuva va tsandzeka ku kuma mali ya mudende.</i></p> <p>It drains me emotionally because I have to ensure that I look for piece jobs to wash people's blankets and even cleaning their yards. My boyfriend is very lazy and does not want to do hard labor. My children do not even have birth certificates due to the fact that I do not have proper documents to be here in South Africa because I am from Mozambique. That also stresses me because they cannot receive Child Support Grant.</p>
Participant G	<p><i>Swa ni tshikelela swinene hikuva minkarhi yo tala anga ni pfumeleli kuri ni huma ni vanghana va mina nakona ni fanele ku tshamela ku kombela permission ku suka eka yena loko ni lava ku endla swokari. Himpela swa ni tshikelela swinene. Sweswi ni</i></p>

Pseudonym	Narrative Statements
	<p><i>toloverile ku tshamisiwa ekaya swi thlela swi vonaka onge hi byona vutomi bya normal.</i></p> <p>- It affects me a lot because most of the time I am not allowed to go out with my friends and I must seek permission from him to do anything. It really affects me a lot. I now got used to being kept at home thinking that this is the life that I should live.</p>
Participant H	<p><i>Ni hetelele niva short tempered hikuva abuse yiku endla kuri uva violent na wena. Minkari yi n'wani endzahuku ka loko ni vile ni argument ni munhu wa mina. Loko vana va mina vani vutisa swin'wani ndlela leyi ni hlamulaku hi yona sometimes ya chavisa.</i></p> <p>- I ended up becoming short tempered because abuse makes you become violent too. Sometimes my children would ask me a question after the argument with their father and the way I sometimes react to them is scary.</p>
Participant I	<p><i>Ku xanisiwa ka mina ku dlaye confidence mina hiku byeliwa leswaku ani pfuni nchumu. Ni hetelele nisungula kuva munhu wo kwata swinene. Swi endle kuri ni tshama ni chuwhile naku twa onge munhu un'wana na un'wana u lava kuni lwisa.</i></p> <p>- The violence I suffered killed my self-esteem because of being told that I am useless. I also ended up developing a lot of anger. It has also made me to be scared most of the time feeling that each and every person is out to fight me.</p>
Participant J	<p><i>Ni tshama ni chuwhile nakona anaha switivi kuri loko niri na yena ni fanele ni hlamula njhani hikuva unga tlula na mpama.</i></p> <p>- I am always afraid and I do not know how to react whenever I am with him because I may get slapped.</p>
Participant K	<p><i>Ku xanisiwa ka mina ku vula ntiyiso affected me so much. A ndzi tshamela ku thlelela entirhweni na swivati emirhini naku twa ti pain. Mara mhaka leyi ndzi vaviseke ngopfu iku endzhaka loko nuna wa mina a lovile, n'wana wa mina wa nhwenyani u ndzi hlamusele leswaka nuna wa mina an'wu raper loko mina ndziri entirhweni. A ndzi tivi leswaku a endla hikuva angari nwana wa yena wa ngati kumbe njhani. Ndzive na depression for lembe hikwalaho ka leswi a swi endleka na mhaka yaku andzhaklu ka loko a lovile ndzi kume leswaku ndzi HIV positive.</i></p> <p>-That abuse affected me so much because I always went back to work on with bruises and pain but what shattered me the most was that after the death of my husband my daughter told me that he used to rape her in my absence. I don't know whether it was because she was his step-daughter or what. I was depressed for more than three years because of what he did given the fact that after his death I found out that I was HIV positive.</p>
Participant L	<p><i>A ndzi khoma hi stress ngopfu ku fikela laha ndzi ngava na ti miscarriage timbirhi hikwalaho ka abuse leyi an dzi hlangana na yona.</i></p> <p>- I was very much stressed to a point that I had two miscarriages as a result of his abuse.</p>
Participant M	<p><i>Kahle-kahle ndzi ve xivocha ka relationship ya mina. Ndzi titwa onge ndzi hava vutomi na kona ndzi va wexe.</i></p> <p>- I actually became a prisoner in the relationship. I felt that I do not have a life anymore and very lonely.</p>
Participant N	<p><i>Ku xanisiwa ka mina ku swive na impact yo ka yi ngari kahle. Wanuna loya a ndzi landzelela nale ntirhweni ngopfu after contract ya yena yale ntirhweni yi herile because of COVID-19. U ndzi yimela gedeni leswaku loko ndzi chayisa hi famba swin'we hikuva u hleketelela leswaku ndzi rhandzana nati colleagues ta mina. Swi endle leswaku ndzi va na depression. A ndzi vitana mavito kuri ni xifevi and swa ndzi vaviisa swinene. Ndzi hetelele ndzi nwu chava swinene as if ahi partner ya mina.</i></p> <p>- The abuse had a negative impact in my life. That man would follow me to my work place more especially after his contract of employment ended due to COVID-19. He would wait for me at the gate so that when I know off, we go together because he was accusing me of having affairs with my male colleagues. His conduct made me have depression. He would call me names such as Bi**h and that pained me a lot. I ended up being scared of him as if he was not my partner.</p>

Pseudonym	Narrative Statements
Participant O	<p><i>Swi ndzi affectile ngopfu hikuva tani hi member ya vurhangeri byale kerekeni ndzi titwe ndzi nyuma na kona ndzi nga lavi ku yima emahlweni ka vanhu.</i></p> <p>- It affected me so much because as a member of a church leadership I felt embarrassed and unwilling of standing in front of people to teach them what I was not practicing.</p>

4.3.3 Theme 3: Social Impact of GBV on Victims

The social impact of GBV on victims generated two other sub-themes, namely: GBV effects on the victims' children, and knowledge of GBV service organisations. Victims of gender-based and intimate partner violence experience social stigmatisation in their communities, who sarcastically accuse the victims of bringing their own downfall by not leaving their toxic relationships (Razilani-Makatu & Chauke, 2019). Such accusations generate anti-social functioning of the victims who then prefer to withdraw socially from other may also continue to stigmatise them. Park (2016) asserts that male abusers tend to exacerbate 'their' women's intentional isolation from friends, family as part of a well-orchestrated scheme to power and authority to further intensify the emotional damage on the victims. **Participant A** indicated that her partner isolated her from people she cared about. Therefore, the social isolation eventually causes women who experience violence from their intimate partners to lose interest in meaningful social associations because of fear of stigmatisation.

Participant B painfully related the ordeal of losing her social life by not extricating herself from a relationship that cost her friends and the desire to dress-up for social occasions. She became reclusive and always gave excuses to her friends and acquaintances excuses for not attending social events. Such a situation supports the observations made by Razilani-Makatu and Chauke (2019), that victims of GBV face stigmatisation and self-imposed isolation from their communities, friends, and family. According to **Participant C**, she excommunicated herself from the "stokvels" with other women because her GBV-inflicted emotional turmoil devalued the significance of these social gatherings. **Participant E** and **Participant F** attributed their social isolation because people gossiped about them and their unfortunate situations instead of being both considerate and supportive. Similarly, **Participant F** thought that community members were callous probably because she is a foreigner from Mozambique.

Participant G expressed that her partner forbade her from going outside the yard without his permission. As such she spends most of her time in the yard with her son or with the partner when he is around. **Participant H** also mentioned that she withdrew herself from social life because she would be in a group of people only physically but mentally detached, which caused her to isolate herself from other people. **Participant N** also withdrew socially from friends and

people that she was close to. **Participant I** shared that her manipulative and insecure husband made sure that she does not have friends because he knew that would lead to the divulgence of his gender abuse problems. To make matters worse, he also isolated her from her own family, insisting that she would only visit his family in his presence. On other occasions, he would visit her family alone with groceries alone to project himself as a good man. **Participant J** stated that she was even fearful of returning men’s greetings on the streets because she would be accused of cheating with them.

Isolation by abusers is a strategy for emotional abuse by restricting or totally preventing the victims’ contact with family and friends, or ensuring that the victim is physically confined to the house. The main purpose isolation is to undermine the life of the victim and to inculcate a sense of dependence on the abusive partner (Lips, 2014). Abusers also try to isolate their partners socially so that they do not associate with others socially. This results in the emotional turmoil on women who experience such abuse (Carlson et al., 2002). Generally, people seem to misunderstand the extent and effect of abuse on individuals and blaming the victims is unfruitful because it strengthens the perpetrators (Park, 2016).

Participant O stated that after her husband accused of having an affair with her pastor, she was denigrated in the community even though the allegations were untrue. **Participant L** indicated that she became a laughing-stock in the community because other women gossiped that she could not keep a man. Others were flagrantly sarcastic that she was not giving him with enough sex which was the reason he was cheating on her. Similarly, **Participant M** indicated that it was mentioned in the grapevine that she lost the baby because she enjoyed staying in the abusive relationship. She was even embarrassed to walk about in the community knowing that people were gossiping about her.

Table 4.8 below captures the narrative statements of the participants concerning the social impact GBV on the victims.

Table 4.8: Participants’ responses on social impact of GBV on victims

Pseudonym	Narrative Statements
Participant A	<p><i>Wanuna luya uni hambanisile ni vanhu lava ani varhandza. U endle leswaku ni nga voni value yaku interactor ni vanhu van’wani ni kha ni chava kuri vat ani ahlula hambileswi ava nga switivi kuri ni hlangana na yini. Kahle-kahle, ni lahlekeriwe hiku rhandza ku hlangana ni vanhu van’wani.</i></p> <p>That man isolated me from people that I cared about. He made me see no value in interacting with other people with the fear of being judged even though they did not know. I actually, lost interest in socializing with other people.</p>
Participant B	<p><i>Ni lahlekele hi social life ya mina hikuva a ndzi tsandzeka ku humela hamdle. Ni lahlekweriwe na hi energy yaku nghenelela eka ti events. Ni teka nkarhi wa mina wo</i></p>

Pseudonym	Narrative Statements
	<p><i>tala niri kaya, ndzi ri wexe. Nakona a ndzi tshamela ku byela vanghana va mina switori swo ka swi nga hanyi niku ani titwi kahle emirini ni kha ni nga lavi ku nghenelela eka ti events ta vona.</i></p> <p>I lost my social life because I could not go out. I lost the energy to dress up and go out to social events. I spent most of my time alone, and I would get invites to go out to social events and I always gave excuses for not feeling well just because I did not want to form part of their events.</p>
Participant C	<p><i>Ndzi ti humesile eka minghingiriko yo fana na ti stokvel hikuva ni vone swi nga pfuni nchumu hukuva ani tsakangi emoyeni.</i></p> <p>- I withdrew from social activities such as stokvels because I felt that nothing was worth it because I am not happy emotionally.</p>
Participant D	<p><i>A ndzhaku nyama ani tlanga swa stokvel na vavasati van'wana. Kutani skuku rinwani ni vuye late akaya. A sungula kuni vutisa kuri ni huma kwini, then ni ringeta hlamusela kambe a nga lavi kuni yingisela. Siku rero ni biwile kuve a ku ngari late.</i></p> <p>- Previously I used to out with stokvel ladies and I one day I came back late. He started asking where I come from and I tried to explain myself but he did not want to listen. On the same day I got a beating even though it was not that late.</p>
Participant E	<p><i>Vanhu va vulavula hi mina la mugangeni, hi swona swi endleke leswaku ndzi teka nkari wo tala ni tshame kwala kaya.</i></p> <p>- People talk about me in the community, which is why is decided to spend most of my time at home.</p>
Participant F	<p><i>Vanhu va hleva hi mina, n akona avana mhaka na swina because ni foreigner.</i></p> <p>- People gossip about me and they do not care maybe because I am a foreigner.</p>
Participant G	<p><i>Mina a ndzi pfumeleriwi ku huma ni vanghana va mina, na kona sweswo wani affector hikuva ni hetelela ni tshame ekaya na jaha ra mina kumbe na yena loko ari kona.</i></p> <p>- I am not allowed to go out with my friends and that affects me because I end up sitting at home with my son or with him when he is around.</p>
Participant H	<p><i>Yoooh, Ni ti humesile eka ku hlangana ni vavasati kuloni kuva hi tshama swin'we hiti bulela. Minkarhi yinwani nava eka crowd ya vanhu kambe mi kuma kuri miehleketo ya mina ayi kona eka ndzhawu yaleyo. Ni tshamela kuva tela ni switori kuri ni ngayi eka ti gathering ta vona. Hi mkarhi walowo niva ni nga lavi kuva la ku nga tala vanhu.</i></p> <p>- Yoooh, I withdrew socially from the ladies I spend time with. Sometimes I will be in the crowd physically but mentally I will be very far. I also give them excuses for attending their social gatherings telling them that I will be busy whereas I just do not feel like being in a group of people.</p>
Participant I	<p><i>Mativa munhu luya u endle leswaku ni hambana na vanghana va mina leswaku ni nga kuti kuva byela kuri ku humelela yini. Swi endle leswaku naku vhakela vatswari va mina kuva nchumu lowu niwu endleka kan'we endzhaku ka nkarhi wo leha. Minkarhi yo tala yena a hundza ava pfuxela loko a huma kwalomo ka vanhu va yena ava khomele nama plastic ya grocery.</i></p> <p>- You know that person made sure that I do not have friends because he knew that I would eventually share my problem. He further isolated me from my own family in that I visited them once in a while. Most of the time he used to pass by my family home carrying plastics of groceries.</p>
Participant J	<p><i>Eeeeeh...Swini twise ku vaviseka swinene hikuva na loko vavanuna kwala tikweni vani hlamula no miyela hikuva ni chava leswaku ni nga hehliwa hiku rhandzana na vona. Eeeeh.</i></p> <p>It affected me in a bad way because when Males greet me on the streets I did not respond because he may somehow accuse me of cheating with them.</p>
Participant K	<p><i>Ndzi lahlekele hi meaning ya kuri vutomi I yini. Ku tiva leswaku vanhu va tiva kuri xivangelo xa rifu ra nuna wa mina akuri HIV/AIDS. Vanhu ava ndzi hlawula kutani ndzi hetelela ndzi ti byela leswaku ndzi fanele ku hanyela vana vamina ndzi papalati swivulavula swa la tikweni.</i></p>

