# INTIMATE PARTNER VIOLENCE (IPV) IN ZIMBABWE: VIEWS OF SERVICE PROVIDERS ON CONTRIBUTING FACTORS AND IMPLICATIONS FOR SOCIAL WORK INTERVENTION

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# DECLARATION

By submitting this dissertation electronically, I declare that the entirety of the work contained therein is my own original work, that I am the authorship owner thereof (unless to the extent explicitly otherwise stated), and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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# ABSTRACT

Intimate partner violence (IPV) is a major global challenge, and in Africa, IPV is particularly prevalent in sub-Saharan countries. IPV knows no cultural, ethnic, geographic, religious, social, or economic boundaries and is furthermore usually perpetrated by male partners who misuse their power. In Zimbabwe, despite progressive legislation to reduce violence against women, the number of IPV cases is growing. There are several factors that could contribute to IPV on a micro-, meso-, and macro-level. These factors need to be taken into consideration when social work and other related services are rendered to abused women. It is against this background that the study was conducted.

The goal of the study was to gain an understanding of the views of service providers on factors contributing to intimate partner violence in Zimbabwe, and to explore the implications for social work intervention. In order to achieve this goal, five objectives were formulated and a qualitative study with an explorative and descriptive nature was conducted. The ecological perspective was chosen as a theoretical framework for this study.

Ethical clearance was obtained before the researcher collected data in Hopley, a poverty-stricken area, 20 km outside of Harare. COVID-19 regulations were adhered to whilst the data were collected. Three cohorts were utilised during data collection. The first cohort was made up of key informants who were representatives of Government and NGOs or individuals who were implementing programmes to curb IPV in the research area. The fourteen key informants who took part in the study had to complete a semi-structured questionnaire that was emailed to them. The second cohort consisted of community popular opinion leaders who were active in the research area with the aim to empower women and who would report any abusive or discriminatory acts against women. In this cohort two face-to-face focus group discussions were conducted with 23 participants. The third cohort involved seven community popular opinion leaders (who were not part of the focus group discussions) with whom telephonic interviews were conducted. Thus, in total, 44 participants took part in this study.

The data were analysed into six themes, namely understanding of IPV, types of IPV common in the study area, factors that contributed to IPV on a micro-level, factors that contributed to IPV on a meso-level, factors that contributed to IPV on a macro-level, and intervention strategies. These themes were further ordered into relevant sub-themes and categories. The data were also verified by making use of triangulation, member checks, and reflexivity.

The main findings of the study indicate that there are several factors on a micro-, meso- and macro-level that contribute to IPV. It was also found that the intervention strategies to reduce IPV in the study area remained problematic due to the lack of resources and social work service rendering. Finally, it was concluded that social workers have a major role to play in the provision of services to victims and perpetrators of IPV on a primary, secondary, and tertiary level. The recommendations focus on the crucial role that social workers should play in rendering services in the IPV field and in other areas that concentrate on the empowerment of women, and specifically in vulnerable areas such as Hopley.

# OPSOMMING

Geweld in intieme verhoudings is wêreldwyd ’n groot uitdaging. In Afrika kom geweld in intieme verhoudings veral wyd voor in sub-Sahara Afrikalande. Met geweld in intieme verhoudings word geen kulturele, etniese, geografiese, godsdienstige, sosiale, of ekonomiese onderskeid gemaak nie. Voorts word geweld in intieme verhoudings gewoonlik gepleeg deur mans wat hulle mag misbruik. In Zimbabwe neem die aantal gevalle van intieme geweld toe, ten spyte van progressiewe wetgewing om sodanige geweld te bekamp. Daar is verskeie faktore wat op ’n mikro-, meso-, en makrovlak tot intieme geweld kan bydra. Hierdie faktore behoort in ag geneem te word met die lewering van maatskaplike en ander dienste aan mishandelde vroue. Dit is teen hierdie agtergrond wat die studie uitgevoer is.

Die doel van die studie was om ’n begrip van die sienings van diensverskaffers te kry oor faktore wat tot intieme geweld bydra, asook om die implikasies vir maatskaplikewerk-intervensie te eksploreer. Ten einde hierdie doel te bereik is vyf doelwitte geformuleer en is ’n kwalitatiewe studie met ’n eksploratiewe en beskrywende aard uitgevoer. In hierdie konteks is die ekologiese perspektief as teoretiese raamwerk gekies.

Alvorens data ingesamel kon word, is etiese klaring vir die studie verkry. Die data is in Hopley, ’n armoed-geteisterde area, 20 km buite Harare, ingesamel. Tydens data-insameling is van drie kohorte gebruik gemaak. Die eerste kohort was sleutel-informante en is saamgestel uit verteenwoordigers van staats- en nie-regeringsorganisasies, of individue betrokke by geweldbekampingsprogramme in die navorsingsgebied. Veertien sleutel-informante het aan die studie deelgeneem en ’n semi-gestruktureerde onderhoudskedule is per e-pos aan hulle gestuur om te voltooi. Die tweede kohort is saamgestel uit gemeenskapsleiers wat aktief betrokke was by vrouebemagtigingsaksies en wat enige gewelddadige en diskriminerende gedrag teen vroue in die navorsingsarea sou aanmeld. In hierdie kohort is twee fokusgroep besprekings met 23 deelnemers van aangesig-tot-aangesig gehou. Die derde kohort het uit sewe gemeenskapsleiers (wat nie deel van die fokusgroepe was nie) bestaan en telefoniese onderhoude is met hulle gevoer. In totaal het 44 deelnemers aan die studie deel geneem.

Die data is in ses temas geanaliseer, naamlik, begrip oor intieme geweld, tipe intieme geweld wat algemeen in die navorsingsarea voorkom, faktore wat bydra tot intieme geweld op mikrovlak, faktore wat bydra tot intieme geweld op mesovlak, faktore wat bydra tot intieme geweld op makrovlak, en intervensiestrategieë. Hierdie temas is verder verdeel in relevante subtemas en kategorieë. Die data is ook geverifieer deur van triangulasie, databevestiging, en reflektiwiteit gebruik te maak.

Die hoofbevindinge van die studie dui aan dat verskeie faktore tot intieme geweld bydra op mikro-, meso-, en makrovlak. Intervensiestrategieë om intieme geweld te bekamp in die navorsingsarea bly ’n groot uitdaging vanweë beperkte bronne en maatskaplikewerk-dienslewering. Ten slotte is daar tot die gevolgtrekking gekom dat maatskaplike werkers ’n uiters belangrike rol speel in die voorsiening van dienste op primêre, sekondêre, en tersiêre vlak aan beide slagoffers en oortreders van vrouegeweld. Met die aanbevelings is klem gelê op die noodsaaklike rol wat maatskaplike werkers behoort te speel in die lewering van dienste waar geweld in intieme verhoudings voorkom, asook in ander velde wat ten doel het om vroue te bemagtig, veral in kwesbare gebiede soos Hopley.

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# ACRONYMS

| | |
|---|---|
| ACEs | Adverse Childhood Experiences |
| ACHPR | African Charter on Human and People's Rights |
| ADB | African Development Bank |
| AIDS | Acquired Immuno Deficiency Syndrome |
| BCT | Behavioural Couples Therapy |
| CBD | Central Business District |
| CCCC | Chiedza Child Care Centre |
| CCJP | Catholic Commission for Justice and Peace |
| CCTV | Closed-Circuit Television |
| CEDAW | Convention on the Elimination of all forms of Discrimination Against Women |
| CeSHHAR | Zimbabwe Centre for Sexual Health and HIV/AIDS Research Zimbabwe |
| CHC | Couple's Health CoOp |
| CIDI | Composite International Diagnostic Interview |
| COMESA | Common Market for Eastern & Southern Africa |
| CPOL | Community Popular Opinion Leader |
| CTs | Cash Transfers |
| DCA | Dan Church Aid |
| DESA | United Nations Department of Economic and Social Affairs |
| DEVAW | Declaration on the Elimination of Violence against Women |
| DHS | Demographic and Health Survey |
| DVA | Domestic Violence Act |
| ESAP | Economic Structural Adjustment Programme |
| FGD | Focus Group Discussion |
| FMPV | Female Male Partner Violence |
| FPL | Food Poverty Line |
| GBV | Gender Based Violence |
| GDP | Gross Domestic Product |
| HIV | Human Immunodeficiency Virus |
| IMAGE | Intervention with Microfinance for AIDS and Gender Equity |
| IPV | Intimate Partner Violence |

| | |
|---|---|
| IRB | Immigration and Refugee Board of Canada |
| ISALs | Internal Savings and Lending Schemes |
| ISDM | Integrated Service Delivery Model |
| KI | Key informant |
| LAD | Legal Aid Directorate |
| LSHTM | London School of Hygiene and Tropical Medicine |
| MAP | Men as Partners |
| MFPV | Male Female Partner Violence |
| MHC | Men's Health CoOp |
| MICS | Multiple Indicator Cluster Survey |
| MNI | Male Norms Initiative |
| MR | Mandatory Reporting |
| MWAGCD | Ministry of Women Affairs, Gender, and Community Development |
| NGO | Non-Governmental Organisation |
| NVFSC | National Victim Friendly System Committee |
| OPHID | Organization for Public Health Interventions |
| PDL | Poverty Datum Line |
| PEPFAR | President's Emergency Plan For AIDS Relief |
| PICES | Poverty Income Consumption and Expenditure Survey |
| POTRAZ | Postal Telecommunications Regulatory Authority of Zimbabwe |
| PREP | Pre-marital Relationship Enhancement Program |
| PRFT | Poverty Reduction Forum Trust |
| PTSD | Post-Traumatic Stress Disorder |
| SADC | Southern Africa Development Committee |
| SAfAIDS | Southern Africa HIV and AIDS Information Dissemination Services |
| SAYWHAT | Students and Youth Working in Reproductive Health Action Team |
| SDG | Sustainable Development Goals |
| SFL | Sisters-for-Life |
| SIDA | Swedish International Development Agency |
| SRHR | Sexual and Reproductive Health Rights |
| SSA | Sub Saharan Africa |
| STI | Sexually Transmitted Infections |
| TCPL | Total Consumption Poverty Line |
| TFSV | Technology-Facilitated Sexual Violence |

| | |
|---|---|
| TTC | Thuthuzela Care Centers |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV/ AIDS |
| UNDP | United Nations Development Programme |
| UNESASD | United Nations Economic and Social Affairs Statistic Department |
| UNESCO | United Nations Educational, Scientific and Cultural Organisation |
| UNFPA | United Nations Population Fund |
| UNGEI | United Nations Girls' Education Initiative |
| UNICEF | United Nations Children's Fund |
| UNODC | United Nations Office on Drugs and Crime |
| VCT | Voluntary, Counselling and Testing Services |
| VFC | Victim Friendly Court |
| VFS | Victim Friendly System |
| VFSCC | Victim Friendly System Subcommittees |
| VFU | Victim Friendly Unit |
| WHC | Women's Health CoOp |
| WHO | World Health Organisation |
| WLSA | Women and Law in Southern Africa Research and Education Trust |
| YMOT | Youth Ministry Online Training |
| ZANU-PF | Zimbabwe African National Union-Patriotic Front |
| ZAPU | Zimbabwe African People's Union |
| ZDHS | Zimbabwe Demographic Health Survey |
| ZIMSTAT | Zimbabwe National Statistical Agency |
| ZRP | Zimbabwe Republic Police |
| ZWLA | Zimbabwe Women Lawyers Association |

# CHAPTER 1

# INTRODUCTION AND BACKGROUND

## 1.1 PRELIMINARY STUDY AND RATIONALE

Intimate partner violence (IPV) is the continual and systematic exercise of power and control within an intimate relationship that often also includes or culminates in violence (Johnson, 2008; Klugman, 2017). IPV is not a unitary phenomenon (Kelly & Johnson, 2008); according to Larsen (2016) the types of behaviour typically considered to constitute IPV include physical abuse (e.g., slapping, hitting, kicking, beating), psychological abuse (e.g., intimidating, humiliating), sexual abuse (e.g., sexual coercion, forced intercourse), or other controlling behaviours (e.g., isolating a partner from family and friends, restricting access to financial resources).

The term IPV is intended to be broad enough to encompass all romantic relationships, whether heterosexual, homosexual, casual, dating, with a child in common, married, separated, or formerly married (Cavanaugh, Messing, Petras, Fowler, LaFlair, Kub, Agnew, Fitzgerald, Bolyard & Campbell, 2012). According to Alpert (2010) the abuser (perpetrator) and victim can be male, female, or transgender. IPV inevitably occurs within an intimate relationship where both the perpetrator and the victim are known to each other and have either been, or are still, in an intimate relationship of some kind (Hancox, 2012). The relationship need not involve all these dimensions and examples of intimate partners but could include current or former spouses, boyfriends or girlfriends, dating partners, or sexual partners and can occur between heterosexual or same-sex couples. IPV is also referred to in much of the literature as battering, family violence, spouse abuse, and domestic violence, is the most prevalent form of violence against women (Centre for Disease Control, 2007). IPV can vary in frequency and severity; it occurs on a continuum, ranging from one episode that might or might not have a lasting impact, to chronic and severe episodes over a period. Nevertheless, IPV is a significant problem that has existed for centuries and that disproportionately affects the social wellbeing of women and their children (Messing, 2011).

Violence in the intimate sphere is usually perpetrated by males who are, or who have been, in positions of trust, intimacy, and power, such as, husbands and boyfriends, and although women can also be violent, their actions account for a small percentage of IPV (UNICEF, 2000). IPV comprises the bulk of gender-based violence in all countries around the world (Klugman, 2017) so much so that physical and sexual abuse by male partners greatly exceeds the prevalence of all other forms of violence in most women's lives (Heise, 2011). Women living with female partners experience less IPV than women living with male partners (Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011). In most societies, IPV against men is seen as women's defence strategy against abuse by their male partners (Shuler 2010). Women bear the overwhelming burden of IPV and have been universally recognised as victims with one in every three women having been beaten, coerced into sex, or otherwise abused by an intimate-partner in her lifetime (Morna & Jacobs-Williams, 2011). Violence by husbands and other intimate partners has been recognised as a severe social and health problem in many African cultures (Mann & Takyi, 2009). For instance, studies show that 50% of women in Zambia, 60% in Tanzania, 42% in Kenya, and 81% in Nigeria (Mann & Takyi, 2009), 47% of women in Zimbabwe (Fidan & Bui, 2016) and 30% of women in Rwanda (Verduin, Engelhard, Rutayisire, Stronks & Scholte, 2013) have experienced some form of IPV in their lifetime. A comparative analysis of the Demographic and Health Survey (DHS) data from nine countries, found that the percentage of ever-partnered women who reported ever experiencing any physical or sexual violence by their current or most recent husband or cohabiting partner ranged from 18% in Cambodia to 48% in Zambia for physical violence, and 4% to 17% for sexual violence (Bott, Guedes, Goodwin & Mendoza, 2012).

Intimate partner/family-related homicide disproportionately affects women: globally two thirds of intimate partner/family-related homicide victims are female (43 600 in 2012) and one third (20 000) are male. In 2012, almost half (47%) of all female victims of homicide were killed by their intimate partners or family members, compared to less than 6% cent of male homicide victims. A large-scale study of homicide records in several African countries showed that husbands or partners were responsible for 44.8% of all homicides against women with only 4.4% of homicides against men being committed by women partners (Stöckl, Devries, Rotstein, Abrahams, Campbell, Watts & García-Moreno, 2013). Thus, a large share of female homicide victims is murdered

by people who are expected to provide them with protection, affection, and care (United Nations Office on Drugs and Crime [UNODC], 2014). This study will therefore focus on women who, as revealed by the assertions above, are disproportionately exposed to, and affected by, IPV.

IPV is so widespread in sub-Saharan countries that it cuts across cultural, ethnic, geographic, religious, social, and economic boundaries (Fidan & Bui, 2016). The roots of violence against women lie in historically unequal power relations between men and women, and persistent discrimination against women (United Nations, 2006). IPV derives from pervasive gender inequality in much of sub-Saharan Africa (SSA) that restricts girls' and women's access to education, equal employment, and healthcare, as well as their decision-making in marriage, divorce, and fertility (McCloskey, Boonzaier, Steinbrenner & Hunter, 2016). IPV against women is generally under reported because many victims are not willing to disclose violence because of shame, fear and social norms. While some women may comprehend and feel that IPV is painful and wrong they may still not define it as a crime (Chuma & Chazovachii, 2012).

A 2013 analysis conducted by the World Health Organisation (WHO) with the London School of Hygiene and Tropical Medicine and the Medical Research Council, based on existing data from over 80 countries, found that worldwide, almost one third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner. The prevalence estimates range from 23.2% in high-income countries and 24.6% in the Western Pacific region to 37% in the WHO Eastern Mediterranean region, and 37.7% in the South-East Asia region (World Health Organisation [WHO], 2017). The WHO's multi-country study indicated that several countries had IPV against women being reported in many parts of the world and that, on average, 24 women per minute were victims of violence by intimate-partners (Semahegn & Mengistie, 2015). The total number of women who are victims of IPV exceeds 700 million women worldwide (Klugman, 2017).

According to McCloskey et al. (2016) IPV affects 36% of SSA's population with several African countries ranking among the highest globally. IPV is widespread throughout much of SSA, with the overall past-year prevalence of 36% exceeding the global average of 30% (García-Moreno, Pallitto, Devries, Stöckl, Watts & Abrahams, 2013). McCloskey et al. (2016) assert that more women in Africa are subject to lifetime partner

violence (45.6%) and sexual assault (11.9%) than women anywhere else in the world. Violence against wives and sexual partners is so prevalent in some African countries that it is virtually ubiquitous as in Zambia (90%) and Ethiopia (71%) (United Nations, 2012). In Uganda, 41% of women reported at least one episode of IPV directed against them in the past year (Kwagala, Wandera, Ndugga & Kabagenyi, 2013).

In Zimbabwe, despite the promulgation of several progressive laws to fight against gender-based violence (GBV), the problem has remained a key challenge to the achievement of gender equality and the enjoyment of women's rights. Zimbabwe's levels of IPV remain high with the 2015 Zimbabwe Demographic Health Survey (ZDHS) noting an increase in the percentage of women that reported having experienced violence in their lifetime. The percentage increased from 29.9% in 2010 to 34.8% in 2015 with more than 1 in 3 women having experienced physical violence since the age of 15. Overall, 35% of women report having experienced physical violence at some point in their lives (Zimbabwe Demographic Health Survey [ZDHS], 2015). The most reported perpetrator of IPV in Zimbabwe is the current husband or partner (54%), followed by the former husband or partner (23%). Among ever-married women, a similar trend is observed with the current husband or partner as the most likely perpetrator of physical violence (64%), followed by the former husband or partner (27%).

## 1.2 CONTRIBUTING FACTORS OF INTIMATE PARTNER VIOLENCE

Studies have identified possible causes of IPV, many of which are salient across diverse cultural and social contexts. Research has shown that no single factor "causes" violence; rather violence is a probabilistic event culminating from different individual, relationship, and community level factors combining to determine the likelihood of its occurrence. As argued by Semahegn and Mengistie (2015) the risks faced by women are shaped both by their unique IPV situation and by ''life-generated risks'' such as racism, or structural poverty, that build upon and compound the violence within intimate relationships.

McCloskey et al. (2016) observe that some of the risk factors for IPV in Africa mirror those found in other regions of the world such as individual-level characteristics (excessive drinking or a history of child abuse) or socioeconomic conditions such as

unemployment. However, some of the contributing factors leading to IPV in Africa need to be understood against the context of family life and gender roles (Jewkes & Morrell, 2010). In many regions of Africa, beliefs relating to gender roles in marriage underlie the incidence of IPV. Patriarchal beliefs are not the only factor contributing to IPV, however such attitudes sustain community tolerance of IPV (McCloskey et al., 2016). In sub-Saharan Africa, patriarchal ideology is often equally shared by men and women, with a significant proportion of both men and women endorsing a man's prerogative to physically discipline his wife (Koenig, Lutalo, Zhoa, Nalugoda, Wabwire-Mangen, Kiwanuka & Gray, 2003), with more women than men endorsing what they view as 'justified abuse', such as when a wife appears to neglect the children or argues with her husband (Uthman, Lawoko & Moradi, 2009). Jewkes, Dunkle, Nduna and Shai (2010) argue that IPV could potentially alter gender norms by ultimately forcing abused women to endorse attitudes towards wife-beating, sexual abuse, and controlling behaviours.

Young men who hold rigid views about gender roles, tend to endorse the use of physical abuse to control a woman partner (Maldonado, Watkins & DiLillo, 2015). In a cross-national survey of attitudes toward IPV, that included 17 sub-Saharan countries, it was noted that most men supported the use of violence against a wife for disagreeing or arguing with the husband or going out without notifying him (Uthman et al., 2009). The approval of physical abuse in marriage was particularly widespread in Zambia (71%) and Kenya (68%). One of the factors that affects such approval is men's higher educational level in Kenya (Lawoko, 2008). However, men who placed a value on shared decision-making were less prone to physical abuse against a wife or partner, although they were in the minority (McCloskey et al., 2016).

From the above discussion it is clear there are several contributing factors that could lead to IPV, which in turn could lead to severe consequences that will be briefly discussed below.

## 1.3 CONSEQUENCES OF INTIMATE PARTNER VIOLENCE

The social and economic costs of intimate partner and sexual violence are enormous and have ripple effects throughout society. The adverse consequences of IPV extend to families, communities, and even to national, social, and economic development. The

costs of violence against women include the direct costs of services to treat and support abused women and their children, and to bring perpetrators to justice. The indirect costs include lost employment and productivity, as well as the costs of human pain and suffering. In the United States of America alone IPV has a population economic burden of nearly $3.6 trillion based on 43 million adults with a history of victimisation The estimated economic burden includes among others $2.1 trillion (59% of total) in medical costs, $1.3 trillion (37% of total) in lost productivity among victims and perpetrators, $73 billion (2% of total) in criminal justice activities; with government sources paying an estimated $1.3 trillion (37%) of the lifetime economic burden (Peterson, Kearns, McIntosh, Estefan, Nicolaidis, McCollister, Gordon & Florence, 2018).

IPV has adverse outcomes for women, ranging from poor psychological health to adverse reproductive health effects such as elevating the odds of miscarriage, infant low birth weight, and obstetric complications. The WHO (2013) found that women who had been physically or sexually abused by their partners were 16% more likely to have a low birth weight baby, were almost twice as likely to have an abortion, or to experience depression and, in some regions, were one-and-a-half times more likely to acquire HIV, as compared to women who have not experienced partner violence.

IPV is also associated with sexually transmitted infections (Seth, Raiford, Robinson & Wingood, 2010) which exacerbate the transmission of Human Immunodeficiency Virus (HIV) infection in Africa. Though HIV has spread to many parts of the world most new cases are concentrated in sub-Saharan Africa (SSA) especially in Southern African countries, namely South Africa, Botswana, Zimbabwe, and Zambia (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2015). The co-occurrence of IPV and HIV has surfaced in several studies across Africa (Burgos-Soto, Orne-Gliemann, Encrenaz, Patassi, Woronowski, Kariyiare, Lawson-Evi, Leroy, Dabis, Ekouevi & Becquet, 2014). Thus, IPV is considered a structural driver of HIV (Auerbach, Parkhurst & Caceres, 2011) and its different forms are implicated in the transmission of HIV to women, including sexual assault (Jewkes, Sikweyiya, Morrell & Dunkle, 2011). In their review of the evidence for the link between partner violence and HIV, Dunkle and Decker (2013) observed that men who were violent against their partners often had other characteristics that placed them at an elevated risk for Sexually Transmitted Infections

(STIs) and ultimately HIV, such as alcohol abuse, multiple sexual partners, refusing condom use, and forcing sex. These findings were confirmed and expanded in a demographic survey of violence, health, and HIV that was conducted in 12 countries in SSA (Durevall & Lindskog, 2015).

IPV furthermore affects women's mental health, often resulting in depression, suicide or suicidal ideation, post-traumatic stress disorder, and sleep disturbances (Beydoun, Beydoun, Kaufman, Bruce & Zonderman, 2012). Intimate partner rape may be emotionally more harmful than rape by a stranger, causing higher levels of perceived stress and dissociation. The misuse of alcohol and drugs is also often associated with intimate partner violence victimisation as women may turn to the misuse of substances to cope with the trauma resulting from such victimisation (Afifi, Hendriksen, Asmundson & Sareen, 2012).

Additionally, IPV negatively affects the cognitive, behavioural, and socio-emotional development of children, resulting in both internalising (e.g., depression) and externalising (e.g., aggression) behaviours (Evans, Davies & DiLillo, 2008). The WHO (2017) observes that children who grow up in families where there is IPV may suffer a range of behavioural and emotional disturbances. These disturbances can be associated with perpetrating or experiencing violence later in life.

Finally, IPV constitutes an economic burden to national economies, as was confirmed in a study conducted by the Swedish International Development Agency (SIDA) which indicated that the aggregate cost of IPV in Zimbabwe in 2009 was estimated at US$2 billion. These aggregate costs relate to victims' medical, transport, and legal fees and the costs of other support services provided by the government and non-governmental organisations (United Nations in Zimbabwe, 2013).

## 1.4 INTERVENTIONS TO CURB INTIMATE PARTNER VIOLENCE AND ITS CONSEQUENCES

As discussed above IPV has serious consequences for women's physical, mental, sexual, and reproductive health. In order to curb IPV and to address its adverse effects on women, governments and non-governmental organisations have instituted various interventions that target individuals, relationships, communities, and societies at large.

These interventions are put in place with the intention to prevent the occurrence of IPV, to ensure that victims of IPV are emancipated from perpetrators of violence, and to ensure that the perpetrators of violence are deterred from further abusing their victims or potential victims. These interventions include instituting supportive legislation, strengthening women's economic rights, increasing media campaigns to raise awareness, training the police in handling abused women, providing medical and counselling services to assist victims, and establishing shelters or centres for abused women.

Other interventions aim at preventing IPV through teaching safe and healthy relationship skills to improve relationship dynamics and individual wellbeing by improving communication, conflict management, and emotional regulation skills (Niolon, Kearns, Dills, Rambo, Irving, Armstead & Gilbert, 2017). Social service interventions for victims of IPV include provision of support services such as emergency accommodation and individual psychosocial support services.

Then there are interventions that challenge institutionalised tolerance of violence against women by taking community, traditional, and political leaders on board to influence the IPV discourse. Some interventions challenge social norms that support male authority, or control over women, or that condone violence against women. Other interventions aim to reform discriminatory family law and strengthen women's economic rights. Community and societal interventions to prevent IPV are often community-based, with the aim of shifting public opinion at the community level.

Very often services offered to victims of IPV are either tied to criminal justice intervention, or encourage the separation of the victim and the perpetrator. However, these interventions do not always serve the needs of women who, for cultural, economic, or personal reasons, want to remain in their relationships, or to marginalised women who fear the power of the state due to institutionalised patriarchy related violence. The deficiencies of the generic approach that encourages prosecution and arrest of perpetrators are increasingly being recognised. Research has shown that the arrest of perpetrators occurs only in 40% or fewer of IPV incidents and that there is mixed evidence on the efficacy of arrest as a deterrent (Sloan, Platt, Chepke & Blevins, 2013).

Many intervention strategies to curb IPV only focus on the victims of abuse, however, without effective services for the abusers, IPV will continue to be a social problem (Messing, 2014). Because IPV affects a range of individuals and for interventions to be effective intervention strategies need to factor in peculiar individual factors rather than be homogeneous. Thus, a culturally competent approach to IPV intervention includes understanding the factors contributing to IPV as well as reasons why some victims may choose not to leave their violent relationships or to seek help (Messing, Thaller & Bagwell, 2015). Victims from cultural groups that value collectivism may, for instance, assign higher importance to community needs, choosing to maintain discretion and uphold traditional family configurations (Lockhart & Danis, 2010).

From the discussion presented above it is evident that IPV has severe consequences and that it is caused by an intersection of complex factors. The findings of this study will hopefully contribute to the provision of more relevant services and strategies to reduce the incidence of IPV.

## 1.5 PROBLEM STATEMENT

Despite the fact that Zimbabwe is party to key international and regional instruments on women's rights, or has enacted the Domestic Violence Act (2007) that provides for victims of IPV to seek legal recourse, and coordinated government and civil society's efforts to increase legal literacy on the provisions of the Act, cases of IPV in Zimbabwe continue to rise. In Zimbabwe, women are disproportionately affected by IPV with almost half of ever-married women (45%) reporting having experienced physical, emotional, or sexual violence from their husband or partner at some point in time (ZDHS, 2015). Therefore, the focus of this study was on women experiencing IPV where the perpetrator is male.

Factors that contribute to IPV in Zimbabwe, like in many other countries in the SSA region, seem to emanate from a convergence of cultural and societal factors, as well as personal vulnerabilities. These factors include cultural values that justify violence against female partners, the low socio-economic status of women in society, poverty, lack of education, and deficiencies in the enforcement of national laws to curb IPV.

Social workers in all areas of practice are frequently in contact with clients whose lives are affected by IPV and as such could play an integral role in intervention (Fidan & Bui, 2016). Furthermore, there is an ethical obligation on social workers to determine the best intervention for each IPV victim client, considering the best available research evidence, practitioner knowledge, and client self-determination (Klugman, 2017; Sullivan, 2018). To attain better outcomes for victims of IPV, social work practitioners need to adopt an intervention approach that recognises IPV structural and individual causal factor variations (such as those based on ethnicity, socio-economic status, marital status, and age). There is therefore a compelling need to understand the underlying factors contributing to the context within which IPV occur. The findings of this study will hopefully enable social workers, as well as other service providers, to develop innovative, culturally competent, and evidence-based interventions that enhance service provision to both victims and perpetrators of IPV.

## 1.6 DEMARCATION OF THE STUDY AREA

The research study was done in Hopley, a settlement located approximately 20 kilometres to the south of Harare's central business district. Hopley is considered to be one of the poorest urban suburbs in Zimbabwe. The settlement emerged in 2005 to accommodate victims of the 2005 Operation Murambatsvina, a government clean-up exercise to rid urban centres of illegal housing structures that left many poor families homeless and destitute. The settlement mostly comprises of two-roomed houses and makeshift wooden and plastic cabins. The resultant emergence of the settlement out of Operation Murambatsvina and the protracted socio-economic crisis in the country has led to a convergence of poverty, disease, and moral decadence typified by rampant commercial sex work and sexual abuse of minors in the settlement. Furthermore, the settlement lacks the basic amenities of potable water, electricity, and access to other key services such as education and health. There is a high incidence of IPV in Hopley and it is mostly attributed to the common abuse of cannabis and other illicit brews.

## 1.7 KEY RESEARCH QUESTIONS

1. What are the factors that could contribute to intimate partner violence in Zimbabwe?
2. How do the identified factors that could contribute to intimate partner violence influence social work intervention?

## 1.8 GOALS AND OBJECTIVES

The goal of the research study was to gain an understanding of the views of service providers on factors contributing to intimate partner violence in Zimbabwe and to explore implications for social work intervention. This goal was achieved by means of the following objectives:

1. To provide a theoretical discussion of IPV, and to investigate and explore the nature, scope, and severity of IPV in Zimbabwe.
2. To discuss contributing factors and effects of IPV according to the ecological perspective.
3. To describe intervention strategies to curb IPV, including social work strategies worldwide, in Africa and in Zimbabwe, and to present an overview of policies and legislation regarding IPV.
4. To empirically investigate the experiences of service providers regarding contributing factors of IPV in Zimbabwe and the implications for social work intervention.
5. To present relevant conclusions and recommendations to service providers working on curbing IPV in order to improve service rendering.

## 1.9 THEORETICAL POINTS OF DEPARTURE

This study was underpinned by the ecological perspective of intimate partner violence. Originally the ecological perspective was propounded by Bronfenbrenner (1977) to explain child development and the causes of child maltreatment. The ecological perspective was later adopted by other scholars, such as Heise (1998), to explain intimate partner violence. The ecological perspective of IPV argues that there is no

justification for any group or people to be more prone to abuse than the other, rather the perpetration of IPV is dependent on the interaction of various factors at five levels as identified by Bronfenbrenner (1979). According to Bronfenbrenner (1979) these levels are: the micro-level consisting of the nuclear family such as a husband and children; the meso-level that consists of friends and the community; the exo-level consisting of organisations such as the police and the medical sector; the macro-level that includes organisations such as government departments that render services, and finally the chrono-level that involves aspects such as the political and legal environment. Because there is a close correlation between the last three levels and for purposes of this research, the researcher decided to combine the exo-, macro-, and chrono-level and refer to these levels as the macro-level. Thus, institutions such as the police, the medical sector, other service rendering organisations, and the political and legal environments, are all seen to be part of the macro-level, as these functions usually work together.

## 1.10 RESEARCH METHODOLOGY

Research methodology is defined as "… the framework which is associated with a particular set of paradigmatic assumptions that will be used to conduct a research" (O'Leary, 2004:85). The choice of a methodology for a research is based on its appropriateness in achieving the aim and objectives of the research (Creswell & Poth, 2018). This section will briefly explain the research approach, research design, study population, sampling, research phases, data collection and analysis, as well as ethical considerations. The research methodology will be discussed in greater detail in Chapter 5.

### 1.9.1 Research approach

The researcher used a qualitative research approach so as to elicit the participants' experiences, meanings, and perceptions, and to produce the participants' own spoken words (Cresswell & Poth, 2018). The qualitative research technique also enabled the researcher to obtain greater insights into the socio-economic causes, settings, and contexts in which IPV occurs, the dynamics of abuse, and to better understand how women, children, and communities are affected by intimate partner violence. The study

utilised a multi-cohort qualitative research methodology that flowed between deductive and inductive reasoning for data collection.

### 1.9.2 Research design

The purpose of the study was to investigate the factors contributing to IPV in Zimbabwe and the implications thereof for social work intervention. Maree (2016) describes a research design as a description of how, when and where data are to be collected as well as its analysis.

The study used a descriptive research design which, according to Engel and Schutt (2013), would enable the researcher to describe and define aspects related to the research topic. A descriptive research design provides an insight into the specific details of a situation by focusing on the “how” and “why” questions (Kreuger & Neuman, 2006). The study also used an exploratory design to gain more insight regarding the incidence of IPV in the study area. An exploratory design sought to establish the factors to which the study participants attributed the incidence of IPV to.

### 1.9.3 Study participants

The study’s participants consisted of volunteer community popular opinion leaders (CPOLs) trained by and working with the Women and Law in the Southern Africa Research and Education Trust (WLSA) in Zimbabwe. In 2010 the WLSA invited women and men from various target communities to volunteer their time to participate in a series of CPOL trainings focusing on key aspects of combating IPV such as legislation and strategies for identifying and reporting cases (Women and Law in the Southern Africa Research and Education Trust [WLSA], 2010).

The following are the key roles of the CPOLs:

- To disseminate information on women’s rights attained from the trainings by the WLSA to their communities.
- To ‘keep an eye and ear’ on women rights abuses to make sure that the perpetrators do not cause further harm to or abuse of women rights.
- To identify conflict and act as whistle-blowers, exposing illegal, or other negative actions or practices to the service providers, and expecting that exposure will

bring about the appropriate measures resulting in the reduction or end of the violation or abuse.

- To assist in identifying ways and means on how the disadvantaged can access justice.
- To assist in identifying cases that require the provision of legal aid and services and refer them to the WLSA.

The study participants also included key informants drawn from relevant Government Ministries and Departments, such as the Ministry of Women Affairs, Community, Small and Medium Enterprises Development, who have the statutory mandate for administering legislation and policies as well as coordinating programmes for curbing GBV and IPV, Zimbabwe Republic Police, and the Harare City Health Department. A representative from the WLSA who are responsible for training, supporting, and supervising the CPOLs in the study area was also included. The reason why these two groups were chosen is that they render services to women exposed to IPV in Zimbabwe.

### 1.9.4 Criteria for Inclusion

#### *1.9.4.1 Community popular opinion leaders (CPOLs)*

To be included in the study, CPOLs must have been:

- selected and trained by WLSA;
- active in the study area according to WLSA; and
- available and willing to participate in the study at no cost to the researcher.

#### *1.9.4.2 Key informants*

To be included in the study as a key informant a representative of a Government Ministry or Department they must have:

- been actively working in the study area for at least a year prior to the study;
- had in-depth knowledge on the intervention strategies being implemented to curb IPV in the study area; and

- been available and willing to participate in the study at no cost to the researcher.

### 1.9.5 Sampling strategy

#### *1.9.5.1 Sampling of community popular opinion leaders*

Since the inception of their programme in 2010, the WLSA trained and kept a database of a pool of 50 community popular opinion leaders (CPOLs). The data of all the CPOLs that were trained by the WLSA were made available by the programme officer responsible for supervising the CPOLs. As part of the WLSA programme, the output of each CPOL is periodically monitored and evaluated against set benchmarks such as the number of IPV cases identified and reported in order to assess and rate the output of each CPOL. The researcher was given access to the WLSA's monitoring and evaluation data and used it to purposively sample CPLOs to participate in two focus group discussions as well as in-depth interviews. Twenty-three CPOLs were purposively sampled to participate in two heterogeneous focus group discussions (FGDs) of **12** and **11** participants each. Furthermore, individual interviews were conducted with **7** CPOLs (who did not form part of the FGDs). This will be discussed more in depth in Chapter 5.

#### *1.9.5.2 Sampling of key informants*

The key informants (KIs) for the study were purposively sampled based on the positions they held in various government departments, as these positions predisposed them to information regarding the possible causes of IPV and intervention strategies in the study area.

The Ministry of Women and Youth Affairs, Community, Small and Medium Enterprises Development has a community development officer at district level and a community development coordinator at ward level. The community development officer and community development coordinator are responsible for disseminating information on IPV and coordinating the implementation of programmes to combat IPV in the study area. Both the community development officer and community development coordinator were sampled to be key informants for the study.

Harare City Health Department staff at the Hopley's Tariro Clinic are involved in the dissemination of information and implementation of interventions to combat IPV.

Health staff also provide medical and counselling services to victims of IPV. As part of the service provision they request victims to provide them with information on the causes and history of the injuries that they present with at the clinic. The nurse-in-charge for the clinic in the study area was sampled to be a key informant in the study.

The police are usually the first port of call for reporting cases of IPV. The police have established a specialist department for receiving and investigating cases of IPV called the Police Victim Friendly Unit (VFU). In addition to receiving reports and investigating cases of IPV the VFU also partners with other government departments and civil society organisations to raise awareness on IPV in the communities. The VFU has community liaison officers who interface with the victims and perpetrators of IPV as well as the community at large. The community liaison officer from Hopley's VFU was purposively sampled to be a key informant in the study.

Ward councillors are elected by communities at ward level to represent them at the city council level. The councillors are the administrative representatives of the local government structure at the community level. Councillors interface with community members and represent the community in its articulation of socioeconomic challenges and aspirations. As such councillors are gate keepers of the community and are involved in the dissemination of information and implementation of programmes to combat IPV at ward level. Councillors also facilitate referrals to various service providers for victims of IPV that approach them for assistance. A councillor representing one of the wards where the CPOLs operate was purposively sampled to be a key informant in the study.

The WLSA trains and continues to supervise as well as support the CPOLs targeted in this study. The WLSA programme officer responsible for the CPOLs was purposively sampled to be a key informant in the study. In total there were **14** key informants that formed part of the sample as will be elaborated on in Chapter 5.

### 1.9.6 Research cohorts

The researcher had initially planned to collect data using research cohorts in the order outlined below.

#### *1.9.6.1 Cohort 1*

Conduct two focus group discussions (FGDs) comprising of 12 and 11 CPOLs each to address the following questions:

- What is IPV?
- What are the possible factors contributing to IPV in the study area?

#### *1.9.6.2 Cohort 2*

Further examine sub-themes emerging from the FGDs in Cohort 1 through in-depth interviews with CPOLs (who did not take part in FGDs). The interviews would be conducted to the point of data saturation. The in-depth interviews aimed to address the following question:

- What are the current intervention strategies to curb IPV in the study area?

#### *1.9.6.3 Cohort 3*

Key informant consultations with sampled representatives from the police, local clinic, Ministry of Women Affairs, Community, Small and Medium Enterprises Development focal persons, the ward councillor, and the WLSA programme officer responsible for the CPOLs sought to address the following question:

- How effective are the available intervention strategies in curbing IPV in the study area?

However, as will be further explained in Chapter 5, the order of the cohorts changed due to the COVID-19 pandemic and the ensuing lockdown regulations, which caused the researcher to collect data from the key informants first as they were more readily accessible. This was then respectively followed by focus group discussions (FGDs) and in-depth interviews with CPOLs. A total of **44** participants took part in the study, namely **14** KIs, **12** COPLs, in the first FGD and **11** COPLs in the second FGD. Additionally, **7** other COPLs were also interviewed to verify the data already collected as already indicated.

### 1.9.7 Methods of data collection

#### *1.9.7.1 Focus group discussions*

Maree (2016) describes focus group discussions (FGDs) as group interviews where participants are selected because they have certain characteristics in common that relate to the research topic. FGDs create a tolerant environment where participants are encouraged to share perceptions and experiences thereby bringing out aspects that the researcher might not have anticipated and that would probably not have emerged through individual interviews. As postulated by Creswell and Poth (2018) the researcher utilised FGDs because they provided the participants with a conducive setting for expressing themselves on the definition of IPV in their context and the possible contributory factors. A semi-structured interview guide was utilised to facilitate these group discussions (See Appendix 5).

#### *1.9.7.2 In-depth interviews*

Interviewing is the predominant mode of data collection in qualitative research (Greeff in De Vos, Strydom, Fouché & Delport, 2011). The researcher obtained information through interchanges with individual CPOLs that were known to possess the knowledge the researcher required. In-depth interviews were conducted to the point of data saturation. A semi-structured in-depth interview guide (See Appendix 6) was used to establish and examine factors that determine the nature, severity, and frequency of IPV among the target population. As will be discussed in Chapter 5, face to face interviews were not possible due to Covid-19 regulations.

#### *1.9.7.3 Key informant consultations*

Key informant consultations were conducted with representatives of relevant government ministries and departments as well as non-governmental organisations. A key informant questionnaire was used (See Appendix 4) to assess effectiveness of available intervention strategies to curb IPV. The researcher had planned to conduct face to face key informant interviews, this was however, not possible due to the COVID-19 pandemic as will be further explained in Chapter 5.

### 1.9.8 Analysis and interpretation of the data

Babbie (2016) defines qualitative data analysis as the non-numerical examination and interpretation of observations for the purpose of discovering underlying meanings and patterns of relationships. Data analysis and interpretation is the next stage that follows data collection (Maree, 2016). Main themes from the transcribed in-depth and key informant interviews as well as from focus group discussions were organised into meaningful themes and sub-themes. Analysed data formed the basis for the systematic presentation of the findings and their further critical analysis in relation to the reviewed literature in Chapter 6.

### 1.9.9 Data verification

Qualitative methods are inherently different from quantitative methods in terms of philosophical position and purpose and therefore require alternative frameworks for establishing rigour. As a result, Schwandt, Lincoln and Guba (2007) propose that "internal validity should be replaced by that of credibility, external validity by transferability, reliability by dependability and objectivity by confirmability." In qualitative research credibility is defined as the confidence that can be placed in the truth of the research findings (Maree, 2016).

Confirmability refers to the degree to which the results of an inquiry could be confirmed or corroborated by other researchers. Qualitative research tends to assume that each researcher brings a unique perspective to the study. Confirmability is concerned with establishing that the data and interpretations of the findings are not the product of the researcher's imagination but are clearly derived from the data (Maree, 2016).

In this research different data collection methods (triangulation), peer debriefing, maintaining a reflexive journal, member checks, and prolonged engagement in the research site, were all used to establish rigour of the research findings. The researcher also wrote a reflexive report in order to reflect on his role in the research process (See Appendix 7).

**Triangulation:** Is the use of different methods of data collection for the same research to gather data that can be compared to establish supporting and/or contradictory information (Onwuegbuzie & Leech, 2007). The researcher utilised data triangulation

where different data collection methods, such as focus group discussions and key informant interviews, were used to enhance the quality of the data from different sources.

**Peer debriefing:** Provides researchers with a useful method for reflection through feedback from peer researchers and professionals (Guba, 1981). During this research, the researcher presented his findings to academics for review and feedback. The feedback obtained helped the researcher to improve the quality of the study findings.

**Member checks:** Seek to eliminate researcher bias when analysing and interpreting research findings (Onwuegbuzie & Leech, 2007). The researcher included the voices of participants in the analysis and interpretation of the data and took the transcribed interviews back to two participants from each cohort to ensure that it was a true reflection of what they had said. Validation of research findings by the participants subjected the findings to a validation process that ensured coherence and consistency of research findings.

**Prolonged engagement in research site:** The researcher had planned to invest considerable time in the research site engaging and establishing rapport with the research participants. Prolonged engagement in the research site would have helped the researcher develop trust with study participants as argued by Onwuegbuzie and Leech (2007). However, as seen in Chapter 5 the researcher was not able to spend much time in the research area due to COVID-19 lockdown related travel and social distancing regulations.

## 1.11 ETHICAL CONSIDERATIONS

Ethical considerations are critical in research because they guard against abuse and exploitation of research participants. Research on IPV required adherence to ethical guidelines to ensure the safety and confidentiality of both the respondents/participants and the researcher.

There is growing consensus in the research community on how to conduct and document research on the prevalence of women's exposures to physical and/or sexual partner violence in an ethically responsible way (WHO, 2012). This research study explored the views of service providers who work with victims of intimate partner

violence. By conducting interviews with the service providers, the researcher ensured that there was no direct interface with the victims of IPV. Direct interviewing of victims of IPV presented an ethical risk of secondary trauma because it could result in victims reliving their abusive experiences.

### 1.11.1 Confidentiality

Confidentiality is essential for ensuring the safety of the participating CPOLs as well as the data quality, because much of the information provided by participants and key informants was about particular anonymous individuals in the study area. The dynamics of a violent relationship are such that the act of revealing details of violence to someone outside the family could provoke another violent episode. For these reasons, the confidentiality of information collected during the study is of fundamental importance. Care was taken during the presentation of the research findings that all presented information was sufficiently anonymised to ensure that no one community or individual could be identified. Where narratives were presented, enough detail was changed to ensure that it would not be possible to identify both the source of the narrative and the individual(s) to whom it relates. All hard copy data collected are stored in a locked cabinet in the researcher's office. Electronic copies of interviews are stored on a code-protected computer to ensure confidentiality.

### 1.11.2 Participants' level of risk to harm

This was a low-risk study as outlined by the Departmental Ethical Screening Committee (DESC) of Stellenbosch University. The DESC provided ethical clearance prior to the commencement of the study (See Appendix 1). The researcher obtained written permission from the Women and Law in Southern Africa Education and Research Trust (WLSA) to utilise its community popular opinion leaders (CPOLs) as participants in the study (See Appendix 2). The CPOLs had the capacity to speak and share experiences on behalf of victims of IPV. In addition to all these ethical precautions the researcher is a registered social work practitioner with the Zimbabwe Council for Social Workers and is therefore bound to the Code of Ethics governing and regulating the social work profession.

## 1.12 IMPACT

This study is premised on the notion that Zimbabwe's current response to IPV characterised by the arrest and prosecution of perpetrators is merely dealing with the symptoms rather than the underlying causes. Jewkes (2002) argues that there is weak evidence for causation of IPV when assessed with epidemiological criteria and that most research has been from North America. Current responses to IPV in Zimbabwe have tended to be exotic in their orientation relying heavily on socio-economic contributory factors of IPV identified in other contexts that are different from the Zimbabwean setting.

The aim of this study was to contribute to scholarship by shifting away from using over-generalised data on the contributory factors of IPV to contextual empirically identified contributory factors in a Zimbabwean context.

# CHAPTER 2

# THE NATURE, SCOPE AND SEVERITY OF INTIMATE PARTNER VIOLENCE

## 2.1 INTRODUCTION

Chapter 1 provided background information to the study and presented the problem statement for the research. Chapter 2 will address objective 1 of this study. This chapter will thus provide an overview of intimate partner violence (IPV), discuss the different types of IPV, their scope and severity, as well as prevalence. In this chapter the way in which Zimbabwe's socio-economic situation contributes to structural factors that exacerbate women's susceptibility to IPV will also be discussed. The structural factors that will be addressed include gender relations, poverty, low levels of education among women, patriarchy, as well as discrimination against women.

## 2.2 OVERVIEW OF INTIMATE PARTNER VIOLENCE

As indicated in Chapter 1, IPV can also take place in same sex relationships and against men. However, women are much more likely to be victims of IPV. So much so that 85% of reported IPV cases are women compared to 15% reported by men. The Institute for Security Studies in Africa furthermore indicates that there is an increase in IPV cases, however, these statistics are not reliable as a significant number of women who are abused do not report such abuse out of fear for retribution, or because they are trapped in a system and society that condones violence against women (Institute for Security Studies in Africa Check Factsheet, 2015).

Violence against women, and specifically IPV, is a public and human rights issue. Women exposed to IPV often experience health problems on a physical as well as a psychological level. Such women usually develop post-traumatic stress disorder, depression, anxiety, and infectious diseases such as HIV that could lead to their death, compared to women not exposed to IPV. As IPV has become a major global concern the United Nations (UN) promulgated the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in order to protect women's rights and wellbeing in an attempt to reduce violence against women. The United Nation's

Sustainable Development Goals (2015-2030) also include the goal of ending all forms of violence against women (United Nations, 2015). Furthermore, the African Charter on Human and People's Rights (ACHPR) underscores the right of every human being to be treated with respect and dignity and prohibits the torture of and violence against human beings (Mukamana, Machakanja & Adjei, 2020).

Yet, despite the conventions and instruments that exist to inter alia protect women against any forms of violence, including IPV, abuse against women is still increasing. As will be discussed in Chapter 3, the patriarchal system is still very prevalent in Africa as well as certain cultural and social norms in terms whereof women are still regarded as subservient to men. In light of this, IPV is often seen as a way to control women and "keep them in their place". Women are also not empowered enough to resist such norms, for instance, the average level of income and education for women in Africa are usually significantly lower than that of their male partners and they are often unaware of their rights and the laws that could protect them. Social media has done much to create awareness of the devastating effect of IPV and several education and awareness programmes have attempted to make women aware of their rights. Despite these efforts, service providers still face huge challenges regarding IPV (Mukumana et al., 2020).

Auerbach et al. (2011) further observe that women who are maltreated by their boyfriends or husbands are increasingly at risk of more violence the longer they remain in these relationships. Men who abuse their girlfriends or wives are prone to escalate violence towards them with a significant number of women that are killed by their partners. According to Slabbert (2014) IPV is seen as a major reason for injuries of females in several countries. Casualties as a result of IPV are more prevalent than that from automobile accidents, muggings, and chronic illnesses such as cancer.

IPV is thus a critical social issue. A significant number of women worldwide, with percentages varying from 20% to 50%, are exposed to IPV. Fraser (2020) is of the view that up to 70% of female murder victims are killed by their male partners. This disturbingly high percentage indicates that IPV is a critical challenge transcending culture and ethnicity. The devastating consequences of IPV affect not only the wellbeing of the abused woman, but also her children. Authors such as Slegh and Richters (2012) argue that children who witness violence in their homes often display

emotional and psychological characteristics such as fear and anxiousness. The disturbing effects of IPV also involve mental health costs, a decrease in productivity, and a reduced quality of life.

The manner in which communities respond to IPV will influence the safety and wellbeing of abused women. Should a community offer support and sufficient resources to abused women, these women could find their way back to healing and a life without abuse. Unfortunately, despite guidelines and regulations recommended by the Sustainable Development Goals (United Nations, 2015), CEDAW, and the ACHPR (Mukumana et al., 2020) many societies do not provide support to abused women. When a community allows violence against women to continue, that community fails, both morally and practically, to treat women with dignity and respect. Service providers such as social workers render services to victims of IPV on a daily basis (Slabbert, 2014). Service rendering to women exposed to IPV will be discussed in Chapter 4.

As was indicated earlier IPV has no cultural or socio-economic boundaries and women in all spheres of life stand a chance to be exposed to IPV. However, women who have little resources and income often have no way to escape from a cycle of violence. Poverty and how it affects women exposed to IPV in Zimbabwe, will later be discussed in more detail in this Chapter. Women staying in poverty usually need their abusive male partners to survive. Research (Mukamana et al., 2020; Retief, 2013) also indicates that women who stay in poverty usually have low levels of education, making it difficult for them to survive on their own, especially if they also have to take care of their children.

## 2.2 TYPES OF INTIMATE PARTNER VIOLENCE

According to Breiding, Black and Ryan (2015) there are four main types of IPV, namely, physical violence, sexual violence, stalking, and psychological or emotional violence. The different types of IPV (subtle or obvious) are closely interrelated and mutually reinforcing, for example, where psychological aggression is often a precursor to physical aggression. In some situations, different forms of IPV co-occur, where women are physically, emotionally, sexually, and economically abused. Slabbert and Green (2013) mention another form of IPV, namely economic abuse, where money for necessities such as food and clothing are withheld. Economic abuse and sexual abuse

often go hand in hand with physical abuse and emotional abuse but may not be mentioned as frequently by abused women. Abusive behaviours tend to overlap in violent relationships, with physical violence being accompanied by psychological abuse and sexual violence in about half of violent relationships (Larsen, 2016).

### 2.2.1 Physical violence

Physical violence is the most obvious form of IPV; it is the intentional use of physical force with the potential for causing harm, injury, disability, or death of the victim. Physical violence can either be controlled or be impulsive and consists of physical assaults. Physical violence includes throwing things, kicking, slapping, hitting, pushing, shoving, grabbing, choking, strangling, inflicting head injuries, and so forth. These assaults result in injuries ranging from bruising, scalding, burning, and stabbing to internal injuries, such as cracked ribs or broken bones. Persistent blows to the head may cause serious head injuries that often go undetected and untreated. Some perpetrators will make sure that they inflict the physical injury to parts of the body not normally seen, such as the torso, rather than risk leaving marks on the face or limbs. Physical neglect, such as withholding or eliminating food, shelter, and clothing may also form part of physical abuse (Slabbert & Green, 2013).

### 2.2.2 Sexual violence

Sexual violence occurs when the perpetrator demands sexual activity without the partner's consent. It may involve pressuring or forcing the partner to perform certain sexual acts, for example, oral, or anal insertion against their will or intentionally inflicting pain during sex. Preventing a partner to use birth control or refusing to use a condom when a partner is concerned about a sexually transmitted infection is also a form of sexual violence. Marital rape, whereby the male assumes that it is his right and entitlement to have sex whenever he wishes and in any form he desires, without taking his female partner's feelings into consideration, is common among women, especially those who experience IPV. In Zimbabwe, many men and women believe that there is no such thing as marital rape, and that non-consensual sex can be seen as payment for lobola (the bride prize), which entitles men to have sex with their wives and partners whenever they wish. Unequal power relations within marriages, often linked to the payment of lobola, have compromised many women's abilities to negotiate for safer

sexual practices, whilst social and cultural norms have pronounced silence, submissiveness, and conformity for women in sexual relations. Data from the Zimbabwe Demographic and Health Survey done in 2015 provide evidence of women who are not always able to refuse engaging in sexual intercourse with their partners (Henderson, Zerai & Morrow, 2017).

Married women who request the use of condoms are often subjected to violence and are often accused of being unfaithful. The Shona and Ndebele cultures, which are predominant in Zimbabwe, expect women to stay faithful to their husbands and condone multiple sex partners for men; a practice that increases the risk for women to contract HIV. Even in instances where a woman is aware that her husband or sexual partner was or is engaging in extramarital affairs, decisions on how and when to have sex remain exclusively the right of men (Mashiri & Mawire, 2013). Through this, women are subjected to psychological abuse as they cannot refuse sex, whether they want to have sex or not, and even though they know they could be at risk of contracting HIV. The aforementioned poses a real risk for women subjected to IPV as the association of IPV with HIV has surfaced in several studies across Africa (Durevall & Lindskog, 2015).

Another significant type of sexual violence that is often overlooked, either due to ignorance, or because it is not recognised as violence against women is technology-facilitated sexual violence (TFSV). TFSV is sexual behaviour where digital platforms are utilised face to face or virtually that cause harm to the victim. Research (De Jong & Dennison, 2017; Wolak & Finkelhor, 2013) has been conducted on children exposed to TFSV. However, this type of violence against women is under-reported and often overlooked. Powel and Henry (2018) are of the opinion that TFSV is usually difficult to identify as it often it occurs privately. Some men might use TFSV as a form of revenge, for instance, when a girlfriend or wife leaves the abusive relationship, the man would post exposing or nude pictures of her on social media.

Powel and Henry (2018) further state that perpetrators would sometimes threaten their intimate partners with the distributing of sexual images should they report IPV or should they want to end the relationship. These authors are of the opinion that taking and distributing sexual images of intimate partners is becoming a growing trend. TFSV

should thus be seen in a serious light and should be classified as a form of sexual violence.

### 2.2.3 Stalking

Stalking is a pattern of repeated, unwanted attention and contact that creates fear or concern for one's own safety or the safety of someone else (e.g., a family member or friend). It generally refers to harassing or threatening behaviour that an individual engages in repeatedly, such as sending the victim who may be a former or current partner, unwanted gifts, spying on the victim, following the victim, damaging or threatening to damage the victim's property, approaching or showing up in places when the victim does not want to see them (e.g., the victim's home or work place), defaming the victim's character or spreading rumours, or harassing the victim via the internet by posting personal information. As with perpetrators of physical and sexual violence, stalkers may be motivated by a desire to exert control over their victims and stalking and other forms of IPV may co-occur. There are male sexual partners who are excessively jealous of their sexual partners. As a result, they put restrictions on their female partners on what they can and cannot do, including the type of friends they may have. Zimbabwe's Demographic and Health Survey data provides evidence of men who not only keep track of the whereabouts of women, but who also reduce the women's mobility (Henderson et al., 2017). In the Shona language, this possessive controlling behaviour is known as 'kuchengera' and is one of the drivers of psychological abuse as women are made captives in their homes or relationships.

### 2.2.4 Psychological or emotional violence

Psychological or emotional abuse is thought to be more frequent than physical abuse, but is more difficult to detect (Slabbert, 2017; Romito, 2008). Emotional violence comes in many forms, whether verbal or non-verbal, and usually includes the use of ridicule, humiliation, insults, accusations, infidelity, and ignoring one's partner, all of which result in the breaking down of the victim's self-esteem and self-worth. Another type of emotional abuse is deliberately isolating the victim from family, friends, and neighbours (Sanderson, 2008). Psychological violence or aggression, such as coercive tactics and stalking, can also be perpetrated electronically through mobile devices and social media sites. The intention of psychological or emotional violence is to harm a partner

mentally or emotionally, or to exert control, or both. These controlling behaviours relate to a series of ways in which male partners might attempt to control and/or limit the behaviours and social interactions of their female partners, such as limiting social and family interactions, insisting on knowing where the female partner is at all times, being suspicious of unfaithfulness, getting angry if the female partner speaks to another man, expecting the female partner to ask permission for seeking health care, limiting the female partner the ability to control sexual and reproductive decision-making, or limiting the female partner's adherence to medications which can have adverse health effects. In most cases, emotional violence is preceded by acts or threats of physical or sexual violence. Emotional violence can also occur when the perpetrator places his partner in a position in which she must gain his favour through her compliant behaviour.

In Zimbabwe there is a phenomenon of extramarital affairs commonly referred to as 'small houses'; a relatively recent cultural practice in which the western concept of monogamous marriage is upheld nominally, but where the husband has another secret family that he is responsible for (Chingandu, 2007). As a result of male partners not being able to be part of these so-called small houses and because of the nature of such liaisons, these relationships are not based on faithfulness. Often there would also be economic elements that might push these women into having other partners so as to improve the economic wellbeing of their families. When the officially married women discover their husbands' engagement in these extramarital relationships, they experience psychological and emotional hurt. The emotional hurt of the officially married women is exacerbated by a fear of contracting sexually transmitted infections (STIs) and HIV as these extramarital affairs often result in multiple concurrent partnerships without the use of condoms (Chingandu, 2007).

### 2.2.5 Economic abuse

Economic abuse or economic deprivation is mainly characterised by the perpetrator holding back necessary household money, preventing the spouse from earning money, confiscating money that might have been earned, controlling all household spending, or spending money only to the controlling partner's benefit (Slabbert & Green, 2013). Prevalent cases of economic abuse are those where the husband or male partner as bread winners, fail to take care of their families. The fact that women are often not empowered to decide their own destiny means that they end up being economically

dependent on their male sexual partners. This alone makes women more prone to abuse by their male partners. In most Zimbabwean households, husbands are the breadwinners and end up controlling the use of the household income. This is often supported by the patriarchal notion that the husband is the head of the family. The husband's control of the household income could in this way often result in the economic abuse of married women by their partners. If often happens that men, who are mostly breadwinners, also consume alcohol, and could end up spending more money on alcohol. Situations like these could have ripple effects on the family as the wife and children would be deprived of the funds they would need to survive. In some instances the excessive intake of alcohol could cause male partners to revert to physical and emotional violence.

It is important to note that these types of IPV could happen simultaneously. The range of abuse certain women experience could thus include any controlling behaviour where the perpetrator uses force and violence. Slabbert and Green (2013) also indicate that some men will force their intimate partners to stay at home and isolate them, even locking them up. Should they have to go out to buy groceries, for instance, the time they spend outside of their homes is monitored. Should they not get home in time, they could be severely 'punished'. It is also significant that some women do not view "milder forms" of IPV such as hitting and kicking, as severe enough to be regarded as IPV. However, Mukamana et al. (2020) indicate that any type of IPV should always be seen in a serious light. Long-term IPV takes its toll on the whole family. The consequences of IPV are devastating and the trauma lifelong.

## 2.3 CYCLE OF VIOLENCE

IPV can vary in frequency and severity and occurs on a continuum, ranging from one episode that might or might not have a lasting impact, to chronic and severe episodes over a period of years. Walker (1979) postulated the concept of the cycle of violence to describe the consistent pattern in the violent behaviour of perpetrators asserting that many violent relationships follow a common pattern or cycle. The entire cycle may happen in one day or it may take weeks or months. It is different for every relationship and not all relationships follow the cycle. Walker's theory has however, been criticised as overly simplistic and not applicable to all cases of IPV. Despite the criticism, the theory remains useful as a guide to understand the occurrence of IPV. The "cycle of

violence" theory that was developed from an interactional perspective, explains how and why the behaviour of a perpetrator of IPV may change so dramatically over time. The cycle also provides an understanding of why a victim of IPV remains in a relationship where they are subjected to violence.

According to the ecological perspective, which will be discussed in Chapter 3, people have specific stressors as well as resources in their lives. Abused women experience several stressors in their lives. According to the cycle of violence the stress of the violence varies on each level but is always present. However, for women who do not have sufficient resources available to them, it is extremely difficult to escape this cycle of violence. Resources such as supportive communities, medical care, efficient police services, adequate employment opportunities, affordable day-care facilities for children, adequate housing, reliable transport, support groups, trauma counselling, and other intervention strategies are all examples of resources that abused women could utilise to escape the cycle of violence. Unfortunately, for many women exposed to IPV these resources are few and far between.

Walker (1979) proposed three phases for the cycle, namely the tension-building phase, the acute battering phase, and the honeymoon phase. These phases are illustrated in Figure 2.1.

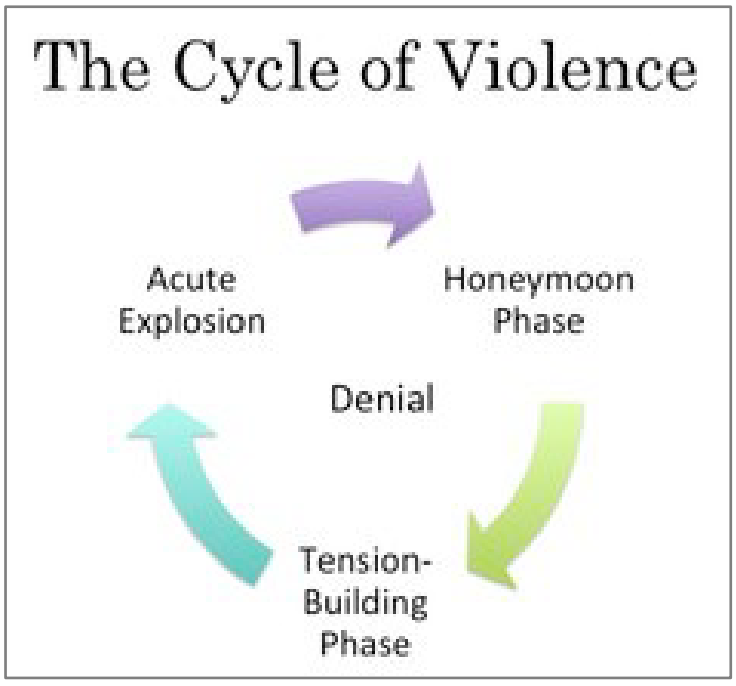


***Figure 2.1: Walkers' cycle of violence (Walker, 1979)***

### 2.3.1 Phase 1: Tension-building phase

In this phase the tension builds over common domestic issues like money, children, or jobs. Verbal abuse and isolated incidents of minor physical violence usually begin over perceived violations of authority by the male partner. To defuse tension the victim may respond calmly or attempt to defend her position in the relationship. Both partners may attempt to minimise the abusive behaviour by attributing it to work or financial-related stress. The notion is that the stress will disappear and that these “minor forms of abuse” is normal. The woman believes that her ability to adapt her behaviour will control the partner’s propensity for violent behaviour. She believes that the situation will eventually get better if she will just be a “better wife or girlfriend”. There is denial that this is a violent, unhealthy relationship. The tension-building phase can last for some time, varying from days, weeks or several years until it escalates into a violent episode (Walker, 2000).

### 2.3.2 Phase 2: The acute battering phase

This phase is characterised by escalating tension and anger that inevitably result in relationship violence. The acute battering phase is distinguished from other kinds of incidents because of the intense discharge, major destructiveness, and extreme emotional release.

The acute explosion phase is usually triggered by the presence of an external event or by the abuser’s emotional state but not by the victim’s behaviour. In this phase there are incidents of physical and sexual violence as well as other forms of violence and it is evident to both the perpetrator and the victim that violence is indeed taking place. Phase 2 is noticeably short, lasting between two to twenty-four hours, and is usually followed by an effort to downplay or deny the occurrence of the violence. Phase 2 is characterised by intensity and some women are seriously injured and might need medical care for their injuries.

Referring to Phase 2, the acute phase, it is thus foreseeable that Slabbert and Green (2013) suggest that some IPV is so severe it could be referred to as “patriarchal terrorism” where women are exposed to intense violence. It is also common that weapons such as knives and guns are used during this phase. To break the cycle of violence it is necessary for the woman to leave and go to a safe place. Unfortunately

for many women this is not possible, as there is no place to go to and because she usually also has her children to care for.

### 2.3.3 Phase 3: The honeymoon phase

Phase 3 follows the acute explosion phase. The perpetrator might feel embarrassed because of his violent behaviour and might express regret and show affection to the victim to make up for his violent behaviour. The perpetrator makes promises that the violence will not be repeated.

The perpetrator's show of affection towards the victim strengthens the bond between the partners, and the victim is often convinced that leaving the relationship is not necessary. In Phase 3, false promises are made that there will not be violence anymore. The perpetrator is usually extremely helpful, patient, kind, and generous in the honeymoon phase to convince his wife or girlfriend to stay. This phase continues until the tension-building phase begins again. Some women indicate that this honeymoon phase becomes shorter every time after the acute battering phase and some women say they have never experienced a honeymoon phase in their IPV journey. The cycle repeats itself again and again; the hope that the violence will end may be the reason why victims remain in abusive relationships.

Walker's (1979) cycle of violence may help explain why victims of IPV stay in abusive relationships. The abuse may be terrible, but the promises and generosity of the honeymoon phase give the victim the false belief that the violence will stop. In Zimbabwe, for instance, it is difficult for many victims to break the cycle of violence as most victims of IPV are women and are economically depended on their husbands (who perpetrate IPV against them). This is exacerbated by social norms that dictate that there is a stigma attached to women leaving a husband (La Flair, Bradshaw & Campbell, 2012).

## 2.4 PREVALENCE OF INTIMATE PARTNER VIOLENCE IN ZIMBABWE

IPV is widespread throughout much of sub-Saharan Africa, with the overall past-year prevalence of 36% exceeding the global average of 30% (García-Moreno et al., 2013). More women in Africa are subjected to lifetime partner violence (45.6%) and sexual

assault (11.9%) than anywhere else in the world, with the notable exception of high-income countries in the case of rape (12.6%) (García-Moreno et al., 2013).

In Zimbabwe, as will be explained in Chapter 4, despite recent advancements in the law such as the new Constitution that is supportive of women's rights that was adopted in 2013, or the promulgation of progressive laws such as the Domestic Violence Act (2007), as well as national campaigns to address women's issues, women are still subject to violence and societal discrimination. The violence and discrimination are mainly attributed to women's 'subordinate' position within the home which is deeply entrenched in both traditional and current legal, religious, and social structures. Across all sectors of society, entrenched social and cultural norms that perpetuate gender inequalities between the sexes continue to play a major force in fuelling the spread of discrimination of women based on their sex, illiteracy, and economic dependency. Prevailing social norms prevent women, particularly rural women and girls, from combating societal discrimination.

IPV against women within families remains an important issue for women in the Zimbabwean society (Immigration and Refugee Board of Canada, 2015). The Zimbabwe Demographic and Health Survey of 2015 published by the Zimbabwe National Statistical Agency (2016), reports that 35% of Zimbabwean women have experienced physical violence, 14% experienced sexual violence, and 32% experienced psychological violence. According to United Nations Women (2017), in Zimbabwe, 42% of women have experienced lifetime physical and/or sexual violence and 27% of those have experienced both types of violence in the past 12 months. According to a joint study on domestic violence in Zimbabwe by the Zimbabwean Ministry of Women Affairs, Gender, and Community Development (MWAGCD) and Gender Links, over two thirds of surveyed women (69%) reported being the victim of IPV (including physical, sexual, or psychological abuse by a current or former spouse or partner) within their lifetime, while 41% of men surveyed admitted to inflicting abuse against their partner (Zimbabwe & Gender Links, 2013). The same report notes that 56% of female respondents experienced emotional abuse by their partner, 33% experienced physical abuse, 31% experienced economic abuse, and 22% experienced sexual abuse.

Sexual violence is a crucial social and public issue for girls and women in Zimbabwe; about one-third of girls experienced sexual violence before they turned 18 and the first incidence was usually perpetrated by a male partner (Rumble, Mungate, Chigiji, Salamac, Noland, Sammone & Muwoni, 2015). Findings show that women in rural areas have higher rates of IPV than their urban counterparts, perhaps because they have lower levels of education and are more likely to select customary laws that tend to limit women's access to resources and constrain women's influence in decision-making at all levels (UNICEF-Zimbabwe, 2012). However, the true prevalence of IPV may be concealed as a result of under-recording by the police and under-reporting by the victims due to stigma.

## 2.5 ZIMBABWE'S SOCIO-ECONOMIC PROFILE

Zimbabwe is a constitutional republic with an estimated population of 15 million people (United Nations Population Division, 2019). The majority (69%) of the country's population live in rural areas (Zimbabwe National Statistics Agency [ZimStat], 2018) and 27% of the rural populace faced high levels of acute food insecurity at the end of 2020 with the number projected to rise to 35% in early 2021 (Integrated Food Security Phase Classification [IPC],2020). According to the International Monetary Fund (IMF), Zimbabwe has the world's largest informal economy (Medina & Schneider, 2018) and only a small proportion of the country's population is employed in the formal sector, with the majority in informal employment where they derive their livelihoods from agriculture, artisanal and small-scale mining (ASM), and cross-border trade, among other informal activities. A significant proportion of Zimbabwe's population has migrated to neighbouring countries in the region such as South Africa, Botswana and Namibia, and as far afield as the UK, Australia among others. Zimbabwe's diaspora is an important source of remittances which amount to 10 per cent of the country's foreign currency receipts (World Bank, 2018).

Efforts to rescue the country from economic decline have wavered and the economy continues to face crucial challenges because of external causes and poor and inconsistent government policies (The World Bank, 2017). The country has in the recent past faced serious struggles with economic growth. Zimbabwe's economic growth declined from 3.8% in 2014 to approximately 1.5% in 2015 because of weak domestic demand, high public debt, tight liquidity situations, drought, poor

infrastructure, institutional weaknesses, and an overestimated exchange rate with negative inflation in 2016 and 2017 (African Development Bank, 2017).

Zimbabwe's economic decline can be traced back to the early nineties with the introduction of the Economic Structural Adjustment Programme (ESAP) which reversed the post-independence gains of the eighties. This economic decline culminated in a socio-economic crisis that began in 2000 and that was mainly characterised by hyperinflation, peaking at 500 billion per cent in December 2008 (Manjengwa et al., 2012). Apart from the decline in productivity, there was also a decline in disposable incomes and employment (Chimhowu, Manjengwa & Feresu, 2010). Early in 2009 unemployment was estimated at 80% with dwindling workforce as many highly skilled Zimbabweans had migrated to neighbouring countries. Then later in the same year the formation of the transitional Government of National Unity and the dollarisation of the national currency stabilised the economy (Chimhowu et al., 2010).

## 2.6 POVERTY

An analysis by the United Nations Development Programme (UNDP) shows that although poverty levels are declining globally, 800 million people are prone to falling back in the cycles of poverty and vulnerabilities (United Nations Development Programme [UNDP], 2014). Africa is the poorest region in the world with up to 80% of the population living under the global poverty threshold (World Bank, 2015). Even in South Africa, which has the second highest gross domestic product (GDP) in the region, 26% of the country's population live on no more than $2 a day. In many other countries, the percentage living at the same cut-off is staggering: 73% in Tanzania and 95% in Liberia (World Bank, 2015). Regionally, sub-Saharan Africa is recorded as the region with the most persisting and multidimensional poverty, with 90 to 120 million people stated as chronically poor (UN-Habitat, 2014). Due to the insurmountable rates of poverty and governmental turmoil, women in Africa experience a disproportionately high prevalence of IPV when compared to other parts of the world (Okenwa, Lawoko & Jansson, 2009). High rates of poverty and governmental turmoil have been associated with IPV as community members experience less control over their lives, in conjunction with a decreased efficacy to change their current political climate resulting in possibly violent outcomes (Jewkes et al., 2010).

In Zimbabwe 69% of the country's population is living in poverty (Energy Sector Management Assistance Programme [ESMAP], 2020) and the proportion of the populace living in extreme poverty stands at 2 million people (World Bank, 2020). It was estimated that 8.6 million Zimbabweans were living below the poverty datum line (UNICEF, 2012). A poverty datum line (PDL) represents the requirements of a given standard of living that must quantitatively be reached for a person not to be perceived as poor. Contextually in Zimbabwe, the food poverty line (FPL) for a single person in January 2015 was $32 and the total consumption poverty line (TCPL) per individual in January 2015 was $102. A 1.19% increase was noticed when compared to the figures of December 2013 which were at $101 (Zimstat, 2015). The evidence of an increment of the PDL illuminates how poverty rates are on the increase instead of decreasing. The increase of the PDL implies that many people will be unable to meet the required standards of living.

According to the United Nations Department of Economic and Social Affairs [UNDESA] (2012), Zimbabwe is experiencing both chronic structural and transient poverty. The difference between the two is that transient poverty lasts only for a short period of time, whereas chronic poverty becomes embedded in a setting. Basing on the 2005 to 2013 poverty assessment surveys nationwide, absolute poverty percentages have increased from 44% to 61% respectively. The food poverty line also increased from 29% to 58% during the same period. This has resulted in poverty becoming 'normalised'. Within this scenario, female-headed households are more prone to poverty (48%) compared to male-headed households (39%). The disparities of the prevalence of poverty have been on the increase (UN-Habitat, 2014). Within these conditions of poverty, a person's vulnerability to all forms of exploitation, abuse, harassment, and illness increases (Poverty Reduction Forum Trust, 2011).

### 2.6.1 Women and poverty

Globally, women are perceived to constitute a higher percentage of those who live in poverty than men, and this situation is on the increase (UNDP, 2014). The disproportionate impact of poverty on women has led to the emergence of the term 'feminisation of poverty'. According to the African Development Bank [ADB] (2013), female-headed households are the most affected. Due to various reasons the number of female-headed households is increasing (UNDP, 2014), resulting in more women

being poor than men. Apart from there being more poor women, they are also mostly affected since they must perform the instrumental roles of family caregiving. According to the United Nations Economic and Social Affairs Statistic Department [UNESASD] (2012), women have always borne the burden of chronic and transient poverty. The gendered extent of structural poverty is often embedded in the existing legal and cultural frameworks which refuse to give women access to productive resources such as land.

The UNESASD (2012) also stated that by shifting the heavy load of the care economy to women, the situation was worse for them. In most cases women become responsible for making ends meet when there is a deficiency in income or no income at all, often by working different jobs simultaneously in the formal and informal sector (ADB, 2013). Under the harsh economic conditions prevailing in Zimbabwe, women currently have to perform the role of a 'safety net-cushion' for their families.

## 2.7 WOMEN'S STATUS AND GENDER RELATIONS IN ZIMBABWE

Unfortunately, in Zimbabwe as in many African countries, women do not always have the same status as men, despite awareness programmes and efforts to educate people on equal status among the two sexes. Mukamana et al. (2020) observed that a significant number of women in Zimbabwe were vulnerable and susceptible to IPV, especially in rural areas. Consequently the following aspects regarding the status and gender relationships of women in Zimbabwe will be discussed, namely, discrimination, gender gap, education, and skewed legal frameworks.

### 2.7.1 Discrimination

As in many other developing nations, the workload demands on Zimbabwean women are substantial. Women account for 70% of the labour on communal lands; even when the husband and wife are both present in the household, women perform more than 50% of the agricultural tasks. Despite women's contributions to the economy and a constitutional right to equal land access, women's access to land in Zimbabwe is undermined by discriminatory practices of customary law (Gaidzanwa, 2011). In communal areas in Zimbabwe, women only have secondary use rights through their

husbands and in small-scale commercial areas, very few women own land in their own right (Jirira & Halimana, 2008).

In the agricultural sector of Zimbabwe, women play significant roles as approximately 54% of women are employed in this sector (ZimStat, 2016). Yet, despite their important role, most of these women do not receive payment for their work and only have limited access to and ownership of agricultural assets (ZimStat, 2013). Thus, even though there had been a land reform exercise in Zimbabwe, there is still a gender gap, with the result that men usually possess more access to agriculture land than women, even though it had been proved that some women are very capable of managing and running farms (ZimStat, 2016).

### 2.7.2 Gender gap

Women's share of the labour force in Zimbabwe has increased in the last decade, however, the gender gap in paid employment remains high, with men still earning considerably more than women (ZimStat, 2013). The country remains a patriarchal society with limitations on its citizens, but this society is particularly limiting for women in terms of educational and employment opportunities. The patriarchal nature of Zimbabwean society has inhibited women's capabilities to function in male-dominated areas of the economy, confining them to the roles of mothers and wives; for example in 2012, around 31% of men were in paid employment compared to only 14% of women (ZimStat, 2013).

In urban areas, women frequently engage in informal economic activities to provide for their households, because they encounter discrimination in wage employment. This discrimination of women in wage employment is generally also supported by husbands who fear that women with independent resources of income will become uncontrollable (Fidan & Bui, 2016). For many women, access to an independent income may afford them the autonomy to make choices and decisions on how to use their own earnings without their husbands. Overall, women constitute a higher percentage of the unemployed population in Zimbabwe and are consequently dependent on their husbands, partners, or the families of their husbands or partners. Being economically dependent on their husbands, increases women being vulnerable to abusive intimate partner relationships (United States (US), Research Triangle Institute (RTI)

International, and Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS), n.d.).

Women in rural locales often have no ownership over vital assets like land, cattle, and shelter, rendering them "too economically dependent on their husbands" to report domestic violence to the authorities (Chuma & Chazovachii, 2012:9). These controlling behaviours of male partners are experienced by many married and cohabiting women in Zimbabwe. Adding to this is the political and economic turmoil the country has experienced in its first three decades of independence, which has made Zimbabwean women's lives even more precarious (Henderson et al., 2017).

Finally, it is also fairly common in Zimbabwe that women, especially in the rural areas, are still expected to do all the household chores, even though they might be fortunate enough to have some form of employment. In rural areas this often means that women must go and collect wood and water, make a fire to prepare a meal, and still tend to the children's needs (Henderson et al., 2017).

### 2.7.3 Education

Education has been an important human right and a fundamental instrument for accomplishing the nation's development highlighted in the Constitution of Zimbabwe (ZimStat, 2016). Education may improve women's opportunities to provide a better life for themselves and the ability to transfer their advantages to the next generation (UNESCO, 2015). However, women face many challenges in getting an education in Zimbabwe with poverty being the main reason why girls drop out of school (United Nations Girls' Education Initiative [UNGEI], 2017). This is exacerbated by families who consider girls as a source of income because they can be sold for marriage and who rather prefer sending their boys to school. In addition, traditional gender norms within some societies force families to confine their daughters to their homes.

All these reasons have caused a gender gap in education in Zimbabwean society. According to ZimStat (2016), women who were 15 years and over were more likely to have no primary education than men. However, women who had access to primary education were more likely to have completed primary education than men. Although Zimbabwe has achieved gender parity in primary education, gender gaps in secondary and tertiary education enrolments remain. Women also trail behind men on measures

of economic empowerment, such as land ownership, labour force participation, wage equality, and representation in senior positions (World Economic Forum, 2010). Higher education or universities are dominated by male students in Zimbabwe and women's low representation in higher education or universities has limited their ability to get jobs in both public and private sectors. Overall, there is a gender imbalance in educational attainment between men and women, particularly in secondary and tertiary education enrolments in Zimbabwe, and this gap severely affects women in society. Slabbert (2017) observes that there is a link between low levels of education and poverty that render abused women with little or no education more vulnerable than abused women who have a better education.

### 2.7.4 Skewed legal framework

As will be discussed in Chapter 4, several legislative and policy efforts had been proposed for improving the welfare and status of women in Zimbabwe. Yet violence and gender-based discrimination against women continue to be the order of the day (Fidan & Bui, 2016).