Pseudonym	Narrative Statements
	- I Lost meaning of what life is. Knowing that people knew that the death of my husband was due to HIV/AIDS. I was stigmatized and I ended up telling myself that I just need to live for my children and avoid gossips and talks in the community.
Participant L	<i>Swio ndzi tshilelerile swinene hikuva ndzi hundzuke xihekiso etikweni. Vanhu va vulavula kuri ndzi tsandzeka ku khoma wanuna na leswaku kuni leswi nga hoxeka hi mina. Vathlela vaku a ndzi nwi nyiki sex yo ringanela.</i> - This affected me so much because I became a laughing stock in the community people talked and said that I cannot keep a man and that there was something wrong that I was doing such that I was not giving him enough sex.
Participant M	<i>La ka community vanhu va hleva hi mina kuri ni xiphunta hikuva ni feruwe hi n'wana hikuva ndzi Langhe ku tshama ka relationship. Swi ndzi khomisa tingana ka famba-famba hikuva ndzi chava ku soriwa no vanhu va vulavula hi mina loko ndzi hundza kuri ndzi tshama hikuva ndza swirhandza ku biwa.</i> - In the community, people gossip about me that I am stupid because I lost my baby because I decided to stay in the relationship. It really made me feel embarrassed to walk around the community with the fear of being judged at and also judged that I was staying because I enjoyed being beaten.
Participant N	<i>A ndza ha ri munhu wo tshama-tshama na vanhu lava andzi ri close na vona. Ndzi twa onge vani judger kahle klahle. Ku tshama kuri mina na yena, Ndzi pfumala na space xo hefemula.</i> - I withdrew socially from friends and people that I was close to. I actually feel like they are judging me. It was always me and him. I do not have a space to breathe.
Participant O	<i>Endzhaku ka loko vanhu va swi twile leswaku nuna wa mina u ndzi lumbeta hiku rhandzana na Mfunshisi. Vanhu ava ha ndzi hloniphi ku fana na khale na loko kuve ahi ntiyiso. Swi onhe vito ra mina ka community, nakona swi ndzi hetelerise va ndzi admitter a xibedhlele hikwalaho ka stress.</i> - After people became aware that my husband was accusing me of infidelity people stopped respecting me even though the allegations were not true. It tarnished my image in the community and I was much stressed that I got admitted to the hospital.

4.3.3.1 Sub-theme 1: GBV Exposure and Effect on Participants' Children

The original question that generated this sub-theme was aimed at determining whether or not the participants had children. If so, the effect of the violence on the children was of interest to the researcher. Table 4.9 below shows that 14 of the participants (n=14) had children with their partners, and only one (n=1) did not.

Table 4.9: Number of participants with/ without children

Number of Participants	Children (YES/ NO)
14	Yes
1	No

Participant L indicated that she does not have children because of two miscarriages attributed to the abuse she was suffering. **Participant A** indicated that part of the violence she experienced occurred in front of the children, which caused her to take them to her parental home. The

violence she experienced affected her two daughters who eventually developed hatred towards their father after they separated.

According to **Participant B**, her first born daughter (who is a step-daughter to the partner) was eventually referred to a clinical psychologist for counselling. According to Khumalo et al. (2013) and Mpani and Nsibande (2015), children who are exposed to IPV were associated with serious mental health difficulties such as PTSD, depression, and anxiety. Some of them presented with behavioural challenges due to exposure to GBV. On one occasion when the abusive father was to attack the mother (**Participant B**), she said: “Leave my mother you Satan/ Devil”. Undoubtedly, children exposed to violence in the home are prone to be affected by the same violence.

Participant K's account was that her 13-year-old daughter was raped by the step-father while she (mother) was at work. She used to come home at the end of each month. The daughter also repeated a school grade twice due to the impact of sexual abuse on her. **Participant C** and **Participant N** concurred that the children at first went to their bedrooms once the parents' heated arguments began. Chanda (2019) outlined in a Zambian study that exposure to violence at an early age has dire consequences in society. The argument is that children who experience or witness violence are more likely to develop hatred and little regard for other people and authority as a result of the same violence that they have experienced. **Participant G** stated that she was called to her child's school due reports of her son's bullying and assaulting other learners when provoked. In terms of the social learning theory, such a child had clearly emulated an erroneous view that violence was an appropriate mechanism to solve problems (Chanda, 2019; Rakovec-Felser, 2014).

The researcher is of the opinion that children may not see the violence happening, but the shouting, crying, and smashing of objects may have a negative effect on them and indicate that something is not well between their parents. According to **Participant O**, her eight-year-old son once tried to protect his mother (Participant O) by fighting the father during a GBV-related incident. This shows that children are affected by the violence that happens in the home, or to their parent (s). Table 4.10 below is indicative of the participants' narrative statements in response to the effects of GV on children

Table 4.10: Participants' responses on the effects of GBV on their children

Pseudonym	Narrative Statements
Participant A	<i>Ndzi nava na vanharhu, mufana un'we ni vanhwanyana vambirhi. Part ya violence leyi ndzi hlanganaka na yona yi humelela emahlweni ka vona. Hi 2015 ndzi hetelel ndzi yisa van ava mina eka kokwani wa vona hikuva a ndzi nga ta swikota kuri va vona</i>

Pseudonym	Narrative Statements
	<p><i>leswi a swi humelela. Nuna wa mina a rhasa nakona vana ava hitwa kuri ahi twanani. Madzholonga lawa ni hlanganeke na wona ma tshikelel van ava mina hikuva va sungule kuva ni rizondo eka papa vona.</i></p> <p>Yes. I have 3 children, two girls and a boy. Part of the violence was happening in front of them. In 2015 I had to take my children to my mother because I could not let them witness the abuse I was going through. He would make noise and the children would hear that the two of us were not having a good communication. The violence I experienced affected my two daughters because they developed hatred towards their father.</p>
Participant B	<p><i>Ndzi na tintombhi timbirhi. First born ya mina I step-daughter xa nuna wa mina. Eminkarhini yin'wana swi humelerle emahlweni ka vona. Siku rinwana niti khiyele ekamareni, kutani a raha rivanti a lava kuni attacker. U hetelel aya kitchen aya teka mukwana. Ni hetelele ni nwu chela hi mati mo vila lama a ndzi sweka ti noodles. First born ya mina ya n'wu zondha hikuva siku rero yi nwu byele leswaku Sukela mhana mina wena sathani. Na sweswi n'wana wa mina u vona ti psychologist leswaku a kota ku coper na situation leyi.</i></p> <p>-I have two girls. My first born is actually his step-daughter. On some occasions it did happen in front of the children. On one occasion I locked myself in my daughter's bedroom and he kicked the door trying to attack me. I literally poured boiling hot water with noodles on him and he was badly burnt. My daughter said to him "leave my mother you Satan". Even now my daughter is undergoing therapy sessions with a Clinical Psychologist.</p>
Participant C	<p><i>Ina, ndzi na vana va four, vanhwanyana vambirhi ni vafana vambirhi. Minkari yin'wana nyipi ya mina na nuna wa mina ya humelela emahlweni ka vana. Loko hi sungula ku rhuketelana papa vona uva byela leswaku vava ekamareni ya vona. Vana va mina swava tshikelela, hambu swiri tano niva byela leswaku papa vona u endlisiwa hi byala.</i></p> <p>-Yes I have 4 children 2 girls and 2 boys. Sometimes the conflicts happen in front of the children. Normally when the conflict and insults begin, their father tell them to go to their rooms. I always defend my husband to the children saying that he does what he does due to alcohol.</p>
Participant D	<p><i>Ina, ndzi na vana vanharhu, vafana vambirhi ni nhwana un'we. Madzholonga ama humeleli vona vari kari va swivona, kambe because hi tshama eka yindlu yin'we, vona ku huwelela, ku cema ni ku rila va switwa. Swi endle leswaku n'wana wa mina wa nhwana hikuva Ndlela leyi a hlamulaka papa yena hi yona ayaha fani ni khale. Ni hleketelela leswaku u venga papa yena hambu leswi mina ni chavaku ku vulavula na yena hi swaku xanisiwa ka mina hikuva wa hari ntsongo. Ku chava ka mina loko kulu iku vana va mina vata hetelela va vona onge abuse hi yona ndlela ya vutomi.</i></p> <p>Yes, I do have 3 children, 2 boys and one girl. The violence does not happen in front of them but because we live in the same house, they can hear the shouting, screaming and crying. The violence in the family has affected the relationship of my first born with her father. I think she has developed an attitude and hatred towards him. My greatest fear is that my children may normalize the violence.</p>
Participant E	<p><i>(A pfumela hi nhloko)... Ndzi na vana vambirhi. Ku xanisiwa ka mina aku humeleli emahlweni ka vona. Loko swita ka ku vati twa njhani hiswona, a ndzi switivi hikuva a ndzi vulavuli na vona hi swona.</i></p> <p>... I have two children. It does not happen in front on children. As for how they feel about it I do not know because I do not talk to them about it.</p>
Participant F	<p><i>Ina, nina vana vambirhi. First born una malembe ma four nakona lowo hetelela una tinhweti ta 6. Swa humelela emahlweni ka vona kambe a ndzi nga vuli kuri swava affector kumbe njhani because vahari ntsongo na kona ava twisisi kuri ku endleka yini.</i></p> <p>- Yes, I have two children. First born is 4 years old and my last-born child is 6 months. It does happen in front of them but I cannot say they are affected because they are still young and don't understand what is happening.</p>
Participant G	<p><i>Ni na n'wana wun'we, nakona ti abuse leyi ndzi hlanganaka na tona ti humelela emahlweni ka yena. N'wana wa mina swa n'wu tshikelela hikuva nale xikolweni vani</i></p>

Pseudonym	Narrative Statements
	<p>vitana minkarhi yin'wana leswaku u hlupha vadyondzi van'wani hiku vaba loko va n'wu pfuka. U vona kuba vana van'wani tani hi solution ku ngari ku reporter eka mathicara. I have one child and the violence does happen in front of him. It affects the child because there are reports at school that when he is provoked, he assaults other learners. He looks at violence as a solution when provoked instead of reporting to the teachers.</p>
Participant H	<p><i>Ina, ndzi na vana vanharhu, vafana vambirhi ni nhwana wu'nwe. Ku xanisiwa ka mina aku humeleli emahlweni ka vona hikuva nuna wa mina u rhandza vana va yena swinene.</i></p> <p>- Yes, I have 3 children (2 boys and 1 girl). As for the violence it does not happen in front of them because my husband loves his children very much.</p>
Participant I	<p><i>Ee, nina vana vambirhi, mfana na nhwenyani. Ku xanisiwa ka mina aku nga endleki emahlweni ka vona kambe ava yitwa huhwa loko hi holova. N'wana wa mina wa mfana ti school results ta yena ti sungule kuya ehansi ku kondza vani vitana exikolweni kambe niva bye leswaku ani switivi kuri xivangelo ku ngava yini.</i></p> <p>- Yes, I have two children (a boy and a girl). They violence never happened in front of them but they could hear by the noise from their rooms. My son's academic performance started to drop and I was called at the school to explain what the problem is but I just told them that I did not know what could be the problem.</p>
Participant J	<p><i>Ina, Nina vana va majaha vambirhi. Ku xanisiwa ka mina aku humeleli amahlweni ka vona hikuva swindleka ni vusiku loko vona va etlele hikuva papa vona u vuya a dakwile na vusiku.</i></p> <p>- Yes, I have 2 boys. The violence against me does not happen in front of them because it happens late at night when they are asleep because their father comes home drunk late at night.</p>
Participant K	<p><i>Ndzi na vana vambirhi. First born ya mina ahi nwana wan nuna luya wa mina, una 14 years sweswi. Ku xanisiwa ka mina ku nwi vavisile swinene hikuva u feyirile ka grade 6 na grade 7 hikuva minkarhi yinwani a ndzi biwa emahlweni Kayena. Minkarhi yinwani na yena a biwa. kambe mhaka yaku a xanisiwa hi swamasangu loko ni ngari kona na yona yi nwu affectile swinene.</i></p> <p>- I have two children and my first born was not his child she is 14 years of age now. It Affected her a lot because she repeated grades 6 and 7 because sometimes I was beaten in front of her. The fact that she was also his victim of sexual abuse shattered and affected her a lot.</p>
Participant L	<p><i>Ndzi hava vana hikuva ndzi vile na ti miscarriage timbirhi.</i></p> <p>- I do not have children because I had two miscarriages.</p>
Participant M	<p><i>Ndzi na n'wana wun'we kambe a hi wa ex ya mina. Una malembe mambirhi nakona anga twisisi kuri a ku endleka yini.</i></p> <p>- I now have one child but it is not my ex's child. He is 2 years old and does not understand what is happening.</p>
Participant N	<p><i>Ndzi na n'wana wun'we nakona hi yena papa n'wana una 5 years. Kahle-kahle ndza ti sola kuva ndziri na n'wana na wanuna luya. Minkarhi yin'wana ndza biwa a kha a swivona kambe loko a vona leswaku hi sungula ku kokana wa tsutsuma aya kamareni ya yena. N'wana luya u chava papa yena hi mbilu ya yena hinkwayo.</i></p> <p>- I only have one child who is 5 years old and he is the father. I actually regret having a child with that man. Sometimes I get beaten in front of him but when he sees us pulling each other he runs to the bedroom. That child fears his father with all his heart.</p>
Participant O	<p><i>Ndzi na vona vana vanhanru. Ku rhuleteriwa swa humelela emahlweni ka vona. Wanuna luya anga ndzi hloniphi. Mhaka leyi hinkwayo yava stresser vana lavaya. Last born ya mina ya 8 years siku rinwani u ringete kulwa na papa yena a lava ku ndzi protector loko vari karhi vani susumeta</i></p> <p>I do have three children and then the insult does happen in front of them. That man does not respect me at all. The whole situation stresses my children to a point where</p>

Pseudonym	Narrative Statements
	my last-born child who is 8 years old o tried to fight with his father to protect me after I was being pushed.

4.3.3.1.1 The role of the community in addressing GBV

All 15 participants indicated that their communities were doing virtually very little to address the issues of gender-based violence. The common response was that each and every person was minding their own affairs; that is, only concerned with their households. Clearly, such a posture was inimical to “Ubuntu” (“humanity”) and an indictment on the African spirit of togetherness. Nonetheless, the participants did confess that they did not sharing their GBV ordeal with community members, but only with those who were close to them; such as family members, friends and colleagues to a limited extent. A study by Makongoza and Nduna (2017) found that women who experienced intimate partner violence were rather embarrassed to share their GBV problems due to fear of stigmatisation from the community which also kept them from speaking out. Table 4.11 captures the participants’ views on the manner in which their respective communities addressed gender-based violence.

Table 4.11: Participants’ responses on role of the community in addressing GBV

Pseudonym	Narrative Statements
Participant A	<i>Community ya mina vati langutela timhaka ta vona.</i> -My community just minds their own business.
Participant B	<i>Ava ngheneleli ku vulavula ntiyiso.</i> - They don’t get involved to be honest with you.
Participant C	<i>Mina andzi se tshama ni attender nhlango ku buriwa hi swa gender-based violence.</i> - I have never attended a gathering where there is a discussion of gender-based violence.
Participant D	<i>Ku vulavula ntiyiso, A ndzi voni kuri ni nchumu lowu community yi wu endlaku. Phela mhaka yaku xanisiwa I mhaka ya family.</i> - Really and truly, I do not think there is something that the community is doing. I strongly feel that there is a need for something to be done.
Participant E	<i>Heyi...Ku hava leswi community yi swi endlaku ku addresser GBV. Leswi va swi endlaku iku languta vari kule.</i> - Hey... There is nothing that the community does to address these issues. What they will do is to watch from a distance and laugh.
Participant F	<i>Lani vanhu va languta swa vona.</i> - Here people focus on their issues.
Participant G	<i>Vanhu va love life vaya swikolweni vaya dyondzisa vana xikolweni.</i> - Love Life people sometimes come to our school to make awareness.
Participant H	<i>Akuna lexi community yixi edlaka ku herisa GBV.</i> -There is nothing that the community is doing to end GBV.
Participant I	<i>Aaaa.. ava endli nchumu vanhu lava.</i> - Aaa...They do not doing anything these people.
Participant J	<i>Munhu u’wani na u’wani u languta timhaka ta yena.</i> - Each and every person minds his or her own business.
Participant K	<i>A ndzi voni community yi endla swokarhi ku dyondzisa vavanuna lava kuri wansati u khomiwa njhani.</i>

Pseudonym	Narrative Statements
	- I do not think the community is doing anything to teach these men how to treat their wives.
Participant L	<i>Ku hava lexi va xi endlaku lani ku solver ti problems leti hi hlanganaka na tona mara na mina a ndzi vabyeli hikuva a ndzi voni ndzi nga pfuniwa hikuva un'wani na un'wan u languta timhaka ta yena.</i> - There is nothing they do here to solve the problem we come across but I also do not discuss it with anybody because everyone just minds their own business.
Participant M	<i>Ku hava lexi va xiendlaka ku addresser timhaka leyi vavasati va hlanganaka na tona.</i> -There is nothing they are doing to address the issues affecting women.
Participant N	<i>Lani vanhu vati hanyela vutomi bya vona.</i> - Here everyone lives their own lives.
Participant O	<i>Ntirho wa vona iku hleka va tshemba maveriveri.</i> - Their role is to laugh at people and believe hearsays.

4.3.3.2 Sub-theme 2: Knowledge of GBV Service Organizations

This sub-theme emanated from the researcher's interest in the participants' knowledge of any organisations that provided services to victims of gender-based in their communities. All the participants indicated that they were not aware of any specific organisation in this regard. **Participant C** stated that she only knows of offices of some Social Workers at Majosi Village where people visit them when they have problems. The distance to these Majosi office is about 10km from the N'wamatatani and Hlanganani informal settlements where the current study was conducted. The researcher is of the view that it is important that each community have its own Social Worker to address local problems that arises from such a community. In the case of the study location, the residents have to either walk or use public transport to access services at Ka-Majosi Village. Some of the residents find it difficult to access the services as a result of their economic challenges. Rural areas need to be prioritised in the dissemination of GBV information. **Participant O** stated that the pastor does provide counselling services to people, other than praying.

It is the researcher's concern that the seriousness of GBV as a "shadow pandemic" appears to be concentrated on urban areas through awareness campaigns sponsored by some government departments. There is little focus on rural communities. Also, more Social Workers should be deployed in the rural areas where the need for psychosocial services is accentuated by the culture of silence (Mpani & Nsibande, 2015). Rural communities still need enlightenment largely because the hold of culture, patriarchy, and tradition is stronger in these communities (Radzilani-Makatu & Chauke, 2019). Therefore, such illumination would ensure that they are informed about GBV and understand the balance between cultural beliefs and traditions vis-à-vis the law when it comes to GBV in general. There are also organisations that render GBV-related services,

such as Sonke Gender Justice, People Opposing Women Abuse (POWA) and the Centre for the Study of Violence and Reconciliation (CSVR).

Table 4.12 below encapsulates the narrative statements of the participants relating to their knowledge or awareness of GBV service organisations

Table 4.12: Knowledge of GBV service organisations

Pseudonym	Narrative Statements
Participant A	<i>Ku vulavula ntiyiso a ndzi tivi organization leyi pfunaka vavasati lava xanisiwaku.</i> - To be honest I do not know of any organization that assist us women who are abused
Participant B	<i>Eka community ya mina ani tivi organization leyi nyikaka ti service ta vanhu lava xanisiwaku hi kuya ka rimbewu.</i> - In my community I do not know of any organization that provide services to victims of GBV
Participant C	<i>Ku hava ti organizations. Kova ni office ya ma Social Workers ka-Majosi mara swilava ku kandziya Taxi ku fika kona.</i> -There are no organizations. There is just an office for Social Workers at Ka-Majosi village but one needs to take a taxi.
Participant D	<i>Ani ti tivi mina.</i> - I am not aware of them
Participant E	<i>A ndzi sure hikuva a ndzi se tshama nitwa hi ti services teto. Leswi ni swi tivaku iku loko munhu ari na problem angaya ka ti office ta ma social workers Ka-Majosi kumbe Ka-Bungeni.</i> -I am not sure because I have never heard of such services. All I know is that when a person has a problem, she can go to Social Workers offices at Majosi and Bungeni villages.
Participant F	<i>A ndzi tivi organization na yin'we.</i> I do not know of any organization.
Participant G	<i>Ku hava ti organizations teto la ka community ya hina'.</i> There are no organizations in my community.
Participant H	<i>Ani tivi nhlango na un'we.</i> - I do not know of any organizations.
Participant I	<i>Ku hava ntlawa lowu ni wu tivaka la tikweni raka hina.</i> - There are no such organizations that I know of in this community.
Participant J	<i>Adzi se tshama ndzi twa hi tona.</i> - I never heard of them.
Participant K	<i>A ndzi tivi ti organizations mara leswi ndzi tivalu swona iku loko munhu a xanisiwa u pfula case emaphoriseni.</i> - I don't know such organizations but what I know is that a person opens a case when abused at the police station.
Participant L	<i>Swa ti organization a ndzi switivi mara ndzi tiva kuri munhu uya eka Ma Social Worker Ka-Majosi mara a ndzi pfumeli leswaku vata ndzi pfuna hikuva nuna wa mina una nkanu. Na kona anga lavi leswaku vanhu van'wani va tiva timhaka ta hina.</i> - With organizations I do not know them, what I know is that you must visit social workers at Majosi but I do not think they will assist me because my husband is very stubborn, he does not want other people to know our problems.
Participant M	<i>Leswi ndzi switivaku iku loko munhu ari na peroblem, uya ka Social Worker kumbe Police Station mara a swi olovangi hikuva vanhu va judger phela na ku vulavula kuri timhaka tale mutini ti solver hi family.</i> - All I know is that if you have a problem, you go to a social worker or police station but it is not easy because people will judge you and say that family issue should be solved by the family.

Pseudonym	Narrative Statements
Participant N	<p><i>Kuva honest, a ndzi tivi ti organizations leti nyikaka ku pfuna kambe ndzi tiva leswaku loko munhu ari ni problem uya eka Social Worker.</i></p> <p>- To be honest I do not know of organizations that provide support but all I know is that whenever problem you must go to Social Worker.</p>
Participant O	<p><i>A ndzi tivi ti organizations kambe kereke ya hina ya pfuna vanhu hiti counselling leti endliwaku hi Mfundhisi loko vanhu vari nati problems. Ku fana na mina ni vulavule na vona hi ti challenges leti ndzi hlanganaku na tona ekaya xikanwe na ku lumbwetiwa.</i></p> <p>- I do not know about any organizations but our church does provide services through our pastor counseling people if they have problems just like myself, I did speak to my pastor about the challenges that I was facing at home and the accusations.</p>

4.3.4 Theme 4: Coping Mechanisms of GBV Victims

In most instances, society wonders why women who experience gender-based violence remain in the same abusive relationships or marriages and not just leave the abusers. The fact that they remain, suggests that there is some coping mechanisms to which they strongly adhere. Coping relates to the efforts expended by an individual to mediate a particular situation or problem.

Participant A indicated that she shared her problems with her neighbour who was able to listen patiently to her problems. On the other hand, **Participant N** shared with her work colleague who would advise and also encouraged her to open a criminal case after the partner kicked her on the stomach while she was pregnant. Such aggravated instances elevate the importance of social networks for a sense of belonging which compliments the cycle of courage for human needs (Wright & Tillyer, 2017). These social networks serve as support base for psychosocial support, which may lead to problem solving.

For **Participant B**, domestic violence was not new for her because she grew up in a home where her father abused her mother. Therefore, it was normal to her, although she was later diagnosed with depression by a clinical psychologist and a psychiatrist. Furthermore, **Participant B** also indicated that she relapsed into abusing alcohol after she got married. O'Brien et al. (2016) who found that some women resorted to substance abuse to enable their coping with the experience of intimate partner violence. As for **Participant C**, she had accepted her fate and normalised the violence she was experiencing. She resorted to physical retaliation as a way of coping because she was tired of being a punching bag.

Participant E believed that the abusive situation could change, until she realised that it was utopian hope. Similarly **Participants F, I** and **M** also hoped their situations could change. For **Participant K**, her coping mechanism was ensconced in working away from home and only saw her husband during month end. **Participant L** stated that speaking to her family members made her cope with the situation because they encouraged her to stay in the marriage and avoid being

laughing stock for a failed marriage. According to **Participant O**, support from her church members helped her to cope with the abusive relationship.

According to **Participant G**, she endured the abuse because she was motivated by her own children who kept her hope alive. **Participant I** could not cope with the enormity of the accumulating debt and financial challenges with her husband. A study conducted by UN Women (2016) in Jamaica revealed that 18.4 % of women who were victims of GBV never told anyone of their physical and sexual abuse, similar to Participant G's preference of silent endurance.

Table 4.13 captures the participants' narrative statements concerning their coping mechanisms.