Zimbabwe has a dual legal framework whereby the Constitution provides for the administration of both African customary law and general law following the Roman-Dutch common law tradition. The Constitution, which is the supreme law of Zimbabwe, includes a Declaration of Rights that guarantees the fundamental rights and freedoms of the individual. Section 23 (3) of the Constitution prohibits discrimination based on race, tribe, place of origin, political opinion, colour, creed, or gender. However, section 23(3) also lists grounds under customary law that are deemed not to be in contravention of the non-discriminatory clause. These include customary laws relating to adoption, marriage, divorce, burial, devolution of property on death or other matters of personal law; the application of customary law between Africans and a non-Africans if the parties have agreed; and laws which accord rights and privileges relating to communal land to tribes' people, to the exclusion of others. The recognition of the operation of general law alongside customary law is endorsed by section 89 of the Constitution. An important obstacle to gender parity in the country is discrimination originating from the dual law system with customary laws, which perpetuate women's disadvantage by reducing and limiting their access to resources (Thabethe, 2009). Women are also discriminated against in terms of economic empowerment, land

ownership, labour force participation, and wage equality (World Economic Forum, 2010).

## 2.8 CONCLUSION

As discussed in this chapter, intimate partner violence includes physical violence, sexual violence, economic abuse, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend or girlfriend, dating partner, or ongoing sexual partner). IPV disproportionately affects women, tends to occur in a cycle, and varies in frequency and severity. In Zimbabwe, 42% of women have experienced lifetime physical and/or sexual violence, of which 27% have experienced both types of violence in the past 12 months (United Nations Women, 2017). Zimbabwe's precarious socio-economic situation as well as other structural factors such as poverty and gender relations, exacerbate women's susceptibility to violence. In Chapter 3 the factors that could contribute to IPV from an ecological perspective will be discussed.

# CHAPTER 3

# CONTRIBUTING FACTORS AND EFFECTS OF INTIMATE PARTNER VIOLENCE ACCORDING TO THE ECOLOGICAL PERSPECTIVE

## 3.1 INTRODUCTION

Having explored the nature, scope, and severity of intimate partner violence in Chapter 2, the contributing factors and effects of IPV will be discussed with reference to the ecological perspective, thus addressing the second objective of this study. As discussed in Chapter 2, IPV can be in the form of physical violence, sexual violence, economic abuse, stalking, and psychological aggression by a current or former intimate partner. Globally, IPV is the most common form of violence that women experience (Heise, 2011) with many factors that contribute to the occurrence of IPV. Diverse, complex, and interconnected individual and institutionalised factors, social factors, as well as cultural factors, all exacerbate women's vulnerability to IPV. In this chapter an overview is given of the ecological perspective and the factors that contribute to IPV will be ordered into the micro-, meso-, and macro-levels of the ecological perspective. Furthermore, the adverse effects of IPV on the physical and psychological wellbeing of women victims will be investigated.

## 3.2 ECOLOGICAL PERSPECTIVE

IPV is multi-causal with different factors that combine to increase the likelihood of different types of violence (Heise, 2012). No one factor 'causes' violence, rather, violence is more or less likely to occur as factors interact at different levels of the social ecology. Bronfenbrenner's (1977) ecological perspective offers a framework for understanding the complex interplay of all the factors that contribute to intimate partner violence. The framework proposes that violence is a result of factors operating at four levels: individual, relationship, community, and societal. At the core of the approach is a strong emphasis on the multiple and dynamic interactions among risk factors within and between its different levels. For example, structural inequalities between women and men, social constructions of masculinity, and gender norms, are all risk factors for

intimate partner and sexual violence that would primarily be situated at the societal level of the model. However, they also manifest themselves within other levels – for example, in communities and relationships – and are likely to be linked with other risk factors such as witnessing violence between parents and alcohol abuse by male perpetrators (WHO/ London School of Hygiene and Tropical Medicine [LSHTM], 2010). Some risk factors are consistently identified across studies from many different countries, while others are context specific and vary among and within countries, for instance, between rural and urban settings (WHO, 2012).

## 3.3 RELEVANCE OF AN ECOLOGICAL PERSPECTIVE TO THIS STUDY

The ecological perspective is a multi-layered approach that can be used to identify the risk factors for victimisation and perpetration of IPV. As was indicated in Chapter 1 Bronfenbrenner (1979) identified five levels of the ecological perspective. Firstly, the micro-level consisting of family such as a husband and children. Secondly, the meso-level consisting of friends and the community. Thirdly, the exo-level consisting of organisations such as the police and medical sector. Fourthly, the macro-level consisting of service rendering organisations such as government departments. Lastly, the chrono-level involves aspects such as the political and legal environment. As there is a close correlation between the last three levels (i.e., the exo-, macro-, and chrono-level), the researcher combined these levels. Sectors, organisations and institutions, such as the police, the medical sector, and political, legal and service rendering organisations were all grouped together under the macro-level, as they usually work closely together. As will be discussed in Chapter 4 and 6, social workers in Zimbabwe also render services on a macro-level to various organisations and institutions and in different settings such as to the police, hospitals and government departments.

The perpetration and victimisation of IPV is influenced by individual and environmental factors. Therefore, in order to prevent the occurrence of IPV and alleviate its effects on women, social workers need to deal with micro, meso, and macro factors. In this regard, the ecological perspective was chosen as the theoretical framework for the study because it allows for the examination of the interaction between the individual and their environment at various system levels (Nash, Munford & O'Donoghue, 2005). The ecological perspective further allows for the conceptualisation of social, psychosocial, historical, economic, political, cultural, and environmental factors that

increase women's vulnerability to IPV. By using the ecological perspective, the identification of factors contributing to IPV can inform social work interventions to curb IPV at various levels, namely by working with the individual, the family, and the larger community. The ecological perspective shows that strategies to curb IPV, which will be presented in Chapter 4, should not only aim to address the impact of IPV on victims, but should also have a preventative component to address the factors that increase vulnerability and susceptibility of victims and those factors that pre-dispose individuals to be perpetrators.

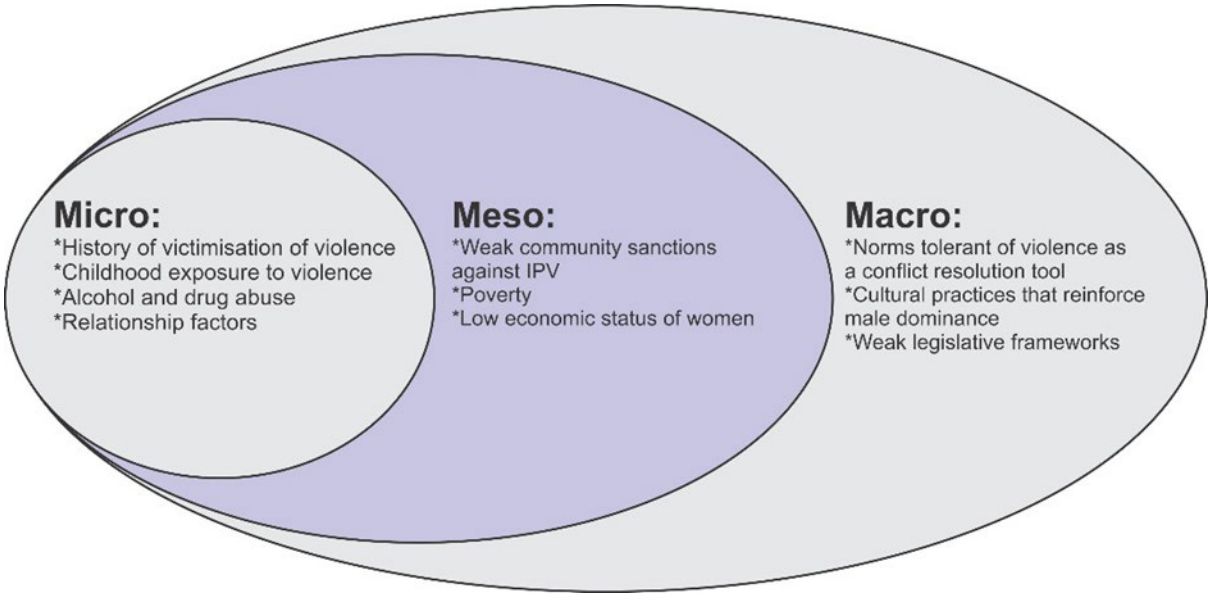


***Figure 3.1: Ecological perspective for the study (Adapted from Heise, 1998)***

The three levels of the ecological perspective, illustrated in Figure 3.1, will be briefly explained and will be presented in greater detail in Section 3.4.

The micro-level relates to personal history and relationship factors with intimate partners that influence how individuals behave and increase their likelihood of becoming a perpetrator or victim of IPV.

The meso-level focuses on factors that occur within the context of the community. Factors contributing to IPV at this level may include weak sanctions against IPV, poverty, as well as social and economic policies that uphold socio-economic inequalities between men and women.

The macro-level refers to a broad set of norms, legislative frameworks, and cultural values that tolerate the perpetration and victimisation of IPV. Common macro-level factors include patriarchal practices that reinforce male dominancy and weak legal frameworks that are not deterrent enough to would-be perpetrators.

## 3.4 CONTRIBUTING FACTORS TO INTIMATE PARTNER VIOLENCE

There are different factors that contribute to the occurrence of IPV. These contributory factors include gender inequality, societal tolerance and attitudes supportive of violence against women, poverty, male underemployment, low education among women, and childhood exposure to abuse (Ellsberg, Arango, Morton, Gennari, Kiplesund & Contreras, 2015). Long-standing African cultural beliefs and traditions that promote men's hierarchical role in sexual relationships and especially in marriage, also contribute to IPV (Morrell, Jewkes & Lindegger, 2012). The factors contributing to IPV will now be discussed in line with the micro-, meso- and macro-levels of the ecological perspective illustrated in Figure 3.1 above.

### 3.4.1 Micro-level factors

The micro-level factors that will be discussed relate to an individual's history as well as intimate relationship factors that influence how individuals behave and increase their likelihood of becoming a victim or perpetrator of IPV.

#### *3.4.1.1 Past history of victimisation or perpetration of violence*

Women who have previously been abused by intimate or non-intimate partners during adulthood are more likely to experience future IPV compared to those without prior exposure to violence. For example, a study from India showed that women who reported previous non-intimate partner violence were 3.8 times more likely to report intimate partner violence, compared to those without previous exposure (Boyle Georgiades, Cullen & Racine, 2009). Men with a history of abusive or violent behaviour were more likely to exhibit this behaviour in their future intimate partnerships, especially during pregnancy and the postnatal period (Chan, 2009).

#### *3.4.1.2 Exposure to violence in childhood*

The risk of IPV perpetration or victimisation can be intergenerational (Levendosky, Lannert & Yalch, 2012). An association has been found between adverse childhood experiences (ACEs) and emotional, financial, physical, and sexual IPV perpetration in adulthood, for example, among Sri Lankan men, childhood abuse and witnessing abuse of one's mother was strongly associated with perpetration of IPV in adulthood (Fonseka, Minnis & Gomez, 2015). A relationship has also been found between ACEs and IPV victimisation, linking violent family experiences, such as witnessing abuse of one's mother to IPV victimisation among adult women (Abramsky, Watts, Garcia-Moreno, Devries, Kiss, Ellsberg, Jansen & Heise, 2011).

The incidence of abusive behaviours between parents may have an enduring impact on the children in their mid- and late-adolescence (Liu, Mumford & Taylor, 2018). Adolescent relationships of children who are exposed to inter-parental IPV have been associated with abuse (Liu et al., 2018). Women who were abused by an adult perpetrator before the age of 15 years, appear to be at greater risk of experiencing abuse in later life (Till-Tentschert, 2017). A World Health Organisation multi-country study noted that male partners who in their childhood witnessed their mother being beaten, were at an elevated risk of perpetrating abuse (Abramsky et al., 2011). Jayasinghe, Jayawardena and Perera (2009) found that exposure to the abuse of one's mother was associated with mental illness in children, which is a potential precursor of IPV perpetration and victimisation in adulthood.

The relationships between ACEs and adult IPV perpetration or victimisation have been explained using Bandura's social learning theory of aggression which posits that individuals learn to behave violently when they perceive such behaviours to be rewarded by their environment (Bandura, 1978). For instance, boys can learn to perpetrate IPV as adults by experiencing their fathers using violence to control their mothers.

#### *3.4.1.3 Harmful use of alcohol and illicit drug use*

Harmful use of alcohol and illicit drug use are other commonly cited risk factors associated with the experiencing and perpetration of IPV and sexual violence. Alcohol has been identified by many studies as a major risk factor for IPV (Devries, Child,

Bacchus, Mak, Falder, Graham, Watts & Heise, 2014). Research has shown a positive relationship between problematic alcohol use by one or both partners and the occurrence of IPV (Wilson, Graham & Taft, 2014). While neither a necessary nor a sufficient cause, excessive alcohol use does contribute to the occurrence of partner violence (Leonard & Quigley, 2017). The cross-sectional relationship between alcohol abuse and violence has been demonstrated on every continent (Abramsky et al., 2011). Alcohol is widely considered to be a key proximal predictor of IPV, because of its hypothesized disinhibitory effect on aggression (Flanzer, 2005). Harmful use of alcohol was strongly associated with the perpetration of IPV in several of the reviews, which included studies from low to middle income countries (LMICs) (Dalal, Rahman & Jansson, 2009). One systematic review pooled the results of 11 studies and found that harmful use of alcohol was associated with a 4.6 times increased risk of exposure to IPV compared to mild or no alcohol use (Gil-Gonzalez, Vives-Cases, Alvarez-Dardet & Latour-Perez, 2006). Cross-sectional studies from different LMICs report that men who misuse alcohol are 1.6 to 4.8 times more likely to perpetrate intimate partner violence (Dalal et al., 2009).

In a Rwandese study, IPV was associated with high alcohol usage by husbands or partners, which is consistent with findings from diverse settings including Brazil, Kenya, and India (Makayoto, Omolo, Kamweya, Harder & Mutai, 2013). Other studies found that both women's and men's alcohol usage was an important factor for IPV (Abeya, Afework & Yalew, 2012). Alcohol use directly affects cognitive and physical function, reducing self-control and leaving individuals less capable of negotiating a non-violent resolution to conflicts within relationships (Zawacki, Norris, George, Abbey, Martell, Stoner, Davis, Buck, Masters, McAuslan, Beshears, Parkhill & Clinton-Sherrod, 2005). Excessive drinking by one partner can exacerbate financial difficulties, child abuse, infidelity, or other stressful situations, which may fuel conflicts between partners. Schluter, Abbott, and Bellringer (2008) found that problem drinking in couples was related to IPV victimization for men and women.

Devries et al. (2014) found that although the misuse of alcohol and other drugs do not always increase women's long-term risk of perpetrating or being a victim of IPV, it should still be regarded as a risk factor when assessing abusive behaviour. Researchers such as Swanepoel, Geyer and Crafford (2016) found that men who used

substances were more prone to be abusive towards their partners than did men with no substance use. These authors further indicated that alcohol dependence was a significant predictor of IPV. Co-occurrence of alcohol with cannabis and hard drugs also predicted higher IPV incidence. In a study involving men and women, Myers and Sorsdal (2014) found in bivariate analyses of proximal characteristics and IPV that the individuals getting drunk from alcohol, and arrests made because of drinking and the use of other drugs, were not always related to IPV perpetration, but that the heavy use of alcohol, marijuana and other drugs and selling of drugs were predictive. Another study (Mclellan, 2017) found that male-female partner violence (MFPV) was associated with a history of childhood abuse and alcohol abuse; whereas alcohol use by males and females was significantly associated with female-male partner violence (FMPV). Boden, Fergusson and Horwood (2012) found that after controlling for risk factors such as childhood conduct problems, alcohol abuse or alcohol dependence predicted IPV perpetration but not victimisation; no gender differences were found for IPV perpetration or victimisation, or for alcohol use or dependence in adolescence and later IPV perpetration. In another study (Macy & Goodburn, 2012) found that drug use, and to a lesser degree problem drinking, was significantly predictive of persistence in IPV, although it was no longer significant after controlling for frequency of violence in the prior relationship. From abovementioned discussion on different studies on the correlations between alcohol and drug use and IPV, it is clear that researchers found various findings.

Different theories have been proposed to explain why alcohol increases both the likelihood and severity of partner violence. Studies demonstrate that the effects of alcohol on cognitive abilities and problem solving, makes it harder to resolve conflicts peacefully. Alcohol also lowers inhibitions and makes it more likely that people will misinterpret verbal and non-verbal cues. Laboratory studies have consistently found an effect of intoxication on analogues of human aggression, although many of these studies have only examined male to male aggression. Crane, Godleski, Przybyla, Schlauch and Testa (2016), however, found a significant effect of alcohol in a meta-analysis of all alcohol aggression experiments in which alcohol was administered to men and aggression toward a woman was assessed. They posited that the impact of alcohol on aggression resulted from an impaired capacity to attend to the instigative and inhibitory cues in a situation and that “when instigative cues are dominant, an

intoxicated person would be likely to focus on these dominant cues and therefore, be more likely to react aggressively" while aggression would not be expected when inhibitory cues are dominant. Devries et al. (2014) formalised this position as 'alcohol myopia' and observed that alcohol would have its largest impact under situations of inhibition conflict, in which a response provoked by salient, strong cues is also inhibited by other strong cues that require further processing to grasp.

#### *3.4.1.4 Acceptance of violence*

Men and women's attitudes towards violence are strongly correlated with exposure to intimate partner violence – both in terms of victimisation and perpetration. Reviews and studies found a strong association between attitudes towards violence and exposure to IPV (Johnson & Das, 2009). Men who believe that it is always acceptable to beat their wives have a four-fold increased risk of intimate partner violence perpetration compared to a two-fold increased risk among those who believe it is sometimes acceptable to beat their wives (Johnson & Das, 2009). Women's acceptance of violence is also positively associated with the experiencing of intimate partner violence (Boyle et al., 2009). In many African settings it was found that the majority of men and women agree that husbands have the right to use violence in response to women's transgression of traditional gender roles, such as if she is disobedient, fails to perform household and childcare duties, or is unfaithful (Odero, Hatcher, Bryant, Onono, Romito, Bukusi & Turan, 2014). Women and men's acceptance of IPV, men's attitudes towards women as inferior, restrictive gender roles, and dominant patriarchal values may all perpetuate the occurrence of violence. These attitudes may be transferred across generations through learning processes, the media, schools, and witnessing and experiencing violence throughout life. Over 35 population-based studies from Asia, Africa, Latin America, and the Middle East have demonstrated that attitudes condoning partner violence on the part of both women and men are highly predictive of rates of perpetration (Nicholson, Chen & Huang, 2010). In a WHO multi-country study, for example, women who had attitudes supportive of wife beating had increased odds of experiencing partner violence in 13 out of 15 sites (Abramsky et al., 2011).

#### *3.1.4.5 Level of education*

Across studies, a low level of education is consistently associated with the perpetration and victimisation of IPV (Dalal et al., 2009). Although the relationship between individual educational attainment and IPV is complex, a low level of education is the most consistent factor associated with both the perpetration and victimisation of IPV across studies (Dalal et al., 2009). For example, women with lower levels of education (primary or none) have a 2 to 5-fold increased risk of IPV, compared to higher-educated women (Dalal et al., 2009). Similarly, studies have found that lower-educated males were up to four times more likely to perpetrate IPV than higher-educated men (Ackerson, Kawachi, Barbeau & Subramanian, 2009). Several studies have shown that women who received higher education (secondary schooling or higher) were 20% to 55% less likely to be victims of intimate partner violence or sexual violence compared to less-educated women (Fehringer & Hindin, 2009). Similarly, men who were more educated were approximately 40% less likely to perpetrate IPV compared to less-educated men (Johnson & Das, 2009). A higher level of education may act as a protective factor, since women with a higher level of education, or married couples with relatively equivalent education levels, would report lower levels of intimate partner violence. Lower educational attainment reduces a woman's exposure and access to resources, increases the acceptance of violence, and maintains unequal gender norms (WHO/LSHTM, 2010).

#### *3.1.4.6 Mental health and intimate partner violence*

Another important micro level factor that could contribute to IPV is mental health. There is a bidirectional relationship between poor mental health and IPV victimisation (Machisa, Christofides & Jewkes, 2017). Devries, Mak, Garcia-Moreno, Petzold, Child and Falder (2013) found that, for women and men, depressive symptoms were associated with recent experiences of IPV and, conversely, that recent experiences of IPV were associated with recent depressive symptoms (the latter for women only). Depressive symptoms increase the risk of physical, sexual, and emotional IPV perpetration, after adjusting for childhood exposure to violence (Fulu, Jewkes, Roselli & Garcia-Moreno, 2013). Anxiety, post-traumatic stress disorder, and other mental health disorders are also associated with IPV victimisation. For example, a review of cross-sectional psychiatric morbidity and population surveys finds associations

between all mental disorders and IPV victimisation in both men and women (Oram, Trevillion, Khalifeh, Feder & Howard, 2014). A link has also been established between situational stress and IPV in a study that was done among United States Air Force active-duty members. The study found that there is a strong effect of financial stress on the risk of perpetrating IPV among both men and women (Slep, Foran, Heyman & Snarr, 2010). There is also emerging evidence that childhood abuse or other adversities may potentiate the impact of recent stressors on the risk of IPV perpetration (stress sensitisation theory). For instance, among 34 653 adults in the United States, the risk of perpetrating IPV among men with current high life stress was 10.1 percentage points greater among those with histories of high childhood adversity scores versus low childhood adversity scores (Roberts, McLaughlin, Conron & Koenen, 2011).

#### *3.4.1.7 Young age*

Young age appears to be a risk factor for being either a perpetrator or victim of IPV, and a victim of sexual violence (WHO/LSHTM, 2010). Young age has consistently been found to be a risk factor for a man committing physical violence against a partner and for a woman experiencing IPV (Romans, Forte, Cohen, Du Mont & Hyman, 2007). Research findings are relatively consistent that age is protective against IPV in adulthood. Findings from multi-wave prospective longitudinal studies found that IPV declines with age (Kim, Laurent, Capaldi & Feingold, 2008).

#### *3.4.1.8 Relationship factors*

A variety of factors related to the nature of the intimate relationship may contribute to an increased risk of the occurrence of IPV. The relationship factors that will be discussed below include men having multiple concurrent sexual partners, child marriages, and quality of the relationship or marital satisfaction.

##### *3.4.1.8.1 Multiple sexual partners*

Men who report having multiple sexual partners are more likely to perpetrate intimate partner violence or sexual violence. Multiple partnership and infidelity (as perceived by female partners) are also strongly associated with both the perpetration and experiencing of intimate partner violence (Chan, 2009; Vung & Krantz, 2009). All the

studies reported a strong association between women's perceived infidelity or multiple sexual partnerships by their partners and intimate partner violence or sexual violence. Estimates ranged from a 1.5-fold (India) to 17.1-fold (South Africa) greater risk of the perpetration of intimate partner violence and sexual violence, and a 1.5-fold (Uganda) to 2.4-fold (Vietnam) greater risk of experiencing intimate partner violence (Vung & Krantz, 2009). It is thought that men who have multiple partners may seek out such sexual partners as a source of peer status and self-esteem, and that their relationships with their female partners are impersonal and without the appropriate emotional bonding (Jewkes, Dunkle, Koss, Levi, Nduna, Jama & Sikweyiya, 2006). Furthermore, these men are more likely to engage in risky behaviours with multiple sexual partners by refusing to use condoms – thus exposing themselves and their life partners to an increased risk of HIV infection. In most of the sites covered by the WHO's multi-country study on women's health and domestic violence against women, women whose current or most recent partner was violent were more likely to report at least one refusal to use a condom than women in non-violent relationships (Ellsberg et al., 2015).

#### *3.4.1.8.2 Quality of relationship or marital satisfaction*

Partnerships with low marital satisfaction, continuous disagreements, and high marital discord are more likely to be associated with intimate partner violence compared to those without. Lack of marital satisfaction and marital discord are strongly correlated with the occurrence of both the perpetration and experiencing of IPV (Tang & Lai, 2008). Disagreements often occur over traditional gender roles, control in partnerships with status disparities (e.g., in income, education, or age) and sexual acts or refusals. Violence is perpetrated against a partner as a way of dealing with conflict or resolving the disagreement. Additionally, a woman's risk of victimisation may be heightened in situations where women start an argument or when they fight back.

Polygamy has been declining throughout sub-Saharan Africa, men however, continue to exercise their prerogative to sexual freedom by having multiple sexual partners even while married or cohabitating with a steady partner (McCloskey et al., 2016). The association between IPV and being in a polygamous relationship has been reported in Zimbabwe (Nyamoyemombe, Mishra, Rusakaniko, Benedikt, Gwazane & Mukweza, 2010). Although this has not been fully explored and understood, anecdotal evidence

suggests that IPV between co-wives and the husband results from competition for limited resources, including attention of the husband.

#### *3.4.1.9 Child marriages*

Child marriages closely relate to point 3.4.7, “Young age” where young women and girls who are immature get involved in romantic relationships that could risk their safety. The term ‘child marriage’ is used to refer to both formal marriages and informal unions in which a girl or boy lives with a partner as if married, before the age of 18 (UNICEF, 2018). Levels of child marriage are highest in sub-Saharan Africa, where around four in ten young women were married before age 18, followed by South Asia, where three in ten were married before age 18 (UNICEF, 2018). In Zimbabwe, studies show that one in every four women aged between 15 and 19 years is married (Multiple Indicator Cluster Survey, 2014).

Many African women experience IPV at an early age, either because they enter marriage unions in their teenage years, or because they enter sexual relationships with mature partners at an early age, as in Southern Africa, with at least half of teens entering relationships with men more than five years their senior (McCloskey et al., 2016). Based on findings from a meta-analysis, Decker, Latimore, Yasutake, Haviland, Ahmed, Blum and Astone (2015) found that teenage girls (aged 15-19 years) and young women (aged 20-24 years) in Southern Africa (i.e., Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia, Zimbabwe) disclosed the highest prevalence of partner violence victimisation compared to matched age cohorts in other countries worldwide. The highest rates of forced sex in marriage occurred against girls (aged 15-19 years) in Uganda (30%), in the Democratic Republic of Congo (32.5%), and in Zimbabwe (16.5%) (Decker et al., 2015).

Many factors interact to place girls at risk of marriage, including, poverty, the perception that marriage will provide protection, family honour, social norms, customary or religious laws that condone the practice, an inadequate legislative framework, and the state of a country’s civil registration system (UNICEF, 2018). The practice of child marriages is far more common among young girls and often compromises their development by resulting in early pregnancy and social isolation, interrupting their schooling, limiting their opportunities for career and vocational advancement, and

placing them at increased risk of IPV. Often married to much older men, child brides rarely have a say into whom, whether, or when to marry. The greater the age difference between girls and their husbands, the more likely they are to experience IPV. Child marriage puts women and girls at particular risk of sexual, physical, and psychological violence throughout their lives (UNICEF, 2018). Child marriage obstructs progress towards gender equality, women's empowerment, and inclusive development. Child marriage is furthermore a violation of children's human rights and especially places the girl child at the risk of IPV and ill-health. In addition, child marriage denies girls the opportunity to contribute to their communities whilst keeping them locked in a cycle of feminised poverty. Finally, girls, who are married off at an early age, are in this way cut off from completing their education, thus limiting their socio-economic life chances.

### 3.4.2 Meso-level factors

The meso-level factors relate to community-wide factors such as poverty, weak sanctions against IPV, and the lack of women's economic empowerment that impact on individuals and exacerbate their vulnerability to IPV victimisation. The factors that could contribute to IPV discussed under 3.4.1, the micro level factors correlate closely with meso level factors, for instance, acceptance of violence (point 3.4.1.4) will have a negative effect on sufficient sanctions against IPV. Meso level factors that will be discussed are poverty, women's economic empowerment, weak community sanctions and crises.

#### *3.4.2.1 Poverty*

IPV has been identified as both a cause and an effect of poverty; it creates financial instability through job sabotage by abusers, through controlling behaviours that limit access to money and to credit, and through the destruction of property that can lead to eviction, loss of transportation, and financial costs (Adams, Sullivan, Bybee & Greeson, 2008). According to the ecological perspective, factors that could contribute to IPV should not be seen merely as cause or effect, but rather a combination of aspects such as several factors play a role in poverty or IPV. Studies from a wide range of settings show that, while IPV and sexual violence cut across all socioeconomic groups, women living in poverty are disproportionately affected. Conditions of poverty have been shown to exacerbate women's vulnerability to partner violence through

increased stress, diminished protective conditions, and reduced access to material and social resources (Goodman, Smyth, Borges & Singer, 2009). Poverty and socioeconomic disadvantage place demands on intimate relationships and provide fertile ground for disagreements and conflicts. Economic hardship and scarcity create a context that facilitates IPV for both partners in a relationship (Ahmadabadi, Najman, Williams & Clavarino, 2020). For some men, living in poverty is likely to generate stress, frustration, and a sense of inadequacy for having failed to live up to their culturally expected role of providers. The conditions of poverty can lead to IPV through violence that is triggered by socioeconomic stressors and through the financial dependence that can keep violent couples together (Dichter & Rhodes, 2011).

Socio-demographic characteristics associated with IPV in sub-Saharan Africa are poverty related and include low education, low income, and unemployment (WHO, 2013). These three factors are related in that higher education helps enable access to resources, including, formal or high-paying employment. Failure to get education and therefore income, render men into feelings of less masculine status, and in order to compensate for this, men opt to use violence to assert their power over women or to gain their cooperation (Jewkes, Flood & Lang, 2015). Men are regarded as providers and protectors with the assumption that those for whom they care cannot provide for and protect themselves. A man's inability to fulfil the traditional 'provider' role contributes to feelings of anger and shame, which then manifest in violence, especially when his wife or children ask for things, he is unable to provide (Horn, Puffer, Roesch & Lehmann, 2014).

Connections have been found between men losing capacity for their 'provider' role and a tendency towards marital conflict, especially where women take on the role of breadwinner (Horn, 2010). Status inconsistency theories claim that those who perceive their status within the family to be inconsistent with social norms may use violence as a strategy to compensate for loss of power. Olayanju, Naguib, Nguyen, Bali and Vung (2013) note that certain aspects of life in sub-Saharan Africa make IPV more likely, including widespread poverty that makes it difficult for men to achieve what is expected of them socially. When men are unable to support their families, they feel impotent, which leads to a vicious cycle of anger and abuse that is exacerbated by women becoming the main providers for their families (Horn et al., 2014).

#### *3.4.2.2 Women's economic empowerment*

Feminist and socio-culture explanations provide frameworks to understand IPV against women (Burrill, Roberts & Thornberry, 2010). Feminist theory and the theories of gender stratification, social exchange, and marital dependency predict that as women gain access to jobs, education, and other forms of social and economic power, they will gradually become less vulnerable to abuse, more valued in the household, and more able to leave partnerships that put them at risk. Power theory, however, explains increases in IPV that coincide with women's empowerment as a result of disruptions in traditional gendered roles (Burrill et al., 2010). In Rwanda, for instance, the number of women who self-reported in household surveys ever experiencing IPV, increased from 34% in 2005 to 56% in 2010. This coincided with a new constitution and majority female elected parliament in 2003, and legislation protecting against gender-based violence in 2008. The increase in self-reported IPV may reflect improved social power for women, and/or disruptions to traditional gender roles that increased actual IPV (Thomson, Bah, Rubanzana & Mutesa, 2015). The large increase in self-reported IPV between 2005 and 2010 in Rwanda may also reflect greater empowerment of women to speak about a high level of violence that already existed, or it could reflect a real increase in experiences of IPV (Carlson & Randell, 2013).

In Rwanda, a 2010 qualitative study found that laws protecting women's rights were perceived by women and men as having led to loss of women's values and respect for men, thus provoking husbands to resort to violence to re-establish order in their households; this type of violence is believed by many women and men as normal and even necessary (Slegh & Richters, 2012). Qualitative research about the impact of Rwanda's improved opportunities for women found that, in addition to numerous positive outcomes, non-submissive, independent women experienced increased conflict within their relationships when husbands felt their own roles were challenged or that their wives where skirting home responsibilities. In India, South Africa, and elsewhere, increases in IPV have been linked with rapid changes in gender roles, including changes in husband or partner employment (Krishnan, Rocca, Hubbard, Subbiah, Edmeades & Padian, 2009). From abovementioned discussion it is clear that from an ecological perspective factors such as empowerment of women (meso level) could create tension and conflict in intimate relationships (micro level). The interaction

between an individual (abused woman) and her environment (intimate relationship and empowerment) should be all taken into consideration to gain more insight into factors that could contribute to IPV (Thomson et al., 2015).

#### *3.4.2.3 Weak community sanctions against intimate partner violence*

Views held by many people in many different communities create cultures that support IPV. For instance, the view that a man should be able to control and discipline his wife, or that a man is entitled to sex from his partner. Damaging attitudes such as these are linked to sexist ideas that women have low social value, which, if accepted by wider society, forms the basis for acceptance of IPV. Men who hold these traditional views of masculine gender roles are reported to have a greater likelihood of being perpetrators of IPV (Santana, Raj, Decker, La Marche & Silverman, 2006).

Community sanctions, or prohibitions, could take the form either of formal legal sanctions or the moral pressure for neighbours to intervene if a woman were beaten. The “sanctions and sanctuary” framework suggests the hypothesis that intimate partner violence will be highest in societies where the status of women is in a state of transition. Where women have an exceptionally low status, violence is not needed to enforce male authority. On the other hand, where women have a high status, they will probably have achieved sufficient power collectively to change traditional gender roles. Intimate partner violence is thus usually highest at the transition point, as is the situation in most low- and medium-income countries.

A study in rural Kenya found that while women did seek, and sometimes receive, support for IPV from informal community resources, the prevailing opinion was that this violence within partnerships was a generally accepted aspect of local culture (Gomez & Speizer, 2010). In some communities it is believed that wife beating is acceptable in scenarios where a wife goes out without informing her husband, if she neglects the children, if she argues with the husband, if she refuses to have sex with the husband, or if she burns the food. In one community in Sierra Leone, the belief that a woman’s prayer goes to God through a man creates a situation in which every woman must be affiliated to a man if she is to find acceptance in the community (Mann & Takyi, 2009). The correlation between several factors that could contribute to IPV such as masculine gender roles and the low status of women in some communities should be noted in an

attempt to reduce IPV and establish improved sanctions against IPV. As will be discussed in Chapter 4 service providers could also render services on different levels to combat IPV.

#### *3.4.2.4 Crises and humanitarian emergencies*

The occurrence of humanitarian crises is associated with an increase in violence against women (Fraser, 2020). Other known causes of IPV such as unequal gender relations and patriarchal norms have potential to magnify and modify risk and protective factors during times of crises (Gibbs, Dunkle, Ramsoomar, Willan, Shai, Chatterji, Naved & Jewkes, 2020). In pandemic induced crises the fear and uncertainty that goes with the circumstances provide an enabling environment that may exacerbate different forms of violence against women. For instance, during the Ebola outbreak in West Africa, there was a huge surge in cases of rape and sexual assault against women and girls that was largely undocumented as collateral damage (Yasmin, 2016). During the current COVID-19 outbreak there have been reports of an increase in cases of violence against women, for example, in China's Jianli County (Hubei province) the police station reported receiving 162 reports of IPV in February; three times the number reported in February 2019 (Wanqing, 2020). In Zimbabwe, women's organisations have recorded over 764 cases of gender-based violence (GBV) since the commencement of the COVID-19 lockdown, with the Musasa Project (a women's organisation), that reported a jump from 30 to 140 cases per day (Mhlope, 2020). Because COVID-19 is a novel virus about which people have limited information, perpetrators may use misinformation or scare tactics to control or blame their partners (National Domestic Violence Hotline, 2020). One of the ways that the spread of COVID-19 is contained globally is through quarantines, however, such measures have the potential to increase violence against women through increasing their exposure to potential perpetrators and by limiting their moveability. Research shows that when men migrate away from home, rates of IPV decrease due to exposure reduction. For instance, in Bangladesh, when men in ultra-poor households were offered interest-free loans to facilitate seasonal male migration, their migration reduced female exposure to physical and/or sexual IPV over a six-month period by 3.5% (Mobarak & Ramos, 2019).

During crises such as the current COVID-19 when many countries are using lockdowns that confine people to their houses, women's access to legal systems and safety support services is severely confined. Constraints to accessing legal systems during emergencies reinforce pre-existing challenges that prevent legal systems from responding efficiently and effectively to the needs of IPV victims (Mueller, Peterman, Billings & Wineman, 2019). The COVID-19 pandemic has resulted in court officials across countries being advised to stay home, with the result that hearings have been postponed in many countries (Zou, 2020).

### 3.4.3 Macro-level factors

The macro-level factors contributing to IPV that will be discussed relate to society level factors that perpetuate the occurrence of IPV. These macro-level factors include socio-cultural norms and beliefs that approve violence as an acceptable way of resolving conflicts, traditional practices that promote male dominance such as the patriarchy, and weak legal sanctions that do not deter would-be perpetrators. Macro level factors also correlate with meso- and macro level factors as was indicated in figure 3.1.

#### *3.4.3.1 Societal and cultural norms tolerant of intimate partner violence*

The occurrence of IPV, apart from many other causes, is attributable to societal norms and history of the community which may cause and encourage IPV (Mahapatra, 2012). Societal factors determine whether IPV is encouraged or discouraged. These factors may include social and economic policies that uphold socio-economic inequalities between people, accessibility to weapons, and socio-cultural norms and beliefs that approve violence as an acceptable way of resolving conflicts. IPV is increased in settings where the use of violence is considered to be normal and where there are little sanctions against abusers. Certain cultural and social norms play a particularly important role in creating conditions that support or facilitate IPV (Olayanju et al., 2013). These include the belief that a man is socially superior and has the right to assert power over a woman, that a woman's freedom should be restricted, that physical violence is an acceptable way to resolve conflict within a relationship, and that divorce brings shame to the family (Olayanju et al., 2013). Many of these norms are common in parts of sub-Saharan Africa, resulting in IPV being widely justified by both men and women as a normal part of an intimate relationship (Uthman et al., 2010).

Studies (Ackerson et al., 2009; Boyle, Georgiades, Cullen & Racine 2009) show that several neighbourhood-level factors are associated with higher rates of intimate partner violence, including, a lower proportion of women with a higher level of education, higher neighbourhood poverty, a higher neighbourhood unemployment rate, a higher proportion of male and female illiteracy, a higher proportion of individuals with a positive view of violence, a lower proportion of women with high levels of autonomy, and a higher proportion of households that use corporal punishment. A study done in 17 sub-Saharan African countries showed in all the countries studied, that IPV against women was widely accepted by men and women under certain circumstances (Uthman, Lawoko & Moradi, 2009). The same study found that women were more likely to experience IPV in societies where the use of violence is a socially accepted norm (Uthman et al., 2010). In many parts of sub-Saharan Africa IPV is widely justified by both men and women as a normal part of an intimate relationship (Odero et al., 2014).

A research study conducted in West Ethiopia found that several community members believed IPV against women was acceptable under particular conditions, including failure to give birth, suspicion of infidelity, constantly arguing with her husband or the neighbours or community members, disobeying her husband, and circumstances in which a woman attempts to go against the culture and vocalise her thoughts or opinions (Joyner & Mash, 2012). One research study in Ethiopia found that 60% of men and 87% of women believed that beating is justified if the woman was sexually unfaithful (Garoma, Fantahun & Worku, 2012). In contrast, conditions in which IPV are unacceptable to the same community members include male infidelity, drunkenness of the husband, and constantly attacking the wife based on trivial issues (Garoma et al., 2012).

In a multi-country study of the WHO on women's health and domestic violence against women (Garcia-Moreno et al., 2006) it was found that the percentage of women who agreed with one or more justifications for "wife beating" varied from 6% to over 65%. Suspecting a wife of being unfaithful was the most agreed upon justification. In all countries except Thailand, the overall acceptance that wife beating could be justified for some reason was significantly greater among women who had experienced physical or sexual intimate partner violence (or both) than among women who had

never experienced such violence. In most countries, an increase in wealth, educational attainment, urbanisation, access to media, and joint decision-making were all associated with decreased levels of justification of intimate partner violence against women.

#### *3.4.3.2 Payment of lobola (bride price)*

Although the custom of bride price varies in its detail and implementation across diverse cultures, the core universal element involves the transfer of offerings, goods, or funds principally from the groom and his family, to the bride's family (Corno & Voena, 2015). Allocating a price to a woman ties her to debt and servitude and legitimises the right and power of men to continue to treat their female partner as an acquired object. As such, the custom of bride price may maintain and strengthen other known risk factors for IPV, including community attitudes and perceptions that support gender inequality and male entitlement to treat women violently (United Nations Women, 2015). The intersection of poverty and cultural expectations around the payment of lobola may have deleterious outcomes as one research study found that date rape with the intention of impregnating a girl, was carried out if the girl refused a marriage offer and was generally perpetrated by poorer men who lacked the money for bride wealth (Shamu, Abrahams, Temmerman, Shefer, Zarowsky & Vermund, 2012). As some African cultures maintain the use of lobola to essentially transfer a woman from her father to her husband, men who cannot afford it may turn to violent behaviours to get what they desire.