Table 4.13: Participants' coping mechanisms

Pseudonym	Narrative Statements
Participant A	<p><i>Kuni sesi un'wana loyi a ndzi vulavula na yena, nakona ang a ndzi ahluli na ka ntsongo. Makhelwani wa mina na yena a ndzi chavelela hikuva loko nuna wa mina a ndzi chuwhisa ku ndzi dlaya a ndzi tsutsumela eka yena. A tshamela ku ndzi amukela.</i></p> <p>There was a lady I used to talk to and she did not judge me at all.</p> <p>My neighbour was also a source of comfort because whenever he threatened to kill me, I ran to my neighbour and she was always welcoming.</p>
Participant B	<p><i>I mhaka leyi a y inga ri yintshwa ni ka ntsongo. Ku va yena a ndzi bukutela I mhaka leyi ndzi kuleke ndzi ri kari ndzi yi vona eka papa mina a mbeyetela mhani. Hi siku leri landzelelak papa mina ava xavelamhani swilo swa kahle na hina a hi xaveriwa swimbalo. Ku horisa pain ndzi sungule ku n'wa byala. Ndzui hetelele ndzi vonana na Clinical Psychologist for counseling mara ani ngari honest eka yena hi Ndlela leyi n inga honest eka wena. Ndzi hetelele ndzi va na session na Psychiatrist loyi a nga hetelela a ndzi diagnose hi depression leyi s kuri khale yi ri kona. Ku vulavula ntiyiso a ndza ha thlelelalngi ka Psychiatrist hikuva a ndzi nga lavi ku tirhisa medication wa yena.</i></p> <p>It is something that was not new to me at all.</p> <p>He is beating me is something that I grew up seeing my dad beating my mom.</p> <p>The following day he would buy my mom nice things and also buy us nice clothes.</p> <p>With my partner he kept on doing those things and the following day apologize saying that I talk too much and act like a boss.</p> <p>He would stop abusing me for three weeks or a month and then repeated the same behaviour calling me a bitch.</p> <p>To deal with pain I started drinking alcohol.</p> <p>I have been to the Clinical Psychologist for counselling, but I was never honest to him the way I am being honest with you. I had a session with s Psychiatrist, and I was diagnosed for depression which was long overdue.</p> <p>To be honest I never went back to the Psychiatrist because I did not want to continue using the medication.</p>
Participant C	<p><i>Ndzi hetelele ndzi amukela leswi swilo a swirri xiswona na hetelela ni swivona swiri normal hikuva a ndzi switiva kuri loko a vuya kaya a dwakwile hi byala kuna possibility yak u ndzi nga biwa.</i></p> <p>I accepted my fate and normalized the whole situation because I knew that when he comes home drunk there were high possibilities that I was going to get a beating.</p>

Pseudonym	Narrative Statements
Participant D	<p><i>Wa tiva... (a hleka).. A swi olovangi, na kona hi swona swi nga endla leswaku ni sungula ku thlerisela hi ku ti lwela. Minkari yo tala ni Zamile ku ngenisa family yale vukatini, ni vulavulrile na vona hiti problems ta hina kutani va ku vata vulavula na yena kambe a ndzi vonanga ku cinca. Family ya ka hina a ndzi lavi kuyi ngenisa eka mhaka leyi hikubva ava nge tsaki hi yona. Na kona va ta n'wu khoma hi mbilu na loko mina na yena hi lunghissle timhaka ta hina.</i></p> <p>- You know...laughing.... It is not easy and that is why I started retaliating and fight back for myself. Several times I tried to involve his family, I spoke to them about our problems and they promised to talk to him but I do not see any change. I do not want to involve my family because they are not going to be happy and they may hold grudges against him even after I made peace with him.</p>
Participant E	<p><i>Loko swilo leswi swi sungula a ndzi ehleketa leswaku swi tava swa nkarhi walowo. Sweswi swi na malembe ma 2 swi kha swi endleka. A ndzi tshamela kuti byela leswaku uta cinca tani hi Ndlela yo coper na ku xanisiwa, hambu swiri tano, swi yile emahlweni. Loko vanhu va vona swivati mina ni va byela switori kuri ku endleke yini ku fan ana kuwa xikanwe na ku endla hi matimba ku swi tumbeta.</i></p> <p>- When these things started I thought that It was going to be only for that time. It is 2 years now happening. I always told myself that he will change as a way of coping with the abuse. However, it just continued. When people see my scars, I came up with excuses that I fell and I tried my best to hide them.</p>
Participant F	<p><i>Mina ni ti byela leswaku siku rin'wani swita yima.</i></p> <p>- I just tell myself that one day it will stop.</p>
Participant G	<p><i>Tani hi mutswari eka n'wana, no lehisa mbilu. Ni tshama eka vuxaka lebyi for the sake ya n'wana hikuva anga pfumeli leswaku ndzi teka n'wana ndzi nwu yisa ka hina.</i></p> <p>As a mother to a child, I just become long-hearted. I stay for the sake of the child because he does not allow me to take my child home to stay with her there.</p>
Participant H	<p><i>Eix...Ku va honest a ndzi nge vuli kuri I am coping. Ndzi hetelele ndzi nghena swikweletini hikuva a ndzi karhele kuva na ti arguments hi mhaka ya mali. Kuva wansati swa tika my brother. Kuva wansati swa tika boti wa mina, hi khoma mukwana hi laha wu karihaka.</i></p> <p>... to be honest I cannot say I am coping. I ended up in debts because I was tired of always having arguments of finances. Being a woman is tough my brother, we hold the knife by the sharp part.</p>
Participant I	<p><i>Ndzhuti lowu aniri na wona atikweni wu endle leswaku ni tshama eka vukati hikuva aniri na nkingha yaku vanhu vata ku yini loko vatwa kuri mina na huma eka vukati bya mina.</i></p> <p>- Social status made me continue to stay in the marriage because I was worried about what people were going to say when they hear that I am walking out of my marriage.</p>
Participant J	<p><i>Mina aniti byela leswaku uta cinca. Swi endle leswaku niva naku tshemba leswaku swilo swita lungha.</i></p> <p>- I used to tell myself that he will change. It made me have faith that things will change.</p>
Participant K	<p><i>Mhaka yaku ndzi teke nkarhi wo tala wa mina ndziri ntirhweni ku tlula ekaya swi endle leswaku ndzi hola endzhaku ka abuse leyi a ndzi hlangana na yona.</i></p> <p>- The fact that I spent most of my time at work than at home made me heal after each abuse I was going through.</p>
Participant L	<p><i>Ndzi vulavule na family ya mina kambe vona va ndzi hlohlolele kuri ndzi tshama evukatini leswaku ku ngavi na swivulavula swa ku ndzi vuye kaya hikwalaho ka marriage lowu nga feyila.</i></p>

Pseudonym	Narrative Statements
	- I talked to my family and they encouraged me to stay in the marriage so that there may not be talks that I came back home because of a failed marriage.
Participant M	<i>Nkarhi wo leha I was not coping ku vulavula ntiyiso kambe a ndzi tshamela kuti byela leswaku siku rita fika laha ndzi nga ta nwu siya.</i> - for a long time, I was not coping to be honest but I just kept telling myself that one day I will leave him.
Participant N	<i>Ndlela leyi a ndzi kota ku dealer na situation leyi iku vulavula na colleague ya mina entirhweni loyi anga hetelela a ndzi nyika advise ya kuri ndzi pfula case amaphorisenu. Ndzi n'wu khomisile. Kutani endzhaka loko a ndzi xavelerile kuri uta cinca, ndzi vuye ndzi dropper ti charges letiya. Mara anga cincangi, uyise mahlweni na ku ndzi xanisa emirhini nale miehleketweni.</i> - The way I managed to deal with this situation is that I was speaking to a colleague who once advised me that I should open a case against him which I did. After he begged me to drop the criminal charges saying that he will change, I decided to drop them because I thought everything would stop but he continued to abuse me both physically and emotionally.
Participant O	<i>Wa tiva kereke na xikhongelo swi ni pfunilwe leswaku ndzi lahlekeli hi miehleketo ya mina. Support leyi ndzi yi kumaku eka vanhu lava ndzi nghanaku na vona kereke iyi kulu. Ndzi hetelele ndzi siya muti luwa ndzi vuya kaya hikuva ku xanisiwa emiehleketweni a swi nga kondzeleleki.</i> - You know church and prayer helped me not to lose my mind. The support that I got from other church members was enormous. I ended up leaving my husband and my marriage and went back home because I could no longer take the emotional abuse.

4.3.5 Theme 5: Views on Gender-based Violence Intervention Plans

WHO (2013) states that GBV challenges should be addressed through interventions that include programmes focusing on the promotion of gender equitable behaviours and attitudes among men and boys. There is a Xitsonga proverb that states: “*Nkhavi wu loloxiwa waha tsakama,*” which means that a stick is straightened while it is still soft. According to **Participant A**, dealing with the male child at an early age will assist in addressing the challenge of GBV. She felt that men have many unresolved emotional problems which they take out on women. Therefore, creating platforms for men to talk and express their challenges to each other may contribute to resolving these innate issues. The narrative account of **Participant B** emphasises the need for men to be taught to the etiquette of treating women, which will nullify the view that the masculinity of men renders them physically stronger than women. Such a view endorses physical abuse of women by men.

The issue of paying lobola or a bride price by the men was highlighted by the participants in the context of a sense of entitlement by men to treat women as purchased commodities. **Participant E** indicated that Social Workers should campaign more in their community to educate about GBV as a violation of human rights by men. **Participant F**'s intervention was focused on the South

African Breweries (SAB) as part of the solution to GBV was based on the view that alcohol is the foremost causal factor to the violence against women. Therefore, she felt that as long as there is alcohol, GBV will always raise its ugly head.

Participant H stated that empowering both genders from an early age will bear fruit. She recommended primary school should be the starting point to teach children from an early age that violence against another gender is wrong, and should never be practiced. **Participant O** and **Participant M** encouraged that women should speak up against abuse as soon as it starts happening, and not protector the abusers. **Participant K** stated that men who abuse women should be charged criminally and receive life sentences. In terms of **Participant N's** account, women were aware that GBV should be reported to the police, and that they could opt out of an abusive relationship. **Participant L** merely implied that she did not know what must be done to stop GBV. Table 4.14 reflects the actual narrative statements pertaining to GBV intervention plans.

Table 4.14: Participants' responses on GBV intervention plans

Pseudonym	Narrative Statements
Participant A	<p><i>Ku tirhana ni nwana wa jaha ku sukela eka malimbe yale hanshi. Vavanuna vani ti emotional problems to tala nakona mhaka ya ndhavuko kuri wanuna anga rili yi problematic. Ni thlela ni vona onge before vakhomiwa va ku xanisa kuya hi rimbewu humesiwa a jele va nghenisiwa eka ti program ta ku hlonipha vavasati na ku cinca mati khomele ya vona.</i></p> <p>Dealing with the male child at an early age. Men have lot of emotional issues and what culture says that men do not cry is problematic. I also think that before offenders of gender-based violence are released from prison they should undergo programmes about respecting women and to change their behaviour.</p>
Participant B	<p><i>Hi ku twisisa ka mina GBV yi fambisana ni violece layi hi nga na wona eka ti communities. A yi nge heli as long hi kha hi hanya eka tiko leri nga na violence. Mhaka leyi inga endliwaku iku vulavulavula hi swona hi masiku hinkwawo leswaku swiva ni impact ya kahle.</i></p> <p>- According to my understanding GBV goes hand in hand with the violence we have in our communities. The cycle will never break as much as we are living in a violent society in general. The best thing that can be done is for it talked about daily so that it shows the good impact.</p>
Participant C	<p><i>Vavanuna va fanele ku dyondzisiwa kuri wansati u khomiwa njhani. Swi vonakala swiri swilo swa kahle kuri wanuna a bukutela wansati kwaaho kaku u hakele mali yaku lovola. Eka rinwani ra masiku ni byele nuna wa mina kuri a ndzi lave ku nwu siya, kutani ani byela leswaku u hakele mali yo lovola na kona mina ni property ya yena.</i></p> <p>- Men should be taught how to treat a woman. It seems normal for a husband to beat a woman because he paid lobola for her. On one occasion I told my husband that I wanted to leave him and he told me that he paid lobola for me and as such I am his property.</p>
Participant D	<p><i>Ni vona onge ku fanele kuva ni ku lemukisiwa eka van ava xinuna leswaku va kota ku twisisa leswaku wansati ahi nhundu leyi vayi fumaka. Ni thela ni vona leswaku ku sungula eka malembe lama ntsongo eswikolweni swita pfuna swinene. Ndzi thlela ndzi vona onge nhlengeletano eswikoweni xikanwe ni kwala tikweni eka tinhlengeletano. Leti vitaniwaka hiti ndhuna. Va fanele ku vitana ti social worker na maphorisa kuta lemukisa hi mhaka yaku xanisiswa ka vavasati.</i></p>

Pseudonym	Narrative Statements
	<p>- I think there has to be awareness to the young men so that they understand that a woman is not a property that they own. I think starting from the younger generation will help a lot. I think in schools and community gatherings which are called by the Headmen or Indunas should have a slot where Social Workers and Police officers come to our community and address the abuse of women.</p>
Participant E	<p><i>Hi loko vanhu va vulavula hi swona, va pfuleka, nakona vanga chavi ku vulavula hi swona. Ma Social Worker na wona ma fanele ku endla ti campains swinene leswaku vavanuna lava va hi xanisaku va kota ku lumuka leswaku leswi va hi khomisaku xiswona ahi swona.</i></p> <p>- It is when people talk about it and be open and not to be afraid to talk about it. Social Workers should also do awareness about these things so that the men who maltreat us may know that what they are doing is wrong.</p>
Participant F	<p><i>Ayi nge tshuki yi yimisiwile. Loko ka hari na feme yo endla byala ku xanisiwa ka vavasati ku nge heli.</i></p> <p>- It will never be stopped. As long as brewery of alcohol still exists the abuse of women will never stop.</p>
Participant G	<p><i>Yi nga yimisiwa hi ku vulavula hi yona hi leswi swi humelelaku ehansi ka malwangu ya tiyindlu ta hina hambu leswi swo ka swinga olovangi.</i></p> <p>- It can be stopped by speaking out about what is happening under our roofs although it is not easy.</p>
Participant H	<p><i>Mhaka yaku xanisiwa ku ya hi rimbewu ku fanele ku vulavuriwa hi yona hinkwako hikuva minkarhi yo tala ahi switivi leswaku swinwana swa swilo leswi hi hlenganaku na swona I part ya ku ku xanisiwa ka vavasati. Ku nyika matimba hiku dyondzisa vana lavantsongo va xinuna ni vaxisati eswikolweni ku sukela eka ti gradesi tale hansu. Vana loko vo dyondzisiwa kuri ava fanelelangi ku xanisisana vanga kula vari ni ku twisisa.</i></p> <p>- GBV should be spoken everywhere because most of the time we do not know that some of the things we experience is part of the abuse of women. Empowering both genders from an early age at school about the importance of respecting and not abuse each other they may grow with a certain understand.</p>
Participant I	<p><i>Ni vona onge ku herisa ku xanisiwa ka rimbewu, vanhu va fanele ku dyondzisiwa hi mhaka leyi hi vanhu lava vanga na ntokoko. Nakona mhaka yaku xanisiwa ka rimbewu ayi fanelangi ku vulavula hi yona ngopfu loko ku endleke nandzu wo chavisa.</i></p> <p>- I think in order to stop Gender-based violence, people should be educated more on this issue which can be through campaigns and not only when there is a serious case.</p>
Participant J	<p><i>Ni vona onge ma social worker va fanele ku vulavula na vavanuna kwala tikweni hi swita ndzhaku swa ku xanisa vavasati. Ni vona onge swi nga pfuna ku herisa ku xanisiwa ka rimbewu.</i></p> <p>- I think that if Social Workers should speak to men in the community about the consequences of abusing women. I think it can assist in stopping gender-based violence.</p>
Participant K	<p><i>Vavanuna lava hi xanisaku va fanele va gweviwa vutomi bya vona hinkwavo, na kona van ga ha voni vutomu byale handle nakambe. Ndzi thlela ndzi tshemba leswaku ku fanele kuva nati program to cinca mati khomele hikuva eka nkarhi wa sweswi vanhu lava vayaku jele va thlela va huma va yisa mahlweni na ma endlelo ya lamaya yo xanisa vavasati.</i></p> <p>- Men who abuse us as women should be given life sentence and never see the outside world again. I also believe that they should be behavior change programs for these men because it is the same that a person can go to jail for a long time but when they come back, they still continue with the same behavior of abusing women.</p>
Participant L	<p><i>ku vulavula ntiyiso, a ndzi tivi.</i></p> <p>- I don't know, honestly.</p>