African cultural beliefs and traditions promote men's hierarchical role in sexual relationships and especially marriage (Morrell, Jewkes & Lindegger, 2012). The payment of lobola is often used to justify a man's infidelity as he might claim that since he paid for his wife, he can expect her to be faithful without the same applying to him. Thus, the institution of marriage formalised through the payment of lobola plays a significant role in the subordination of women, as marriage is only initiated by men, which means that the one who is seen as the creator of such an arrangement also has the power over the one who is asked to join such an arrangement.

#### *3.4.3.3 Traditional gender norms and social norms supportive of violence*

Various theories – including norm theory, feminist theory, and social constructionist theory – argue that partner violence is in part a function of social norms, as well as structures that grant men the right to control female behaviour and limit women's power in both public and private life (Heise, 2011). Social norms are defined as common expectations held by individuals in relation to how people should behave, and act as motivators either for, or against, attitudes and behaviours (Paluck & Ball, 2010). Therefore, norms act as powerful motivators largely because individuals who deviate from group expectations are subject to shaming, sanctions, or disapproval by others who are important to them.

Normative use of violence may be present at homes, in schools, or in workplaces where it is considered normal to use violence in order to discipline or to resolve conflicts. Several studies have reported that there is a strong association between normative use of violence and high rates of IPV (Black et al., 2011). Strong evidence exists that norms related to male authority, acceptance of wife battering, and female obedience affect the overall level of abuse in different settings. When internalised by men and enforced through friendship networks and other social institutions, these norms increase the likelihood that individual men will engage in violence. It has been suggested that children exposed to violence in schools and at homes, for example, by witnessing their mother being hit or experiencing it as form of punishment, may come to view this as normal. Researchers have hypothesised that social and cultural norms leading to the tolerance of violence are learned during childhood, where a child experiences corporal punishment, or is exposed to violence in the family, in the media, or in other settings (WHO, 2009).

A range of additional norms related to family privacy, men's roles as providers, sexual activity as a marker of masculinity, and the shamefulness of divorce are all likely to play enabling roles as well, although hard evidence that links these norms to levels of partner violence, is not yet available. Data from a wide range of countries demonstrate that wife beating is normative in many settings, with women as well as men expressing support for partner violence under certain circumstances. Furthermore, implicit support for violence is frequently couched in terms of men's need to "discipline" women for various infractions, generally related to gendered expectations regarding female

behaviour or deference to male authority. Studies from the developing world consistently document a high level of social acceptance of wife beating, a practice that is justified as a form of discipline for wives who challenge male authority or fail to adequately fulfil their role as wives and mothers.

Recent analysis of micro-data from 55 developing countries found that, on average, over 41% of women condone violence, for various trivial reasons – with rates ranging as high as 71% in Niger (Hanmer & Klugman 2016). Hanmer and Klugman (2016) further found that women's own attitudes towards violence, their childhood exposure to violence, circumstances of marriage (whether early or polygamous), and education levels of men and women were all significantly associated with the risk of women in that household experiencing physical domestic violence. Nanda, Gautam, Verma, Khama, Khan, Brahme, Boyle and Kumah (2014) noted that in India men with rigid views of masculinity were nearly 1.35 times more likely to perpetrate IPV than men with equitable views of relationships, and women with rigid views of masculinity were also nearly 1.35 times more likely to be the victims of violence than women who held equitable views on masculinity.

Evidence suggests, however, that men's attitudes may be more strongly predictive of partner violence than those of women. In a 2008 review of 10 Demographic and Health surveys (DHS), it was found that if a man agreed wife beating was justified in one or more situations, it was a strong predictor of his wife being beaten in Bangladesh, Bolivia, Malawi, Rwanda, and Zimbabwe. It was also found that there was little change in the odds ratios when women's attitudes about spousal violence were added to the model (Hindin, Kishor & Ansara, 2008). Methodologically, this finding suggests that women and men's attitudes toward wife abuse work independently to influence a woman's risk of abuse.

Heise and Abramsky (2010) posit that two of the strongest and most consistent factors that predict differences in the prevalence of partner violence across sites and countries are the degree to which wife beating is perceived as acceptable and the degree to which culture grants men the authority to control female behaviour. Recent research in Brazil and Peru confirms that similar dynamics operate to shape the distribution of partner violence at the level of communities and neighbourhoods. As in other settings, the level of partner violence in Brazil and Peru differed dramatically among

neighbourhoods, even within the same city. Ecological analysis showed that among the primary factors predicting different levels across settings were the acceptability of wife beating, norms granting men authority over female behaviour, and the proportion of women who had completed secondary education (Heise, 2011). In settings where women have little power, where partner violence is normative, and where men are granted social authority over female behaviour, these social realities help define the prevailing level of partner violence (Heise, 2011).

#### *3.4.3.4 Patriarchy*

One of the most common theories to explain the perpetration and experiencing of intimate partner violence and sexual violence is the maintenance of patriarchy or male dominance within a society Sikweyiya, Addo-Lartey, Alangea, Dako-Gyeke, Chirwa, Coker, Appiah, Adanu and Jewkes (2020). Two specific risk factors appear to be strongly associated with IPV – the unequal position of women in a relationship and in society (which is underwritten by ideologies of male superiority), and the normative use of violence to resolve conflicts (and during political struggles). Social, cultural and religious factors stemming from patriarchy are used to rationalise use of violence; for instance wife beating is regarded as legitimate discipline (Sikweyiya et al., 2020). Factors contributing to the unequal power relations between men and women include socio-economic forces, the family institution where power relations are enforced, fear of and control over female sexuality, belief in the inherent superiority of males, legislation and cultural sanctions that have traditionally denied women and children an independent legal and social status.

These factors are manifested by distinct and hierarchical gender roles, notions of male sexual entitlement, the low social value and power of women, and ideas of manhood linked to the control or 'disciplining' of women. These in turn are linked to factors such as low levels of education among women, few public roles for women, the lack of family, social and legal support for women, and the lack of economic power for women (Jewkes, 2002).

The perceived normative superiority of men over women finds expression in the following wide-spread views observed by the WHO/LSHTM (2010):

- A man has a right to assert power over a woman and is considered socially

superior.

- A man has a right to physically discipline a woman for ‘incorrect’ behaviour.
- Physical violence is an acceptable way to resolve conflict in a relationship.
- Sexual intercourse is a man’s right in marriage.
- A woman should tolerate violence in order to keep her family together.
- There are times when a woman deserves to be beaten.
- Sexual activity (including rape) is a marker of masculinity.
- Girls are responsible for controlling a man’s sexual urges.

Patriarchal and male dominance norms reflect gender inequality and inequities at a societal level and thus legitimise IPV and sexual violence perpetrated by men (Russo & Pirlott, 2006). While they are located at the societal level, these gender norms play out at the level of community, relationships, and individual behaviours. Societal norms related to gender are believed to contribute to violence against women, to gender inequality, and to other inequities by creating power hierarchies where men are viewed by society as economically and religiously superior and of higher social status compared to women – who are sometimes viewed as a liability (Ali & Bustamante-Gavino, 2008). As such, men are socialised to believe that they are superior to women, that they should dominate their partners, and that they should endorse traditional masculinity and gender roles (Sikweyiye et al., 2020). Women’s subordination and submission is considered to be normal, expected, accepted and, in some cases, attractive to men (Russo & Pirlott, 2006). These beliefs often cause more competent or educated women to be stigmatised or disliked by society. Both gender inequality and male dominance thus reduce opportunities for women to be involved in decision-making at every level, decrease resources available to women, and increase acceptance of the use of violence against women. Furthermore, gender inequality and male dominance contribute to gender-based inequities in health and access to health care, in opportunities for employment and promotion, in levels of income, in political participation and representation, and in education.

#### *3.4.3.5 Ideologies of male sexual entitlement*

IPV is both a product of and helps sustain a broad gender order that reinforces inequality which often gives men power over women through the distribution of resources, social norms, and institutional practices (Jewkes et al., 2015). Intimate partner violence is a reflection of feelings of distress that males experience in situations that threaten their idealised masculine identity (Baugher & Gazmararian, 2015). Sexual violence committed by men is to a large extent rooted in ideologies of male sexual entitlement. These belief systems grant women extremely few legitimate options to refuse sexual advances. Many men thus simply exclude the possibility that their sexual advances towards a woman might be rejected or that a woman has the right to make an autonomous decision about participating in sex (McCarthy, Mehta & Haberland, 2018). In many cultures, women as well as men, regard marriage as entailing an obligation on women to be sexually available virtually without limit, though sex may be culturally prohibited at certain times, such as after childbirth or during menstruation.

#### *3.4.3.6 Conflict and intimate partner violence*

Countries with a culture of violence, or where violent conflict is taking place, experience an increase in IPV. There is evidence that IPV has increased during periods of conflict in Afghanistan, Lebanon, Palestinian territories, Sri Lanka, and the Côte d'Ivoire (Hossain, Zimmerman, Kiss, Kone, Bakayoko-Topolska, Manan, Lehmann & Watts, 2014). In Côte d'Ivoire, it was noted that IPV was the most frequently reported form of violence following a period of armed conflict; 20.9% among women and 9.9% among men (Hossain et al., 2014). There is a relationship between conflict and IPV, with studies that have found higher rates of IPV amongst war veterans compared to civilian couples. This relationship can be traced to war experiences, subsequent mental health problems, and an increased likelihood of either perpetrating or experiencing IPV (Vinck & Pham, 2013).

#### *3.4.3.7 Weak legal sanctions*

Factors that operate at a societal level that influence sexual violence, are laws and national policies relating to gender equality in general and to sexual and intimate partner violence more specifically, as well as norms relating to the use of violence. While the various factors operate largely at local level (within families, schools,

workplaces, and communities), there are also influences from the laws and norms working at national and even international level.

Some countries have far-reaching legislation and legal procedures, for instance mandatory reporting (MR), which is a set of American federal and state laws that require specific vulnerable populations, who may be otherwise unable to protect themselves and/or respond to violence that occurs in the private sphere, to report actual or suspected abuse to a legal or governmental agency (Jordan & Pritchard, 2018). A commitment to preventing or reducing sexual violence is also reflected when there is emphasis on police training and appropriate allocation of police resources to the problem, such as the priority given to investigating cases of sexual assault and in the resources made available to support victims and provide medico-legal services.

On the other hand there are countries with much weaker approaches to the issue – where conviction of an alleged perpetrator on the evidence of the woman alone is not allowed, where certain forms or settings of sexual violence are specifically excluded from the legal definition, and where rape victims are strongly deterred from bringing the matter to court through the fear of being punished for filing an “unproven” rape case (Jewkes, Levin & Penn-Kekana, 2002).

## 3.5 FACTORS CONTRIBUTING TO INTIMATE PARTNER VIOLENCE IN ZIMBABWE

Some of the factors contributing to IPV in Zimbabwe mirror those found in other countries and regions of the world such as individual-level characteristics and socio-economic conditions. Long standing African cultural beliefs and traditions such as patriarchy (Morrell, Jewkes & Lindegger, 2012), are also common in Zimbabwe and promote men’s hierarchical role in sexual relationships, especially in marriage.

An analysis of the causes of IPV in Zimbabwe must be done against the context of an economy that has deprived men of their traditional breadwinning privileges and powers. When masculinity is threatened, men turn to harsh influence strategies in attempts to reassert their masculinity, power, and influence over others. These strategies include physical, sexual, and social aggression (Raven, Schwarzwald & Koslowsky, 1998). The stress of men’s unemployment can trigger discord and so

increases the risk for partner violence. In a longitudinal study of women in India, the odds of a husband's violence against his wife increased almost two-fold after a husband's recent job loss, with an even higher increase in abuse if the wife gained employment prior to the research interview (Krishnan et al., 2010). Cunradi, Todd, Duke and Ames (2009) found that sudden job loss among Canadian construction workers sparked relationship strain and the abuse of partners, independently of excessive drinking.

The above observations may provide a contextual appreciation of the perpetration of IPV by men in Zimbabwe, a country that has been exposed to a prolonged economic recession, characterised by soaring unemployment and more informal than formal jobs. This economy has subsequently contributed to changed concepts of gender roles, causing men to revert to violence as a way of exerting their power over women, which in turn has made women more vulnerable to IPV. The situation has been exacerbated by women who have become key players in the informal sector and who have significantly changed their contribution to family welfare. This pattern has led to changes in gender dynamics with men feeling less powerful and their manhood threatened. This loss of power by men may lead them to resort to violence to exert their control. In Zimbabwe, the employment and educational differences between husbands and wives, particularly when the wife is better educated than the husband, are associated with increasing levels of IPV (Fidan & Bui, 2016).

### 3.5.1 Mental illness

Mental illness among men was also shown to be a determinant of violence perpetration. Post-traumatic stress disorder (PTSD) and depression have been identified as risk factors for IPV perpetration by men in Zimbabwe (Machisa et al., 2017). The societal context of depression may be attributable to the poverty and economic recession that Zimbabwe has been facing. There is evidence that poverty, job losses, and other economic stressors are key determinants of depression (Ridley, Gautum, Schilbach & Patel, 2020). Symptoms of PTSD are frequently comorbid with depressive symptoms, and some studies established an association between depression and IPV perpetration, which can directly or indirectly be exacerbated by binge drinking (Nduna, Jewkes, Dunkle, Shai & Colman, 2010). Furthermore, other

studies found that binge drinking or alcohol abuse was a risk factor for IPV perpetration (Russell, Cupp, Jewkes, Gevers, Mathews, LeFleur-Bellerose & Small, 2014).

### 3.5.2 Gender relations

In rural Zimbabwe, violence perpetrated predominantly by men against women, particularly in households, is viewed as a normal part of gender relations (Chuma & Chazovachii, 2012). The Country Reports on Human Rights Practices for 2013 of the United States, Department of State, notes that 48% of Zimbabwean women believe that a husband "is justified to beat his wife" (United States, 2014:40) and that it is acceptable that a man has the right to beat his wife as a correctional measure in the same way that a husband can discipline a child (Fidan & Bui, 2016). In Uganda women's infertility is seen as justification for husbands' violence, where infertile women report abuse more than twice than women with children (Shah, Muyingo, ByaMugisha, Aderu, Kudesia, & Klatsky, 2013). Furthermore, if female victims of domestic violence file a case with the authorities, they are commonly reprimanded by their families (Chuma & Chazovachii, 2012). Chireshe (2015:267) notes that when domestic violence cases are made public, there is often a stigmatisation "of both the abuser and the abused". Finally, it seems that the stigmatisation of the victim and the perpetrator is more common in religious families who would like to uphold the perception that their households are safe spaces free from domestic violence and because reports of violence in such homes would undermine this perception, hence the silence on the matter (Chireshe, 2015).

### 3.5.3 Women's lack of economic independence

In general, Zimbabwean women's economic dependence on their husbands exacerbates their defenselessness against IPV (Immigration and Refugee Board of Canada, 2015). In Zimbabwe, one in two women without an education has experienced spousal violence (ZDHS, 2015). These statistics could also be related to child marriages of girls before they finish school, a phenomenon that is aggravated by prolonged socio-economic challenges. Hindin et al. (2008) found women's education to be a protective factor against sexual or emotional violence in Zimbabwe.

Both cultural beliefs and practices and women's economic dependence on men are significant barriers for women in seeking help against violence (Chuma & Chazovachii,

2012). A lack of economic resources reinforces and underpins women's vulnerability to violence and their difficulty in extricating themselves from a violent relationship. Many battered women struggle to escape from abusive situations, often because they do not have the means, and many are caught up in a cycle where they can never evade being poor and dependent. The situation is worsened by the fact that such women usually have low levels of education, significantly reducing the possibility of alternative employment, and reinforcing poverty with some women that keep potentially dangerous men in their lives, only so that their basic needs could be met (Slabbert, 2017). In Africa, systematic gender inequality is often reinforced by cultural traditions of men fulfilling the role of the head of household in charge of family finances and decisions, as well as colonial and post-colonial histories of slavery and labour migration that resulted in the absence of adult men and the feminisation of poverty within households (Burrill et al., 2010). This is also true in Zimbabwe where women constitute a higher percentage of the unemployed population in Zimbabwe and are dependent on their husbands or partners or their families.

### 3.5.4 Socio-cultural and normative factors

In Zimbabwe, intimate partner violence (IPV) arises from social and cultural practices that subordinate women. For instance, in the Shona culture, girls are taught how to please their future husbands as well as to be gentle, submissive, and obedient wives (Shamu et al., 2012). Overall, IPV against women is rooted in historically disparate power relations between men and women which result in discrimination against women by men in Zimbabwe (Mutanda, 2019. IPV is furthermore facilitated by patriarchal (male controlled) social hierarchies, this is done by the acceptance of violence as a mode of social interaction and political interface, by socio-economic inequality, and because of the breakdown in norms and social structures (Human Rights Forum, 2011).

Some of the contributing factors to IPV in Zimbabwe include societal norms on sexual rights and manhood, commercialisation of lobola or bride price, socialisation processes that condone abuse, economic factors (i.e., poverty, exploitation, access to and control over resources such as land), variance between the modern and traditional or religious concepts of love by men and women, harmful traditional practices (e.g., girl child pledging for purposes of appeasing avenging spirits, forced marriages, child

marriages, forced virginity testing, and forced wife-inheritance), infidelity and polygamy, and limited participation of women in decision-making (Government of Zimbabwe, 2012).

Cultural beliefs and social norms play a particularly important role in creating conditions that support or facilitate IPV (WHO, 2009). These include the beliefs that a man has the right to assert power over a woman and is socially superior, that a woman's freedom should be restricted, that physical violence is an acceptable way to resolve conflict within a relationship, and that divorce brings shame to the family (WHO, 2009).

In Zimbabwe, women who believe that wife beating is justified in at least one of the following situations, namely if she goes out without telling her husband, if she neglects the children, if she argues with her husband, if she refuses to have sex with her husband, and if she burns the food, were more likely to report ever experiencing physical or sexual violence by their husbands or partners than women who did not agree with a single reason. Men who agreed that wife beating is justified in one or more of the abovementioned circumstances were more likely to be violent (Hindin et al., 2008). The WHO and LSHTM (2010) observe that the normative use of violence to resolve conflicts is one of two specific risk factors that have been found to be strongly associated with IPV (the second is the unequal position of women in a particular relationship and in society).

### 3.5.5 Lobola (bride price)

In Zimbabwe, the customary marriage system is based on bride price called lobola that is paid to the father for raising the bride (Fidan & Buhu, 2016). Bride price obligations occur both at the time of marriage, but in many societies these obligations continue for an indefinite period thereafter (Rees, Mohsin, Tay, Thorpe, Murray, Savio, Fonseca, Tol & Silove, 2016). The assumption is that assigning a cost to a woman inevitably 'commodifies' her as an object of transaction in all cultures. This financial value placed on women has manifold effects, for example, increasing the risk that daughters will be offered for early marriage, a practice that undermines the potential for a gender equal marital relationship, and which likely increases the risk of violence against the women enacted by the husband or his family (United Nations, 2010). The belief that women's sexual responses must be suppressed, that she should be traded for marriage by her

father, and that her husband is free to take multiple wives, sets the stage for the commodification of women and the acceptance of violence in support of a husband's effort to control.

Some studies have associated financial stress and bride price with early marriage for girls and women in Africa and East Asia (Posel & Rudwick, 2014). In Zimbabwe, a young age at first marriage or cohabitation is related to women's experience of violence. Women who reported being less than 20 years of age when they first married or started living with their current husbands or partners were more likely to report physical or sexual violence than those who reported being 20 or older at the time they got married (Hindin et al., 2008). Early marriage has in turn been associated with poor maternal health outcomes as well as an increased risk of exploitation and violence against women who have less social power and are more vulnerable to abuse.

### 3.5.6 Patriarchy

Radical cultural values and traditional patriarchal practices continue to contribute to incidents of intimate partner violence in Zimbabwe (Chuma & Chazovachii, 2012). Patriarchy is defined as control by men and how men have the power and control over women (Mashiri & Mawire, 2013). From a feminist perspective, violence against women is a consequence and re-enforcer of patriarchy (Gnanadason, 2012). Use of violence is more prevalent among men who endorse patriarchal norms supporting male dominance and sexual entitlement. Men enacting harmful forms of hyper-masculinity are more likely to perpetrate IPV (Fulu et al., 2013).

In Zimbabwe patriarchy teaches girls and women that there is nothing wrong with being beaten up by your husband or sexual partner. In some cases, wife beating is seen as a sign of love and is it expected of women to endure and to suffer through abusive relationships (SAfAIDS, 2009). Attitudes towards violence by the husband in marriage have early origins in the treatment of girls and women in Africa where gender inequality begins at a young age when women are socialised into subordinate roles. As a result of this patriarchal nature of Zimbabwean society, women are more affected by IPV than men. Women face sexual, physical, emotional or psychological, and socio-economic violence in their homes, as well as violence outside of their homes. IPV against women by a husband or partner in families is considered a regular part of

gender relations in Zimbabwean society. Women are unwilling to report forms of violence for fear that reporting the violence may bring them shame and damage their own and their families' dignity (Chuma & Chazovachii, 2012). Furthermore, the expectations surrounding marriage often yoke girls and young women to unwanted partners (McCloskey et al., 2016). These factors all contribute thereto that even though women may comprehend and feel that violence is painful and wrong, they still may not define it as a crime. It can thus be concluded that diverse cultural beliefs and practices reproduce prevalent justification of IPV as a normal facet of gender relations (Chuma & Chazovachii, 2012).

### 3.5.7 Inadequate legislation

As was indicated in Chapter 2 point 2.7.4, a skewed legal framework often disadvantages women. It was also mentioned earlier in this chapter (3.4.3.7) weak legal sanctions also leave abused women more vulnerable. A key barrier to gender equality in Zimbabwe is the discrimination that stems from the dual law system where civil law and customary law exist side by side. In Zimbabwe, customary law continues to disadvantage women, particularly in the family, by reducing and limiting their access to resources and by constraining their influence in decision-making at all levels (UNICEF-Zimbabwe, 2012). Polygamy is not allowed under civil law, but it is allowed by customary law, and specifically the Customary Marriages Act (Thabethe, 2009). Surveys revealed that 11% of married women were in polygamous marriages, which were three times more frequent in rural areas and among women who had less than a secondary education, than in urban areas and among women who have higher levels of education (ZDHS, 2005-2006, 2007). The polygamous tradition has served as justification for different expectations regarding men's and women's sexual behaviour. Men are allowed substantial freedom both within and outside of the marriage, whereas strict sexual controls are placed on women (McCloskey et al., 2016). Consequently, sexual fidelity is expected of all women and should a woman be suspected of having an extramarital sexual partner, the Zimbabwean society would condone severe punishment.

### 3.5.8 Religion

Although religion could serve as a strength and support for abused women it could also be misinterpreted and be seen by some men as a powerful source of male dominance over the female sex and could contribute to the control and suppression of women. Often some religious institutions portray women in a negative and denigrating way, for instance, the traditional practise of forbidding women from preaching before men, or standing in front of men, or holding major posts in the church (Thabethe, 2009). Some religious institutions reinforce the subordination of women. Some men might also misinterpret teachings such as instructing wives to submit to their husbands as to the Lord as stipulated in Ephesians 5:22. These men control their wives and justify their behaviour using Christianity or other religions (Kambarami, 2006). Such religious dictates and practises have endured through generations and are incorporated society's tradition through religious teachings, especially by the Apostolic sects, where these teachings are extensively used to justify the oppression and abuse of women.

### 3.5.9 Culture of violence

Zimbabwe has had a long history of conflict and repressive rule. The country emerged from a long and bloody war to attain independence from Britain in 1980, where after it was plunged into internal strife from 1982 to around 1987 when the Zimbabwe African National Union-Patriotic Front (ZANU-PF) government used brutal force to crush uprisings by disenchanted former combatants of the Zimbabwe African People's Union (ZAPU) in an operation that notoriously become known as the Gukurahundi (Catholic Commission for Justice and Peace, 1997). Gukurahundi is Shona for "the early rain which washes away the chaff before the spring rains" (Nyarota, 2006). Thereafter the country witnessed relative peace until 2000 when ZANU-PF lost in a referendum on constitutional change. However, since the loss of the referendum in 2000 the country has been subjected to severe political oppression, political violence, and an increasingly deteriorating socio-economic situation. The difficult socio-economic situation in Zimbabwe has been worsened by the withdrawal of comprehensive safety nets for the poor which has elevated women's social and economic burdens (Zerai, 2014). Currently, any attempt by the masses to demonstrate about the deepening socio-economic crisis is met by a heavy-handed militaristic government response.

Zerai (2014) argues that Zimbabwe‘s militaristic and patriarchal climate is hyper-masculinist. Hyper-masculinity is often defined as a personality type built upon stereotypes of manhood. In the psychological literature, the characterisation of hyper-masculinity has been related to sexual and intimate partner violence. Arising out of African feminism, hegemonic hyper-masculinity theory argues that hyper-masculinity has deleterious effects on family wellbeing in general, and especially on maternal and child health (Zerai, 2014). Henderson et al. (2017) argue that the hyper-masculinity within male-female relationships in Zimbabwe is not just an individual characteristic reflecting the character of abusers, it is a social ill that emanates from the pro-violence apparatus of the state that has normalised violence. This is evidenced by the fact that 35% of ever married or cohabiting women, age between 15 and 49 years, had reported being victims of violence (ZDHS, 2015).

The values promoted by the Zimbabwe military and police to maintain the Zimbabwe African National Union‘s (ZANU) political dominance may thus be affecting male-female relationships in Zimbabwe. Violence and controlling behaviours are encouraged within a hyper-masculinist militaristic environment. The Zimbabwean hyper-masculinist regime condones violence, privileges men over women, uses violence as a mode of addressing political differences, and thus exemplifies that violence is a legitimate way to assert power in relationships (Henderson et al., 2017). The hyper-masculinist characterisation of the state could thus lead to IPV in the form of physical abuse, sexual abuse, and controlling behaviour at household level. There is evidence that the occurrence of IPV is exacerbated in nations with a history of violence or where there are ongoing violent conflicts (Hossain et al., 2014).

In summary, in Zimbabwe a range of practices and beliefs alongside the low-status position of women have resulted in the widespread social sanctioning of men’s physical, sexual, psychological, and emotional violence against their wives or partners. Patriarchal beliefs, although not the only explanation for partner abuse, sustains community tolerance of IPV, thus reducing the chance for a systemic social response. Overall, cultural values and widespread social norms that tolerate IPV, poverty, and a lack of education for many women all increase the risk for intimate partner violence originating from social and cultural pressures.

## 3.6 MAJOR EFFECTS OF INTIMATE PARTNER VIOLENCE ON WOMEN

Intimate partner violence (IPV) victimisation of women is linked to a wide range of poor health outcomes, for example, decreased sexual health, poor pregnancy outcomes, psychological trauma, neurological injuries, gynaecological complications requiring hospitalisation, and infectious diseases (Pines, 2017; Emenike, Lawoko & Dalal, 2008; Smith, Chen, Basile, Gilbert, Merrick, Patel, Walling & Jain, 2017).

IPV not only profoundly impacts the physical and mental health of women who are victims of IPV, but it is also an important cause of morbidity and mortality. IPV can lead to both fatal and non-fatal consequences that can have a long-lasting impact on the individual, the family, and the community. For example, of the 4.8 million intimate partner violence incidents in the United States of America, 2 million will result in injury to the victim (Black et al., 2011). Fatal outcomes include femicide, suicide, maternal mortality, ante-partum haemorrhage, abortion, stillbirth, and AIDS (Joyner & Mash, 2012). Non-fatal outcomes include burns, fractures, chronic pain syndromes, mental illnesses, problems with hearing and sight, arthritis, seizures, headaches, sexually transmitted infections (STIs), HIV, and pelvic inflammatory disease (Joyner & Mash, 2012). The children of mothers who experience IPV are exposed to ongoing trauma as they often witness the violence committed against their mothers and are frequently the victims of abuse themselves (Rosser-Liminana, Suria-Martinez & Perez, 2020).

### 3.6.1 Psychological effects

IPV affects women's mental health, often resulting in depression, suicide or suicidal ideation, shame, and post-traumatic stress disorder including dissociation, increased arousal, irritability, angry outbursts, hyper-vigilance, and sleep disturbances (Beydoun et al., 2012). African women show several psychological disorders in response to intimate partner abuse. In Rwanda, women exposed to partner abuse met the criteria for several psychiatric disorders, with the most common diagnosis being depression (measured with the Composite International Diagnostic Interview (CIDI)) (Umubyeyi, Mogren, Ntaganira & Krantz, 2014). In Botswana both men and women manifested psychological symptoms in the aftermath of a physical altercation, although symptoms were more enduring and associated more with fear among college-aged women than men (Jankey, Próspero & Fawson, 2011). Women exposed to partner violence are

nearly five times more likely to attempt suicide as women not exposed to partner violence. Women may also turn to substances to cope with the trauma resulting from victimisation, and the misuse of alcohol and drugs is also often associated with IPV victimisation (Afifi, Hendriksen, Asmundson & Sareen, 2012).

### 3.6.2 Effects on reproductive health

IPV compromises reproductive health in several ways; it is associated with sexually transmitted infections (Seth, Raiford, Robinson, Wingood & Diclemente, 2010) which in Africa exacerbates the risk of HIV transmission and contraction. IPV during pregnancy elevates the odds of miscarriage, low birth weight of the infant, and obstetric complications. In Cameroon, women with violent partners have more unwanted pregnancies as reflected by a higher number of abortions among obstetric patients (Alio, Salihu, Nana, Clayton, Mbah & Marty, 2011). In Zimbabwe, according to a study of urban obstetric patients, if these patients fell pregnant against the wishes of their husbands, they are more likely to be abused during pregnancy (Shamu, Abrahams, Zarowsky, Shefer & Temmerman, 2013). Although the same study found that for others, being pregnant, confers some protection against physical spouse abuse, the prevalence of physical or sexual abuse during pregnancy is among the highest that is globally reported at 42%. Birth spacing is also reduced in couples with a history of violence (Hung, Scott, Ricciotti, Johnson & Tsai, 2012). IPV also threatens the care of infants in Africa, with mothers less likely to feel free to breastfeed their new-borns, compromising the wellbeing and even survival of their infants (Misch & Yount, 2014).

### 3.6.3 Causal relationship with HIV and AIDS

HIV has migrated to nearly every corner of the globe with most new cases recorded in sub-Saharan Africa, especially in Southern Africa (e.g., South Africa, Botswana, Zimbabwe, Zambia) (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2013). The co-occurrence of IPV with HIV has been observed in at-risk populations across many countries and social landscapes (Dunkle & Decker, 2013). The association is however of special significance for Africa because of the sheer number of carriers among people who are in their prime. Men who are violent against their partners often have other characteristics that place them at an elevated risk for STIs and ultimately HIV, such as alcohol abuse, multiple sexual partners, refusing condom use, and forcing

sex (Dunkle & Decker, 2013). These findings were confirmed and expanded in a 12-country demographic survey of violence, health, and HIV in sub-Saharan Africa (Durevall & Lindskog, 2015). Efforts by women to reduce their exposure to HIV, for example by asking their husbands or partners to use a condom, may trigger or increase the occurrence of IPV.

### 3.6.4 IPV related morbidity and mortality

IPV can also extend beyond physical injury, resulting in death. Data from crime reports of the United States of America (USA) suggest that 16% (about 1 in 6) of murder victims are killed by an intimate partner, and that over 40% of female homicide victims in the USA are killed by an intimate partner (Copper & Smith, 2011). There are also many other adverse health outcomes associated with IPV, including a range of cardiovascular, gastrointestinal, reproductive, musculoskeletal, and nervous system conditions, many of which end up becoming chronic (Black, 2011). IPV victims are also at a higher risk of engaging in health risk behaviours, such as smoking, binge drinking, and HIV risk behaviours (Breiding, Black & Ryan, 2008).

## 3.7 CONCLUSION

There is no single causative factor to account for IPV, instead, several interconnected individual, relationship, social, and cultural factors predispose women to violence. Factors that predispose women to IPV are manifestations of historically unequal relations between men and women. Factors contributing to these unequal power relations include socio-economic factors, fear of and control over female sexuality, as well as social and cultural norms that underlie beliefs in the inherent superiority of males, all provide ‘legitimacy’ for violence against women. The perpetration of IPV has a far-reaching impact on the physical and mental health of women and is a major cause of morbidity and mortality. IPV can lead to both fatal and non-fatal consequences that can have a long-lasting impact on the individual, the family, and the community. In Chapter 4 intervention strategies for IPV will be discussed.

# CHAPTER 4

# INTERVENTION STRATEGIES TO CURB INTIMATE PARTNER VIOLENCE AND ALLEVIATE ITS EFFECTS

## 4.1 INTRODUCTION

In Chapter 3 the contributing factors and effects of IPV from an ecological perspective were discussed. In this chapter the various intervention strategies to curb IPV and alleviate its effects will be discussed, thus addressing the third objective of this study. Violence against women by their intimate partners has serious consequences for women's physical, mental, sexual, and reproductive health. In order to curb IPV and to address its health, human rights, social, and economic consequences as explained in Chapter 3, Governments and civil society organisations worldwide have instituted various strategies. These include setting up supportive legislation, strengthening women's economic rights, raising awareness with media campaigns, training police in handling abused women, providing counselling services to assist victims, and establishing shelters or centres for abused women. Various strategies that address social and cultural norms around masculinity, gender power relationships, and violence have also been developed. In Zimbabwe, structures have been put in place and strategies have been implemented to curb IPV and to assist victims. However, the alarming statistics of women exposed to IPV globally indicate that considerably more should be done to address this issue in Zimbabwe, in Africa, and the rest of the world. In the next section some intervention strategies from different countries will be presented using the Integrated Service Delivery Model of South Africa [ISDM] (2006) and its awareness and prevention (primary), early intervention and rehabilitation (secondary), and legislative protective (tertiary) levels of service provision. For the purposes of this study early intervention and rehabilitation services will be combined on the secondary level, as in Zimbabwe there is often an overlap between these levels.

## 4.2 AWARENESS AND PREVENTION STRATEGIES (PRIMARY INTERVENTION)

Awareness and prevention strategies are anticipatory actions that strive to reduce the likelihood of IPV perpetration and victimisation. Promotion and prevention strategies include awareness raising on IPV among young people and capacity building of couples on non-violent conflict resolution methods.

### 4.2.1 Awareness campaigns

Women's organisations have long used communication campaigns, small-scale media, and other events to raise awareness of partner violence and change behaviour. There is evidence that such campaigns reach many people, although only a few campaigns have been evaluated for their effectiveness in changing attitudes or behaviour. During the nineties, for instance, a network of women's groups in Nicaragua mounted an annual mass media campaign to raise awareness of the impact of violence on women (Ellsberg et al., 2015). Using slogans such as ''Quiero vivirs inviolencia'' (I want to live free of violence), the campaigns mobilised communities against abuse. In South Africa there is a multimedia health project, Soul City that combines prime-time television and radio dramas with other educational activities. One component of this project is specifically devoted to domestic violence and has been found to increase knowledge and awareness of domestic violence and to change attitudes and norms, which resulted in greater willingness on the part of the project's audience to take appropriate action against gender-based violence (GBV).

### 4.2.2 Community mobilisation and behaviour change communication

Mass media edutainment strategies (e.g. programmes that use multimedia such as television, radio, and print) to change social norms and mobilise community-wide changes have been shown to influence gender norms, community responses, and individual attitudes to IPV (Abramsky et al., 2011). There are also promising initiatives to engage men and boys in violence prevention, as well as other community-based programmes, such as Stepping Stones in South Africa, that aim to reduce IPV along with HIV transmission (Jewkes et al., 2006).

### 4.2.3 Building the knowledge base and raising awareness

Although there is a growing body of knowledge about the magnitude, patterns, and risk factors associated with IPV, many research gaps remain, including patterns of women's responses to violence and the effects of IPV on children. Expanding the knowledge base and disseminating existing and new information will lead to better programmes and strategies in Zimbabwe, Africa, and the world. Data on prevalence and patterns can also be important tools to engage governments and policymakers in addressing this issue (Ellsberg et al., 2015).

### 4.2.4 Social-emotional learning programmes for youth

Social-emotional learning programmes for youth promote expectations for mutually respectful, caring, non-violent relationships among young people. These programmes also work with youth to help them develop social-emotional skills such as empathy, respect, healthy communication, and conflict resolution skills (Niolon et al., 2017). Successful programmes not only teach people skills to develop safe and healthy relationships, but also offer multiple opportunities for participants to practice and reinforce these skills. Although typically implemented with adolescent populations in school-based settings, these approaches and skills may also be useful to young adults.

Safe Dates, is an example of a social-emotional learning programme that is based in American schools and that focuses on the promotion of healthy relationships and the prevention of teenage domestic violence (TDV) (Foshee, Reyes, Agnew-Brune, Simon, Vagi, Lee & Suchindran, 2014).The programme offers opportunities for students to learn and practice skills related to conflict resolution, positive communication, and managing anger. The programme includes 10 classroom sessions which provide opportunities for role play and skill practice, a play presented to the entire school, and a poster contest. Four-year follow-up evaluations of Safe Dates showed that students exposed to the programme reported between 56% and 92% less perpetration and victimisation, respectively, when compared to control students, and the effect of the programme was consistent across gender, race, and baseline experience with TDV (Foshee et al., 2014).

Evidence suggests that acceptance of partner violence, poor emotional regulation and conflict management, and poor communication skills put individuals at risk for both

perpetration and victimisation of IPV (Vagi, Rothman, Latzman, Tharp, Hall & Breiding, 2013). Fostering expectations for healthy relationships and teaching healthy relationship skills are critical to a primary prevention approach to the problem of IPV. Therefore, supporting the development of healthy, respectful, and non-violent relationships has the potential to reduce the risk for perpetration and victimisation of IPV. Previous research shows that strengthening social-emotional conflict management and communication skills can also reduce substance abuse, sexual risk behaviours, sexual violence, delinquency, bullying, and other forms of peer violence (Basile, DeGue, Jones, Freire, Dills, Smith & Raiford, 2016). Relationship programmes for couples, for example, focus on improving relationship dynamics and individual well-being by improving communication, conflict management, and emotional regulation skills. Other programmes work with couples who are engaged or just entering committed relationships to increase relationship quality, relationship satisfaction, and relationship skills, while others work with couples trying to address a problem, such as substance use.

### 4.2.5 School programmes

Despite a growing number of initiatives aimed at young people on preventing violence, only a small number specifically address the problem of violence in intimate relationships. Many initiatives have aimed to influence knowledge, attitudes, and behaviours of young people through life-skills programmes in low-income countries (WHO, 2009). There is considerable scope to integrate material that explores relationships, gender roles, coercion, and control into existing programmes for reducing school violence, bullying, delinquency, and other problem behaviours, as well as into reproductive and sexual health programmes.

### 4.2.6 Pre-marital relationship enhancement programme (PREP)

The pre-marital relationship enhancement programme (PREP), is a five-session intervention for couples planning to marry. This programme focuses on teaching couples skills, techniques, and principles designed to enhance positive relationship functioning and to promote effective management of negative affects with the goal of maintaining high relationship functioning and preventing problems from occurring in the relationship. The programme has been empirically tested in America with many

populations (e.g., community-based, active-duty military, incarcerated populations) and in various delivery formats (group delivery, computer-delivered). In the original randomised controlled trial of PREP, five-year follow-up couples who completed all or most of the PREP intervention had significantly lower levels of physical relationship violence than couples in the control group (Niolon et al., 2017). In Africa, even though there is a lack of similar programmes that were empirically tested, there are several organisations such as FAMSA in South Africa and the Marriage Centre in Zimbabwe that render services to couples planning to enter long-term relationships.

### 4.2.7 Couple's Health CoOp and Women's Health CoOp/Men's Health CoOp programme

The Couple's Health CoOp (CHC) and Women's Health CoOp (WHC) /Men's Health CoOp (MHC) program is a couple's intervention programme aimed at reducing the incidence of HIV and risk behaviours in South Africa. To accomplish this outcome, the programme focuses on improving gender equity and communication (Minnis, Doherty, Kline, Zule, Myers, Carney & Wechsberg, 2015). The programme uses the WHC intervention as its foundation. The WHC is an evidence-based behavioural intervention grounded in feminist and empowerment theories. The MHC component of the programme is parallel to the WHC but also contains elements taken from the Men As Partners (MAP) programme. The CHC uses the WHC intervention and elements from the couples-based intervention for HIV from Project Connect. Each of the intervention components are carried out in two three-hour sessions, held one week apart. Results of a randomised study showed that male partner engagement in either the gender-separate (WHC/MHC) or couples-based (CHC) interventions led to modest improvements in gender power, adoption of more egalitarian gender norms, and reductions in relationship conflict for females (Minnis et al., 2015). In Zimbabwe there are programmes such as the Voluntary, Counselling and Testing Services (VCT) and the Organisation for Public Health Interventions (OPHID) that aim to address gender inequality and HIV prevention (Chevo & Bhatasara, 2011)

### 4.2.8 Community and societal strategies

Community and societal strategies to prevent IPV are often community based, with the aim of shifting public opinion at community level. These intervention strategies attempt

to promote attitudes against IPV, for example, through enhancing gender equality. Examples of macro strategies include the Male Norms Initiative (MNI), SHARE, SASA!, and IMAGE, which will now be discussed.

#### *4.2.8.1 Male Norms Initiative*

The Male Norms Initiative (MNI) combines group education and community engagement to address gender norms, social expectations, and responsibilities (Pulerwitz & Barker, 2008). This intervention was designed using the expertise of Engender Health's Men as Partners (MAP) programme and were tested in Ethiopia, Brazil and Rwanda, among other countries (Peacock & Barker, 2014). The intervention is directed toward males that are between 15 and 24 years of age. The purpose of the intervention is to promote the development of equitable gender norms and to reduce the risk of negative health outcomes associated with gender norm behaviour by encouraging critical thought about gender norms associated with behaviours that increase the risk of HIV, STIs, and violence.

#### *4.2.8.2 SHARE*

SHARE is a community-based intimate partner intervention conducted by the Rakai Health Sciences Programme in Uganda (Wagman et al., 2015). The SHARE project works in partnership with community residents, local leaders, and professionals in Rakai to prevent and mitigate gender-based violence. SHARE's aims are accomplished through changing attitudes and social norms to reduce partner abuse (i.e., sexual and physical) and the incidence of HIV, and was developed using an ecological framework. The intervention addresses compelling factors of partner abuse and HIV transmission at the individual, relationship, and societal levels.

#### *4.2.8.3 SASA!*

SASA! which means 'now' in Kiswahili, is a community mobilisation intervention developed to prevent violence and reduce HIV risk behaviours that was started by Raising Voices in Uganda (Abramsky, Devries, Kiss, Nakuti, Kyegombe, Starmann & Watts, 2014). This intervention was designed to work with a broad range of stakeholders to change community attitudes, norms, and behaviours that result in gender inequality, violence, and an increased risk of HIV (Abramsky et al., 2014). The

SASA! programme encourages participants – both female and male– to critically consider the impact that power imbalance has on violence against women and the risk of HIV for women. There are four phases to SASA!, and each phase focuses on a different concept of power, namely the power within, the power over, the power with, and the power to. SASA! has been implemented by different groups in Botswana, Burundi, Ethiopia, Kenya, Malawi, Rwanda, South Sudan, Tanzania, Uganda, and Zambia (Raising Voices, 2013). Participation in the SASA! programme has been found to shift attitudes of social acceptance of partner violence and acceptability of the refusal of sex by women (Abramsky et al., 2014).

#### *4.2.8.4 Youth Ministry Online Training*

The Youth Ministry Online Training (YMOT) is a school-based curriculum programme that aims to increase awareness of gender role norms and violence (Keller et al., 2015). The programme is directed towards young men (aged between 15-22 years) and focuses on improving adolescent boys' attitudes about partner violence and promoting the 'bystander' response to violence if it is witnessed against women (Keller et al., 2015). The bystander response includes intervening or notifying someone when an attack is occurring. Some training programmes have been successful in the United States and other countries, such as Kenya (Gidycz, Orchowski & Berkowitz, 2011) where the programme was successfully introduced to male high school students in the urban slums of Nairobi.

### 4.2.9 Women social and economic empowerment

Microfinance programmes provide a range of financial services and opportunities to low-income families, often with the goal of improving a community's financial health by empowering women. Microfinance takes many forms, ranging from communal borrowing to low- or no-interest start up loans for small, woman-owned enterprises, to innovative savings plans. In some projects, microfinance is paired with training for women on relevant job skills, finances, entrepreneurship, empowerment, and social issues including gender, safe sex, and IPV (Niolon et al., 2017).

There is emerging evidence that interventions combining microfinance and gender-equality training may be effective at reducing levels of IPV. This was illustrated with the Intervention with Microfinance for AIDS and Gender Equity (IMAGE) study done in

South Africa (Kim et al., 2009). IMAGE is a cluster randomised trial that evaluate the effect of a combined microfinance and training intervention on poverty, gender inequalities, IPV, and HIV/AIDS. Carried out in rural South Africa, IMAGE combined group-based microfinance with a 12-month gender and HIV training curriculum. The training programme uses the Sisters-for-Life (SFL) adapted curriculum. SFL is a participatory learning and action-based curriculum (Global Violence Prevention, 2014). The aim of the intervention is to economically empower women to reduce susceptibility to partner abuse through microfinance loans and training to increase confidence and skills. After two years, IMAGE participants showed improvements in economic wellbeing and multiple dimensions of empowerment (Kim et al., 2007). Furthermore, levels of physical and sexual IPV were 55% lower among IMAGE participants compared with the control group (Pronyk, Hargreaves, Kim, Morison, Phetla & Watts, 2008), and young programme participants reported higher levels of HIV-related communication and HIV testing and greater condom use with non-spousal partners (Pronyk et al., 2008). IMAGE participants were also able to communicate more openly with partners and family members about sexuality, HIV, and domestic violence, and were also able to share this knowledge with others in their communities (Pronyk et al., 2008).

### 4.2.10 Social work intervention on a primary level

Social workers could render services in the prevention and awareness programmes listed above. The aim of intervention on a primary level is to reduce IPV and attempt to reduce factors such as poverty and inequality. Social workers could furthermore incorporate families and other support systems to create awareness on ways women could be vulnerable to IPV. Social workers could also offer prevention programmes in schools to challenge norms of society that might still view women as subordinate. This primary intervention could be to eliminate norms that legitimate and glorify violence, such as in the entertainment media. In this way domestic violence can also be reduced by attempts to minimise stress created by society, such as poverty and inequity (Integrated Service Delivery Model, 2006; Sullivan, 2018).

Stockman, Hayashi and Campbell (2015) argue that social workers should be aware of barriers that could have an influence on prevention services such as patriarchal hierarchies that hinder girls and women to take ownership of their own lives. Social

workers should also consider geographical barriers, such as distant areas, where access to resources are limited. The unfortunate reality is that social workers often do not have enough time to render preventative services due to high caseloads of domestic violence that had already escalated and needed immediate attention. In Zimbabwe there is also not sufficient social work services and qualified social workers often work in other occupations such as programme staff for Non-Governmental Organisations (NGOs) as will also be indicated in Chapter 6.

## 4.3 EARLY INTERVENTION AND REHABILITATION STRATEGIES AS A FORM OF SECONDARY INTERVENTION

Rehabilitation strategies and services aim to improve and maintain the social functioning of victims of IPV whose functioning is impaired as a result of the physical and psychological effects of IPV. Rehabilitation services are provided in a wide range of settings, including health facilities and communities. Rehabilitation services for victims of IPV include crisis intervention, advocacy, support groups, and individual counselling. The main focus of these services is to increase physical safety, to enhance knowledge of intimate partner violence dynamics and the resources available, to refer women to community resources and assist with accessing the justice system, and to normalise women's experiences by increasing their coping mechanisms and decreasing isolation (Macy, Giattina, Sangster, Crosby & Montijo, 2009). Cash transfers as well as victim-centred services are examples of secondary intervention strategies as indicated below.

### 4.3.1 Cash transfers

Cash Transfers (CTs) are economic safety nets designed to reduce poverty. Most CT programmes are poverty-targeted safety nets, operationalised through small monthly or bi-monthly direct cash support that mainly benefit women (Buller, Peterman, Ranganathan, Alexandra, Hidrobo & Heise, 2018). A mixed methods review of CTs and IPV in low to medium income countries showed that by targeting women as the main beneficiaries CTs have the potential to affect the power dynamics in households by removing the need for women to regularly negotiate with their husbands for cash for daily family food provisions (Buller et al., 2018). It has been found that CTs have

had transformational impact on the empowerment of women through improved decision-making and feelings of independence from their partners (Nuwakora, 2014).

Evaluations of CT programmes have indicated that they showed reductions in IPV, especially for physical and sexual IPV (Buller et al., 2018). Besides empowering women, CTs may also result in a decrease in IPV by improving a household's economic situation, thereby reducing poverty-related stressors on individuals and households (Ellsberg et al., 2015). Some CT programmes include add-on activities such as health and educational trainings or conditionalities intended to influence beneficiary behaviour that could also affect IPV. Group trainings for women beneficiaries can reduce IPV by improving their knowledge, self-efficacy, as well as self-esteem, thereby enhancing their bargaining power. The group trainings also increase women's interactions with other beneficiaries in their community, thus building social capital and social ties which are essential for decision-making, for example, reporting an abusive husband to the police (Brody, De Hoop, Vojtkova, Warnock, Dunbar, Murthy & Dworkin, 2015). Some studies, however, note that CTs can result in an increase in IPV, such as when a male partner forces a woman to extract cash, or if a male partner uses violence as a compensatory mechanism to re-assert his authority when he feels his masculinity is being threatened (Nuwakora, 2014).

### 4.3.2 Victim-centred services

Victim-centred services on a secondary level include hotlines, crisis intervention and counselling, medical and legal advocacy, and access to community resources to help improve outcomes for victims and mitigate long-term negative health consequences of IPV. Services are based on the unique needs and circumstances of victims and are coordinated among community agencies and victim advocates (Niolon et al., 2017).

Most women come into contact with the health system at some point in their lives – for instance when they seek contraception, give birth, or seek care for their children. This makes the health care setting an important place where women experiencing abuse can be identified, provided with support, and if necessary be referred to specialised services. Health care providers have been identified as the most trusted professionals with disclosure of abuse (WHO, 2013). Studies, however, show that in most countries, doctors and nurses rarely enquire from women whether they are being abused, or even

check for obvious signs of violence (García-Moreno et al., 2013). Attention has turned towards reforming the response of health care providers to victims of abuse. Research suggests that making procedural changes in patient care – such as stamping a reminder for the provider on the patient's chart or incorporating questions on abuse in the standard intake forms – have the greatest effect on the behaviour of health care providers.

Interventions focus on sensitising health care providers, encouraging routine screening for abuse, and drawing up protocols for the proper management of abuse. A growing number of countries – including Zimbabwe have begun pilot projects that train health workers to identify and respond to abuse. Zimbabwe's Ministry of Women Affairs, Community, Small and Medium Enterprises Development has, in conjunction with the United Nations Population Fund (UNFPA) developed a training manual to integrate gender-based violence (GBV) and IPV content into the pre-service training curriculum for nurses in order to enhance their capacity to identify and respond to cases of GBV and IPV during their routine clinical duties.

In South Africa, the Agisanang Domestic Abuse Prevention and Training Project (ADAPT) and its partner, the Health Systems Development Unit of the University of Witwatersrand, developed a reproductive health and gender course with a strong domestic violence component for nurses. In these courses, which highlight the responsibility of nurses as health professionals, popular sayings, wedding songs, and role-plays are used in an exercise to dissect commonly held notions on violence and the expected roles of men and women. In follow-up surveys it was found that participants of these courses no longer believed that beating a woman was justified and that most of them no longer accepted that it was allowed for a woman to be raped by her husband.

### 4.3.3 Social work intervention on a secondary level

On a secondary level, social workers usually provide counselling and support to women who experience IPV. However, as was discussed earlier, IPV does not only affect women, but also their children and other members of the family. As such, social workers must also try to ensure the safety of the whole family, especially when the safety of women and children are at risk. Here several role players could assist social

workers in their task, such as the police, medical staff, and community leaders. Furthermore, it is important that social workers should know what available resources there are for abused women (Sullivan, 2018).

It is important for social workers to assess the wellbeing of women who are in an abusive relationship. One aspect that plays a role in abused women's wellbeing is that of hopefulness. Sullivan (2018) is of the opinion that hope is a critical factor in wellbeing. In this instance, social work intervention could help abused women to identify factors that contribute to hopefulness and wellbeing, such as having supportive families or friends. When providing services, social workers often overlap their intervention strategies on a secondary and tertiary level (Integrated Service Delivery Model, 2006).

## 4.4 INTEGRATED SERVICES FOR VICTIMS OF INTIMATE PARTNER VIOLENCE ON A TERTIARY LEVEL

Often abuse against women escalate to such a degree that tertiary intervention is required. In such cases, victims of IPV require various services that include medical, counselling, and legal services. Reference has already been made to medical services on a secondary level, however, on a tertiary level medical services often include hospitalisation as a result of the violent behaviour of the male partner (Stockman et al., 2015). Furthermore, women exposed to IPV might require going to a shelter for a period and obtaining legal aid as will be discussed in the next section.

### 4.4.1 Shelters for victims of intimate partner violence

In the developed world, women's crisis centres, and battered women's shelters have been the cornerstone of programmes for victims of domestic violence. Such centres provide support groups and individual counselling, job training, programmes for children, assistance in dealing with social services and with legal matters, and referrals for treatment for drug and alcohol abuse.

Since the early eighties, shelters and crisis centres for women have also sprung up in many developing countries. In Zimbabwe, shelter services are often referred to as 'safe houses' to accommodate female victims of domestic and intimate violence (Southern African Development Community, 2015). These shelters cater mainly for victims whose

lives are under threat from perpetrators or who need temporary accommodation while they arrange for alternative long-term living accommodation. Some of the shelters are run by non-governmental organisations, such as Musasa, while others are run by the government through the Ministry of Women Affairs, Community, Small and Medium Enterprises Development. These shelters also provide services such as counselling, life skills training, legal assistance, and basic health assistance (Zimbabwe & Gender Links, 2013).

However, maintaining shelters and ensuring quality care is expensive (Gender Links, 2013) and many developing countries avoid shelters, instead setting up telephone hotlines or non-residential crisis centres that provide some of the services provided at residential shelters. In circumstances where it is not possible to manage a formal shelter, women often find other ways to deal with emergencies related to abuse. One approach is to set up an informal network of ‘safe homes’, where women in distress can seek temporary shelter in the homes of neighbours or other community members. Some communities have designated their local place of worship – a temple or church, for instance – as a sanctuary where women and their children can stay to escape drunken or violent partners.

### 4.4.2 Legal aid

Legal aid is often required by women exposed to IPV. Some first world countries, such as Sweden and America, have outstanding legal services to protect women against continuous abuse. However, sufficient legal services are often lacking in developing countries, as is the case in Zimbabwe. A significant number of abused women are also reluctant to make use of legal services because they fear retribution by their partners or are concerned about stigmatisation and unfair blame that the abuse was their fault (Tenkorang, Owusu, Yeboah & Bannerman, 2013).

The Zimbabwean government provides legal aid to citizens who are unable to afford their legal fees through the Legal Aid Directorate (LAD). Non-governmental organisations such as the Women and Law in Southern Africa Research and Education Trust (WLSA) and the Zimbabwe Women Lawyers Association (ZWLA) also offer free legal aid services to victims of GBV and IPV. Both ZWLA and WLSA also provide

support services and court representation to female victims of GBV and IPV (Zimbabwe & Gender Links, 2013).

Unfortunately, the range of services provided to women who are abused are fragmented, with little or no integration of services, often creating barriers that prevent victims from accessing such services timeously. However, should integrated services be provided to victims of IPV, various opportunities for enhanced access to services would be created. One such example of integrated services is the one-stop centre model, which will be elaborated on in the next section.

### 4.4.3 One-stop centre model

The one-stop centre model utilises coordinated and multi-sectoral case management for victims where health, counselling, welfare, and legal services are offered within the same location or under one roof by different service providers (Colombini, Mayhew & Watts, 2008). The model of a one-stop centre is important for creating a safe and supportive environment for women and girls to seek immediate protection, medical treatment, and legal assistance. These centres are designed to reduce the number of institutions that a victim would have to visit to receive basic support following an incident of violence, by coordinating the assistance and referral process through one location.

Frequently victims of sexual and gender-based violence report that the way police, hospitals, and courts are set up does not provide an appropriate atmosphere to report on violence. For example, police stations may lack private interview rooms or specially trained officers who would know how to respond and interview female victims. Hospitals may also lack private treatment rooms or the facilities to conduct specialised examinations and the analyses required for medical evidence in a legal case.

In many communities, if victim services are available, these services are often located in different locations which inhibit, rather than facilitate, timely and efficient responses. For example, a rape victim may go to the police, where her case is documented, however, she may not also be able to go to a health facility that can conduct forensic examinations and administer post-exposure prophylaxis within the prescribed 72-hour period. In light of high prevalence rates of GBV in a society where GBV victims are often stigmatised, a one-stop centre model represents a promising opportunity to

provide comprehensive and direct care to victims, which care would focus primarily on medical services, psycho-social services, legal, and counselling services, all under one roof (Colombini et al., 2008).

The different models for centres offering protection and immediate services to women and girls, namely crisis centres or spaces within health centres or hospitals, will be discussed in the following section.

#### *4.4.3.1 Hospital-based model*

A well-known practice is the hospital-based model developed in Malaysia in 1993, which has been replicated worldwide, including in Zimbabwe. The one-stop centres are mostly located in health facilities or as stand-alone facilities near a collaborating hospital (Keesbury & Askew, 2010). One-stop centres usually provide some or all the following services:

- Immediate medical assistance (e.g., treatment for physical injuries, emergency contraception, and HIV post-exposure prophylaxis (PEP) kits)
- Medical testing, for example for HIV, STIs and pregnancy
- Forensic facilities to collect and analyse the necessary forensic evidence for prosecution
- Trauma or psychological counselling
- Criminal investigations unit, where victims can report a crime and a case file can be opened
- Legal assistance
- Temporary shelter and safe accommodation

#### *4.4.3.2 Zimbabwe's one-stop centre model*

With the support of the United Nations Population Fund (UNFPA), and in close collaboration with the Ministry of Health and Child Care, as well as other technical partners such as the Musasa Project, the Ministry of Women Affairs, Community, Small and Medium Enterprises Development of Zimbabwe established one-stop centres for the management of GBV. This project kicked off with a pilot one-stop centre for victims

of GBV in Makoni at the Rusape General Hospital in 2009. Three more one-stop centres have subsequently been established in Harare, Gweru, and Gwanda.

These one-stop centres were designed to reduce the number of institutions that a victim has to visit in order to receive basic support following an incident of violence, by coordinating the assistance and referral process through one location. The one-stop centre model is important as it creates a safe and conducive supporting environment for victims of GBV, who are often stigmatised, to seek immediate care and protection. The overall aim of the one-stop centre model is to increase access to the holistic and lifesaving multi-sectoral needs of adult and child victims of sexual and gender-based violence, namely, gender sensitive victim-centred health, legal, and social services.

According to the Ministry of Women Affairs, Community, Small and Medium Enterprises Development (2020), the one-stop centres in Zimbabwe offer the following services under one roof:

- **Health services:** Qualified health practitioners can assist the GBV victim with the collection of forensic evidence, the administration of post-exposure prophylaxis within 72 hours, and the provision of emergency contraceptives and STI prevention within five days.
- **Psychosocial support:** Qualified personnel can assist the GBV victim with emotional and psychological support services from the centre and the Department of Social Services.
- **Security:** The victim friendly unit of the Zimbabwean police offers security to victims and assists them through the court process and with the apprehension of perpetrators of GBV.
- **Legal aid:** Victim friendly officers at the centre and the Zimbabwe Women Lawyers Association assist victims to access justice.
- **Awareness creation:** At community level, traditional leaders, community volunteers, church leaders, ward coordinators and family members encourage

victims to seek health services within three days or make a police report depending on the case.

#### *4.4.3.3 Rwanda's police-managed ISANGE one-stop centre*

In Rwanda a one-stop centre for victims of child, domestic and gender-based violence, was established in 2009 and is based in the Kacyiru Police Hospital, Kigali. ISANGE, which means to feel welcome and free in Kinyarwanda, was initiated through a partnership between the Rwanda National Police Health Services and the United Nations in Rwanda, with support from UNIFEM (now UN Women), UNFPA, and UNICEF. The first integrated centre in Rwanda, this one-stop centre offers a range of services in comfortable and confidential facilities, such as protecting victims from further violence, investigating the crimes committed, doing medical testing, providing court referrals, and treating victims for physical and psychological trauma.

#### *4.4.3.4 Papua New Guinea's partnerships with police through the Stop Violence Centres in provincial hospitals*

Since 2004, the National Department of Health of Papua New Guinea has set up Stop Violence Centres, previously known as Family Support Centres, in all provincial hospitals. The first of these centres, was set up in the Port Moresby General Hospital and provides medical assistance, trauma counselling, overnight emergency accommodation, and referral to other agencies for further shelter, paralegal and legal support, as well as counselling. Referrals to this centre are given by the wards of the Port Moresby General Hospital, such as the Accident and Emergency ward, by non-governmental organisations (NGOs), and the police (through a link with the Sexual Offences Squad and government agencies). These centres support women and children who have experienced sexual violence, domestic abuse, or have attempted suicide.

#### *4.4.3.5 South Africa's Thuthuzela Care Centres*

In South Africa, the Thuthuzela Care Centres (TTC) are one-stop facilities that have been introduced as a critical part of the country's anti-rape strategy, aiming to reduce secondary victimisation, to improve conviction rates, and to reduce the cycle time for the finalisation of cases (Sepeng & Makhado, 2019). The Thuthuzela Care Centre

project is led by the National Prosecution Authority's Sexual Offences and Community Affairs Unit (SOCA) in partnership with various departments and donors as a response to the urgent need for an integrated strategy for prevention of, response to, and support for rape victims. The centres, established at various provincial hospitals across South Africa, provide sexual violence victims with comprehensive care and methods to prevent secondary victimisation by police or medical staff who may not be accustomed to working with rape cases. Individuals can get medical attention, speak to a police officer, and receive psycho-social counselling. Activities and victim supports are coordinated with the South African Police Service, justice officials, and lawyers, who liaise with medical staff, social workers, and hospital staff for each case, including specially trained nurses and doctors who are able to collect evidence. The model is being replicated across the country and elsewhere on the continent.

### 4.4.4 Behavioural couples therapy

Substance abuse plays a significant role in violent behaviour; therefore, cognitive behaviour therapy could be effective to reduce harmful violent behaviour. Behavioural couples therapy (BCT), is an individually-based substance abuse treatment programme for substance-abusing individuals and their partners in America. The therapy consists of a combination of 12 to 20 weekly couple-based sessions. The programme works with the couple on conflict management and other relationship skills as part of the treatment for substance abuse (Ruff, McComb, Coker & Sprenkle, 2010). A substantive and methodological review of 23 studies (mostly quasi-experimental studies employing a demographically matched, non-alcoholic comparison group) found that behavioural couples therapy is associated with significant reductions in perpetration of IPV among couples participating in treatment groups (Ruff et al., 2010). The positive effects of BCT have been found for both male and female substance users and their partners, and are particularly pronounced for individuals who successfully stopped abusing alcohol (Schumm, O'Farrell, Murphy & Fals-Stewart, 2009).

### 4.4.5 Intervention for perpetrators

Treatment programmes for perpetrators of partner violence have spread from the developed world to some developing countries such as South Africa and Rwanda. Most of these programmes use a group format to discuss gender roles and teach skills,

including how to cope with stress and anger, take responsibility for one's actions, and show feelings for others (Senkans, McEwan & Ogloff, 2020). There are support groups available for men who want to change their destructive violent behaviour such as Violence Anonymous. There are certain principles underlying intervention to perpetrators such as that they should take ownership of their own behaviour, that partners do not cause the violence, that violent behaviour is a choice with severe consequences, that violence is a learned behaviour, and that violence has a negative effect on all family members such as causing behavioural difficulties among children exposed to IPV (Chander, Kvalsvig, Mellins, Kauchali, Arpadi, Taylor, Knox & Davidson, 2017).

### 4.4.6 Legislative protective strategies

When social workers work with intimate partner violence victims it is of the utmost importance that they know all relevant legislation in order to render professional services. There are many legislative strategies regarding IPV, not only in Zimbabwe, but also in other countries, which could be relevant. These strategies will now be presented below.

Legislative protective strategies aim to safeguard the wellbeing of victims of IPV. Protection services are provided within the context of a legislative and policy framework and include statutory services. These strategies empower designated people or institutions to take specific actions that are deemed necessary to protect the integrity and wellbeing of the victim within the social context of the family and community. Protective services work towards having victims, their children, and families live in a safe and nurturing environment where their rights are promoted, and their wellbeing is ensured. IPV is regulated by the law with some legal interventions targeting individual and situational factors facilitating IPV, while others potentially influence societal drivers of IPV. An important function of all legal remedies is their expressive value, namely the criminalisation of all forms of IPV which constitutes the official condemnation of IPV and a powerful indicator of the injunctive norm that individuals within the community (defined by the jurisdictional reach of the law) should not perpetrate or tolerate IPV. International, regional, as well national legal instruments are available in this field, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Protocol to the African Charter on

Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), the SADC Protocol on Gender and Development, the Domestic Violence Act of Zimbabwe, and the Zimbabwean Constitution.

In acknowledging the large scale and extensive consequences of IPV, many countries have passed laws to criminalise intimate partner violence, and many countries are increasingly providing legal, health, and social services to victims of IPV (WHO/LSHTM, 2010). The criminalisation of IPV is based on the premise that it is a result of patriarchy and that criminal justice intervention (i.e., arrest and prosecution) for IPV will increase the power of women (Goodmark, 2012). Legislation that criminalises violence against women codifies the rights of women to live free of violence (Klugman, 2017). Laws are important both to symbolise the unacceptability of IPV, as well as to provide a potential mechanism of legal recourse for women. Recent micro-analysis presented in Klugman (2017) suggest that women who live in countries with domestic violence laws have 7% lower odds of experiencing violence compared with women living in countries without such laws. The same study found that each additional year that a country had such legislation in place is associated with reduced prevalence of domestic violence by about 2%. It is clear that laws and policies are useful in guiding the prevention and response to IPV and being responsive to victims, by providing for protection and access to support services.

#### *4.4.5.1 International and regional frameworks*

International conventions and declarations are important because they provide specific definitions of what gender-based violence constitutes, and have served to set global standards and standards for national legislation (Klugman, 2017).

The 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was a major step forward in establishing key rights for women. It obliges states to take appropriate measures, including legislation, modification to or abolishing existing laws, customs and practices, which constitute discrimination against women. The original CEDAW did not however, explicitly prohibit violence against women, but outlawed all forms of discrimination against women (United Nations, 1979).

Subsequent recommendations issued by the CEDAW Committee, which oversees the compliance with the Convention of all signatory states, have explicitly defined

"discrimination" to include violence against women. Specifically, the Committee's General Recommendation No. 19 (1992) broadly defines discrimination to incorporate gender-based violence including physical, mental or sexual harm or suffering, threats of such acts, coercion, and other deprivations of liberty. This recommendation also clarifies that signatory states may also "be responsible for private acts *if they fail to act with due diligence to prevent* violations of rights or to investigate and punish acts of violence, and for providing compensation" (United Nations, 1992). This implies that signatory states are responsible for inaction in preventing acts of gender-based violence and discriminatory practices.

#### *4.4.6.2 Regional human rights instruments*

Several regional instruments prohibit gender-based violence. Given the relatively larger involvement of individual states in the development of regional treaties, such conventions may carry important weight at the national level.

##### *4.4.6.2.1 Africa*

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, also known as the Maputo Protocol, prohibits gender-based violence as part of women's rights to life, integrity, security of the person, and dignity. Article one defines violence against women as including “all acts perpetrated against women” (Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa, 2003). The Maputo Protocol addresses violence against women in many of its provisions and establishes legal obligations and was signed in 2003.

In 1998, Southern African Development Community (SADC) member-states adopted the Addendum on Violence Against Women, a year after adopting the SADC Declaration on Gender and Development, which was seen as the precursor to the Maputo Protocol. Article 20 of the Maputo Protocol committed SADC state parties to enact and enforce legislation by 2015 that prohibits all forms of GBV and ensure that perpetrators of GBV, including domestic violence, rape, femicide, sexual harassment, female genital mutilation, and all other forms of GBV, are tried by a court of competent jurisdiction.

The signatories to the SADC Protocol all recognise the implications and mutual reinforcement of social, economic, cultural, and political practices on GBV, and pledged to take measures where appropriate, such as legislation, to discourage traditional norms that legitimise and exacerbate the persistence of GBV.

#### *4.4.6.2.2 Europe*

In 2011, the Committee of Ministers of the Council of Europe adopted a regional convention on preventing and combating violence against women and domestic violence, also known as the Istanbul Convention. According to the Istanbul Convention, violence against women is stated to be a human rights violation and a form of discrimination. The Istanbul Convention contains both negative and positive duties on the part of the signatory states. State parties are called upon to exercise due diligence to prevent, investigate, and punish perpetrators, and are required to provide access to services – including legal and financial assistance, psychological counselling, hotlines, and sexual trauma services. The Istanbul Convention sets and calls for the implementation of legally binding standards to prevent violence against women, protect its victims, and punish the perpetrators.

### ***4.4.6.3 Declarations, resolutions, and international norms***

The 1948 Universal Declaration of Human Rights forms the most basic international foundation for combating violence against women. It lays out the rights and principles of equality, security, liberty, integrity, and dignity of all people.

Since the early nineties, there have been several milestones on the front related to violence against women. For the first time, at the United Nations World Conference on Human Rights in Vienna in 1993, women's rights were explicitly accepted as human rights, paving the way for the integration of women's rights into human rights norms and practices. Prior to this, women's human rights were mostly absent from the international human rights agenda, because human rights frameworks maintained a dichotomy between the public and private spheres. Thus, human rights agendas were conventionally only concerned with acts taking place in the public sphere, with intimate partner violence being regarded as beyond its scope.

Also in 1993, another important landmark was the United Nation's Declaration on the Elimination of Violence against Women (DEVAW), adopted by the General Assembly, that defines violence as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life." The Declaration further calls on member states to "exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons." Article 4 of the Declaration further requires member states to condemn violence against women and not invoke custom, tradition, or religion to avoid their obligations to eliminate such violence (DEVAW, 1993).

Another important provision of the DEVAW was that, for the first time, marital rape was defined as an act of violence against women. Whilst declarations are not signed and approved by individual states, the influence of DEVAW has been marked, for example, the declaration has influenced domestic law making as laws tend to adopt the DEVAW's expanded definition of acts of violence and has thereby moved from addressing only physical abuse to covering a broader spectrum of violence as well as marital rape.

Several other major international declarations have since recognised violence against women as a violation of human rights. These include the Programme of Action of the International Conference on Population and Development (1994), the Beijing Declaration and Platform for Action, adopted at the Fourth World Conference on Women (1995), the Southern African Development Community's Declaration on Gender and Development (1997) and its 1998 Addendum on the Eradication of All Forms of Violence Against Women and Children (1998).

The Beijing Platform for Action, for example, calls on governments to enact and enforce penal, civil, labour, and administrative sanctions to punish and redress the wrongs done to victims. It also calls on governments to adopt, implement, and review legislation to ensure its effectiveness in eliminating violence against women, emphasising the prevention of violence and the prosecution of offenders. However, the Beijing Platform is also not legally binding.

#### 4.4.6.4 Zimbabwe's legislative framework for intimate partner violence

Zimbabwe is party to international and regional conventions and instruments that provide for gender equality. The key international agreements to which Zimbabwe has acceded are the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the Beijing Declaration on the Platform for Action 1995, the Convention on Civil and Political Rights, the Equal Remuneration Convention, the Convention on Prohibition of Discrimination in Occupations, the Convention on the Elimination of the Worst Forms of Child Labour, and the Convention on Economic and Social and Cultural Rights.

At a regional level, in 2008, Zimbabwe ratified the protocol to the 2003 African Charter on Human and People's Rights on the Rights of Women. Zimbabwe is also party to the 2004 Solemn Declaration on Gender and Equality in Africa. In 1997, Zimbabwe ratified the Southern African Development Community's (SADC) Gender and Development Protocol and subsequently ratified its successor, the SADC Protocol on Gender and Development 2008. This protocol advocates gender parity in all sectors and sets out 28 substantive targets for achieving gender equality by 2015. Zimbabwe also subscribes to the Common Market for Eastern and Southern Africa (COMESA) Gender Policy, which fosters gender equality and equity at all levels of regional integration and cooperation.

##### *4.4.6.5 Zimbabwe's constitutional provisions*

The 2013 Constitution of Zimbabwe, which was negotiated after a constitutional outreach programme in 2013, expanded human rights in Zimbabwe and with a specific focus on the rights of women. The Constitution states that among Zimbabwe's founding values and principles are gender equality and good governance, which includes respect for women's rights (Zimbabwe, 2013).

Chapter 4, Part 2, of this Constitution, provides for the right to dignity, personal security, and freedom from inhuman and degrading treatment and all forms of violence (Constitution of Zimbabwe, 2013). The Constitution has provisions promoting gender balance in the country, looking specifically at issues around promotion and participation of women in all spheres of Zimbabwean life, on the basis of equality with men. The Constitution also provides that the State must put in place legislation that

supports equal representation of both genders in government institutions, which furthermore ensures that women constitute at least half of the membership of all commissions, elected, and appointed government bodies. The Constitution requires that the government and agencies make practical efforts to ensure that women have access to resources, and that the state should take positive measures to rectify gender imbalances and discrimination resulting from past practices and policies (Zimbabwe, 2013).

The 2013 Constitution also includes a chapter on national objectives. These objectives include that the State must take measures for the prevention of domestic violence (section 25(b)) and must ensure that no marriage is entered into without the consent of both parties. The State must take appropriate measures to ensure that:

a. no marriage is entered into without the free and full consent of the intending spouses;
b. children are not pledged in marriage;
c. there is equality of rights and obligations of spouses during marriage and at its dissolution; and provision for matrimonial equality in the event of dissolution of a marriage, whether through death or divorce.

Other objectives related to gender equality include the following:

- The State must facilitate developmental measures which protect and enhance the rights of women, in particular to access equal opportunities in development (section 13(3)).
- The State must create employment opportunities for all Zimbabweans, especially women (section 14(2)).
- The State must take measures to promote full gender balance in the Zimbabwean society (section 17).
- The State must take measures to ensure that female children must be given the same access as male children to educational opportunities (section 27) (Constitution of Zimbabwe, 2013).

Chapter 12 of the Constitution requires the establishment of independent commissions, including a Gender Commission (section 245). The functions of the Gender Commission include monitoring, investigating, researching, and advising on gender issues, as well as receiving complaints on such issues (section 246) (Constitution of Zimbabwe, 2013). The law establishing the Gender Commission was promulgated in February 2016 with the Zimbabwe Gender Commission Act of 2015.

As the supreme law of the legal system in Zimbabwe, these constitutional provisions apply to all national legislation and policy, including those relating to IPV protection, the criminal law system, as well as the civil protection system.

#### *4.4.6.6 National law and policy on intimate partner violence and gender equality*

In addition to the constitutional provisions on gender equality and prevention of violence against women, there are other pieces of legislation specifically promulgated to curb and address incidents of violence against women. The two principal pieces of legislation are the Domestic Violence Act (DVA) of 2007 and the Sexual Offences Act of 2002.

**The Domestic Violence Act of 2007** was a major step in acknowledging the gravity of violence against women in Zimbabwe. The DVA seeks to protect and provide legal relief to victims of violence in the domestic sphere. The Act proposes to protect women by criminalising GBV and such acts as violence derived from any cultural or traditional practices that discriminate against women (United Nations Women, 2017). The Domestic Violence Act includes protection from cultural or customary practices such as forced virginity testing, female genital mutilation, and forced marriages (Zimbabwe, 2006). It also aims to provide long-term measures to prevent domestic violence. Before the Domestic Violence Act, there were no laws in Zimbabwe that specifically addressed intimate partner violence (Chireshe, 2015). The Domestic Violence Act provides a definition for domestic violence as “any unlawful act, omission, or behaviour which results in death or the direct infliction of physical, sexual or mental injury to any complainant by a respondent.” The DVA is complimented by, among others, the Sexual Offences Act of 2002, now part of the Criminal Law (Codification and Reform) Act of

2006, that criminalises marital rape and the wilful transmission of HIV (Criminal Law (Codification and Reform) Act, 2006).

**The Sexual Offences Act of 2002**, now part of the Criminal Law (Codification and Reform) Act of 2006, which criminalises marital rape and wilful transmission of HIV (Criminal Law [Codification and Reform] Act, 2006). Marital rape is often a covert and widely unreported form of sexual violence against married women that can expose women to the wilful transmission of STIs including HIV, from their 'vindictive' husbands who refuse to engage in protected sex.

#### *4.4.6.7 Policies to address intimate partner violence in Zimbabwe*

In Zimbabwe, intimate partner violence (IPV) is also addressed through policies and strategies, notably the National Gender Policy and the National GBV Strategy.

**The National GBV Strategy 2012-2015** seeks to improve the efforts of government, civil society, and development partners to prevent and respond to GBV through a multi-sectoral, effective, and coordinated response. The Strategy is anchored on four key result areas, namely, prevention; service provision; research, documentation, monitoring and evaluation; and coordination.

**The National Gender Policy 2013-2017** aims to eradicate gender discrimination and inequalities in all spheres of life and development. The policy has eight key priority areas, namely, Gender, Constitutional and Legal Rights; Gender and Economic Empowerment; Gender, Politics and Decision-making; Gender and Health; Gender, Education and Training; Gender-Based Violence; Gender, Environment and Climate Change; and Gender, Media and ICT. These key priority areas address equal access of women to services, decision-making positions, legal rights, and access to economic resources, education and protection services (Zimbabwe National Gender Policy 2013-2017).

Both the National GBV Strategy and the National Gender Policy seek to enhance coordination between government and other key stakeholders in the formulation and implementation of interventions that aim to curb the occurrence of IPV. The National GBV Strategy and the National Gender Policy also provide guidance to both

government and civil society organisations on the provision of critical services (e.g. medical services and access to justice) to victims of IPV.

#### *4.4.6.8 Zimbabwe's victim friendly system*

The victim friendly system (VFS) in Zimbabwe is the set of measures designed to ensure the protection and active participation of victims in the criminal justice system (Judicial Services Commission, 2012). The system was initiated by the Government and women and children's rights activists in the early nineties. This resulted in a multi-sectoral approach to offering welfare and judicial services to victims of sexual violence and abuse.

An amendment to section 319 of the Criminal Procedure and Evidence Act in 1997 addressed the needs of all witnesses deemed as vulnerable witnesses during criminal proceedings in the Victim Friendly Court (VFC).

The specific provisions of the amendment include:

- having a support person during court proceedings;
- having available a closed-circuit television (CCTV) in all specialised courts;
- using an intermediary specialist interpreter to work with vulnerable witnesses;
- establishing the multi-sectoral Victim Friendly Court sub-committees, referred to in the protocol as the National Victim Friendly System Committee (NVFSC) and Subcommittees (VFSCC);
- using anatomically correct dolls for child victims and witnesses;
- providing expenses to witnesses by the government;
- having an in-camera trial;
- allowing judicial staff to behave less formally before and during the trial; and
- having awareness raising campaigns.

#### *4.4.6.9 Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe*

The provisions of the amendment to section 319 of the Criminal Procedure and Evidence Act in 1997 also enabled the development of the Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe.

This Protocol is a guidance tool for stakeholders that further refines and strengthens the holistic, effective, and efficient service delivery for victims of sexual violence and abuse. It offers an opportunity to ensure that victims of sexual violence and abuse are afforded their right to coordinated, comprehensive, and quality care and support. The Protocol sets out minimum standards and key procedures for all relevant stakeholders to provide victim-centred services to victims of sexual violence and abuse.

The Protocol further champions an age-, disability-, and gender-sensitive approach and the special measures that subsequently are required for all stakeholders engaged in preventing and responding to victims of sexual violence and abuse.

The purpose of the Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe is:

- To safeguard the rights of victims of sexual violence and abuse, guaranteeing that they receive a holistic package of age-centred, gender-sensitive, and victim-centred services for their psychosocial wellbeing and protection by the welfare and justice systems.
- To provide a standard set of age and gender-sensitive procedures that must be undertaken to ensure a holistic response to child and women victims of sexual abuse.
- To strengthen and clarify the roles and responsibilities between service providers and agencies that have statutory, and thus obligatory responsibilities, in the delivery of age and gender-sensitive, victim-centred services thereby enhancing their accountability and credibility.

#### *4.4.6.10 Specialised law enforcement units*

Specialised law enforcement units for IPV or other forms of GBV such as women's police stations, is another global strategy. Specialised stations recognise that reporting IPV is often stigmatising and may require the target to step outside of gender scripts and assert power against the perpetrator. These stations seek to create new standards in which reporting is encouraged, responsiveness is prioritised, and the re-victimisation of those reporting violence, is reduced.

The Zimbabwe Republic Police has a Victim Friendly Unit (VFU), which was established in 1995, where domestic and sexual violence against women and children cases can be reported (Judicial Service Commission, 2012). Section 5 of Zimbabwe's Domestic Violence Act notes that, "where practically possible," every police station will have a section staffed by at least one police officer "with relevant expertise in domestic violence, victim friendly, or other family-related matters" (Domestic Violence Act, 2007). Under the Domestic Violence Act, VFU officers are required to advise the complainant on how to obtain shelter or medical treatment and of their legal rights. VFU officers are responsible to investigate the complaint, to arrest the offenders, to compile the docket, and to refer the victim if necessary. During the investigation process the investigators protect victims of violence by ensuring that the reporting environment is conducive, private, and friendly and that confidentiality is maintained. Through their training the VFU officers are able to advise victims on their right to apply for relief under the Domestic Violence Act, arrest the perpetrator without a warrant if there is a reasonable suspicion that the perpetrator committed the violence, as well as serving a protection order on behalf of the victims who are unable to pay for the court fees. Furthermore, the police are required to bring the perpetrator of violence before a Magistrate's court within forty-eight hours.