Pseudonym	Narrative Statements
Participant M	<p>Tani hi vavasati hi fanele ku reporter ku xanisiwa ka hina loko swa ha ku endleka kumbe hi huma eka ti relationships to ka ti ngari kahle hikuva vanhu lava va hi dlaya.</p> <p>- As women we should report abuse as soon as it happens or leave the toxic relationships because these people are killing us.</p>
Participant N	<p><i>Ahi kuri a hi switivi kuri hi fanele ku emndla yini, ku fan ani leswi a ndzi switiva kiri a ndzi fanele ku pfula case, nakona hi nkarhi wa lowo ayi pfuriwile ndzi yile kuya dropper ti charges hikuva a ndzi xavelela kuri ndzi endla tano. Ku xanisiwa ka mina aku yimangi. Ndzi vona onge tani hi vavasati hi fanele ku dyondzisiwa hi tindlela leti ti abusers ta hina ti swi tirhisaku leswaku hita kota ku vulavula hi nga sirheleli vanhu lava.</i></p> <p>- It is not that we don't know what must be done, just like I knew that I had open a case and at that time it was opened but I decided to drop the charges because he was begging me and promising that he will never do it again but guess what he continued to do it to abuse me therefore I think that as women we should be empowered about the tactics of the abusers. To speak out and not protect these people.</p>
Participant O	<p><i>Ndzi vona onge tani hi vavasati hi fanele kuva na xivindzi xo vulavula hi swona swilo swi nga se biha. Vanhu lava endlaka manyala va fanele ku khomiwa hi xihatla, nakona maphorisa va fanele ku endla ntirho wa vona.</i></p> <p>- I think the solution is that as women must speak out before things get worse. The perpetrators of violence need to be arrested quickly and the police officers just needs to do their work.</p>

4.4 CONCLUSION

This chapter presented the key findings of the research study on the basis of the interview-based data that was subsequently analysed thematically to generate intelligible meaning as evidence of the results. Data was collected from the participants who met the criteria for inclusion and presented in both diagrammatic and narrative forms. The participants' profiles presaged and their experiences and knowledge on various GBV-related aspects. Five main themes and their associated sub-themes or categories were generated in this study. Previous literature-based studies were used to test the veracity of the generated themes and sub-themes. The following chapter presents the overall conclusions and conclusions of the study recommendations for future research.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The previous chapter focused primarily on the presentation of the research findings. The current chapter on the other hand, provides a summary of the main study findings in the context of the initial problem that caused the undertaking of the study. The main findings also integrate the research the main research questions as the cogent mechanism to determine the degree of the study's efficacy and significance (Babbie & Mouton, 2012; Denscombe, 2014). The study also provides a framework of recommendations for the various stakeholders and institutions involved with issues of gender-based violence, as well as propositions for future research areas that still need further exploration. The aim of the study was to explore the psychosocial impact of gender-based violence among silenced and marginalised women in Vhembe District Municipality, Limpopo Province.

The following research questions guided the researcher's mission to achieve the fundamental aim of the study:

- What is the psychosocial impact of women who experienced gender-based violence?
- What are the coping mechanisms used by women who are victims of gender-based violence in Vhembe District Municipality, Limpopo province?
- What are the interventions to assist silenced and marginalised victims of gender-based violence?

It is on the basis of these research questions that the main findings were developed as evinced in the preceding chapter. Therefore, the thematically generated and presented findings emanate from the three research questions above (Rubin & Rubin, 2012; Wahyuni, 2012). A summary of the main findings is presented in the ensuing sections below.

5.2 SUMMARY OF MAIN RESULTS

The summary of the main findings is effectively the encapsulation of the core thematic statements (rather than the themes themselves) addressing various GBV aspects raised in the main research questions as shown in the previous section (Kumar, 2014; Walliman, 2016). Accordingly, the main (five) findings relate to understanding of the phenomenon of gender-based violence; the psychological impact of gender-based violence; the social impact of gender-based violence; coping mechanisms for victims of gender-based violence; as well as the women victims' views on gender-based violence.

5.2.1 General Understanding of Gender-based Violence

All fifteen participants managed to give their own understanding of gender-based violence when asked questions in that regard. However, five of the participants seemed to have a genderless understanding of GBV as happening to both women and men. The conventional view of GBV as affecting women resides on the rarity of reported male victims of GBV. Therefore, the lack of unanimity of responses for this question show a gap in terms of the general understanding of what constitutes GBV. The findings further revealed that the physical form of GBV framed the participants' understanding of this phenomenon. Some of the participants understood that violence that is perpetrated against women will come in the form of physical assaults and femicide. This finding implies that many women victims of GBV possess elementary understanding of GBV.

The concept of GBV still needs to be explained to the general mass of the population, especially in rural areas. In this way, individuals are able to understand whether they are victims of abuse or not. It is irrefutable that a knowledge-gap exist between women who live in remote areas compared to their counterparts who live in urban areas (Khumalo et al., 2013; Krug et al., 2002). Therefore, there is a lack of information to a certain group of women in Vhembe District Municipality to understand the extent of GBV. The more people know the types of GBV, and that it can happen to both genders, the better the people will be assisted regardless of social class or status or employment status, gender, religion and race, anybody can be a victim of GBV.

5.2.2 Psychological Impact of Gender-based Violence on Women

There is evidence of the psychological effects on the women victims. Mhrka and Lambeme (2016) stated that the effects of GBV impacts the physical, psychological, and social well-being of women and girls. The following sub-themes are covered in this discussion: Types of violence that victims of GBV undergo; thoughts or attempts to commit suicide and understanding the extent of the emotional impact.

5.2.2.1 Type of Violence Experienced by Victims of Gender-based Violence

The participants were asked to share the type of violence they experienced as far as GBV is concerned. Their responses revealed physical, financial, emotional, and sexual abuse as the predominant types of GBV.

Physical abuse

Fourteen of the 15 participants reported that they have experienced physical violence at the hands of their intimate partners. A disconcerting issue is that in most cases, the physical assaults

happened while the partners/ husbands/ boyfriends were under the influence of alcohol. Stove and Kiselica (2015) also raised concerns with alcohol as the most common denominator in the the perpetration of intimate partner violence.

Financial abuse

Three out of the 10 participants stated that they experienced financial abuse from their partners, some of whom took their partners' bank cards and spent the money on alcohol. In most cases of financial abuse, the motive was still to perpetrate control and exploitation through fear (Antai, 2011).

Emotional abuse

Eight participants shared that they experienced emotional abuse from their partners. The UNICEF (2015) reflected that emotional abuse was not limited to constant criticism, name calling, making the partner think they are the cause for the abuse, humiliation and also making unreasonable demands. Emotional abuse was intended to inflict a low self-esteem of the victims with more dire consequences for the victims than physical abuse. The researcher is of the view that an individual cannot function to full physical capacity if the mental aspect is not functioning maximally. Some of the participants were constantly vulgarised as prostitutes.

Sexual abuse

Three out of the 10 participants reported sexual abuse by their partners. Giardino and Giardino (2010) defined sexual violence as using physical power to take part in the sexual act with another person against their will. The three participants outlined how their partners would forcefully demand sexual intercourse with when they returned home from the shebeens or bars. A disconcerting factor was also that the abusive partners were not using condoms while having the forced sexual intercourse with the victims, which poses risks of HIV/AIDS or other sexually transmitted infections. One of the participants contracted HIV/AIDS from her husband and she only found out after he had passed away. The account from the participants is supported by a research study conducted by Thomas and Tiessen (2010), which clearly revealed that women who live with violent partners are at an increased risk of HIV/AIDS infection.

Sexual abuse clearly shows that women victims are suffering at the hands of men using power and control as weapons. The skewed power relations between men and women induce men to think that they are entitled to treat women anyhow and as secondary humans. Therefore, the research study confirms the study findings of a Zimbabwean study by Mukanangana et al. (2014), which showed that physical violence was more common to victims of GBV or IPV.

5.2.2.2 Perceived GBV Contributory Factors

Four out of the participants cited alcohol and substance use by their partners as the major contributing GBV factors. It was reported that when the partners came back home late at night from the shebeens or pubs, they would start arguments which culminated in physical violence. The abusers did not want to be asked for the reasons of their late coming. Victims would sometimes be forced into sexual intercourse against their will merely because their male partners wanted it at the particular moment. Other participants' highlighted insecurity and obsession of their partners on the basis of salary differences. The various participant responses also show that insecurity by the GBV perpetrators, unemployment, and economic power were weaponised for control and dominance. Uwadiogwu (2015) also mentioned that living in a community with high unemployment have a significant contribution to intimate partner violence, especially on women. This study has also found that illegal immigrants also fell victim to GBV because they were fearful of reporting their abusers lest they be deported back to their home countries

5.2.2.3 Suicidal Thought or Attempts

According to Jewkes et al. (2010), substance use disorders are related to the high risk of intimate partner violence. Eight of the 15 participants in this study indicated that they have thought of committing suicide due to the violence they suffered. Among the eight, two actually attempted to commit suicide; one by cutting her hands with a razor and the other by tying a robe to hang herself inside her house. Therefore, this clearly shows that GBV can cause the victims to be suicidal. The other seven participants indicated that they have never thought of committing suicide. However, one of them stated that she did think of killing her partner because she was tired of the maltreatment.

5.2.2.4: Emotional Impact of Gender-based Violence

All the participants reiterated that they were impacted by GBV emotionally. A study conducted by Radzilani-Makatu and Chauke (2019) revealed that women in abusive marriages and relationships developed low self-esteem and confidence through verbal abuse as well. All the participants indicated that any form and experience of GBV at the hands of an intimate partner had a significant emotional impact. Some of the effects includes lack of trust when a woman is in a new relationship due to the unfading memories of the previous relationship/s. Other factors mentioned by the participants included: increased low self-esteem, depression, loss of self-confidence and social isolation which in turn puts a strain in the manner in which people function in the wider community and society. One participant was diagnosed with depression as a result

of the violence she suffered at the hands of her partner. Some participants outlined anger outbursts towards their children which made them realize the extent of the problem. However, loss of self-esteem emerged as the most prominent factor in this category of impacts.

5.2.3 Social Impact of GBV on Victims

All the participants reported that experiencing GBV made them withdraw from social interactions and engagements. Their social functioning was affected in that they were no longer as socially active as during the period before the abuse or violence against them. According to the participants' accounts, their intimate partners went to the extent of isolating them from family members, friends, and colleagues in order to prevent them from divulging the abuse and violence. These findings are supported by Park (2016), who posits that abusers intentionally isolate women from friends, family and even people around them in order to strengthen their assumed authority to further intensify the emotional damage on the victims. The entrenched isolation enforced by the perpetrators leads to the women normalising the situation, instead of opting out of it.

5.2.3.1 GBV Exposure and Effect on Participants' Children

Fourteen of the participants indicated that they had children with their violent and abusive partners. The other participant had two miscarriages and no living child/ren. Generally, the violence they experienced from their intimate partners happened in the presence of the children, who were affected, naturally. Some of the children developed hatred towards their fathers. One participant's daughter referred to her stepfather as "Satan", which reflects the negative effect of the violence on their children at school. In such environs, the seminal seeds for future deviant behaviours were being sowed, with children most likely to turn into abusers themselves; or even victims of abuse because they have observed it at home.

5.2.3.2 The Role of the Community in Addressing GBV

All the participants indicated that the role of the community in addressing gender-based violence was utterly negligible because it was regarded as a private matter between couples. They did not want to be enmeshed in whatever is happening somebody's household. This is substantiated by Jesmin (2017), who indicated that a community with a negative towards GBV were inadvertently increasing its likelihood. The findings from this study show that there is a need for community leaders and community members to join hands in addressing the challenge of GBV. In the rural areas, there may be traditional men whose views and beliefs on male-female relationship could be conservative. Such men could still be imbued with the sense that a woman should be beaten or battered as a way to enforce discipline.