#### *4.4.6.11 State protection*

As alternatives to arrest, there are other civil law methods of deterring violent behaviour. One such approach is to issue court orders, so-called "no contact" provisions, which prohibit a man from contacting or abusing his partner, mandate that he leave the home, order him to pay maintenance or child support, or require him to seek counselling or treatment for substance abuse. The United States and many other

countries seek to reduce harm to targets, partially by addressing power asymmetries in violent relationships through civil remedies known as protective orders. Protective orders require that the perpetrator maintain distance from the target and may include these “no contact” provisions (Logan, Shannon, Walker & Faragher, 2006). Such “no contact” provisions thus discourage the abuser from exerting physical or emotional control over the target and establishing, at least in theory, that the target is protected by the law.

In Zimbabwe, victims of IPV and domestic violence are entitled to apply for a protection order which compels the abuser to stop abusing the victim. Sections 7 to 14 of the Domestic Violence Act detail the process of applying for and receiving a protection order against domestic violence. The protection order is given by a Magistrate’s court against a person causing psychological, emotional, or economic abuse. This is meant to ensure that such person does not continue to commit the violence. A protection order may also order the person committing the violence to pay maintenance where there is economic abuse. The order is to be issued with a warrant for the police to arrest the perpetrator whenever an act of gender-based violence is committed. In Zimbabwe a protection order may prevent the perpetrator from committing further violent acts; prevent the abuser from entering a victim's residence, workplace, or other areas which they frequent; mandate the perpetrator to pay emergency relief to the complainant for household expenses, medical bills, school fees, or mortgage bonds and rent payments; award temporary custody of children "to any person or institution"; regulate rights of access to said children by the perpetrator; and provide compensation for any physical injury, trauma, or loss suffered by the complainant (Zimbabwe, 2006).

### 4.4.6 Social work intervention on a tertiary level

The aforementioned discussion highlighted that there are several factors to take into consideration when rendering services to abused women where the situation has escalated. There are also several role players that need to work together to curb intimate partner violence (IPV). Social workers should be able to render services to abused women, their families as well as the perpetrators. Different methods, such as case work (with the abused woman and her male partner), family therapy with the whole family, group work for women and male perpetrators, as well as community work to establish needed resources in the community and training to relevant role players

such as the Police should all be utilised. As indicated before, social workers should be knowledgeable about the relevant policies and legislation that can be utilised during intervention to protect women exposed to IPV (Integrated Service Delivery Model, 2006; Sullivan, 2018; Tenkorang et al., 2013).

## 4.5 SOCIAL WORK INTERVENTION ACCORDING TO THE ECOLOGICAL PERSPECTIVE

From the discussion in the previous section, it is clear that there are different levels of intervention for women exposed to IPV and that social workers render services to women exposed to IPV on the micro-, meso- and macro-levels of the ecological perspective, as was discussed in Chapter 3. However, due to the lack of social work services in Zimbabwe, interventions to women exposed to IPV are often rendered by other service providers such as the police, nurses, lawyers, and community popular opinion leaders (CPOLs).

On a micro-level, social work intervention would focus on the woman's wellbeing, her relationship with the perpetrator, children under her care, and possible family members that could support her. It is also important that stressors that could fuel the violence such as unemployment or poor coping skills, are identified and addressed during social work intervention. On a meso-level neighbours and community leaders could be utilised to support women who are abused. Social workers could also conduct group sessions with abused women to empower them and to equip them with life skills and resources. On a macro-level, as indicated before, social workers must know the relevant legislative frameworks. It is also important that social workers know what cultural values are present that might hinder social work interventions, such as tolerance of violence against women.

## 4.6 CONCLUSION

Intimate partner violence (IPV) is a significant public health issue that has considerable adverse effects on the wellbeing of women. However, as discussed, there are multiple strategies to reduce the occurrence of IPV and alleviate the harmful and long-lasting effects on individuals, families, and the communities they live in. These strategies are multi-levelled, that is, they target individual, relationship, community, and societal

factors that contribute to IPV along the principles of the ecological perspective. Prevention strategies aim to stop the perpetration of IPV before it starts and utilises strategies that enhance the development of non-violent relationships through changing community and societal norms. Rehabilitation strategies aim to provide support to victims of IPV to diminish the wide array of short- and long-term harmful effects of IPV. Legislative protective strategies criminalise IPV and the judicial punishment of perpetrators sends a clear message to the larger society that the perpetration of IPV is unacceptable. Many of the strategies use a multi-sectoral approach where, for instance, medical and psychological support is provided to the victim while at the same time the perpetrator is processed through the criminal justice system to deter them from further abusing their victims or potential victims. The research methodology will be discussed in the next chapter.

# CHAPTER 5

# RESEARCH METHODOLOGY

## 5.1 INTRODUCTION

This study focused on understanding the views of service providers on contributing factors of intimate partner violence (IPV) in Zimbabwe and the implications thereof for social work intervention. In view of the study's focus the researcher utilised a qualitative research approach. This chapter will explicate the study's research methodology that was briefly introduced in Chapter 1. A research methodology, according to Maree (2016), describes aspects related to the research design, selection of subjects, the techniques for data collection, and procedures for data analysis, among others. In this chapter, the researcher will provide a justification for the use of a descriptive and exploratory research design as well as the use of a qualitative approach. The research's setting, study population, and sampling strategy will also be presented. This will be followed by a discussion of the methods and processes for data collection and data analysis that were utilised by the researcher. The chapter will also present steps taken for qualitative data verification, the ethical procedures, and the limitations of the study.

## 5.2 RESEARCH APPROACH AND DESIGN

In this section the qualitative research approach that were used for the study as well as the descriptive and exploratory research design will be presented. The section will also provide an explanation on why the chosen research approach and design were the best suited for the research.

### 5.2.1 Research approach

Research approaches are plans and procedures for research that span from broad assumptions to detailed methods of data collection, analysis, and interpretation (Grover, 2015). There are three main research approaches; these are quantitative, qualitative, and mixed methods. As was indicated in Chapter 1 this was a qualitative study. Qualitative research observes things such as meanings, concepts, definitions,

characteristics, metaphors, symbols, and descriptions of things, and do not count or measure these things (Creswell & Poth, 2018). A qualitative research approach honours an inductive style, focuses on individual meaning, and the importance of rendering the complexity of a situation. Qualitative research begins with assumptions, a world view, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem.

To study a problem, qualitative researchers use an emerging qualitative approach to inquiry. The collection of data in a qualitative natural setting is sensitive to the people and places under study, the data analysis is inductive, and it establishes patterns or themes. The qualitative research approach is data-driven and therefore inductive in nature because the research findings and conclusions are derived from the data collected and substantiated by literature reviewed (Babbie & Mouton, 2010). The focus of qualitative research is on the perspectives and lived experiences of participants and is aimed at obtaining thick and rich descriptions and the understanding of participants' experiences (Babbie & Mouton, 2010; Maree, 2016).

The scope of the research study which encompassed an understanding and interpretation of meaning as well as influences underlying human interaction, necessitated the researcher's choice of a qualitative research approach. The reason for choosing a qualitative research approach concurs with a view postulated by Denzin and Lincoln (2011), namely that a researcher determines a research strategy in line with the study's focus and research questions. Qualitative research elicits participant accounts of meaning, experience, or perception and involves identifying the participants' beliefs and values that underlie the phenomena (Babbie & Mouton, 2010; Maree, 2016). The researcher therefore settled for a qualitative research approach because the research aimed at understanding the contributing factors of IPV in Zimbabwe from the perspective of service providers.

### 5.2.2 Research design

Research designs are types of inquiry within qualitative, quantitative, and mixed methods approaches that provide specific direction for procedures in a research. Some authors have called them strategies of inquiry (Denzin & Lincoln, 2011) because research designs determine how the researcher will select participants, collect, and

analyse data. Moreover, the research design of a study must resonate with the research approach. This ensures that the researcher collects data within the confines of the research objectives. The researcher selected an explorative and descriptive research design because it was ideal for understanding the lived experiences of participants on the factors contributing to IPV.

#### *5.2.2.1 Descriptive design*

A descriptive design aims at describing situations and events; the researcher observes and then describes what has been observed (Babbie, 2016). Descriptive studies aim to provide a fuller picture and deeper meaning of the phenomenon being studied. Descriptive research deals with questions of understanding how things are like, rather than explaining why they are that way (Fouche & Schurink, 2011). The researcher utilised descriptive research in this study in the literature chapters where he described the phenomenon of IPV, investigated how the ecological perspective could be used to gain more insight into factors that could contribute to IPV, and studied different interventions strategies to reduce IPV.

#### *5.2.2.2 Exploratory design*

According to Babbie (2016), most social science research is conducted to explore and familiarise the researcher with a topic. Exploratory research usually occurs when the researcher examines a new interest, or when the subject of study itself is relatively new (Babbie, 2016). Exploratory studies are carried out for three reasons, namely, to satisfy the curiosity of the researcher and their desire for better understanding, to develop the methods to be employed in any subsequent study, and to test the feasibility of undertaking a more extensive study. This study was explorative in nature where the researcher explored the views of service providers regarding factors that could contribute to IPV in Zimbabwe as well as the implications for social work intervention.

### 5.2.3 Research questions

The study was guided by the following research questions:

- What are the factors that could contribute to intimate partner violence in Zimbabwe?
- How do the identified factors that could contribute to intimate partner violence influence social work intervention?

The researcher kept these questions in mind throughout the research process when he collected literature for both the descriptive and explorative parts of the study.

## 5.3 RESEARCH PROCESS

The research process refers to the different steps the researcher goes through to ensure that the research is undertaken in a systematic way. This section will provide the steps that the researcher went through, starting with the selection of a researchable topic, literature review, and the design of research tools.

### 5.3.1 Selecting a researchable topic

The starting point of any research process is to select a topic that is researchable. A few years ago, the researcher worked as a social worker in an HIV counselling and testing programme where he encountered abused women who needed HIV services. The researcher realised that although these women were able to access HIV services there was a gap in services related to the abuse that they had suffered or were suffering at the hands of their partners or husbands. The researcher also noted that there was a nexus between HIV infection and IPV, where IPV is a risk factor for HIV infection and HIV infection can contribute to IPV. The researcher became eager to understand the factors that could contribute to IPV and the role that social workers could play in addressing these factors. Fouché and De Vos (2011) observe that the selection of a research topic can be influenced by observations in the field.

In order to determine whether a topic is researchable or not, Creswell and Poth (2018) suggest that the following factors need to be considered; time, resources, and the availability of data. The researcher considered these three factors and noted that he

had adequate time and resources to devote to the study. On availability of data, the researcher did a preliminary literature search and initiated discussion with the Women and Law in the Southern Africa Research and Education Trust (WLSA) to get permission to access beneficiaries of their CPOLs programme in the study area. The permission to access the WLSA's programme beneficiaries was granted (See Appendix 2) which meant the researcher could access the target population for data. The second factor mentioned by Creswell and Poth (2018) is whether the topic has an adequate degree of personal interest for the researcher. As mentioned earlier the researcher developed interest in the topic from his work experiences with abused women. Over the years the researcher has done some research work focusing on GBV and IPV for different agencies that has deepened his interest in the area.

The last consideration that needs to be made is whether the results of the study would be of interest to others. The research problem statement presented in Chapter 1 as suggested by Maree (2016) is a description of why there is need for a topic to be studied. As explained in the problem statement in Chapter 1, despite the promulgation of several progressive laws to fight against gender-based violence (GBV) in Zimbabwe, the problem has persisted with 35% of women reporting having been subjected to physical violence at some point in their lives (ZDHS, 2015). During data collection several key informants indicated that they would be interested in the findings of the study to evaluate and assess the effectiveness and impact of their interventions in the study area.

### 5.3.2 Literature review

Literature review is the comprehensive reading of the existing body of knowledge on the topic of interest in order to get a solid understanding, and prevailing arguments for and against, an area which is under study. The purpose of literature review is for the researcher to familiarise with the current state of knowledge regarding the research problem, to learn how others have delineated similar problems, to refine the focus of the research and to ensure that there is no unnecessary duplication of what others have already done. Fouché and Delport (2011) highlight four purposes of a literature review in a qualitative study, namely that a literature review:

- demonstrates the underlying assumptions behind the general research question;
- demonstrates that the researcher is thoroughly knowledgeable about related research and the intellectual traditions that surround and support the study;
- shows that the researcher has identified some gaps in previous research and that the proposed study will fill a demonstrated need; and lastly
- refines and redefines the research questions by embedding those questions in larger empirical traditions.

The researcher reviewed articles from academic journals, books, and publications, including those written by specialist organisations such as the World Health Organisation (WHO), the United Nations Population Fund (UNFPA), as well as international, regional, and Zimbabwean policies and legislation on violence against women. The literature review was synthesised and constitutes part of the introductory chapter and the literature chapters (Chapters 2, 3 and 4).

In the introductory chapter the literature review informed the formulation of the research problem statement, the objectives of the research, as well as the research questions. The literature review chapters relate to the research objectives; in Chapter 2 a review on the nature, scope, and severity of IPV in Zimbabwe is presented; in Chapter 3 the researcher focused on the contributing factors and effects of IPV, and in Chapter 4 the intervention strategies to curb IPV and alleviate its effects were discussed. The discussion of empirical findings of the study was based on a review of literature in an effort to contribute to cumulative knowledge-building as suggested by Babbie (2016). A literature review is an ongoing process that commences at the selection of the research topic stage and continues throughout the study. It is therefore important that literature is reviewed regularly as new information becomes available. This was also the case in this study as new studies were done during the research and new literature emerged, such as the study of Ahmadabadi, Najman, Williams and Clavarino (2020) ‘Income, Gender, and Forms of Intimate Partner Violence’, Fraser’s (2020) Impact of COVID-19 Pandemic on Violence against Women and Girls, and Matamanda’s (2020) Living in an Emerging Settlement: The Story of Hopley Farm Settlement, Harare Zimbabwe.

### 5.3.3 Developing the research instruments

The researcher developed three relatively similar data collection instruments for the research, namely a semi-structured interview guide for COPLs, a focus group discussion guide for COPLs, and a questionnaire for key informants. The processes for developing each of the research tools are explained below.

The researcher started off with a generalised view of women being victimised by their intimate partners, informed by his practice experiences. The generalised view was too broad and unrefined to be described in a research problem statement. However, the literature review during the proposal writing stage helped the researcher to adopt a deductive approach that informed a shift from a general to a specific view (Babbie, 2016). The choice of the research instruments was based on the research design and approach. The researcher settled for a qualitative approach and an explorative and descriptive design because it was ideal for understanding the lived experiences of participants on the factors contributing to IPV. The literature review revealed that focus group discussions, in-depth, and key informant consultations were ideal for data collection in qualitative research. As Maree (2016) states, interviewing is the predominant mode of data collection in qualitative research. It allows researchers to obtain information directly from an individual or group that is known to possess the knowledge they seek. Focus group discussions (FGDs) are group interviews used as a means of understanding how people with certain characteristics in common, feel or think about an issue.

The researcher's use of a semi-structured interview guide for the in-depth interviews with selected community popular opinion leaders (CPOLs) was based on and resulted from the literature review (Babbie, 2016). A semi-structured interview guide is a set of prepared questions designed to be asked more or less as worded, with a standardised format, which means that the same questions are asked to each interviewee in the same order but allowing considerable flexibility in scope and depth (Greeff, 2011). The flexibility in the scope of the tool allowed for probing and adapting to the situations of participants, as the interview questions were based on themes already derived from literature.

The structuring and content for the focus group discussion guide developed for FGDs with CPOLs were informed by literature and input from content experts as suggested by Maree (2106). The researcher consulted colleagues with extensive knowledge on using FGDs, to research about sensitive issues such as violence against women on the structuring and phrasing of questions. The researcher also considered guidelines for developing the questions for FGDs given by Maree (2016). Some of the guidelines the researcher followed were:

- Questions should be asked in a conventional manner. This is necessary because the focus group is a social experience and because conversational questions are essential to create and maintain an informal environment.
- Questions should be clear to be effective. The wording of the questions should be direct, forthright, and simple. Clear questions are usually short, one-dimensional, and jargon free.
- Questions should use the words the participants would use when talking about the issue. The questions must be easy to ask, short, and usually open-ended.

The researcher developed a key informant questionnaire for consulting key informants for the research. The key informant questionnaire as observed by Maree,2016 provides the researcher with a set of predetermined questions that may be used as an appropriate instrument to engage the participant and designate the narrative terrain. A researcher should think of appropriate questions related to each area in order to address the issue they are interested in (Shocket, 2014). The researcher did a literature review to get guidance on the construct and to know what questions to ask to cover the construct. The literature review also helped the researcher to construct questions that were clear and neutral to the respondents.

The tools that the researcher developed namely, an FGD guide, semi-structured in-depth interview guide, and key informant questionnaire, were suitable for the exploratory and descriptive approach. The FGD guide helped the researcher in facilitating a conversation among the participants that yielded descriptive data. The use of the semi-structured in-depth interview guide and key informant questionnaire provided the interviewees and key informants with an opportunity to express

themselves and share their experiences on the contributing factors of IPV and existing interventions in the study area.

### 5.3.4 Population and sampling

This section will discuss the study's population, which is the subjects of the research. It will also discuss the methods used to select a part of the study's population (sample) to participate in the research on behalf of the whole population.

#### *5.3.4.1 Target population*

According to Maree (2016), target population refers to the entire set of units for which the research data is to be used to make inferences, and as such, it is from this target population that the sample must be selected. The study's target population consisted of 50 volunteer community popular opinion leaders (CPOLs) trained by and working with the Women and Law in the Southern Africa Research and Education Trust (WLSA) in Zimbabwe. Lavrakas (2008) also argues that the target population of a study needs to be specifically defined as the definitions given will clearly determine whether one is eligible or ineligible to be part of the study. The eligibility criteria for the CPOLs were presented in detail in Chapter 1.

The study also targeted key informants, who included representatives of relevant Government Ministries and Departments such as the Ministry of Women Affairs, Community, Small and Medium Enterprises Development, the Zimbabwe Republic Police's Victim Friendly Unit, the Harare City Health Department, and focal persons of non-governmental organisations (NGOs) implementing programmes to curb IPV in Hopley. Representatives from the WLSA who are responsible for training, supporting and supervising the CPOLs in the study area, were also included as key informants.

#### *5.3.4.2 Sampling procedures*

Sampling refers to the way the sample will be selected from the target population. There are two sampling methods that are used in selecting participants for a study and they relate to probability and non-probability sampling techniques. Probability sampling techniques are those techniques wherein all members of the target population have an equal chance of being selected to be part of the sample. According to Creswell and Poth (2018) examples of probability sampling techniques include simple random

sampling, stratified random sampling, and systematic random sampling. These probability sampling methods are more useful in quantitative surveys where generalisability is needed, even though they are also applied in qualitative studies. Non-probability sampling techniques, which were used in this study, are sampling techniques where members of the target population do not have an equal chance of being selected to be part of the sample (Babbie, 2016). In most instances, researchers using non-probability sampling procedures select those members of the target population that fit their requirements or those members that are in proximity or are more knowledgeable about the issue under study. Examples of non-probability sampling techniques include purposive sampling, snowballing, and convenience sampling (Creswell & Poth, 2018).

In this study, the researcher used purposive sampling for selecting participants for the study. Purposive sampling enabled the researcher to select participants who had knowledge regarding IPV in Hopley because of their constant interaction with victims and perpetrators of IPV in the research area, and who met the selection criteria. The researcher identified participants for the research with the help of the WLSA who provided a list of CPOLs and key informants. As observed by Babbie and Mouton (2010) this purposive sampling of participants assisted the researcher in getting rich and in-depth data. The downside of purposive sampling is that findings from such a sampling strategy cannot be generalised to a wider population. The researcher was, however, more concerned with particularity and not necessarily the generalisability of findings to a wider population beyond that of the Hopley settlement.

#### *5.3.4.3 The research sample*

The sample in a research study refers to the subset of the entire target population that is selected by the researcher to provide data that will answer the research questions (Babbie, 2016). It is this sample to which inferences from the study findings will be made and, in a way, they represent the entire target population from where they were drawn. The research sample for this study comprised of CPOLs, some of whom were sampled to participate in the FGDs, while others were participants for the in-depth interviews, as well as key informants. The researcher selected CPOLs who were working in the target area and who were therefore knowledgeable about the research issue. Selection of the CPOLs for the in-depth interviews was facilitated by the WLSA

who had a data base of all 50 CPOLs that they have trained since the inception of their programme in 2010.The researcher used the WLSA's monitoring and evaluation records to purposively select the CPOLs who have identified and referred the highest number of cases of IPV. The same purposive sampling method was used in selecting key informants for the study. The researcher selected only those key informants that were knowledgeable about IPV issues in the Hopley area and who met the selection and inclusion criteria.

#### *5.3.4.4 Key informants*

A total of **14** key informants (KIs) were also purposively selected for the study because of the positions they held in Government Ministries and NGOs. The positions that they occupy in the respective Ministries and NGOs exposed them to information on the possible causes of IPV and intervention strategies in the study area. The key informants included the community development officer and community development coordinator from the Ministry of Women Affairs, Community, Small and Medium Enterprises Development, a principal GBV programme officer from the same Ministry was also sampled to provide insight into legislation, policies, and programming strategy at national level. The nurse-in-charge at Tariro Clinic, the community liaison officer of the Zimbabwe Republic Police's Victim Friendly Unit (VFU) at the local police station of the study, the national AIDS council district coordinator, the ward councillor, the officer from the Department of Social Development, a local church pastor, and representatives from NGOs, including the WLSA, the Zimbabwe Women Lawyers Association (ZWLA), the Musasa Project, Childline, and the UNFPA were all purposively sampled to be key informants for the study.

#### *5.3.4.5 Community popular opinion leaders*

The community popular opinion leaders (CPOLs) were selected through purposive sampling as outlined in the previous section. For the two focus group discussions (FGDs) the researcher purposively sampled **23** CPOLs, namely 13 female and 10 male participants. The ratio of sampled females to males was based on the total number of female and male CPOLs in Hopley provided by WLSA, which indicated that there were more female than male CPOLs.

For in-depth interviews, the researcher used purposive sampling, but because he was using the principle of saturation the number of CPOLs who formed the sample was only known after data saturation had been reached. According to Faulkner and Trotter (2017), data saturation refers to a point in the research process when no new data is being discovered from data collection or analyses. These authors argue that when this redundancy is reached, it is a clear signal to the researcher that data collection may stop. It can then be reasonably assured that further data collection will bring similar results and would only serve to confirm emerging findings, themes, and conclusions. The researcher reached data saturation after conducting in-depth interviews with **7** CPOLs and as such, the sample was constituted of seven participants.

## 5.4 RESEARCH AREA

In qualitative research, it is especially important to offer a comprehensive depiction of the study setting to contextualise the research problem (Creswell & Poth, 2018). A complete narrative of the study setting provides contextual facts that explain how the research fits into the setting and how the experiences of participants have been shaped by their environments (Creswell & Poth, 2018). This study's context was Hopley; a peri-urban settlement located approximately 20km from the capital of Zimbabwe, Harare's Central Business District (CBD) as shown in Figure 5.1 below. According to Ndoziya, Hoko and Gumindoga (2019), Hopley emerged in 2005 as an alternative settlement to accommodate victims of the 2005 *Operation Murambatsvina* (Operation Restore Order). *Operation Murambatsvina* was a government clean-up exercise to rid urban centres of illegal housing structures but which left many poor families homeless and destitute (Potts, 2007).

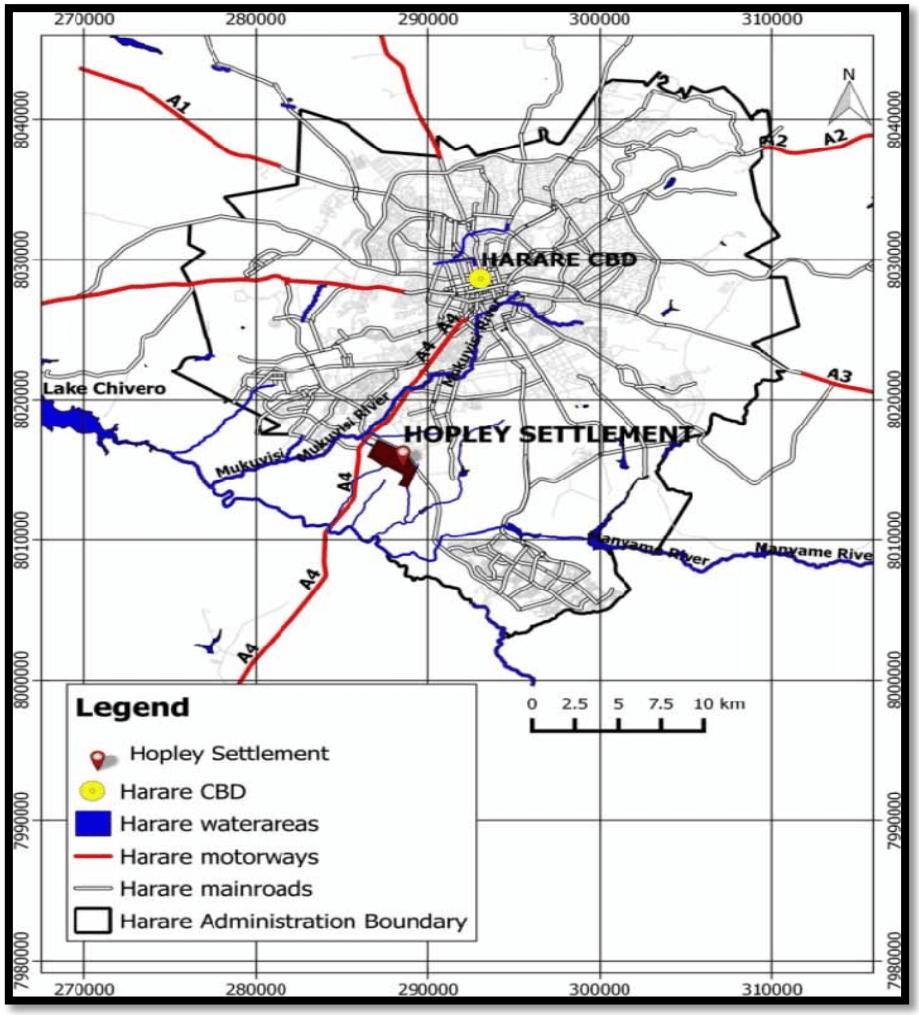


***Figure 5.1: A map of Hopley settlement on the outskirts of Harare (Ndoziya, Hoko & Gumindoga, 2019)***

Hopley has approximately 7 500 housing structures situated on residential stands measuring between 100 and 300 square meters each (Matamanda, 2020). Most of the housing structures are makeshift two-roomed brick under asbestos cottages or plastic and wooden built cabins. Figure 5.2 below shows a picture of a one-roomed brick under asbestos cottage that is common in Hopley. According to the United Nations Population Fund (2018), Hopley has a total population of approximately 200 000 people. The number of residents far exceeds the number of residential stands that are available and with Harare's urban population increasing by an annual average rate of 3%, the housing situation is getting worse (Ndoziya et al., 2019). The high demand for housing and the pressing economic malaise have pushed many people out of Harare in search of accommodation in settlements like Hopley where they do not have to go through formal procedures to acquire land for housing.

***Figure 5.2: A family standing outside their house in Hopley (Mujuru, 2018)***

Inhabitants of Hopley have limited work opportunities and rely on informal work which is characterised by work deficits and working poverty (UNFPA, 2018). The resultant emergence of the settlement out of *Operation Murambatsvina* and the protracted socio-economic crisis in the country has led to a convergence of poverty, disease, and moral decadence typified by rampant commercial sex work and sexual abuse of minors in the settlement (Ndoziya et al., 2019). The settlement lacks basic amenities of potable water, electricity, and access to other key services such as education and health. Matamanda (2020) conducted a study on how the government has neglected the people living in Hopley. He repeatedly used the terms poverty, exclusion, oppression, and spatial injustice to characterise the area. Child marriages and teenage pregnancies are common, at eighteen percent (18%) and twenty one percent (21%) respectively and at least seventy five percent (Matamanda, 2020:486).

## 5.5 DATA COLLECTION

Data collection refers to the procedures for administering the research instruments Maree, 2016) to get information (data) from the research participants. In this section the data collection process will be explained, starting with the pilot study where the tools were pre-tested, the planned methods of data collection, the research cohorts, and changes to the planned data collection methods that were necessitated by the COVID-19 pandemic.

### 5.5.1 Pilot study

A pilot study is conducted to help the researcher to assess the effectiveness (reliability and validity) of the research tools and to adjust instruments accordingly before the actual study (Strydom, in De Vos et al., 2011). In this study, the researcher conducted a pilot study by administering all the tools on two purposively selected key informants and requesting for their feedback on the tools' capacity to collect the needed data. The selected key informants are knowledgeable on IPV and have even conducted research on IPV and were able to provide useful feedback which the researcher used to review the tools. The insights gained from the pilot study helped the researcher to review the order of questions on the key informant questionnaire and frame probing questions for the FGDs and in-depth interviews for the actual study.

### 5.5.2 Methods of data collection

The researcher collected data from participants through key informant consultations, FGDs, and in-depth interviews. The researcher used an FGD guide, in-depth interview guide, and key informant questionnaire as the data collection tools. The data collection was done in three cohorts; the researcher had planned to conduct FGDs (Cohort 1), have in-depth interviews in Cohort 2, and conduct key informant consultations last (Cohort 3). However, the timing of the data collection for the research from June 2020 through to August 2020, coincided with the global COVID-19 pandemic and the resultant travel restrictions imposed by the government of Zimbabwe to contain the spread of the virus.

The Government of Zimbabwe promulgated Statutory Instrument (SI) 76 of 2020 (Declaration of State of Disaster: Rural and Urban Areas of Zimbabwe) (COVID-19)

which was issued on 23 March 2020. The COVID-19 Prevention, Containment and Treatment Regulations Statutory Instrument (SI) 77 of 2020, was simultaneously issued with the declaration of a national disaster. The Public Health (COVID-19 Prevention, Containment and Treatment Order) (National Lockdown) was then published on 29 March 2020 in Statutory Instrument (SI) 83 of 2020, declaring a national lockdown to contain the spread of the COVID-19 virus. The national lockdown resulted in strict intra-city and inter-city travel restrictions and social distancing regulations that prohibited the congregation of people except for exceptional circumstances such as funerals. The maximum number of people allowed to congregate for funerals was set at 50 and all attendees were compelled to social distance and wear masks during proceedings.

The high-level lockdown travel restrictions imposed in Zimbabwe, and the adherence to social distancing guidelines caused constraints to the researcher in so far as convening FGDs, accessing key informants, and in-depth interviewees to conduct face to face interviews was concerned. Cognisant of the data collection constraints posed by the COVID-19 induced restrictions and the important need to prioritise the health and wellbeing of the participants and the researcher as noted by Jowett (2020), the researcher in consultation with the supervisor, made adaptations to the data collection methods. The changes and adaptations to the data collection methods included changing the order of the research cohorts due to the inaccessibility of some participants, conducting interviews telephonically instead of face-face as well as conducting electronic key informant consultations instead of face-face interviews as had been planned as will be explained under point 5.5.2.5.

#### *5.5.2.1 Key informant consultations*

A key informant interview is an interview that is conducted with key informants of the study or those participants that were selected by the researcher to authenticate, substantiate, and support the responses of the major participants of a study (Creswell & Poth, 2018). As explained above due to COVID-19 the researcher could not conduct face-face key informant interviews and ended up conducting electronic key informant consultations. Fourteen key informant consultations were conducted with representatives of relevant Government Ministries, representatives of NGOs implementing programmes to curb IPV in the study area, and other individuals who by

virtue of their positions were knowledgeable on the occurrence of IPV in the area, such as a local church pastor. The researcher used a key informant questionnaire (See Appendix 4) to collect information from all key informants.

#### *5.5.2.3 Focus group discussions*

As explained by Babbie (2016), the researcher used focus group discussions (FGDs) as group interviews to collect information from community popular opinion leaders (CPOLs) who had been selected because they had common knowledge in relation to the research topic and who were usually between eight and twelve persons. FGDs create a tolerable environment that encourages participants to share perceptions and experiences thereby bringing out aspects that the researcher might not have anticipated and that would not have emerged through individual interviews. FGDs have the advantage of stimulating self-disclosure among participants and providing a conducive setting for participants to express what they really think and feel about the research issue. FGDs create a process of sharing and comparing among the participants with the researcher creating a well-defined purpose that enables the group to produce large amounts of concentrated data in a short period of time (Creswell & Poth, 2018). The researcher convened two FGDs of 12 and 11 participants each and used an FGD guide to facilitate discussion (See Annexure 5).

#### *5.5.2.4 In-depth interviews*

Interviewing was used because it is the predominant mode of data collection in qualitative research (Greeff in De Vos et al., 2011) and it helped to clarify and verify data collected from the focus group discussions with CPOLs. With in-depth interviews, researchers obtain information through direct interchange with an individual or a group that is known or expected to possess the knowledge they seek. In-depth interviews were conducted to the point of data saturation which was reached after conducting 7 interviews. A semi-structured in-depth interview guide (see Annexure 6) was used to establish and examine factors that determine the nature, severity, and frequency of intimate partner violence (IPV). Before commencing the in-depth interviews, the researcher informed participants of the purpose of the research, explained ethical considerations of confidentiality and anonymity, the duration that the interview was going to take, and asked for the interviewee's consent.

#### *5.5.2.5 Research cohorts*

As indicated in the section about the planned method of data collection, the researcher had planned to start with FGDs (Cohort 1), have in-depth interviews in Cohort 2, and conduct key informant consultations last (Cohort 3). However, the plan was changed due to the COVID-19 lockdown that delayed the researcher's access to the FGD participants and in-depth interviewees. During this time, the key informants were more readily available through email. The availability of the key informants caused the researcher, in consultation with the supervisor, to start with the key informant consultations (Cohort 1), then to proceed to convene FGDs (Cohort 2), and finally to conduct in-depth interviews (Cohort 3).

#### *5.5.2.6 Key informant consultations*

The researcher had planned to conduct face to face key informant interviews but ended up conducting electronic key informant consulations through email due to COVID-19 induced movement limitations. The key informants preferred responding to the questionnaire electronically, instead of having telephone interviews because the electronic option allowed them the flexibility to respond in their own time. An informed consent form (See Annexure 3) was sent out together with the key informant questionnaire and the key informants read, printed, and signed the consent before responding to the questionnaire. The signed informed consent form was scanned and emailed back to the researcher for filing. In instances where the researcher needed clarification on the key informants' responses, he followed up with emails and telephone calls. Data collection from the KIs took place from June 2020 to July 2020.

#### *5.5.2.7 Focus group discussions*

It was not feasible for the researcher to arrange to conduct FGDs virtually because the participants did not have access to electronic devices to access internet from and access to data is also a problem among the study population. The researcher therefore sought for special exemption to access the study area and was only allowed access for a limited period of 1 day in August 2020 to convene 2 FGDs. Maree (2016) states that a focus group could consist of anything between 5 to 12 participants. There were **12** participants in the first FGD (5 males and 7 females) and **11** participants (5 males and 6 females) in the second FGD.

The researcher arranged for an alternative venue that was bigger and that could accommodate the larger groups in order to ensure there was enough space. The researcher provided a sanitiser that all the participants used to sanitise their hands, pens, and chairs. The researcher and all the participants wore masks for the duration of the FGDs and the sitting arrangement was in line with the recommended social distancing guidelines. Before commencing with the discussions, the researcher introduced himself and explained the purpose of the research, explained ethical considerations of confidentiality and anonymity, the duration that the FGD was going to take, reiterated the COVID-19 safety precautions to keep masks on and maintaining social distancing, and lastly sought for the participants' written informed consent to participate in the FGD and for permitting the researcher to audio tape the discussions for later transcription (See Annexure 3).

The FGDs were recorded with the permission of the participants. The downside of wearing face masks and observing social distancing was the need for the researcher and the participants to speak loudly and to frequently repeat themselves to ensure effective communication. The researcher also took field notes to ensure that none of the data were lost. The FGDs lasted approximately one and half hours each. One challenge the researcher faced during the FGDs was that, because the groups were large, the non-verbal behaviour of participants could not always be well observed. To compensate for this, the researcher ensured that all the verbal data were well-captured. The researcher also made sure that he understood what the participants said, by clarifying if anything was unclear during their discussions. The researcher's enhanced attention to the participants' contributions and follow ups for clarification contributed to the FGDs taking more time to complete.

#### *5.5.2.8 In-depth interviews*

The researcher had planned to conduct face to face in-depth interviews with selected CPOLs. However, due to travel restrictions and social distancing regulations the researcher had to conduct the in-depth interviews by telephone in August 2020. The researcher obtained the names and contact details of the CPOLs from the WLSA. These participants were not part of the FGDs. The researcher had planned to seek for the interviewees' written informed consent to participate in the interview but because

the interviews were conducted by telephone, verbal consent was sought instead (See Annexure 3).

Contacting CPOLs by telephone to participate in in-depth interviews limited the researcher's access to some CPOLs who could not be reached by phone. The researcher managed to access seven CPOLs but was however, able to get rich data from these participants and thus reached the point of saturation. The interviews were recorded using another mobile phone. The in-depth interviews lasted between 45 to 60 minutes each. As indicated in Chapter 1 a total of **44** participants took part in the study: **14** KIs, **12** COPLs in the first focus group, **11** COPLs in the second focus group and **7** telephonic interviews with COPLs.

## 5.6 QUALITATIVE DATA ANALYSIS AND INTERPRETATION

Qualitative data analysis is defined by Babbie (2016) as the non-numerical examination and interpretation of observations for the purpose of discovering underlying meanings and patterns of relationships within data. All the data collected form the FGDs and in-depth interviews were transcribed by the researcher. Data from the key informant interviews were submitted in written form and there was therefore no need for transcription. The researcher made use of the denaturalistic approach in transcribing, thus not transcribing every little detail, but rather what had relevance to the study (Oliveri, Serovich & Mason, 2006)

Manual thematic content analysis was used in analysing the collected data. Thematic content analysis and interpretation of qualitative data groups common themes together and thus, breaks the data down into meaningful pieces (Creswell and Poth, 2018). Common themes and trends from the transcribed FGDs, in-depth, and key informant interviews were organised into meaningful themes and sub-themes. Analysed data formed the basis for the systematic presentation of the findings and their further critical analysis in relation to the reviewed literature that will be discussed in Chapter 6.

### 5.6.1 Data verification

Qualitative research is often criticised for lacking scientific rigour with poor justification of the methods adopted, for lack of transparency in the analytical procedures, and because the findings were merely a collection of personal opinions subject to

researcher bias (Creswell & Poth, 2018). Guba (1981) raised trustworthiness concerns that any researcher must address, irrespective of their research paradigm. These concerns and questions are:

- The applicability concern: How do we know or determine the applicability of the findings of the inquiry in other settings or with other respondents? The researcher utilised literature control concerning themes, sub-themes, and categories, to ensure that the findings of this study correlated with other research studies.
- The consistency concern: How can one know if the findings would be repeated consistently with the similar (same) participants in the same context? The researcher made use of three cohorts in similar settings and the data gathered from the three cohorts were consistent.
- The neutrality concern: How do we know if the findings come solely from participants and the investigation was not influenced by the bias, motivations, or interests of the researchers? The researcher ensured that all the interviews were transcribed. The transcriptions were a true reflection of the interviews and two participants from each cohort confirmed this.
- Creswell and Poth (2018) raise the integrity concern which questions how it can be ascertained whether the findings are not false information given by the study participants. In this research the participants were all service providers and as far as the researcher could establish did not present any false information.

Qualitative methods are inherently different from quantitative methods in terms of philosophical positions and purpose and therefore require alternative frameworks for establishing rigour. As a result, Schwandt, Lincoln and Guba (2007) proposed that internal validity must be supplanted with credibility, external validity by transferability, reliability by dependability, and objectivity by conformability. In this research triangulation, the use of peer debriefing and member checks were used to establish rigour of the research findings.

### 5.6.2 Triangulation

As explained by Maree (2016) and Onwuegbuzie and Leech (2007), the researcher used different methods of data collection to obtain corroborating evidence, namely, FGDs, in-depth interviews, and key informant consultations. The triangulation enhanced the quality of the data by providing an opportunity for cross-examining the accuracy of participants' responses by comparing, contrasting, and verifying data obtained through the different data collection methods.

### 5.6.3 Member checks

In line with Guba's (1981) assertion, the researcher included the voices of participants in the analysis and interpretation of the data and shared it with the participants from whom the data had been solicited in order for them to evaluate the interpretation made by the researcher and to suggest changes where they felt they had been misrepresented. Due to the COVID-19 lockdown travel restrictions and social distancing guidelines the sharing of the information with the participants for evaluation was not as extensive as the researcher would have wanted. The researcher had planned to convene validation meetings with all the FGD participants in order to evaluate the interpretation of data. It was, however, not feasible to convene such meetings and the researcher ended up sharing the data with a few of the FGD participants and CPOLs who participated in the in-depth interviews and who had access to email. The researcher managed to share the data of the key informants with them individually via e mail, although only 6 were able to provide feedback, due to pressing work commitments.

### 5.6.4 Peer debriefing

The researcher shared the research findings with academics and colleagues implementing programmes to curb GBV and IPV, for review and feedback. As observed by Guba (1981) sharing of the research findings with peers subjected the findings to scrutiny and provided the researcher with insightful feedback that helped the researcher to improve the quality of the analysis and the presentation of the study findings.