5.2.3.3 Knowledge of GBV Service Organizations

All the 15 participants indicated that they did not know of any specific organisation that assists women GBV victims. Some of the participants referred to the Social Worker's offices, while the Police Station was also mentioned. This finding reveals that there is still a gap in social education of the services that are available to victims of gender-based violence. This further shows that abused women do have some basic information on what they need to do in order to receive assistance from their abusive relationships. However, it seems there is a level of reluctance to report cases of abuse by the victims, which can be the result of socio-economic factors as well.

5.2.4 Coping Mechanism of GBV Victims

All 15 participants had different coping mechanisms, such as neighbours who were open enough to give a listening ear. One participant indicated that she used to run to her neighbour for safety whenever her husband maltreated her. The services of a psychiatrist was also mentioned. According to Latta and Goodman (2011), family and friends provide a very important support network to victims of GBV and may in turn assist the victim to address the mental health pressures that they encounter as a result of the violence they suffered. Therefore, seeking help and formal support has become very important in facilitating the victims' exit from their toxic and violent relationships.

While some participants approached their families for support and intervention, some preferred to keep their GBV troubles to themselves for the sake of the children. In African culture, extended family members also provide a support system. However, the researcher is of the view that in-laws may not address the violence perpetrated by their own family member who may be arrested and consequently serve a long sentence in prison. Another form of coping was expressed in the manner of physical retaliation against the abusing male. While mere resilience and utopian hope also emerged as coping mechanisms, prayer and support from fellow church members also emerged as a significant coping strategy. The availability of various coping is indicative of the fact that GBV occurs across any racial, class, and social contexts. Not is for this specific fact that Mirrka and Lembeme (2016) contend for the involvement of multiple role players and stakeholder categories to facilitate effective GBV coping strategies.

5.2.5 Intervention Plans to Stop Gender-based Violence

Early GBV interventions are necessary for deconstructing practices, attitudes and behaviours that constitute a threat to normal life (Sohal et al., 20120). The view of introducing GBV as a school subject loomed large among the participants. Collaboration between government and community-based civil society organisations was also mooted as a viable route to thwarting the

trend of gender-based violence. At school level, Life Orientation was identified as a subject through which boys in particular could be taught from an early stage to respect girls as equal human beings with the same right to live as the boys themselves. Furthermore, advertorials in the mainstream and social media platforms were identified as a savvy and creative means to launch GBV intervention and education campaigns mainstream. Programmes such as “Ufelani” on DSTV focus on victims of GBV telling their stories and experience. Regrettably, such programmes are not accessible to those who cannot afford the DSTV’s pay-per-view monthly subscriptions.

It also emerged that Social Workers and Police Officers should be invited as intervention teams to share information on the subject of gender-based violence. Meanwhile, the South African Breweries came under flack for failing to campaign effectively against alcohol abuse especially that alcohol abuse was also identified in copious literature sources as arguably the foremost contributor to domestic and gender-based violence and abuse (Mcilwaine, 2013; Peltzer & Pengpid, 2013). Educational awareness campaigns in rural areas were also encouraged by the participants. Programmes such as Child Protection Week championed by the Department of Social Development should not be undertaken for one week only, after Which it is back to the ‘business as usual’ mode of addressing serious issues such as gender-based violence.

5.3 STUDY LIMITATIONS

The study limitations pertain to those considerations, methodological activities, and scientific processes with the potential to render the study inefficacious (Anderson, 2015; Ritchie & Lewis, 2011). In its methodological premises, the researcher opted for the qualitative research approach and a small sample that is not necessarily generalisable to all people who have experienced GBV. The researcher could have adopted a mixed methods approach as a mechanism to access other participants in a wider area with the usage of questionnaires.

Telephonic interviews limit the researcher from observing non-verbal cues (Boum et al., 2012). The participants’ children could not be interviewed, and their input would also expand the knowledge boundaries for more in-depth information. Therefore, with current knowledge on the phenomenon, the study would have been broadened by even reaching out to people who had contacts with participants as victims who experienced gender-based violence daily. Furthermore, the study was conducted in the Vhembe District Municipality only and cannot be generalised to the whole province of Limpopo. The male perpetrators were not involved in the study. Hindsight dictates that their participation would have broadened understanding on this complex subject. However, their participation could have enriched the study with data and

possibly very crucial findings. Accordingly, the researcher's proposed recommendations pertain to the community and society, policy makers, the Department of Social Development, as well as for further research

5.4 RECOMMENDATIONS

Recommendations are basically the researcher's own propositions based on his discovery or observations during the study (Adler & Clark, 2011; Bryman, 2012). This section of the chapter focuses on the researcher's recommendations concerning the study findings for society, policymakers, Department of Social Development, and future research.

5.4.1 Recommendations for the Community and Society

Based on the study findings, the researcher proposes the following recommendations for communities and society:

- Collaboration between religious organisations, private sector, civil society organisations, traditional leaders, relevant government departments (e.g. DSD, SAPS) is imperative to expedite efforts and approaches in the fight against gender-based violence and abuse. Religious organisations also serve as a safety net for the provision of psychosocial support. The private sector is critical for the alleviation of workplace gender abuse and violence. And for fundraising purposes. Civil society organisations are closer to the people and understand the situation from grassroots level. Traditional leaders are perhaps the most indispensable component of the collaboration. They command allegiance of communities as custodians of some of the traditional practices (e.g. patriarchy) that are problematic in the context of GBV. Government departments are necessary for ensuring that GBV policy does not remain an office-based initiative, but framed in joint consultation with communities at the local levels. In addition, these departments could be part of the solution in relation to employment opportunities for the youth. For instance, their training in basic GBV programmes could in itself become an awareness campaign with some modicum of financial incentive for those appointed to function as para-social workers on a daily basis among their communities.
- The rural economy should be stimulated with equal momentum as the township economy.
- Rehabilitation programmes should be strengthened in communities to treat every first offender reported at a police station, and police officers should be retrained in treatment of gender-sensitive cases.

5.4.2 Recommendations for Policy Makers

- It is recommended that the Department of Basic Education should include gender-based violence as an official examination subject within Life Orientation in order to achieve the goal

of gender equality from the early years of learning. Such an initiative would also contribute positively to address sexual abuse among teenagers and young adults, and also healthy dating. South Africa is characterised by violence. More focus on educating children from lower grades about the importance of treating each other with respect and care could be the starting point of saving the next generation from becoming abusers.

- It should also be made compulsory that cases of gender-based violence are attended to by trained Police Officers only. This is due to the fact that instead of opening cases of gender-based violence at some of the police stations, Police Officers will try their best to assume the role of Social Workers and Clinical Psychologists instead of doing their job of opening a criminal case and arrest perpetrators. The government should build more infrastructure such as the South Africa's National Health Laboratory because DNA testing backlog is a serious problem in South Africa, and criminals roam around the street as a result of such problems. This would mean that each province would have its own laboratory where DNA testing will be done in order to minimize the turnaround time and expedite cases of sexual abuse.
- Legislative measures such as the Sexual Offences and Related Matters Bill and the Domestic Violence Bill should be strengthened to deal a final blow in the fight against GBV. However, passing always will not on its own fight or end GBV. However, the implementation and monitoring on such laws will be of paramount importance. Parliament will then have to speedily vote on the proposed Bills so that the president can sign them into law so that the fight against Gender-based violence may be intensified.
- The Department of Cooperative Governance and Traditional Affairs (COGTA) should also work closely with other government departments to capacitate traditional leaders in various communities with information on how to respond effectively to GBV. Patriarchy is still a dominant force in most rural communities where men hold the monopoly of leadership positions due to prescribed gender norms and roles.

5.4.3 Recommendations for the Department of Social Development /DSD

It is recommended that:

- The Department of Social Development should expedite the serious backlog in the employment of Social Workers who are champions of providing psychosocial support. It is important for each village or community to have its own Social Worker who will be able to address the social ills that occur in specific community since it is impossible to effectively render quality services such as awareness campaigns to 10 villages by one Social Worker.

5.4.4 Recommendations for Future Research

It is recommended that future researchers with an interest in finding more information on gender-based violence should focus more on the perception of high school boys on violence against women. In addition, future studies may interview women from different races such as White, Indian, Coloured and Blacks in order to obtain a better understanding of the manner in which all these racial groups respond to gender-based violence.

5.5 CONCLUSION

This chapter outlined major conclusions and the recommendations based on the empirical findings of the study, which aimed at exploring the psychosocial impact of gender-based violence among women in the Vhembe Municipality District, Limpopo Province. The core of the study was to understand how GBV affected women by specifically focusing on their psychological and social functioning. Gender-based violence is a global social problem which infringes on the rights of women and relegates women in society to mere second class citizens. The study also investigated the way several factors have the effect of perpetuating violence against women.

Furthermore, the study found that women who are victims of GBV are isolated from their friends and families by their intimate partners, which is used as a form of exercising power and control over them. Furthermore, alcohol abuse was also found to be one of the causal factors leading to intimate partner violence. Although this study focused on women as direct victims of GBV, some of the participants reported that their young children were exposed to the violence that takes place within the household, which also renders them vulnerable to becoming perpetrators or victims themselves as other empirical studies have revealed.

The main study findings revealed that victims of GBV suffered from the immense psychological and social effects of their experiences. These effects included levels of depression, isolation, stigmatisation, and suicidal ideations. The study further found that women who are unemployed or lack economic means to support themselves were vulnerable to abuse because perpetrators used that as a means of control. The findings in the study revealed that the view that the lack of employment opportunities for women, in conjunction with gender attitudes, roles, and norms were still central in the silencing and marginalisation of women in society. The study revealed how inequality in general continues to be was a propellant of violence. Certain cultural practices still demand women's submissiveness even in matters that violate their human rights, such as the belief that a man can moderate his own wife or partner. Substance abuse such as alcohol

by men also emerged as the most common contributor to gender-based violence and causes unnecessary family arguments.

The Covid-19 induced national lockdown in South Africa revealed the deep rooted nature of violence in the country. While it is acknowledged that lockdowns are important in limiting the spread of the Covid-19 pandemic, they can also have devastating effects on women and girls who are vulnerable to gender-based violence, which is a longstanding problem and challenging social issues in present-day South Africa. As a result, the government of the Republic of South Africa must intensify efforts to respond promptly. Inequalities between men and women, discriminatory attitudes and beliefs, gender stereotypes, societal structures that perpetuate inequality and discrimination, and social norms that tolerate violence and abuse are among the reasons for the imbalance. The researcher contends that gender-based violence does not need feminists to be standing before men demanding equality, but “vu munhu” (humane-ness) should prevail because women are not and have never been second class citizens in the world.

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APPENDIX A: UNISA ETHICAL CLEARANCE CERTIFICATE



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

12 August 2020

Dear Rodney Rikhotso

NHREC Registration # :
Rec-240816-052
CREC Reference # : 2020-
PsyREC-56712618

Decision:
**Ethics Approval from 12 August
2020 to 31 October 2023**

Researcher(s): Rodney Rikhotso

Supervisor(s) : T R Netangaheni

Exploring psychosocial impact of Gender-Based Violence among silenced and marginalised women in Vhembe District Municipality, Limpopo Province.

Qualification Applied: MA Research Project

Thank you for the application for research ethics clearance by the Unisa Department of Psychology College of Human Science Ethics Committee. Ethics approval is granted for three years.

The *medium risk application* was **reviewed and expedited** by Department of Psychology College of Human Sciences Research Ethics Committee, on **12 August 2020** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.



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2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the Department of Psychology Ethics Review Committee.
3. The researcher(s) will obtain permission for making use of Unisa students as research participants.
4. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
5. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
6. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
7. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
8. No fieldwork activities may continue after the expiry date (**31 October 2023**). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **2020-PsyREC-56712618** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,



Signature :

Prof I. Ferns
Ethics Chair: Psychology
Email: fernsi@unisa.ac.za



Signature :

Prof K. Masemola
Executive Dean : CHS
E-mail: masemk@unisa.ac.za



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APPENDIX B: LIMPOPO PROVINCIAL RESEARCH ETHICS COMMITTEE APPROVAL

CONFIDENTIAL



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

OFFICE OF THE PREMIER

TO: MOLOISI MJ

FROM: DR T MABILA

CHAIRPERSON: LIMPOPO PROVINCIAL RESEARCH ETHICS COMMITTEE (LPREC)

DATE: JANUARY 2021

**SUBJECT: EXPLORING PSYCHOSOCIAL IMPACT OF GENDER-BASED VIOLENCE
AMONG SILENCED AND MARGINALIZED WOMEN IN VHEMBE DISTRICT MUNICIPALITY,
LIMPOPO PROVINCE**

RESEARCHER: RIKHOTSO R

Dear Colleague

The above researcher's research proposal served at the Limpopo Provincial Research Ethics Committee (LPREC). The committee is satisfied with the ethical soundness of the research proposal.