### 5.6.5 Prolonged engagement in research site

As indicated in Chapter 1 the researcher had intended to spend a considerable time at the research site engaging and establishing rapport and trust with the CPOLs and other key informants. Prolonged engagement in the research site would also have provided the researcher with a first-hand opportunity to appreciate the participants' culture and context (Maree, 2016) and how it impacts on the occurrence of IPV. The researcher was, however, unable to spend as much time in the research area as was planned because of the COVID-19 pandemic and the resultant lockdown travel restrictions and social distancing guidelines.

## 5.7 RESEARCH ETHICS

Research ethics govern the standards of conduct for scientific researchers and are important to adhere to in order to protect the dignity, rights, and welfare of research participants. Ethics in research refer to moral principles which are widely accepted and guide the conduct of the researcher when in contact with the participants (Strydom, 2011). Ethical guidelines and considerations are particularly important in social research since the focus is on the study of human behaviour in a social environment. Every researcher is expected to consider and follow research protocols and ethical guidelines to prevent harm to participants during data collection.

### 5.7.1 Ethical clearance

The researcher is registered as a social worker in Zimbabwe by the Council for Social Workers. He ascribes to the professional code of conduct of the social work profession and is in good standing with the regulatory body. Permission to conduct this research was obtained from the Stellenbosch University Departmental Ethical Screening Committee (DESC) (See Annexure 1). This research can be classified as minimal (low) risk because it utilised service providers instead of female victims of IPV, who are the actual reason for this research.

### 5.7.2 Ethical considerations

Ethical considerations are important in any research because they ensure the protection of research participants from physical and/or emotional harm (Babbie,

2016). Research on IPV is sensitive because it has potential to reveal information about perpetrators which could result in victims being subjected to further violence, or the researcher being victimised for conducting research that exposes perpetrators. This research study explored the views of service providers who work with victims of intimate partner violence. Interviewing service providers thus ensured that the researcher did not have direct interface with victims of IPV. Direct interviewing of victims of IPV would present an ethical risk of secondary trauma because it could result in victims reliving their experiences of abuse. The researcher had an ethical responsibility to ensure that the data collection process did not infringe on the fundamental rights of the participants. To protect the dignity and wellbeing of participants, both face to face and through technology-enabled interface, the researcher observed voluntary participation, informed consent of all participants, confidentiality, anonymity, and privacy of participants. The observed ethical considerations are explained in greater detail below.

#### *5.7.2.1 Voluntary participation and informed consent*

Informed consent is a ‘cornerstone’ of the voluntary and democratic research process (Flick, 2009). The researcher designed consent forms for the FGD participants, key informants, and in-depth interviewees (See Appendix 3). To ensure that none of the participants was coerced to participate in the study, the researcher provided the participants with a clear explanation on the purpose and objectives of the research to enable the participants to make an informed decision on whether or not to participate in the research. None of the participants was pressured to participate in the research and in all instances, consent was given voluntarily. As explained under Section 5.5.2.9, written informed consent was obtained from all key informants and FGD participants while verbal consent was sought from in-depth interviewees. For FGD participants the informed consent that was sought was for participation and for audio recording the discussions for future transcription.

#### *5.7.2.2 Confidentiality*

Though the study was focusing on service providers and not on victims of IPV it was necessary to observe confidentiality because of its focus on the victimisation and perpetration of IPV. As observed by Jewkes, Dartnall and Sikweyiya (2012) studies on

sexual violence can result in the disclosure of extremely personal information about the study participants or other individuals who may not be direct participants. In this study a violation of privacy or breach of confidentiality presented a huge risk of serious harm to the participating CPOLs, key informants, and the researcher. Confidentiality also had a bearing on the quality of data because much of the information provided by participants and key informants was about particular anonymised victims and perpetrators of IPV in the study area. To ensure confidentiality the FGDs commenced with an explanation by the researcher of what confidentiality was that was followed by an agreement by all participants that anything discussed during the FGD would remain in the group and was never to be discussed outside the FGD setting. For the key informants confidentiality was explained in the informed consent form and for the in-depth interviewees the researcher explained confidentiality before commencement of the interviews.

#### *5.7.2.3 Anonymity*

Researchers must guarantee participants' anonymity, which means that any information about them must be used in such a way that makes it impossible for other persons to identify the participants (Flick, 2009). Prior to the start of the FGDs, the researcher explained to the participants that although they were from the same community and knew each other, they were not compelled to call each other by name during the FGD sessions. The researcher also explained that the participants would not be allowed to use the real names of victims or perpetrators of IPV during the FGD. The researcher provided them with an example of how to use pseudonyms in any real-life explanation or case reference.

#### *5.7.2.4 Publication of findings*

Prior to the publication or dissemination of research findings, the data were fully anonymised. This process included removing all personal identifiers such as names, initials, and other details such as job titles. The sources of data were indicated using codes, for example, C2 FGD 1:3, to denote that the data were provided in Cohort 2 during the first FGD by participant number 3 as will also be explained in Chapter 6. The use of codes also ensured the confidentiality of sources of the narratives used in Chapter 6. Care was taken during the presentation of the research findings to ensure

that the information presented was sufficiently aggregated to ensure that no one individual could be identified. Where case-study findings were presented, sufficient detail was changed to ensure that it was not possible to identify both the source of this information and the individual(s) to whom it relates.

#### *5.7.2.5 Location and privacy of data collection activities*

The location where research activities take place may pose safety risks to the participants. In view of considerations for privacy the two focus group discussions (FGDs) were carried out in a secure room, thus ensuring that discussions were not overheard by people outside the room. In the case of the in-depth telephone interviews with CPOLs, the researcher asked each CPOL before commencing with an interview whether they felt safe and comfortable having the interview at that time and at their location. In instances where a CPOL felt that they would be safer and more comfortable having the interview at a different time or at a time when they would be at a different location the researcher complied with their wishes.

#### *5.7.2.6 Reflexivity: research bias*

Reflexivity relates to the analytic attention of the researcher's role in qualitative research and refers to a certain level of consciousness. Reflexivity entails self-awareness, which means being actively involved in the research process (Lambert, Jomeen & McSherry, 2010). Researchers are part of the social world that they study and hence researchers should continuously do introspection on the role of subjectivity during the research process. Reflexivity is a continuous process of reflection by researchers on their values and of recognising, examining, and understanding how their social background, location, and assumptions affect the research process (Hesse-Bibber & Leavy, 2006). IPV is a widespread scourge in Zimbabwe and the researcher has had family members and friends who have been victims and perpetrators. The researcher was aware of the subjective effect that the experiences of family members and friends would have on the research. The researcher made a conscious effort to suspend his experiences to ensure that data collected were a true reflection of the narratives of research participants.

The researcher had no personal interest in this research besides academic achievement, thus the researcher tried to remain objective throughout the research

process. The interpretation and analysis of data was done empirically. Constant interface with the research supervisor through emails, Skype meetings, and WhatsApp calls, provided the researcher with a platform to reflect on important issues during the research process. The researcher also wrote a reflexive report about his role as researcher (See Appendix 7).

## 5.8 LIMITATIONS OF THE STUDY

Limitations are the challenges that a researcher face when conducting a study. The following limitations were noted by the researcher in this study:

- The major limitation was the context in which the data collection was conducted. The data collection phase coincided with the COVID-19 pandemic and this impacted on the feasibility of conducting face-to-face key informant and in-depth interviews. As explained in the data collection methods section, the researcher had to adapt the planned data collection methods and resort to electronic and virtual data collection methods.
- Although the researcher was able to obtain the requisite permission to physically conduct two FGDs, the researcher had to take extra caution to ensure the participants' and his own safety. The researcher intended to spend a prolonged time in the study area, building rapport and trust with the participants and gaining an appreciation of the area's socio-economic situation and how it impacts the occurrence of IPV. This was, however, not possible due to the COVID-19 induced lockdown travel restrictions and social distancing guidelines. Prolonged engagement in the study area would have had the immense benefit of enhancing the quality of the data. Despite these challenges, the researcher was able to adapt the data collection methods to collect data and reached the intended point of saturation. The study area is politically charged and access for outsiders is strictly controlled. For an outsider to get security clearance to get into the area one must be cleared by several security offices and other local structures in the area, such as the Chairmen for political parties. The security clearance process is cumbersome, and the COVID-19 lockdown travel restrictions further complicated the process. The researcher was, however, fortunate that WLSA had granted him permission to access their programme

beneficiaries and used their contacts to notify the security offices of his intentions. The researcher was granted verbal clearance to access the study area for an extremely limited period only sufficient for convening two FGDs. Some FGD participants initially seemed sceptical of the academic intentions of the research. Their participation was subdued in the early stages of each FGD and they were not keen to provide elaborate responses. The researcher however, kept on reiterating the academic purpose of the research and explained how the findings could contribute to their community through informing policy reforms and enhancing interventions to curb IPV. The researcher eventually earned all the participants' trust and was able to get rich narratives, which are presented in Chapter 6.

- As this was a qualitative study another limitation was that findings of this study could not be generalised.
- This study further did not focus on the service users (women victimised by IPV), but on service providers. However, the views from service providers on IPV in Zimbabwe, where limited research could be done, were of great value.
- The researcher intended to only interview social workers, however due to the scarcity of social workers providing IPV-specific social work services in Zimbabwe in general and in the Hopley area in particular, this was not possible.
- Some of the literature utilised in this study are dated. As far as possible the researcher attempted to also use recent literature.
- Research and literature on social work practice with victims of violence against women, specifically conducted in Zimbabwe, is limited and the researcher had to make use of literature from other countries in Africa, as well as from countries elsewhere in the world.

## 5.9 CONCLUSION

This chapter presented the research methodology for this study, the research approach, the research design, the target population, sampling procedures, the sample, and the data collection methods and tools. The target population comprised of CPOLs and representatives of some government Ministries and NGOs. Purposive

sampling, which is a non-probability sampling technique, was used and this assisted the researcher in targeting participants who were knowledgeable about the research subject. The researcher conducted a pilot study to evaluate the data collection tools which helped the researcher review the tools and make them more reliable and valid. In this chapter it was also explained how the COVID-19 induced lockdown travel restrictions and social distancing guidelines impacted the data collection processes and measures the researcher had to take to overcome the COVID-19 restrictions. The collected data were then analysed through manual thematic content analysis. The themes that emerged from the data analysis were used to present the findings in Chapter 6.

# CHAPTER 6

# EMPIRICAL INVESTIGATION OF EXPERIENCES OF SERVICE PROVIDERS REGARDING CONTRIBUTING FACTORS OF INTIMATE PARTNER VIOLENCE IN ZIMBABWE AND THE IMPLICATIONS FOR SOCIAL WORK INTERVENTION

## 6.1 INTRODUCTION

In Chapter 5 research methodology for the study was presented and discussed. This chapter will address objective four by presenting an analysis of the empirical findings on the experiences of service providers regarding contributing factors of IPV in Zimbabwe and the implications for social work intervention. As indicated, the empirical study was done through three cohorts. The first cohort consisted of key informant consultations with **14** key informants, the second cohort comprised of focus group discussions (FGDs) with **23** community popular opinion leaders (CPOLs) spilt into two groups of **12** and **11** participants each and the third cohort comprised of in-depth interviews with **7** other CPOLs. The CPOLs were included in the study to share views and insight on IPV based on their working experiences with victims of IPV. However, as will be observed in some of the narratives the CPOLs also shared their own personal experiences relating to IPV. The researcher remained objective, treated the disclosures with sensitivity and included this aspect in the reflexive report (See Annexure 7). The data collection phase of the study coincided with the COVID-19 global pandemic and as explained in Chapter 5 it necessitated adaptations to the data collection methods in line with the travel restrictions and social distancing guidelines imposed in Zimbabwe to contain the spread of the COVID-19 virus. The pandemic also directly impacted on the research's findings as participants reported observing an increase in the occurrence of IPV during the COVID-19 induced lockdown.

This chapter consists of a brief presentation on the demographic information of the research participants. The different themes identified in the literature chapters together with new themes that emerged during the empirical study will be discussed. In line with the qualitative research paradigm that produces descriptive data in the participant's

own written or spoken words (Babbie & Mouton, 2010) the chapter will provide narratives by the participants.

## 6.2 DEMOGRAPHIC INFORMATION OF THE PARTICIPANTS

**Table 6.1: Cohort 1: Key informants who participated in the study**

| Key informant code | Sex | Age | Professional designation/Role | Years in role in study area | Average number of cases attended to per month |
|---|---|---|---|---|---|
| C1 KI:1 | Male | 50 | Community development officer | 11 | 8 |
| C1 KI:2 | Male | 45 | Community development coordinator | 12 | 12 |
| C1 KI:3 | Male | 31 | Programme officer | 3 | 15-25 |
| C1 KI:4 | Male | 39 | District AIDS coordinator | 9 | 5 |
| C1 KI:5 | Female | 38 | Principal GBV programme officer | 6 | N/A |
| C1 KI:6 | Female | 40 | Programme associate gender | 5 | N/A |
| C1 KI:7 | Female | 45 | Monitoring & evaluation specialist | 3 | N/A |
| C1 KI:8 | Female | 39 | Nurse-in-charge | 5 | 5-10 |
| C1 KI:9 | Male | 42 | Zimbabwe Republic Police community liaison officer | 2 | 60 |
| C1 KI:10 | Male | 49 | Ward councillor | 2 | N/A |
| C1 KI:11 | Male | 51 | Church pastor | 4 | 6 |
| C1 KI:12 | Female | 51 | Public prosecutor | 1 | 5 |
| C1 KI:13 | Female | 32 | Project assistant | 2 | 10 |
| C1 KI:14 | Female | 44 | Programmes manager | 4 | N/A |

As can be seen from Table 6.1, of the key informants 7 were male and 7 were female. Ages of the key informants varied from 31 to 51 years. The key informants were serving in several roles such as public prosecutor, coordinators of programmes, programme managers, councillors, pastor, nurse, and community leaders. Their years of experience in the study area varied from 1 year to 12 years. Most of them attended to

several IPV cases monthly, whereas 5 key informants did not attend to any cases as they were either in managerial positions of gender-based violence programmes or they were involved in community-wide programmes assisting women, including victims of IPV, such as the ward councillor. One key informant who is a community liaison officer with the Zimbabwe Republic Police, indicated that the local police station attended to 60 GBV related cases monthly, however some of these included cases from a nearby informal long distance bus terminus where the women and young girls who were verbally and physically abused by rowdy men touting for buses reported the incidents at the same police station. These cases were thus not necessarily IPV related.

For the key informants, the researcher included the professional designation and length of duration for which they had been in that role in the study area as variables because the duration influences each of the key informant's views. For example, one's professional designation determines the nature and scope of interventions that they are aware of and are responsible for implementing. Three of the key informants were social workers by training but were employed in other capacities in which they did not use social work methods in their day-to-day work. The duration for which each of the key informants had been in their roles in the study area had an influence on their analysis of IPV trends over time.

## 6.3 COHORT 2 – COMMUNITY POPULAR OPINION LEADERS WHO PARTICIPATED IN FOCUS GROUP DISCUSSIONS

The participants' demographic information helps the researcher to have a better appreciation of each participant's views regarding issues under investigation. The two tables below indicate participants who took part in the FGDs. The researcher will also briefly explain the relevance of each demographic variable to the study.

**Table 6.2: CPOLs who participated in FGD 1**

| Participant Code | Sex | Age | Marital Status | Level of Education | Duration as a CPOL (years) |
|---|---|---|---|---|---|
| C2 F1:1 | Female | 42 | Single | Ordinary level | 10 |
| C2 F1:2 | Male | 40 | Married | Ordinary level | 10 |
| C2 F1:3 | Female | 52 | Widowed | Ordinary level | 8 |
| C2 F1:4 | Female | 37 | Single | Ordinary level | 10 |
| C2 F1:5 | Female | 48 | Widowed | Ordinary level | 5 |
| C2 F1:6 | Female | 50 | Widowed | Ordinary level | 6 |
| C2 F1:7 | Male | 41 | Married | Ordinary level | 10 |
| C2 F1:8 | Female | 35 | Single | Form 1 | 2 |
| C2 F1:9 | Female | 33 | Married | Form 2 | 5 |
| C2 F1:10 | Male | 32 | Married | Ordinary level | 4 |
| C2 F1:11 | Male | 26 | Married | Ordinary level | 2 |
| C2 F1:12 | Male | 24 | Single | Ordinary level | 1 |

**Table 6.3: CPOLs who participated in FGD 2**

| Participant Code | Sex | Age | Marital Status | Level of Education | Duration as a CPOL (years) |
|---|---|---|---|---|---|
| C2 F2:1 | Male | 35 | Divorced | Ordinary level | 10 |
| C2 F2:2 | Male | 33 | Married | Ordinary level | 5 |
| C2 F2:3 | Male | 40 | Married | Ordinary level | 7 |
| C2 F2:4 | Female | 44 | Married | Form 2 | 2 |
| C2 F2:5 | Male | 25 | Single | Ordinary level | 3 |
| C2 F2:6 | Female | 38 | Married | Ordinary level | 6 |
| C2 F2:7 | Female | 41 | Married | Ordinary level | 4 |
| C2 F2:8 | Male | 34 | Married | Ordinary level | 2 |
| C2 F2:9 | Female | 28 | Married | Ordinary level | 3 |
| C2 F2:10 | Female | 30 | Divorced | Ordinary level | 5 |
| C2 F2:11 | Female | 33 | Married | Ordinary level | 2 |

### 6.3.1 Sex of participants

The study participants comprised of 13 females and 10 males as indicated in the tables below. As explained in the literature chapters, IPV disproportionately affects women with men being the main perpetrators. Considering the disproportionate impact of IPV on women it is possible that one's sex may influence their view on IPV.

### 6.3.2 Marital status of participants

Participants' marital status varied from being married, divorced, single, and widowed. One's marital status seemed to impact on the CPOLs views and experiences with IPV. It seems as if some participants had difficulty to separate their own personal experiences regarding divorce and stressful marriages from their role as service providers as will be seen in certain narratives presented later in this chapter. Some explained that they were divorcees because they had decided to divorce their former partners because of IPV.

### 6.3.3 Level of education of participants

All CPOLs received the same training and support from the WLSA and the level of education was not a requirement to have been be selected and trained to be a CPOL. The researcher however, included the level of education as a variable because it may have influenced the participants' level of appreciation of IPV issues and their ability to explain their views. Most of the participants as presented in the tables above, reached an ordinary level of education, which comprises of four years of secondary school education.

### 6.3.4 Duration as a Community Popular Opinion Leader

The length of time that one has been providing services as a CPOL has a bearing on their awareness of the occurrence of IPV in the community, their understanding of the factors that contribute to IPV, and their appreciation of the pathway for referring victims of IPV to various service providers. The duration for which one has been a CPOL also influences the extent to which CPOLs are able to provide a spatial analysis of the occurrence of IPV in the study area, for example, someone who has been a CPOL for 10 years would be able to provide a perspective on the occurrence of IPV spanning a longer period, compared to someone who has been a CPOL for a shorter period such as two years.

## 6.4 COHORT 3 – DEMOGRAPHIC DETAILS OF COHORT 3

The particulars of participants who took part in Cohort 3 is indicated in in Table 6.4 below. (As was indicated before they were not part of the FGDs).

**Table 6.4: CPOLs who were in-depth interviewees**

| Participant code | Sex | Age | Marital status | Level of education | Duration as a CPOL/Champion (years) | Average number of cases attended to per month |
|---|---|---|---|---|---|---|
| C3 ID:1 | Female | 56 | Married | Form 2 | 10 | 10 |
| C3 ID:2 | Female | 48 | Married | Ordinary level | 6 | 10 |
| C3 ID:3 | Female | 53 | Widowed | Grade 7 | 5 | 8 |
| C3 ID:4 | Female | 39 | Married | Form 2 | 2 | 7 |
| C3 ID:5 | Male | 41 | Married | Ordinary level | 3 | 9 |
| C3 ID:6 | Male | 36 | Divorced | Ordinary level | 6 | 10 |
| C3 ID:7 | Male | 43 | Married | Ordinary level | 4 | 9 |

### 6.4.1 Number of cases attended to in a month

The importance of the demographic variables has been explained in Cohort 1. A new variable in Table 6.4 is the average number of cases attended to in a month by each CPOL. This variable is important because the number of cases attended to in a month is an indicator of a number of aspects, for example the CPOLs visibility (the extent to which the community is aware that the person is a CPOL), perceived ability (i.e. how well do they handle cases), the level of trust of the community, and how active a CPOL is in identifying cases of IPV.

## 6.5 DATA COLLECTED FROM PARTICIPANTS DURING EMPIRICAL STUDY

As was indicated in Chapters 1 and 5, the data collected were ordered in themes, sub-themes, and categories. The literature chapters and the transcriptions aided the researcher to identify the relevant themes, namely understanding of IPV, types of IPV,

factors that contribute to IPV on a micro-level, factors that contribute to IPV on a meso-level, factors that contribute to IPV on a macro-level, and intervention strategies. These themes are presented below in Table 6.5.

**Table 6.5: Themes, sub-themes, and categories identified during empirical study**

| Themes | Sub-themes | Categories |
|---|---|---|
| **Theme 1** Understanding of IPV | Cultural norms | |
| | Violation of rights | |
| | Status of women | |
| | Extent and severity of IPV | |
| **Theme 2** Types of IPV in the study area. | Physical abuse | |
| | Emotional abuse | |
| | Economic abuse | |
| | Sexual abuse | Technology-facilitated sexual violence (TFSV |
| | Stalking | |
| **Theme 3** Factors that contribute to IPV on a micro-level | Women's challenges | Child marriages |
| | | Forced marriages |
| | | Polygamy |
| | | Lobola |
| | | Infidelity |
| | | Informal relationships |
| | | Virginity testing |
| | Significant others | Family |
| | | Friends |
| | Conflict in relationships | Power struggles |
| | | Non-disclosure of HIV status |
| | | Children's unmet needs |
| | Substance abuse | |
| **Theme 4** Factors that contribute to IPV on a meso-level | Poverty | Low economic status of women |
| | | Unequal economic opportunities and resources between men and women |
| | | Low levels of income |

| Themes | Sub-themes | Categories |
|---|---|---|
| | | Lack of employment opportunities for men |
| | Community tolerance of IPV | |
| **Theme 5** Factors that contribute to IPV on a macro-level | Low levels of education | |
| | Norms on male dominance | |
| | | Patriarchal beliefs |
| | Societal beliefs | |
| | Covid-19 | |
| | Limitations of legislative frameworks | |
| | Religion | Subordinate view of women |
| | | Access to health and reproductive services |
| **Theme 6** Intervention strategies | Legal | |
| | Rehabilitation | |
| | Empowerment | |
| | Awareness | |

As discussed in Chapter 5 and indicated in Tables 6.1 to 6.4, participants were allocated codes and the codes were used to attribute narratives to the relevant participant. In all instances capital “C” refers to “cohort” and the codes for the 3 cohorts are explained below.

**C1 KI: 8** refers to Cohort 1 key informant 8
**C2 F1: 12** refers to Cohort 2 focus group discussion 1 participant 12
**C2 F2: 1** refers to Cohort 2 focus group discussion 2 participant 1
**C3 ID: 1** refers to Cohort 3 in-depth interviewee 1

### 6.5.1 Theme 1: Understanding of intimate partner violence

People in different cultural contexts may not recognise forms of violence broadly defined as such, and IPV terminology may be alien in different contexts. It is therefore important to have some contextual definition derived from the community’s understanding of what constitutes IPV. In contexts or relationships where women are expected to give sex, or where the abuse of women is seen as normal behaviour, certain forms of violent behaviour may thus not be labelled as violence. For instance,

defining violence within the marriage and other intimate relationships is especially difficult because women do not universally view such violence as abuse. Social norms that support a husband's use of violence to have sex with his wife against her will make it difficult for women to define forced sex as rape. In such cases marital rape is culturally invalidated and there is a commonly held belief that it is not 'real rape'. Studies have shown that as the victim-offender relationship becomes more intimate, the likelihood that the incident is defined as rape decreases. The conceptualisation of IPV is further complicated by social norms that associate a man's use of violence against his wife with illustrating his love for her (Perrin, Marsh, Clough, Desgroppes, Phanuel, Abdi, Kaburu, Heitmann, Yamashina, Ross, Read-Hamilton, Turner, Heise & Glass, 2019). Under Theme 1, the following sub-themes were identified, namely, cultural norms, violation of rights, status of women, and the extent and severity of abuse.

#### *6.5.1.1 Sub-theme 1.1: Cultural norms*

The concept of cultural norms is complex and not the focus of this study. However, as was discussed in Chapter 3, there are still certain cultural norms that are harmful to vulnerable groups. For instance, the belief that a man has the right to hit a woman under certain conditions is still prevalent in some communities (Olayanju, Naguib, Nguyen, Bali & Vung, 2013). The following narrative portrays how participants view the role of cultural norms in the perpetration of IPV.

> C3 ID: 4: *Many wives are verbally abused or even beaten for very small things. You hear a wife crying and calling out for help and if you go to see what's happening you see the husband beating her up with open hands. When you ask him why he is beating her up he tells you that she disrespected him by not serving him supper on time. The wife tries to explain that she was delayed because she did not have adequate firewood and the cooking took longer than she had anticipated. But the husband is not willing to accept her explanation and is adamant that the wife is disrespectful.*

The view in this narrative, that IPV is justifiable for certain 'transgressions' such as being disrespectful towards the husband, concurs with Waltermaurer's (2012) assertion that the perpetration of IPV is justified based on the initiating event, for

instance, burning the food or being unfaithful. Justification of IPV, defined as accepting attitudes toward IPV or tolerance of IPV (Schwab-Reese & Renner, 2017), are a robust correlate of IPV perpetration and victimisation. Njie-Carr, Sabri, Messing, Suarez, Ward-Lasher, Wachter, Marea and Campbell (2020) further state that certain cultural values and norms often promote gender inequality that is a breeding ground for IPV as also indicated in the narrative. As was indicated in Chapter 3 societal norms (macro-level) play a big role in the prevalence of IPV (micro-level). Mahapatra (2012) found that IPV is increased in societies where violence is an acceptable method to resolve conflicts. This societal belief on a macro-level as well as in communities (meso-level) will then also be accepted in the microsystem (the home). Olayanju et al. (2013) confirm that certain norms could contribute to IPV such as the restriction of a woman's freedom and the right of men to use power to control women. It is noteworthy that these norms are often seen as normal, not only by men, but also by women (Uthman et al., 2010).

#### *6.5.1.2 Sub-theme: 1.2: Violation of rights*

As was discussed in Chapter 2, most women in Zimbabwe are still discriminated against and are not seen as having the same rights as their male counterparts (World Economic Forum, 2010). Concerning IPV, one of the participants indicated the following regarding the violation of rights:

> C2 F1: 3: *[IPV is] a violation of one's rights by a current or former intimate partner through being subjected to any form of verbal, physical, or emotional violence. IPV manifests itself through use of unwarranted force and authority to control one's partner.*

It is significant that this participant also referred to different types of violence which will be presented in Theme 2. Furthermore, the cultural norm of "controlling women" as discussed in Sub-theme 1.1, was also indicated by this participant. Another participant agreed with the abovementioned narrative and related it to the scenario in Zimbabwe, although literature (Klugman, 2017; Shuler 2010) suggests, this is also relevant to other parts of the world.

C1 KI: 5: *In Zimbabwe, IPV is also commonly known as domestic violence and comprises of harmful acts perpetrated against a person with whom one has an intimate relationship.*

These descriptions of IPV provided by the participants in the above narratives show that IPV takes place in the domestic sphere – the micro-level (Nash et al., 2005) – and that its perpetration is deliberately intended not only to cause harm to the victim but also to violate the victim's rights. These descriptions also highlight the use of force and authority as a way of controlling the victim. The descriptions provided by the participants compare well with the definitions for IPV in literature, such as the WHO (2012) who defines IPV as "... any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours."

As was indicated in Chapter 4 there are certain International standards set out to protect women whose rights are violated. These standards are factors on a macro-level that could reduce IPV and will be discussed in more detail under Theme 5. The 1979 United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) also stipulates clear guidelines in an attempt to reduce discrimination against women and specifically to curb GBV (United Nations, 1979).

The status of women is clearly an issue that requires attention, even though protocols such as the Maputo Protocol (2003) were developed at regional level to safeguard women from violations of their rights as a result of GBV.

#### *6.5.1.3 Sub-theme 1.3: Status of women*

Closely related to the violation of rights, is the status of women. In several places and cultures women are still seen as subordinate, despite women's rights movements and legislation to protect women. Most of the participants indicated that women are more prone to be abused by an intimate partner than men, as is proven by the following narrative. This is also supported by authors such as Sullivan (2018) and Tenkorang et al. (2013) who are of the opinion that women are abused because they are not valued and respected as equal partners.

> C2 F2:5: *Both males and females can be victims or perpetrators of IPV but from my observation in our community most victims are married women who are being abused by their husbands while single women and young girls are abused by their boyfriends. Some women continue to be abused by their former husbands years after divorcing them … it's like they don't want to let them go.*

As indicated, both men and women can be perpetrators or victims of IPV, but the participants' narrative below make a similar observation as that of UNICEF (2000), namely that IPV is usually perpetrated by men who are, or who had been, in an intimate relationship with the victims. The disproportionate victimisation of women by their male intimate partners is attributed to a gender order that generates and reinforces inequality which often gives men power over women through the distribution of resources and institutional practices (Jewkes, 2015). Inequality between men and women results from gender roles which dictate that men should be the primary breadwinners while women should care for the house and children (Njie-Carr et al., 2020).

> C2 F1:3: *The common understanding of IPV is that of violence happening between a man and a woman in a marriage or in a relationship but here in our community we have another type of IPV that isn't talked about much.*

Interestingly one participant indicated how women in polygamous marriages could also experience abuse from their husbands as well as the other wives.

> C2 F1:6: *Women in a polygamous marriage abuse each other physically, verbally, economically, and emotionally. We have situations where the first wife is jealous of all the co-wives and is always starting fights with them or taking away financial resources meant for the other wives. Some of the violence can be very subtle, for example in situations where all the wives stay at the same place one of the wives can start a song with lyrics that mock another wife, such as "Mercy thinks she is very beautiful, and she is the best wife … but she does not know that I am the best wife here and will make sure she leaves this place soon." Similarly, wives of 'small houses' regularly subject each other to physical, verbal, and emotional violence because they will be fighting for the same man. Then the husband will often also be abusive towards his wives and girlfriends.*

Reference to violence between co-wives in a polygamous marriage brings a new dimension to the definition of IPV. The definition of IPV as given in literature seems to assume a typical monogamous marriage or relationship where there are no multiple partners. Though co-wives may not necessarily be in an intimate relationship with each other, they have been brought together by one intimate partner; their husband. As indicated in the narrative above the violence between or among them may be caused by jealousy on the part of the first wife. The first wife can also take advantage of her incumbency and proximity to the husband to withhold the flow of financial resources to the co-wives and their families. Violence between co-wives may also be attributed to different factors, but the primary contributory factor is the husband's failure to sexually satisfy all his wives. It may be helpful to define the violence that happens between co-wives in a polygamous marriage as 'secondary IPV' to show that this violence is happening between women who have an indirect intimate relationship through their husband. A clearer definition of the violence between co-wives has implications for interventions to curb IPV. Interventions commonly target men as potential or actual perpetrators, while women are targeted as potential or actual victims, yet as is the case in polygamous marriages some women are perpetrating violence against other women. Klesse (2014) also states that women in polygamous marriages often face stigmatisation and discrimination. The contributory role of polygamous marriages to IPV will be discussed in greater detail later in this chapter.

#### *6.5.1.4 Sub-theme 1.4: Extent and severity of intimate partner violence*

As discussed in Chapter 2, IPV often escalates over time. García-Moreno et al. (2013) note that women in Africa are more prone to life-long abuse and sexual assault by a partner than women in more affluent countries. The narratives below indicate the severity of IPV in the study area:

> C3 ID:4: *This issue of intimate partner violence is a big problem in our community. There have been many awareness campaigns but the problem is still there, and it is affecting many women here.*

Another participant indicated how high the monthly statistics were for violence against girls and women. It is important to note that these 60 cases were not all domestic related as displayed below. Sulllivan (2018) argues that some men will turn violent to

women, whether it is in an intimate relationship or in other encounters as displayed in the narrative below.

> C1 KI:9: *At the police post we receive an average of 60 reports of abuse every month. However, not all these cases come from Hopley because our catchment area also includes Mbudzi (a busy informal long-distance bus terminus) where women and young girls are frequently verbally and physically abused by touts*[1] *and who then come to make reports here. I would estimate that of the 60 reports that we receive half of them come from Hopley and involve husbands and boyfriends. Serious cases such as physical injury, disability or death are not common. We attended to one case of murder in the last 12 months. But at times we encounter victims with serious injuries, for example, loss of teeth.*

The reported high prevalence of IPV against women in the research area is consistent with national survey findings that 1 in 3 women have experienced physical violence since the age of 15 and that overall, 35% of women report having experienced physical violence at some point in their lives (ZDHS, 2015). The most reported perpetrator of IPV against women in Zimbabwe are their partners, with 56% of female respondents having experienced emotional abuse, 33% that experienced physical abuse, 31% that experienced economic abuse, and 22% that experienced sexual abuse at the hands of their partners (Zimbabwe & Gender Links, 2013). As explained, most African men and women consider a wife's failure to serve a husband his supper on time as a transgression of traditional gender roles which then gives a husband the right to use violence against his wife (Odero et al., 2014). Another participant said the following indicating how women often remain silent about the abuse:

> C2 F2:10: *IPV is very common in our area but the problem is that many women suffer in silence. Even your close friend won't tell you that they are being abused by their husband. It is only when you see strange marks on their legs and face that you begin to suspect that they have been physically abused. Even if you ask them about the marks, they will find a reason, such as, "I got scratched when I*

[1] Boys and young men who loiter around bus termini for purposes of urging travelers through persuasion or force to board specific buses and are in turn paid a commission by the bus companies for getting them passengers.

> *was looking for firewood." If you continue quizzing them, they become emotional and tell you to stop worrying about their life.*

Most women exposed to IPV in Zimbabwe are economically dependent on their husbands. Leaving the husband is thus often not possible due to economic considerations, and due to social norms regarding marriage and stigma attached to women moving away from her husband. In some cultures divorce is considered disrespectful and a violation of cultural norms and the wife is compelled to obey her husband, in this way normalising abuse (Njie-Carr et al., 2020). The cycle of violence is thus exceedingly difficult to break (La Flair et al., 2012). The following narrative confirms the severity of IPV in Hopley:

> C1 KI:8: *For the five years that I have been a nurse at this clinic I have observed that IPV is a big problem and that it affects women and girls in very serious ways. It is very difficult for us to provide clear and accurate statistics of the number of IPV cases that we attend to because many of the victims do not want to come out in the open that the cause of their injury or illness is IPV. Someone may present with a bruised face and say they sustained the injury when they fell on their way from the community borehole. Someone can present with a bruised eye and provide an explanation that is inconsistent with the injury. Many victims of IPV are not willing to come out into the open because they are afraid of further abuse if the perpetrator knows about the disclosure.*

Another participant indicted how abused women are reluctant to go to the police for fear of being re-victimised by police.

> C2 F1:6: *Many victims of IPV never report their abuse to the police because they fear being humiliated by the police. The police are rough and do not care about the abuse that victims are going through. They often accuse victims of having been beaten up by their husbands for being promiscuous.*

The true extent of IPV is difficult to determine as a result of under-reporting by the victims and under-recording by the police. As will be discussed later in this chapter, some victims of IPV initially report cases to the police but due to economic considerations withdraw those cases as they progress to court. Ignorance and prejudice among police and other officials in the criminal justice system could lead

thereto that women exposed to IPV might be blamed for the violence inflicted against them. A 2012 study by the Musasa Project, an NGO that focuses on GBV, noted several problems that Zimbabwean women experience when reporting violence to the police, including, authorities insisting that the victim bring the perpetrator with her to the police station, officers refusing service due to the belief that domestic violence should be resolved privately within the family Southern Africa HIV and AIDS Information Dissemination Services [SAfAIDS], 2009), and police officers laughing while a victim makes her report (Chipunza, 2013). Many women opt to remain silent about IPV, this under-reporting may be the result of fear of retaliation and further harm from the perpetrator, of the social taboos surrounding violence against women, or because of the lack of support to women victims of violence (Tenkorang et al., 2013).

To create a supportive environment for victims of GBV the Zimbabwe Republic Police in 1995 established a Victim Friendly Unit (VFU) within police stations where domestic and sexual violence against women and children could be reported (Zimbabwe Judicial Commission, 2012).

The establishment of VFUs is provided for under section 5 of the Domestic Violence Act of 2007 (the DVA) which notes that, "where practically possible," every police station will have a section staffed by at least one police officer "with relevant expertise in domestic violence, victim friendly or other family-related matters" (Zimbabwe, 2006). VFU investigators are responsible for investigating the complaint, for arresting the offenders, for compiling a docket, and for any necessary referrals. During the investigation process the investigators ensure that the reporting environment is conducive, private, and friendly and that confidentiality is maintained (Zimbabwe Judicial Commission, 2012). Under the Domestic Violence Act, VFU officers are required to advise the complainants on their legal rights, how to obtain shelter, and/or where to obtain medical treatment.

### 6.5.2 Theme 2: Types of intimate partner violence common in the study area

As mentioned in Chapter 2, there are different types of IPV such as physical violence, sexual violence, stalking, psychological or emotional violence, and economic violence (Breiding et al., 2015; Slabbert & Green, 2013). The types of IPV that were found to be common in the study area as given by one of the participants in the narrative below,

will be presented and discussed under four sub-themes, namely, physical abuse, emotional abuse, economic abuse, sexual abuse and stalking.

> C3 ID:5: *Common types of IPV in our area include marital rape, date rape, sexual, emotional, physical, and economic abuse. The acts have a potential to cause physical, sexual, psychological, or even economic harm. In our community abusive husbands control their wives through various forms of violence, for example, verbal and physical abuse, denying her financial resources for essential family needs such as food, or preventing her from engaging in income generating activities such as vending. In some situations, the IPV is hidden … that's when couples are staying together but there is no communication, no affection, and each partner makes decisions about their own lives without consulting the other or considering the impact of their decisions on the other partner.*

As there is usually a combination in the occurrence of the types of abuse the narratives displayed below might overlap.

#### *6.5.2.1 Sub-theme 2.1: Physical abuse*

IPV has far reaching effects, not only on women, but also on children and the community at large. The health consequences of IPV on victims include physical, sexual, and mental health, as well as homicide (Sugg, 2015). One key informant noted the following:

> C1 KI:4: *If a woman is physically abused, you may notice it through scars and other bodily injuries. Physical abuse however is often not the only type of abuse. But the impact of other forms of abuse such as emotional is invisible, for instance stress and other mental health issues. You only get to notice the impact of emotional abuse when the victim starts to behave in a strange way, such as when a woman who used to be very reserved, suddenly starts drinking beer, or if there is a sudden deterioration in self-care, or when a woman who was in a proper marriage, starts having extramarital relationships.*

As can be seen by this narrative, abused women often experience different types of abuse as mentioned beforehand. Several authors (Njie-Car et al., 2020; Tenkorang et al., 2013) agree that abused women are usually exposed to different types of abuse

as discussed in Chapter 2. What makes IPV such a traumatic experience for women, is that the violence occurs at their homes, which is supposed to be a safe protective haven. Another sobering reality is that pregnant women are not excluded from IPV as can be seen by the following narrative.

> C1 KI:8: *At the clinic we have women who present with pregnancy complications, for example, bleeding or miscarriages, but they will never tell us that they are bleeding because of IPV at home. I have also noticed that in some cases the perpetrator husband or boyfriend accompanies the victim to the clinic. The accompanying perpetrator will pretend to be a very loving and supportive partner and wants to provide all the information on behalf of the victim. They become quite aggressive if you attempt to separate the victim from them for fear that the victim may reveal information about the abuse.*

It is significant that this participant indicated how some women are reluctant to disclose IPV. This participant also indicated the dangers that IPV poses to pregnant women such as miscarriages and other obstetric complications. In Cameroon, women with a violent partner have more unwanted pregnancies as is reflected by a higher number of abortions among obstetric patients (Alio, Salihu, Nana, Clayton, Mbah & Marty, 2011). In Zimbabwe, according to one study of urban obstetric patients, if they become pregnant against the wishes of their husband, they are more likely to be abused during that pregnancy (Shamu et al., 2013). In the same Zimbabwean study though, pregnancy was found to confer some protection against physical spouse abuse for women. However, the prevalence of physical or sexual abuse during pregnancy of 42%, is among the highest ever reported globally. Personal history of IPV has been associated with numerous adverse sexual and reproductive health consequences for women, including low self-efficacy for condom use, inconsistent condom use and unplanned pregnancies (Mittal, Senn & Carrey, 2012).

Another participant who connected physical violence to emotional turmoil and economic violence, stated the following:

> C2 F1:3: *Physical violence is when female partners are subjected to physical pain. They are beaten with bare hands (slaps or fists), or with an object, or burnt with a hot object. They can also be pushed, shoved, pinched, or strangled.*

*Physical violence can also be in the form of damage to assets with the perpetrator targeting an asset that the victim acquired through their individual effort and therefore attached a lot of sentimental value to it. Damage to assets can also extend to include livestock, for example, chickens, with the aim inflicting emotional pain on the victim.*

From the abovementioned narratives and discussion, is it clear that IPV has a detrimental toll on women's physical wellbeing. No wonder that authors such as Romito (2008) and Sullivan (2018) are of the opinion that the severity of IPV should never be underestimated, as was also indicated under Theme 1.