Decision: The research proposal is granted full approval and ethical clearance

Regards

Chairperson: Dr T Mabila

Secretariat: Ms J Mokobi

Date: 26/01/2021

APPENDIX C: LIMPOPO PROVINCIAL DEPARTMENT OF SOCIAL DEVELOPMENT
PERMISSION TO CONDUCT THE STUDY

Confidential



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
SOCIAL DEVELOPMENT

Ref : S4/3/2
Enq : MJ Moloisi
Tel : 015 230 4381 / 082 457 7120
Email : MoloisiMJ@dsd.limpopo.gov.za

Mr R Rikhotso
Box 222
KHOMANANI
0933

Dear Mr Rikhotso

SUBJECT: EXPLORING PSYCHOSOCIAL IMPACT OF GENDER-BASED VIOLENCE AMONG SILENCED AND MARGINALIZED WOMEN IN VHEMBE DISTRICT MUNICIPALITY, LIMPOPO PROVINCE


The above matter has reference.

This certifies that Mr R Rikhotso has been granted permission to conduct a study titled: *"Exploring psychosocial impact of gender-based violence among silenced and marginalized women in Vhembe District Municipality, Limpopo Province."* His research proposal was granted full approval and ethical clearance by the Limpopo Provincial Research and Ethics committees which sit at the Office of the Premier.

The gender-based violence (GBV) is a global social problem and the results from the study are envisaged to make a contribution to the current body of knowledge in the field of GBV studies. In the context of the public service, the study intends to guide the Department of Social Development to effectively intervene on GBV as a social issue and also inspiring that more resources are channeled to eradicate this population concern among silenced and marginalized women in Vhembe District Municipality in particular.

The study is targeting women participants who are victims of GBV between the ages of 19 and 35 years. The researcher requests the assistance of Social Workers stationed at Majosi Clinic (Vhembe District Municipality) in the identification and recruitment of the research participants.

In view of the above, this letter grants Mr R Rikhotso permission to seek out the assistance of the Social Workers working with the victims of GBV, who are stationed at Majosi Clinic in Vhembe District Municipality in Limpopo Province.


Acting Head of Department
Limpopo Department of Social Development

29/01/2021
Date

21 Biccard Street, Polokwane, 0700, Private Bag x9710, POLOLKWANE, 0700
Tel: (015) 230 4300, Fax: (015) 291 2298 Website: <http://www.dsd.limpopo.gov.za>

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APPENDIX D: PARTICIPANT INFORMATION SHEET AND CONSENT FORM



PARTICIPANT INFORMATION SHEET

Ethics clearance reference number: 2020-PsyREC-56712618

Research permission reference number:

2021/03/01

Title: **Exploring psychosocial impact of gender-based violence among silenced and marginalised women in Vhembe District Municipality, Limpopo Province.**

Dear Prospective Participant

My name is **Rodney Rikhotso** and I am doing research with **Dr.T.R Netangaheni**, a Senior Lecturer in the Department of Sociology towards a MA degree at the University of South Africa. We are inviting you to participate in a study entitled **Exploring psychosocial impact of gender-based violence among silenced and marginalised women in Vhembe District Municipality, Limpopo Province.**

WHAT IS THE PURPOSE OF THE STUDY?

I am conducting this research to find out the psychosocial impact of gender-based violence among silenced and marginalised women. The primary aim of the study is to explore psycho-social impact of women who experienced gender-based violence, to identify the coping mechanisms used by women who are victims of gender-based violence and also to discuss recommendations to assist silenced and marginalized victims of gender-based violence.

WHY AM I BEING INVITED TO PARTICIPATE?

You have been selected to participate to form part of a sample of 10 women from 19 to 35 years of age from Vhembe District Municipality. You will be able to provide information which will be used to make a difference in the local municipality and to a larger scale to the province of Limpopo at large. Before you participate in the study you will be provided with a consent form where you will sign to confirm your willingness to participate in the study. It is also important to note that



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Covid-19 guidelines as stipulated by the University of South Africa will be followed as a preventative measure against the virus.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

As the participants you will be asked a series of questions by the researcher and you will be expected to provide answers. The study involves *audio taping of the interview questions and answers*. The primary reason for recording is so that the researcher would be able to transcribe and analyze the data in details. The recording is also important so that there is no information that is not clearly recorded by the researcher. The interview questions will take about 45 to 60 minutes.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason. If you participate in the study you will be given a copy of this information sheet to sign and keep as evidence of your decision to participate in the study. You will also sign a written consent form. Withdrawing from the study will not deprive you of benefits in your community in any way.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

Participation in this study is entirely voluntary and there will not be rewards or reimbursements. However, taking part in this study will help solve the problem of gender-based violence currently affecting the Republic of South and specifically Limpopo province. The researcher will share the finding of the study with you first and also with Vhembe District Municipality recommending strategies that may be put in place to curb the social ill. As a responded you will have a chance to make a difference in the local municipality through your shared experiences in the study.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

The study is more likely to invoke sad emotions of past experiences during the interview. If you feel any discomfort during the interview or data collection you are allowed to withdraw from the study. Even after withdrawing from the study, your identify will remain anonymous. If any harm attributed to the study occurs, you will be referred to professionals who may be of help to you.



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WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

You have the right to insist that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research [*this measure refers to confidentiality*] OR your name will not be recorded anywhere and no one will be able to connect you to the answers you give [*this measure refers to anonymity*]. Your answers will be given a code number or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings.

The data *will also be taken to an external coder* and he/she will be subjected to *signing a confidentiality agreement. Thereafter, the confidentiality agreements will be submitted to the Research Ethics Review Committee for consideration.* The answers that you provided during ghee interview will only be available to and reviewed by people responsible for making sure that research is done properly, which will include the transcriber, external coder, and members of the Research Ethics Review Committee. Therefore, records of data that identify you will only be available only to people working on the study, unless you give permission for other people to see the records.

Your anonymous data will be used for the research report. In addition, *the research report of the study may be submitted for publication, but individual participants will not be identifiable in it.*

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Hard copies of your answers will be stored by the researcher for a period of five years in a locked cupboard/filing cabinet in the researcher's home for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. After the five year period hard copies of the data collected will be shredded. The electronic copies will be permanently deleted from the hard drive of the computer through the use of a relevant software programme.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

There is no form of reward or compensation to participate in the study.



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HAS THE STUDY RECEIVED ETHICS APPROVAL

This study has received written approval from the Research Ethics Review Committee of the College of Human Sciences, Unisa. A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Rodney Rikhotso on 0781393497 or email: rodney.rikhotso@gmail.com. The findings might be accessible by December 2021. Feel free to make follow up to the researcher on the provided communication tools.

Should you require any further information or want to contact the researcher about any aspect of this study, please contact 0781393497 or email: rodney.rikhotso@gmail.com.

Should you have concerns about the way in which the research has been conducted, you may contact Dr T.R Netangaheni (Supervisor of the researcher) on 0124296720, email: robert.netangaheni@gmail.com. Contact the research ethics chairperson of the CHS General Ethics Review Committee, Prof I Ferns on 012-429-8210 or fernsi@unisa.ac.za if you have any ethical concerns.

Thank you for taking time to read this information sheet and for participating in this study.

Thank you.



Rodney Rikhotso



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APPENDIX E: CONSENT TO PARTICIPATE IN THE STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (please print)

Participant Signature..... Date.....

Researcher's Name & Surname..... (please print)

Researcher's signature..... Date.....

APPENDIX F: XITSONGA INTERVIEW GUIDE

VUYIMELO BYA HUNGU

Xiphemu lexi xa mbulavurisano xi kongomisa eka vuyimelo bya hungu leri nga ta hi pfumelela ku fananisa mi ntlawa ya vangheneleri. Na kambe, wa tshembisiwa leswaku ku angula ka wena a ku nge paluxiwi. Tirhisano wa wena wu ta amukeriwa. Mulavisisi uta teka nkarhi wo ringana makume nharhu wa timinete eka mbulavurisano ni mungheneleri.

Rimbewu **Xiyimo xa ntirho**

Malembe

Rixaka

1. Ku angarhela

1.1 .Xana u twisisa yini hi ku xanisiwa ka rimbewu?

2. Switandzhaku emiehleketweni

2.1 .Xana iku xanisiwa kwihi loku u hlanganeke na kona?

2.2.Xana wena u angule njhani loko u kha u xanisiwa hi ndlela ya leyo?

2.3.Xana u tshame u hleketa ku teka vutomi bya wena hikwalaho ka ku xanisiwa ka wena?

2.4.Xana u vona onge l yini xi nga va ni xiave eka ku xanisiwa ka wena?

2.5.Xana ku xanisiwa ka wena ku ku khome njhani emiehleketweni?

2.6.Xana u swi kotisa ku yini ku hanya eka xiyimo xa nxaniso lowu u hlanganaku na wona?

3. Switandzhaku eka vaaka tiko

3.1 Xana una vana ke? Loko kuri ina, xana ku xanisiwa ka wena ku endleka emahlweni ka vona?

3.2 Xana Ndyangu waka n'wina wa switiva hi nxaniseko lowu u hlanganaka na wona ke? Loko nhlamulo kuri ina, xana swiva khoma njhani?

3.3 Xana l xiphemu xihi lexi vaaka tiko vaka n'wina vaxi endlaku ku lwisisana naku xanisiwa ka rimbewu?

3.4 Xana l mintlawa yihi leyi nyikaka vukorhokeri bya lava hlanganaka niku xanisiwa ka rimbewu eka tiko raka n'wina? Loko tiri kona, xana tinga antswisa njhani vukorhokeri bya tona?

4. Nghenelelo

4.1 Xana u vona onge iku pfuniwa kwihi loku fanele ku nyikiwa vavasati lava hlanganaka niku xanisiwa ka rimbewu?

4.2 Xana l milawu yini leyi wena uyi tivaku leyi nga pfunaka vavasati eka timhaka taku xanisiwa ka rimbewu? Xana milawu yakona yi nga antswisiwa njhani?

4.3 Xana ku xanisiwa ka rimbewu ku nga herisiwa hi ndlela yini?

Lawa I mahetelelo ya mbulavurisano. Ndza ku khensa eka ku nghenelela ka wena eka dyondza lowu. Nkarhi wa wena wa khensiwa.

APPENDIX G: ENGLISH INTERVIEW GUIDE

BACKGROUND INFORMATION

This section of the interview guide refers to the background or biographical information that will allow us to compare groups of participants.

Once again, you are assured that your response will remain anonymous. Your cooperation is appreciated. The researcher will spend approximately 60 minutes with the participant during the interview.

Gender..... **Employment status**.....

Age.....

Ethnicity.....

1. General

1.1 What is your understanding of gender-based violence (GBV)?

2. Psychological impact

2.1 What type of violence do/did you experience?

2.2 When the violence happened, how do/did you react to it?

2.3 Did you ever think or attempted to commit suicide?

2.4 What do you think contributed to the violence?

2.5 How does/did the violence affect you emotionally?

2.6 What are or have been your coping mechanisms for the violence?

3. Social impact

3.1 Do you have children? If yes, does/ did the violence happen in front of them and how are they affected?

3.2 Does your family know about the abuse? If yes, how did they react to it?

3.3 What is the role of your community in addressing GBV?

3.4 Which organizations provide services to victims of GBV in your community? If there are, how can these organizations improve their services?

4. Interventions

4.1 What type of assistance do you think should be offered to women who experience or experienced GBV?

4.2 Which laws are you aware of which can assist women who experience GBV? How can those laws be improved?

4.3 How can GBV be stopped?

This is the end of the interview.

Thank you for participating in the study, your time is highly appreciated.

APPENDIX H: SAMPLE INTERVIEW TRANSCRIPT

Interview Session 1 (Telephone Interview)

The telephone interviews took place during the week of the **15th to 19th March 2021**. The choice of the telephone interviews was influenced by the requirement of adhering to the UNISA COVID-19 risk-adjusted guidelines intended to minimise the risks of infections. The telephonic interviews still enabled the researcher to obtain optimal information from which to develop the study's findings.

The interviews were conducted in Xitsonga and translated into English for the purpose of this research report. Each participant was encouraged to express her experiences and views freely. The researcher started the conversation by greeting the participants and explained the purpose of the research, and asked whether each participant was comfortable and had privacy where they were being interviewed from. The participants were always reminded that they had the right to withdraw their participation in the study, and that the counselling services of the area Social Worker were available in the event of any emotionally and psychologically disturbing developments occurring during the telephone interviews.

Interview Session with Participant A

Researcher: *Thank you for voluntarily agreeing to participate in this important research study as it seeks to contribute to the challenge of gender-based violence in our province, Limpopo and the country at large. I would like to begin with the interview by asking for your verbal consent for participating in this study. Is that okay with you?*

Participant A: Yes.

Researcher: *May you please repeat after me: I, _____ (**Participant A**), confirm that the person requesting my consent to take part in this research has explained to me the nature, procedure, potential benefits, and anticipated inconvenience of participation. I also fully understand the details as explained in the information sheet that was sent to me. I have had sufficient opportunity to ask questions and am prepared to participate in the study. I understand that my participation is voluntary and that I am free to withdraw at any time without penalty. I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.*

I would like to begin with the interview. Are you comfortable that you will not be disturbed by other people from where you are presently?

Participant A: I am comfortable, we can go ahead and start with the interview.

Researcher: *The first question is: what is your understanding of gender-based violence (GBV)?*

Participant A: It is the abuse of women by their husbands or boyfriends.

Researcher: *What do you mean by "abuse"?*

Participant A: I mean that they can be beaten by their boyfriends or husbands when they are having arguments.

Researcher: *What type of violence do/did you experience?*

Participant A: I experience physical, emotional and financial abuse. He was very manipulative that man.

Researcher: *Can you elaborate in terms of what was actually happening in terms of the abuses you mentioned.*

Participant A: When he comes home drunk, he would start accusing me or having an affair and then the slapping would start. He also called me insulative names whenever he confronted him about his drinking problem. Lastly, he used to demand money from me so that he could go out with his friends to drink alcohol. Sometimes he would take my car and drive around to see his friends and I had to refill petrol.

Researcher: *What do you think contributed to the violence?*

Participant A: My husband was very insecure. He did not want me to associate with other people because of his jealous. I am the type of person who block things and not talk about them. Another problem that makes me think that it contributed to the problem is that I forgive easily.

Researcher: *What do you mean by you forgive easily?*

Participant A: I am soft-hearted, and I give people too many chances believing that they will change. In this regard, I thought that he will eventually change because he once told me that he had a tough upbringing, although he never explained in details. Then, I think that he had personal issues that were never dealt with hence the behaviour.

Researcher: *Did you ever think or attempted to commit suicide?*

Participant A: I never thought or attempted to commit suicide.

Researcher: *How did the violence affect you emotionally?*

Participant A: The abuse I endured has changed me a lot. I have trust issues and I always snap at people every now and then. What pains me the most is that I even shout at my children for unnecessary things. Even in my current relationship I had to go for counseling with my boyfriend because I am always ready to defend myself.

Researcher: *What made you to eventually leave your abusive partner?*

Participant A: I ended up realising that he would eventually kill me because the abuse was too much. Sometimes when we are in a car driving and I happen to look at a man passing by, when we get home, I received slaps on my face. That is why I am saying that he was very much insecure.

Researcher: *How is your current relationship with your new partner? How is he treating you compared to the previous relationship?*

Participant A: To be honest with you, he is very caring and considerate. He actually asked me to see a Professional Counsellor because I have been very much defensive. One time, we were having an argument and somebody he raised his hand and immediately I covered my face and head with my hands. He was surprised as to why I was trying to protect myself because he did not want to hurt me. Just because I have been used to the abuse, I thought that he wanted to assault me. That is why he advised that we go for counselling so that I deal with my own fears”.

Researcher: *So, have you gone for counselling?*

Participant A: Not yet, but as soon as I make time, I will go for counselling.

Researcher: *How did the abuse affect your social life?*

Participant A: That man isolated me from people that I cared about. He made me see no value in interacting with other people with the fear of being judged even though they did not know. I actually, lost interest in socializing with other people.

Researcher: *As you have indicated that you separated with your abusive husband, how is your current social life?*

Participant A: Abuse changes you completely as a person. I am trying to adjust back to associating with people but spending time with my children.

Researcher: *As you have indicated that you have children, how many and did the violence happen in front of them and how are they affected?*

Participant A: I have 3 children, one boy and two girls. Part of the violence was happening in front of them. In 2015, I had to take my children to my mother because I could not let them witness the abuse I was going through. He would make noise and the children would hear that the two of us were not having a good communication. The violence I experienced affected my two daughters because they developed hatred towards their father.

Researcher: *Did your children ever get abused by their father or they only witnessed it?*

Participant A: No. He never laid his hands on them but with the ordeal I was going through, they were affected because my older daughter did not like him at all after we separated. Seeing my going through the abuse made her hate her father. However, at the moment they do talk on the phone and they are rebuilding the relationship.

Researcher: *What is the role of your community in addressing GBV?*

Participant A: My community just minds their own business.

Researcher: *Do you mean that there are no community gatherings or even campaigns where it is addressed?*

Participant A: I have never attended a campaign to specifically address the issue of GBV.

Researcher: *Which organizations provide services to victims of GBV in your community? If there are, how can these organizations improve their services?*

Participant A: To be honest I do not know of any organization that assist us women who are abused.

Researcher: *What are/ have been your coping mechanisms for the violence?*

Participant A: There was a lady I used to talk to and she did not judge me at all. My neighbour was also a source of comfort because whenever he threatened to kill me, I ran to my neighbour and she was always welcoming.

Researcher: *With the abuse that was happening, why is it that you never reported the issue to law enforcement?*

Participant A: You know, it is not easy to be honest to get the person who is a father to your children arrested. Most of the time you tell yourself that he will change and reporting to the police is not the first option.

You also do not want situations where family members start blaming you for getting him arrested rather than resolving the issue by talking with families.

Researcher: *How can GBV be stopped?*

Participant A: Dealing with the male child at an early age. Men have lot of emotional issues and what culture says that men do not cry is problematic. I also think that before offenders of gender-based violence are released from prison they should undergo programmes about respecting women and to change their behaviour.

Researcher: *Would you like to be part of the change in stopping GBV?*

Participant A: Of course. That is why I agreed to participate in the study in the first place even though it is not easy to talk about your own abuse.

Researcher: *Thank you for your participation on this study. We have come to the end of the interview.*

Interview Session 2 (Telephone Interview)

The telephone interviews took place during the week of the 15th to 19th March 2021. The reason for using telephone interviews were in adherence to the UNISA COVID-19 risk-adjusted guidelines. The telephonic interviews still enabled the researcher to obtain optimal information from which to develop the study's findings.

Each participant during the interview was encouraged to express her experience and views freely. The researcher started conversation by discussing the general understand of the participants on the concept of gender-based violence. The participants were always reminded that they had the right to withdraw their participation in the study and that the services of the area Social Worker were available to assist them with counseling and also services that they may require.

Interview Session with Participant B

Researcher: *Thank you for voluntary agreeing to participate in this important research study as it seeks to contribute to the challenge of gender-based violence in our province, Limpopo and the country at large. I would like to begin with the interview; the first question is as follows:*

What is your understanding of gender-based violence (GBV)?

Participant B: It is when a male and female are in a romantic relationship and are violent towards each other.

Researcher: *(Smiling) Do you think that gender-based violence does not happen to people who are romantically involved.*

Participant B: ... I am not sure but it happens between a male and female.

Researcher: *What type of violence did you experience?*

Participant B: I have experienced physical and emotional abuse from my partner who paid lobola for me.

Researcher: *Did your partner start abusing you prior paying lobola or afterwards?*

Participant B: It all started after he paid lobola for me.

Researcher: *How was he abusing you physically and emotionally?*

Participant B: [Yoh]... He used to assault me when we have arguments and he would go to the extent of kicking me. We would fight on a serious note. He also accused me of cheating on him on several occasions. He also called me by insulative names such as a "Bi**ch".

Researcher: *What do you think contributed to the violence?*

Participant B: Mainly it was substance abuse because when he is sober, he is a kind person. He would come home very drunk maybe around 2am and cause unnecessary arguments and then the conflict would start and if I back chat he would assault me saying that I talk too much.

Researcher: *So, when he was sober, he did not abuse you?*

Participant B: Yes. [Laughing] he is actually a loving person when he is sober. He would do nice things for me such as buying me gifts, telling me that I make him do bad things to me. I now think that, it was his tactics to make me see myself as the cause of his abusive behaviour and not him.

Researcher: *Did you ever think or attempted to commit suicide?*

Participant B: Killing myself never crossed my mind. I was just depressed after he took custody of my last-born child, and I could not see her for 8 months.

Researcher: *What made him take custody of the baby after your separation?*

Participant B: [Crying]... Just because I am the one who initiated the separation, he told me that if we separate his baby was not going to stay with me. Just because, I did not want to die, I allowed him to take the baby to live with him and his mother.

Researcher: *For you not to see your baby for 8 months, were you not worried about her safety?*

Participant B: One thing I know about that man is that he loves his daughter so much and he will do everything to protect her. The other thing is that with the abuse I suffered I needed a break from that man. I even had a miscarriage [Crying] because of the stress he put me through and he literally blamed me that I miscarried the pregnancy.

Researcher: *How did the violence affect you emotionally?*

Participant B: It destroyed me. I lost myself. There was a time where I felt that I was done with him. However, he spent more time with my family members drinking alcohol even after I left him. My family looked at me as the source of the problems we encountered and view him as an angel. I ended up being depressed after he took custody of my lastborn baby. At work it affected me a lot because I would even see case dockets of women who were killed by their partners. I would cry before I go to work.

Researcher: *Did you access the services of wellness Practitioners at work?*

Participant B: No. I did not want my colleagues to know that I was going through abuse in my marriage in order to avoid gossips.

Researcher: *With the depression you suffered, did you get any professional counselling?*

Participant B: Yes. I was actually diagnosed with depression by a psychiatrist, and I was given medication. However, to be honest, I did not go back because they wanted to put me on medication.

Researcher: *Don't you think that it is important for your mental health to consider continuing with the sessions and possibly take the medication?*

Participant B: I will think about it but for now I am not ready to be on medication.

Researcher: *How did the abuse affect your social life?*

Participant B: I lost my social life because I could not go out. I lost the energy to dress up and go out to social events. I spent most of my time alone, and I would get invites to go out to social events and I always gave excuses for not feeling well just because I did not want to form part of their events.

Researcher: *Do you have children? If yes, does/ did the violence happen in front of them and how are they affected?*

Participant B: I have two girls. My first born is actually his step-daughter. On some occasions it did happen in front of the children. On one occasion I locked myself in my daughter's bedroom and he kicked the door trying to attack me. I literally poured boiling hot water with noodles on him and he was badly burnt. My daughter said to him "leave my mother you Satan". Even now my daughter is undergoing therapy sessions with a Clinical Psychologist".

Researcher: *Didn't you feel guilty after pouring boiling water on him?*

Participant B: I actually did feel guilty. I called to check on him and found that he did not go to the hospital. I then accompanied him to the hospital. He then refused to open a criminal case against me while the doctors suggested he should. He always reminded me that he did not get me arrested and that was a form of a blackmail.

Researcher: *What is the role of your community in addressing GBV?*

Participant B: They don't get involved, to be honest with you.

Researcher: *Which organizations provide services to victims of GBV in your community? If there are, how can these organizations improve their services?*

Participant B: In my community I do not know of any organization that provide services to victims of GBV.

Researcher: *What are or have been your coping mechanisms for the violence?*

Participant B: It is something that was not new to me at all. He is beating me is something that I grew up seeing my dad beating my mom. The following day he would buy my mom nice things and also buy us nice clothes. With my partner he kept on doing those things and the following day apologize saying that I talk too much and act like a boss. He would stop abusing me for three weeks or a month and then repeated the same behaviour calling me a bi**h. To deal with pain I started drinking alcohol. I have been to the Clinical Psychologist for counselling, but I was never honest to him the way I am being honest with you. I had a session with a Psychiatrist, and I was diagnosed for depression which was long overdue. To be honest I never went back to the Psychiatrist because I did not want to continue using the medication.

Researcher: *Do you still have contacts with your ex-husband?*

Participant B: Just because I told myself that I will be honest during this interview. He actually does come to my house from time to time and sleeps here with me.

Researcher: *So, you are not living together fulltime, but he has access to your home?*

Participant B: Yes. I actually told me that as much as our daughter will have to visit me. Then he will also have access to my home on the basis of my daughter.

Researcher: *How can GBV be stopped?*

Participant B: According to my understanding GBV goes hand in hand with the violence we have in our communities. The cycle will never break as much as we are living in a violent society in general. The best thing that can be done is for it talked about daily so that it shows the good impact.

Researcher: *Are you saying that GBV will only stop when crime in general stops?*

Participant B: Yes. In order to deal with the smaller parts of society, we need to address the bigger part which crime in general.

Researcher: *Thank you for your participation on this study. We have come to the end of the interview.*

APPENDIX I: MAIN THEMES AND THEIR CODING

Main Themes	Sub-Theme	Thematic Responses and Frequencies
1. General Understanding of Gender-based Violence		<ul style="list-style-type: none"> • Directed against women = X 7 • Directed against both genders = X 8
2. Psychological Impact	Type of Violence Experienced	<ul style="list-style-type: none"> • Sexual Abuse = X 3 • Financial Abuse = X 3 • Emotional Abuse = X 8 • Physical Abuse = X 14
	Perceived GBV Contributory Factors	<ul style="list-style-type: none"> • Alcohol = X 6 • Poor Communication = X1 • Unemployment = X 1 • Immigration = X 1 • Insecurity = X 5
	Suicidal Ideation	<ul style="list-style-type: none"> • Suicidal = X 6 • Not suicidal = X 7 • Attempted Suicide = X 2
	Emotional Impact of GBV	<ul style="list-style-type: none"> • Emotional Exhaustion = X 6 • Fear = X 3 • Low Self-esteem = X 3 • Anger = X 5 • Trust = X 1 • Loneliness = X 1
3. Social Impact of GBV	GBV Exposure and Effect on Participants' Children	<ul style="list-style-type: none"> • Social isolation = X 9 • Social Stigma = X 4 • Fear of Judgment = X 1 • Embarrassment = X 1
	The role of the community in addressing GBV with the purpose of minimizing the risks of infections	<ul style="list-style-type: none"> • No role is being played X 15
	Knowledge of GBV Service Organizations	<ul style="list-style-type: none"> • Social Workers = X 1 • Police Station = X1 • No knowledge = X13
4. Coping Mechanisms	What are or have been your coping mechanisms for the violence?	<ul style="list-style-type: none"> • Talking to a friend/Family member = X 3 • Professional Counsellor/Pastors= X 2 • Normalised or accepted the situation = X 8 • Retaliated/ fought back = X1 • Not coping at all = X 1
5. Views on Gender-based Violence Intervention Plans	How GBV can be stopped	<ul style="list-style-type: none"> • Awareness to school children from primary school = X 1 • Addressing violence in general = X 1 • Awareness campaigns towards men = X 7 • Prison life sentences for perpetrators of GBV = X 1 • GBV will never stop as long alcohol breweries exists = X1 • Women reporting the abuse = X 2 • Do not know how = X 1 • Life imprisonment for perpetrators = X 1