#### *6.5.2.2 Sub-theme 2.2: Emotional abuse*

Psychological or emotional abuse is thought to happen more frequent than physical abuse, but is more difficult to detect (Romito, 2008). Emotional violence comes in many forms and can be verbal or non-verbal, but usually includes the use of ridicule, humiliation, insults, accusations, infidelity, and ignoring one's partner, all of which result in breaking down the victim's self-esteem and self-worth. Deliberate isolation from family, friends, and neighbours is another type of emotional abuse (Sanderson, 2008).

One participant explained how verbal abuse can manifest by belittling the woman's family members, not introducing the woman to other people and family members as a girlfriend or wife, as well as keeping the woman isolated, as can be seen below:

C2 F2:5: *Emotional violence is usually through verbal abuse, for example, being scolded, unsubstantiated allegations of being a prostitute, demeaned, humiliated, and belittled in front of the children. Emotional and verbal violence can also come through verbal abuse of one's family members, for instance, one's mother being called a witch or a prostitute. Emotional violence may also be through the perpetrator concealing that they are in a relationship or are married to the victim, for example when the man does not introduce the woman to other family members, people at the church, or other gatherings, and the victim is always kept guessing the status of their relationship, which impacts on their self-esteem and self-worth. Emotional violence can be through isolating an intimate partner from their family and friends. In this community we have cases of women who, upon*

> *getting married, were forced to cut off communication and association with their family and friends. They do not communicate with anyone; they do not visit anyone, and no one can visit them.*

From the abovementioned narrative, it is clear that emotional abuse could occur in various ways. Researchers such as Smith, Basu, Wolford-Clevenger, Schuler, Kuhlman and Boone (2020) claim that emotional abuse often results in self-esteem challenges, despair, and feelings of worthlessness. They also mention that abused women often perceive themselves as being a burden, thus a belief that their existence is a load to carry for their significant others and for society. The threat to the wellbeing of abused women should thus not be underestimated. Another participant also confirmed the connection between physical and emotional abuse as well as the psychological effect of abuse. Interestingly this participant referred to the disloyal sexual behaviour of men as a form of emotional abuse as indicated below.

> C3 ID:5: *Physical abuse and emotional abuse often go hand in hand. The man might start belittling his wife or break her down mentally. It then escalates to physical violence. Some husbands cause emotional abuse for their wives by openly having casual sexual relationships with commercial sex workers known to the wife.*

From the abovementioned discussion, it is evident that IPV affects women's mental health. This, according to Beydoun et al. (2012), could result in depression, suicide or suicidal ideation, shame, and post-traumatic stress disorder, including increased arousal, irritability, and sleep disturbances. Women may also turn to substances to cope with the trauma resulting from victimisation, and the misuse of alcohol and drugs is also often associated with intimate partner violence victimisation (Afifi, Hendriksen, Asmundson & Sareen, 2012).

#### *6.5.2.3 Sub-theme 2.3: Economic abuse*

Economic abuse is where the perpetrator wilfully withholds necessary household money, preventing the spouse from earning money, confiscating the money that might have been earned, controlling all household spending, or spending money only to his or her benefit (Mashiri & Mawire, 2013). As was already noted there is often a correlation between the types of abuse and like all other forms of abuse, economic

abuse has to do with control Romito (2006). This is confirmed by the following narrative:

> C3 ID:6: *In many households here in Hopley the husband is the sole breadwinner for the family, and they want to retain full control of the money that they earn. They do not even reveal how much they earn to the wife and do not delegate the wife to buy groceries, as is the norm in most families. They accuse the wife of being wasteful in their expenditure and they buy the groceries themselves. The wife is not given any money, not even for minimum daily household expenses, such as buying vegetables that cost the equivalence of USD 0.50. If the wife asks for money from the husband, they are verbally and physically abused for asking for money that they did not work for.*

From the above narrative, it is clear that economic abuse poses significant stress to women as this would cause them to be unable to provide the daily needs of their families. As had already been indicated, economic abuse implies wilfully withholding money that is available for necessities. As with any type of abuse where the male partner is the perpetrator, it usually boils down to him to control his partner and he will do anything to show ‘who is the boss’, as this economic abuse illustrates (Mashiri & Mawire, 2013). The following narrative illustrates this controlling behaviour.

> C2 F2:9: *Economic or financial abuse is when a wife is not allowed to use money (even if they have earned it themselves) without the express permission of the husband. They are made to account for every cent and to justify why they spent it. They are not even given money for groceries like what other husbands do, because the husband says they are wasteful and do not know the value of money. In other instances, a wife may be forced to sign documents against their will or without being provided with adequate information to make an informed decision, for example, being forced to append their signature to an agreement that they are not allowed to read and understand, only to realise much later that they were agreeing to sell off the family house. In other instances of economic abuse, the victim is forced to change the contents of their will and insert clauses benefitting the perpetrator.*

It is interesting that this participant also mentioned the signing of documents against a woman's will as a sign of controlling behaviour. The sobering reality of economic abuse is that, as with the other types of abuse, the whole family, including the children is affected. As shown in the narrative below children often bear the brunt and are sometimes forced into crime and exploitation (Stockman et al., 2015). Men's control of the use of the household income, is supported by the patriarchal notion that the husband is the head of the family (Mashiri & Mawire, 2013).

> C2 F2:3: *Where there are economic abuse the family's basic needs, for example, food and clothing are not provided for. Children in the household become desperate for food and other basic needs and resort to criminal activities, such as stealing or drug trafficking to earn a living, girl children are exposed to child sexual exploitation and transactional sex and child labour to earn money for basic necessities, for example, sanitary pads.*

A clear distinction must be made between economic abuse and financial need, as children exposed to severe poverty might also resort to criminal activity in order to survive (Gibbs, Govender & Jewkes, 2018). For the purposes of this study the focus is on IPV and in this section specifically economic abuse, therefore the basic needs of families are not discussed. As had been indicated, the focus is on the perpetrator's controlling behaviour and not on the phenomenon of poverty, which will be discussed in Theme 4.

#### *6.5.2.4 Sub-theme 2.4: Sexual abuse*

Sexual abuse was partially discussed under Sub-theme 2.1 (physical violence) as these forms of violence are closely related. It is a known fact that many women are exposed to sexual violence. However, sexual violence is often difficult to identify in intimate relationships. Researchers (Jewkes et al., 2015; Smith et al., 2020) also agree that sexual violence is often under-reported due to the stigma attached to sexual violence, and due to a fear for retribution. Chattopadhyay (2019) elaborates that guidelines of what sexual violence is, are not always clear. Acts such as non-consensual sex, sexual actions that cause women to be afraid, force, and physical violence during sexual intercourse, the use of weapons to force sex, demanding sex when a woman is unable to give consent, for example when she is medicated or

asleep, forcing sexual acts in the absence of privacy, humiliating and criticising a women during sex, and any other behaviour or speech that objectify a woman as a sexual object, can be regarded as sexual violence. One participant said the following:

> C2 F2:7: *Sexual violence is when a female partner is forced to have sex by the perpetrator. The victim may be forced to engage in certain sexual acts against their will, for example, anal sex or being video recorded during sexual acts. At times, the perpetrator forces the victim to have sex with him without using condoms, yet the perpetrator knows very well that they have an STI or they are HIV positive. If the victim tries to negotiate for condom use, the perpetrator refuses and argues that they have the right to have unprotected sex with them because they paid lobola to have unprotected sex with them and condoms are only used with commercial sex workers and not with one's wife. They will be asked, ''are you a commercial sex worker who wants me to use a condom on you.'' The intention of sexual violence is to humiliate the victim and make them feel ashamed of themselves through eroding their confidence and assertiveness.*

It is significant that this participant indicated the dangers of STI's as well as HIV if men force women to have unprotected sex. Chevo and Bhatasara (2012) indicate that HIV is a huge challenge in Zimbabwe and that health services and programmes rendered on a macro-level could prevent the spreading of the disease. Another participant noted the role excessive alcohol intake plays in sexual abuse.

> C2 F2:5: *Sex issues contribute to IPV, for example, a husband comes home at mid-night very intoxicated and demands to have sex with the wife. The wife tries to explain that it is not proper for them to have sex in the same room where the children are sleeping. The husband is adamant that he wants to have sex and the wife suggests that they can have it in the morning when the children are outside. The husband gets agitated by the wife's resistance and starts verbally and at times physically abusing the wife for refusing to have sex with him.*

From this narrative the intricate link between physical, emotional, and sexual abuse is shown. Data from the Zimbabwe Demographic and Health Survey provide evidence of women who were not always able to refuse to engage in sexual intercourse with their partners (Henderson et al., 2017). IPV is both a product of and helps sustain a broad

gender order that reinforces inequality that often gives men power over women through the distribution of resources, social norms, and institutional practices (Jewkes et al., 2015). Socially constructed ideologies about masculinity include roles and qualities such as strength, control, and sexual dominance that may be demonstrated through violence (Baugher & Gazmararian, 2015). Sexual violence committed by men is to a large extent rooted in ideologies of male sexual entitlement. These belief systems grant women extremely few legitimate options to refuse sexual advances. Even in instances where a woman knows that their husband or sexual partner was, or is, engaging in extramarital affairs, decisions on how and when to have sex remain exclusively that of men (Mashiri & Mawire, 2013). Many men thus simply exclude the possibility that their sexual advances towards a woman might be rejected, or that a woman has the right to make an autonomous decision about participating in sex (McCarthy, Mehta & Haberland, 2018). In many cultures, women as well as men regard marriage as entailing an obligation on women to be sexually available virtually without limit, though sex may be culturally proscribed at certain times, such as after childbirth or during menstruation. From the above-mentioned discussion, it is clear that both men and women need to be educated on women's rights and that they cannot be treated as sexual objects. This aspect will be discussed further under Theme 6.

Another issue that was raised by some participants is the negative role social media can play in sexually degrading women. This can be seen as another form of sexual violence and will now be discussed under Category 2.4.1.

***Category 2.4.1: Technology-facilitated sexual violence***

Technology-facilitated sexual violence (TFSV) refers to a range of behaviours where digital technologies are used to facilitate both virtual and face-to-face abuse. Such behaviours, as highlighted in the narrative below, include online-sexual harassment, cyber stalking, and image-based sexual exploitation (Powell, Henry & Flynn 2018).

> C1 KI: 4: *The extensive access to social media such as WhatsApp and Facebook has brought with it a new form of technology-facilitated IPV. Technology has exacerbated the incidence of emotional violence by providing an easily accessible online platform for perpetrators to post degrading comments about their current or past partners, or to publish nude pictures as revenge for ending a*

> *relationship. I have noted a surge in cases of cyber violence among adolescents and adults where they circulate nude pictures of their former female partners. Violence through technology has far reaching psychological effects on the victim because the internet keeps a permanent footprint. Some victims are so traumatised that they even attempt suicide or resort to drug and substance misuse to run away from the humiliation. Technology has also resulted in the emergence of cyber stalking where both current and former partners track their partner or former partner's activities on Facebook, such as monitoring their posts and people they are befriending. Some former partners use pseudonyms to bully or to post vulgar, hurtful, or degrading comments about their former partners.*

Technology is widely acknowledged as a useful tool for victims to report violence and access services. However, as shown in the narrative above, technology can also facilitate abuse, emotional, and sexual violence, where perpetrators could use internet-based social media platforms to subject their partners, or ex-partners to cyberbullying, sexual harassment, and revenge pornography (Woodlock, 2016).

#### *6.5.2.5 Sub-theme 2.5: Stalking*

The last sub-theme under Theme 2 is that of stalking, which is also closely related to emotional abuse (Sub-theme 2.2.). The following narrative explains what stalking is.

> C2 F2:11: *Stalking is when a current or former partner follows around or monitors the movements of a female partner. The current or former partner can engage people for a fee to follow and spy on the other partner's movements, company, and activities and provide the current or formal partner with regular updates on the other person's whereabouts. Stalking may be done electronically such as making frequent phone calls for no meaningful reason as a way of tracking someone's movement, company, and activities. Failure to answer the phone promptly can result in verbal abuse and allegations of infidelity. Stalking is often a precursor to physical, sexual, or emotional violence.*

As mentioned previously, men who are violent towards their partners, usually want to control them. Stalking is one way to control a partner and limit that partner's freedom of movement or socialising. Tenkorang et al. (2013) state that traditional gender roles often lead to IPV, including stalking, to ensure that the power imbalance between men

and women remain. It is interesting that some participants indicated that stalking can even include former partners as can be seen by the following narrative.

> C2 F1:5: *Stalking can extend to a former partner's new partner with the former husband or boyfriend stalking the new partner. They verbally abuse the former partner and their new partner using very vulgar and demeaning language (verbal abuse can be via the phone or Facebook) and subjects the new partner to physical violence, for example, threatening to stab him with a knife for having a relationship with his 'wife'.*

As with perpetrators of other forms of abuse previously discussed, such as physical and sexual violence, stalkers are motivated by a desire to exert control over their victims. Stalkers thus restrict their female partners or former partners on what they can and cannot do, including the type of friends or relationships they may or may not have. From data extracted from the Zimbabwe Demographic and Health Survey, it was clear that some men keep track of the whereabouts of women and so reduce their mobility (Henderson et al., 2017).

### 6.5.3 Theme 3: Factors that contribute to intimate partner violence on a micro-level

The microsystem, which was discussed in Chapter 3, refers to interactions in which an individual directly engages with others and to the subjective meanings assigned to those interactions. A variety of microsystem factors have been shown to increase an individual's level of risk for IPV perpetration or victimisation. These factors are elements of biological or personal history, for example, exposure to parental violence, substance abuse, and relationship factors such as multiple partners (WHO, 2011). Under Theme 3, three sub-themes were identified, namely, women's challenges, significant others, and conflict in relationships.

#### *6.5.3.1 Sub-theme 3.1: Women's challenges*

According to the ecological perspective, women who are exposed to IPV experience several challenges. In Zimbabwe, the significant number of women who are trapped in a cycle of poverty contribute to them being exposed to IPV, making them even more vulnerable to IPV (UNDP, 2014). The following challenges that women face were

identified by the researcher as categories under this sub-theme, namely, child marriages, forced marriages, marital interference by the extended family, polygamy, and infidelity.

***Category 3.1.1 Child marriages***

The Constitution of Zimbabwe sets the minimum age of marriage at 18 (Zimbabwe, 2013). On 20 January 2016, the Constitutional Court struck section 22 (1) off the Marriage Act [Chapter 5:11] as this section allowed children under the age of 18 years to get married, which was inconsistent with section 78(1) of the Constitution that sets 18 years as the minimum age of marriage in Zimbabwe (The Standard, 2016), and furthermore ruled that any other law, whether custom or practice, that allow for parties below 18 to be married, is unconstitutional and invalid as of the date of the judgment. Yet, despite child marriages being illegal in Zimbabwe they are still happening with studies showing that one in every four young women between 15 and 19 years is married (Multiple Indicator Cluster Survey, 2014). Participants noted the following regarding child marriages:

> C2 F1:4: *Though anyone can be a perpetrator or victim of IPV regardless of their age, new marriages seem more prone to IPV because partners are getting married at an early age. In fact, many of these are child marriages. Due to poverty many young girls enter marriages at ages as low as 13 or 14 years. The male partners are also very young, maybe 19 years old. So, both partners lack maturity to handle marital issues. All they know is to have sex and nothing else.*

It is significant that this participant indicated that poverty might be a contributing factor for girls getting married at a young age. Another factor that was indicated is the age of the husband. If both parties are young, a lack of maturity could play a role in IPV, as is confirmed by authors such as Decker et al. (2015) and McCloskey at al. (2016). Another narrative also indicated immaturity, adding that there are some young husbands who do not want to take responsibility, for instance in the case of pregnancy, as can be seen in the following narrative:

> C1 KI:7: *Focus group discussions (FGDs) that we conducted during trainings on GBV indicated that IPV is rife in young couples particularly those below 25 years of age. The contributing factors include lack of maturity to handle intimate*

> *relationships, drug and substance abuse, and lack of trust between intimate partners. The young couple's lack of preparedness to handle the pressures of marriage and parenthood are worsened by the prevailing dire socioeconomic situation in the country. In some instances, young boys deny responsibility for pregnancies and subject the pregnant girl to extreme physical, verbal, and emotional abuse.*

The observations in the above narratives that getting married at an early age is a risk factor for IPV, concurs with other research findings. McCloskey et al. (2016) noted that many African women experience IPV at an early age because they enter marriage unions in their teenage years. The high prevalence of IPV that was reported among couples aged below 25 years, aligns with the findings of Decker et al. (2015), namely that teenage girls (aged 15-19 years) and young women (aged 20-24 years) in Southern Africa (e.g., South Africa, Botswana) disclose the highest prevalence of partner violence victimisation compared to matched age cohorts in other countries worldwide. Women who reported being less than 20 years of age when they first married or started living with their current husbands or partners, were more likely to report physical or sexual violence than those who reported being 20 years or older when they first married (Hindin et al., 2008). The highest rates of forced sex in marriage (as discussed under Theme 2) occur against girls aged 15-19 years, in Uganda (30%), the Democratic Republic of Congo (32.5%), and Zimbabwe (16.5%) (Decker et al., 2015). Closely related to child marriages, and often going hand in hand, are forced marriages, which is presented under Category 3.1.2.

### *Category 3.1.2 Forced marriages*

Many young women do not feel secure in their marriages because they did not enter into the marriages out of their own free will. This is mostly because many of them were forced into early and unplanned 'marriages' by their parents and guardians. It is especially in a male-dominated society where women have limited rights and limited freedom, which forced marriages occur (Njie-Carr et al., 2020). Poverty also plays a role in forced marriages as parents often want someone else to be responsible for their daughters. The following narratives highlight the occurrence of forced marriages.

> C2 F1:11: *Dating adolescents are caught in a secluded area by the girl's parents or brothers and are suspected to have been sleeping together, others are caught having sex, or the girl falls pregnant or comes home after a set home curfew and is forced to elope to the boy. Poverty is one major reason why some parents force their young daughters into marriages. The parents want to relieve themselves of the burden to provide for them and find it convenient to force the girl into an unplanned marriage.*

The narrative above also indicated that daughters are sometimes seen as a burden. This correlates with Sub-theme 2.2 (emotional abuse), where it was mentioned that some women might perceive themselves as a burden (Smith et al., 2020). This perceived feeling of being a burden could be as a result of their parents viewing them as an obligation rather than a blessing (Smith et al., 2020). It is furthermore important to note that some church sects also encourage forced marriages as the following narrative points out.

> C1 K1:2: *Apostolic church sects, for example, Marange (name of an apostolic sect) force their young girl children to marry much older men in the church who already have other wives. The huge age difference between the young girls and the older husbands makes the young girls vulnerable to emotional and sexual violence because they have no authority in the marriages. Information gathered from focus group discussions (FGDs) during community sensitisations by NGOs like Restless Development, Mavambo, and Musasa Project revealed that in most relationships where there is an age difference of between 5-10 years there is higher incidence of physical and economic IPV due to generational gap issues.*

In the narrative above one can observe again the risk of a considerable age gap between partners, especially if the women are quite young. Child and forced marriages put women and girls at particular risk of sexual, physical, and psychological violence throughout their lives (UNICEF, 2018). Child brides are often married to much older men and they have little influence and low relationship power on important matters, for example it was found that there is a negative association between partner age difference and consistent condom use, as was also discussed in Sub-theme 2 (Volpe, Hardie, Cerulli, Sommers & Morrison-Beedy, 2013). It is thus clear that young girls and women are at risk not only when both parties are young and immature, but also when

their partners are much older than them. Adolescent girls with older male partners are also at greater risk for adverse sexual health outcomes than other adolescent girls (Volpe et al., 2013). In relationships and marriages where the perpetrator is older than the victim there is opportunity for authoritative behaviour and dictatorial tendencies which often culminate in IPV.

It would be significant to briefly indicate the type of services rendered by the NGOs mentioned in the narrative above. Restless Development is a youth development agency that supports youth programmes that focus on young people's lives in three key areas, namely livelihoods and employment, sexual and reproductive health, and civic participation. In the area of Hopley, Restless Development is raising awareness on GBV and implementing empowerment interventions through skills training for income-generation projects. The Mavambo Orphan Care Trust was initially established to assist vulnerable children to access education in the Mabvuku, Tafara and Goromonzi communities, but has since expanded its coverage to Epworth and Harare South where Hopley is located. The Mavambo Trust has expanded its services in Hopley to vulnerable households and is also providing support and counselling to abused women. The Musasa Project (also mentioned under Sub-theme 1.4, extent and severity of IPV) is a national NGO that started work in 1988 focusing on violence against women (VAW). Musasa mainly focuses on providing direct support to victims of GBV, educating the public, raising awareness on violence against women, and capacity building of police, magistrates, and other members of the justice system. In Hopley, Musasa provides direct services to victims of GBV including legal services, shelters, and counselling through their 24-hour toll-free line.

***Category 3.1.3: Polygamy***

As indicated under Sub-theme 1.3, polygamy is a threat to some women's wellbeing, especially if they do not have any means or ways to escape from a harmful relationship.

> C3 ID:2: *Polygamy also contributes to IPV especially among the Apostolic church sects that encourage men to have more than one wife. Polygamous marriages among the Apostolic sects are usually characterised by rivalry between the wives, competition to please the husband among the wives may result in them accepting all forms of ill treatment due to fear of being sent away. Jealousy,*

> *possessiveness, and negative emotions within a polygamous relationship often result in a scramble for financial and material resources from the husband and in conflicts about conjugal rights which could then develop in verbal, physical, emotional, sexual, and economic violence between the husband and the wives as well as among the co-wives.*

From the narrative above and as was highlighted under Category 3.1.2, the harmful effects of sects are evident. Often, in sects, the spiritual support that vulnerable women seek on a macro-level, worsens their abusive situation (Thabethe, 2009). It is significant that some participants voluntarily shared their personal stories as can be seen by the narrative of below.

> C1 KI:14: *A polygamous marriage is a non-starter; I was in one for three years and it was fight after fight, emotionally, psychologically, and financially. Resources, including the man, were spread thinly and the man would do anything to break me and make me approve of his actions. Even for the second wife there were days she was also abused. When you are in a polygamous marriage you must behave like a soldier because it's warfare every day. You must strategise how to dodge this or that bullet and to launch a serious counterattack that is felt by both hubby and nyachide (second wife) and the two of them also do the same. I walked away with my life because love is never meant to be endured but enjoyed.*

This participant managed to leave her polygamous marriage, but a significant number of women stay trapped in this type of marriage because leaving the husband is not an option (Njie-Carr et al., 2020), often due to poverty as mentioned before.

Polygamy provides men with an opportunity to exercise their perceived prerogative to sexual freedom by having multiple sexual partners even while married (McCloskey et al., 2016). In Zimbabwe, as shown in the narratives above, there are polygamous marriages and though not allowed under civil law, they are allowed under customary law through the Customary Marriages Act (Thabethe, 2009). Surveys revealed that 11% of married women were in polygamous marriages, which were three times more frequent in rural areas and among women who had less than a secondary education

than in urban areas and among women who have higher levels of education (Zimbabwe Democraphic Health Survey, 2005-2006, 2007).

The association between increased IPV and being in a polygamous marriage as referred to in the narratives above, has previously been reported in Zimbabwe (Nyamayemombe et al., 2010) and although it has not been fully explored, evidence from the narratives suggests that IPV between co-wives and the husband results from competition for limited financial and material resources as well as the husband's attention. The competition for resources between co-wives as explained in the second narrative can be likened to warfare where one must "strategise" like a soldier to dodge bullets and launch counterattacks".

***Category 3.1.4: Payment of lobola***

Payment of lobola puts women in a situation where they are regarded as personal property by their husbands. This is because the payment of lobola is no longer understood within the original customary context, where it was regarded as a token for strengthening ties between the families of the bride and groom. As indicated in the narrative below lobola is now regarded as a commercial transaction where the groom makes a payment to assume ownership of the bride. In some instances women are so disempowered that they cannot even question the husband about their infidelity because the husband will simply explain that it is within their rights to find another wife in a similar way that they dated and married the current wife. As was indicated in Themes 1 and 2, a significant number of men want to control and exercise power over their female partners and the practice of lobola allows for this type of behaviour (Corno & Voena, 2015). Men's controlling and misusing of power is evident in the narrative below.

> C2 F2:6: *Some men see lobola as this: "You are my property; I own you because I paid lobola for you and if you continue bothering me about my infidelity, I can still find another woman to date and marry in the same way I found you."*

Although the custom of bride price varies in its detail and implementation across diverse cultures, the core universal element involves the transfer of offerings, goods, or funds principally from the groom and his family, to the bride's family (Corno & Voena, 2015). Allocating a price to a woman ties her to debt and servitude and legitimises the

right and power of men to continue to treat their female partner as an acquired object. The financial value placed on women has manifold effects, for example, increasing the risk that daughters will be offered for early marriage, a practice that undermines the potential for a gender equal marital relationship, and that likely increases the risk of violence against the women enacted by the husband or his family (UN, 2010). As such, the custom of bride price may maintain and strengthen other known risk factors for IPV, including community attitudes and perceptions that support gender inequality and male entitlement to treat women violently (United Nations Women, 2015).

African cultural beliefs and traditions promote men's hierarchical role in sexual relationships and especially in marriage (Morrell et al., 2012). The payment of lobola is often used to justify a man's infidelity, as he might claim that since he paid for his wife, he can expect her to be faithful without the same applying to him. Thus, the institution of marriage formalised through the payment of lobola plays a significant role in the subordination of women.

***Category 3.1.5: Infidelity***

Several participants indicated that there is significant problem with infidelity. They mentioned that it is usually men who would have extramarital affairs. As can be seen by the following narratives, economic abuse, as discussed under Sub-theme 2.3, is often linked to the husband's or partner's infidelity, not only for the wife, but also for the girlfriend.

> C3 ID:6: *There are many men with 'small houses' that stay here in Hopley. These men are married, and their official wives stay elsewhere but they rent lodgings for their 'small houses' here because the rentals are cheap. They provide everything from food to clothes for the 'small house.' The 'small houses' know that the men they are dating are married but they don't mind and can even have children with the men to strengthen the relationship. However, the economic dependency of the 'small house' on the married man creates a situation of vulnerability to all forms of abuse by the man because the man is aware that the 'small house' is economically dependent on them and regardless of the abuse they won't report the abuse anywhere, let alone end the relationship.*

> C2 F2:7: *Many husbands in this community have girlfriends and 'small houses'. They take all the money and eat it with the small houses while the wife and the children are suffering at home. It is very painful, as a wife, to know that your husband is sleeping with someone else. When you try to discuss the issue, he gets very angry and starts blaming you for his infidelity accusing you of not satisfying him sexually, of being a nag, and being a troublesome wife. The accusations are very hurtful and when you disagree, he becomes physically violent. Some wives try to engage the extended family to intervene, for instance, the husband's parents and uncles but it rarely makes a difference because the relatives just tell them that all husbands are unfaithful and as a wife and mother, they need to endure the abuse for the sake of the children.*

As can be seen in the above narratives, some men will have extramarital affairs causing a lot of pain and turmoil to their wives and girlfriends. Men who report having multiple sexual partners are also more likely to perpetrate intimate partner violence or sexual violence. Multiple partnerships and infidelity (as perceived by female partners) were also strongly associated with both the perpetration and experiencing of intimate partner violence (IPV) (Vung & Krantz, 2009). All the studies reported a strong association between women's perceived infidelity or multiple sexual partnerships by their partners and IPV or sexual violence. Estimates ranged from a 1.5-fold in India to a 17.1-fold greater risk of IPV and sexual violence in South Africa, and a 1.5-fold in Uganda to 2.4-fold greater risk of experiencing IPV in Vietnam (Vung & Krantz, 2009).

As indicated in the following narrative, some women will resort to have an affair in order to obtain some luxuries. Authors, such as Fidan and Bui (2016) and Okenwa et al. (2009) agree that women will sometimes have affairs as a means to financial gain and as a way to escape the poverty trap.

> C3 ID:7: *The difficult economic situation is forcing some wives to be unfaithful to their husbands. Wives can be tempted to have relationships with other men who can provide them with luxuries such as perfume and weaves that their own husbands cannot afford.*

Zimbabwean society condones severe punishment if a woman is even suspected of having an extramarital sexual partner, but this principle does not apply to men. As

mentioned in Category 3.1.4, the payment of lobola is often used to justify a husband's expectation of undoubted fidelity from his wife without applying the same expectation to himself (Mashiri & Mawire, 2013). This has severe consequences for women exposed to IPV who are already in a vulnerable position with little power to demand fair treatment.

***Category 3.1.6 Informal marriages***

Informal marriages are unregistered customary law union marriages contracted according to the formalities of African customs. Lobola is a fundamental requirement of informal marriages; when there is no lobola the cohabiting of a man and a woman does not qualify as a customary union. In the law, customary law unions are given limited recognition (e.g. for purposes of inheritance and maintenance) because they are not registered (Chirawu, 2012). The following narrative illustrates the difficult position women find themselves in, when they are part of informal marriages.

> C3 ID:2: *Many early or forced marriages are not customarily formalised or registered with the courts. No lobola is paid to the bride's family and the couple will be cohabiting. The husbands in such unions are not committed and do not value the partners they will be staying with because they do not consider them as their wives because they did not pay lobola for them. If the wife tries to raise concern about the abuse, they are reminded that they are not married and if they are not happy with the conditions in the marriage, they are free to leave and find another partner.*

Literature shows how the custom of paying lobola can be a contributory factor to IPV by maintaining and strengthening other known risk factors for IPV, including community attitudes that support gender inequality and male entitlement to treat women violently (United Nations Women, 2015). However, the above narrative presents a contrary view, namely that the non-payment of lobola can also contribute to IPV. Payment of lobola is regarded as a sign of the man's commitment to the union whereas non-payment leaves the man with no commitment to preserve the union or no obligation to value or treat the woman with respect because they would not have made any financial or material investment.

***Category 3.1.7: Virginity testing***

Some participants also mentioned the custom of virginity testing. This is a custom in Hopley, as can be seen by the narrative below, and correlates with the sub-theme of forced marriages, discussed under Category 3.1.2.

> C1 KI:2: *Virginity testing is done by parents or guardians when they suspect that their daughter is sexually active. When they discover that she has lost her virginity they sent her away to the person responsible for the loss. The practice of virginity testing forces many girls into early and unwanted marriages that are susceptible to IPV because they and their partners are forced into marriages that they are not ready for. Some male partners refuse to marry the girl being forced on them and the parents or guardians also refuse to take them back into their households and the disowned girl is left with no option other than resorting to child sexual exploitation or commercial sex work.*

Virginity testing, also referred to as hymen, two-finger, or vaginal examination, is the inspection of the female genitalia to assess if the examinee has had sexual intercourse (Independent Forensic Expert Group, 2015). Virginity testing is a practice that some communities use to detect which women or girls are virgins, that is, if these women or girls have had sexual intercourse or not (Olson & García-Moreno, 2017). The social rationale for virginity testing is that an unmarried female's virginity is highly valued because it is indicative of her moral character and social value (Schlegel, 2009). A girl's loss of virginity is equated to a loss in social value which results in social harm to the examinee. As indicated in the above narrative, the social harm is in the form of forced marriages which is a contributory factor to IPV as discussed under Category 3.1.2. Virginity testing for girls and the subsequent punishment for loss of virginity, revealed in the narrative, reinforces social norms and inequalities that allow boys and men substantial sexual freedom both within and outside of the marriage, but place strict sexual controls on girls and women ((Olson & Garcia-Moreno, 2017).

#### *6.5.3.2 Sub-theme 3.2: Significant others*

As referred to in Chapter 3, significant others could play a supportive role in the life of an abused woman. In an effort to deal with, or escape from abusive relationships, and in addition to social services and justice systems, abused women also rely on social

networks such as family and friends (Ross, 2014). On the other hand, significant others could also fuel violence by unwise behaviour (Till-Tentschert, 2017). The following categories, namely extended family and friends, indicate how significant others can support or betray women that are exposed to IPV.

***Category 3.2.1: Extended family***

Extended family could be a valuable support system for abused women who need help. A few participants indicated this support as can be seen by the following narratives:

> C2 F1:6: *Women who are abused by their husbands sometimes turn to the extended family such as an aunt or a sister, for support. The extended family provides the victims with material aid such as food or advice and encouragement to report the abuse to the police and to seek professional help.*

> C2 F2:7: *In many families there are older mature women who have experience in handling marital problems. It is these women who help the younger women in their families with advice and ideas on how to deal with conflict and difficult marital situations.*

The extended family could thus play an important role in the lives of women exposed to IPV as is evident in the narratives above. Meyer (2010) views family and friends as important role-players in abused women's lives, although extended families could also negatively affect the wellbeing of women exposed to IPV, as illustrated in the following narrative:

> C1 KI: 11: *Some parents cannot let go of their children and want to continue to make decisions for them in their marriages which violates the Bible's principle on marriage that ''a man shall leave his father and his mother and shall cleave to his wife.' (Genesis 2:24).] If parents especially the wife's parents interfere in their child's marriage and give her instructions on how to manage her marital affairs it will eventually cause IPV because the husband will feel undermined and belittled as the man of the house.*

This participant indicated that parents should guard against interfering in their children's marriages. While family support is essential for victims of IPV (Meyer, 2010)

the type of 'support' explained in the narrative above could just escalate violence and is detrimental to a marriage relationship.

***Category 3.2.2: Friends***

Another category that was identified, was that of friends and on the positive side participants noted the following:

> C2 F1:9: *Friends can be of great value to women who are in violent relationships. At times, the stress is just too much, and one needs a friend who can give them a listening ear without judging or blaming them for their situation.*

> C2 F1:8: *Abused women can feel so lonely and hopeless … like they are trapped in a situation that they can never get out of. The company of a close friend can mean the world to women who are in difficult relationships. Friends can be an important source of moral support, information, and ideas.*

From these narratives it is clear that friends can be a great source of support for abused women. As was discussed in Chapter 3, women who are in abusive relationships often seek support from friends who usually live close by, or in the same community, and can thus be seen as a support system (Meyer, 2010).

On the negative side participants indicated that friends can also do more harm than good as can be seen by the following narrative.

> C3 ID:3: *Friends can also cause IPV in marriages instead of providing constructive advice, friends may encourage the aggrieved partner to adopt a hard-line stance or urge them to have extra-marital relationships as a way of finding comfort and solace from the abusive marriage.*

Meyer (2010) found that friends of abused women could be of tremendous value, as indicated in the first two narratives in this category, however friends could also expect of the abused women to act toward their partners in ways that could be detrimental, as indicated in the above narrative. Abused women's relationships with friends are often complex, as friends could, apart from listening, also provide advice that may not be of value in the long term, as displayed in these narratives. Women exposed to IPV usually

require more formal intervention in order to deal with their violent situation, as will be presented under Theme 6.

#### *6.5.3.3 Sub-theme 3.3: Conflict in relationships*

Under this sub-theme of conflict in relationships, four categories were identified, namely, power struggles in marriage, non-disclosure of HIV status, children's unmet needs, and disagreements on how to support the extended family. These categories will be presented below.

***Category 3.3.1 Power struggles in marriages***

Power struggles in relationships are often a result of confusion of gender roles and misinterpretation of what role a husband or wife should play in a marriage. According to the ecological perspective, power struggles such as repressive gender roles could lead to oppression as in the case of IPV (Odero et al., 2014). From the narratives below it can be noted that men sometimes misuse religion and the Bible to justify unfair power over their wives. This correlates with the discussion under Categories 3.1.2 (forced marriages) and 3.1.3 (polygamy).

> C1 KI:13: *Husbands feel that wives have become too powerful because of awareness of their rights and that they have departed from their subordinate role of being a wife. Church-related doctrines, particularly among the 'white garment denominations' who are very common in the area, emphasise that wives should submit to their husbands as directed in the Bible, and the impact of such religious doctrine is reinforced by patriarchal beliefs that subordinate women.*

> C1 KI:11: *Sections from the Bible are often cited to justify that wives should be subordinate to their husbands, for example, Colossians 3:18-19 that says "Wives, be subject to your husbands, as is fitting in the Lord." The Bible citation is often misunderstood and conveniently interpreted to justify oppressing women in marriages. Submission does not imply blind obedience or women's inferiority to men. Some husbands resort to using violence, especially physical violence, to exert their authority over their wives.*

As can be seen by these narratives and as discussed earlier, religion, especially in some apostolic sects, is a powerful source that can be misused to justify male

dominance over the female sex, religion also contributes to the control and suppression of women. The views in the narrative concur with Thabethe's (2009) observation that most religions denigrate women and that some men hide behind religion to justify their violent behaviour towards women. As is clear from the above narratives men could misinterpret Christianity as an excuse to control their wives and justify their behaviour (Kambarami, 2006).

***Category 3.3.2: Non-disclosure of HIV positive status***

Another category that was pointed out by participants was the nondisclosure of the HIV status of the perpetrators (closely related to Sub-theme 2.4, sexual abuse) as indicated by the following:

> C1 KI:4: *I have come across cases where partners are fighting because one of the partners did not disclose to the other partner that they were HIV positive. The HIV partner keeps their status a secret maybe because they are afraid of being rejected. The other partner only gets to know about their partner's HIV positive status when they stumble upon their medical records or discover a container of ARV tablets hidden somewhere in the house. The partners start fighting and may eventually end up parting ways.*

For women, failure to disclose their HIV positive status, as explained in the narrative, may be due to a consideration of the consequences of disclosing their status. Gender inequality and relationship power dynamics contribute to an increased likelihood for women to experience negative consequences for disclosing their status (Rujumba, Neema, Byamugisha, Tylleskär, Tumwine & Heggenhougen, 2012). The cultural emphasis placed on motherhood and the desire for childbearing may also impede women's ability to disclose their status (Jasseron, Mandelbrot, Dollfus, Trocme, Tubiana, Teglas, Faye, Rouzioux, Blanche & Warszawski, 2011). Many women have reported economic loss and IPV after disclosing their HIV status (Jasseron et al., 2011) which validates the fear of rejection mentioned in the above narrative. As was discussed under Sub-theme 2.4, sexual abuse, some men will disclose their HIV status, but still demand unprotected sex from their partners.

***Category 3.3.3: Children's unmet needs***

An analysis of the contributory factors of IPV in Zimbabwe must be seen against the context of an economy that has deprived men of their traditional breadwinning privileges and powers. When there is high unemployment, as in Zimbabwe, men may struggle to attain a masculine ideal of being the 'provider', leaving them with few options for demonstrating masculinity other than through violence against female partners as can be seen in the narrative below (Nasrullah, Oraka, Breiding & Chavez, 2013).

> C3 ID:4: *Violence between parents can be triggered by failure to meet children's needs. These days there is too much hunger and poverty and it makes it difficult for parents to provide children with basic needs, such as sanitary pads for adolescent girls. Many young girls end up getting into relationships with older men to get money for basic needs that the parents cannot afford.*

If one looks at the ecological perspective as was discussed in Chapter 3, poverty is one factor that could contribute to IPV. It is also important to bear in mind that it is usually a combination of factors that can fuel violence as was discussed in Chapter 2. The stress to survive and to provide for a family could also lead to IPV (Jewkes et al., 2010). As conflict about children's behaviour develops, it is evident that it could lead to a couple resorting to violence as can be seen by the following narrative:

> C3 ID:7: *When the father discovers that his adolescent daughter is misbehaving by dating older men, he will start blaming the wife for failing to control the daughter. The accused wife will in turn hit back at the husband pointing out that the daughter's behaviour is a sign that he has failed to provide as a father. The accusations and counter accusations quickly degenerate into verbal and physical abuse.*

Greene, Chan, McCarthy, Wakschlag & Briggs-Gowan (2018) found that IPV affects not only the couple, but also their children. Young children are at high risk of exposure to IPV which makes them vulnerable to exposure-related psychopathology (Greene et al., 2018). The effect that IPV has on children can be explained with reference to the ecological perspective where the behaviour and action of one person in a system such as a family, will have an effect on other members of that family (Robertson, 2005).

Factors such as unemployment and failure to provide in the basic needs of a family all contribute to stress and increase the risk of IPV.

***Category 3.3.4 Disagreements on how to support the extended family***

In poverty-stricken areas such as Hopley, people will often turn to family for financial support. If this matter is not a mutual decision by the partners, it could lead to conflict and IPV as mentioned in the following narratives. It is significant that participant C2 F2:10 also shared her own personal story regarding this matter.

> C2 F2:9: *Conflicts regarding financial and material support to the extended family can degenerate into verbal or even physical violence. One partner can decide to secretly provide support to their own parents or siblings and when the other partner discovers it, they feel cheated and get angry.*
>
> C2 F2:10: *I just want to add to the point about support to the extended family. As women we also have parents and siblings who need money and food from us. But our husbands just want everything to go to their own families. It is very hard for women not to support their own families, so they end up stealing from the household budget to support their own families and this often results in physical violence when they are caught.*

Both these narratives indicate the interwovenness of family relationships and how this can add to stress and escalate violence. Burrill et al. (2010) and Niolon et al (2017) indicate that open communication regarding finances and how to spend it, especially if the budget is tight, is crucial to avoid conflict. Unresolved matters regarding how to assist family members who need financial assistance could also result in IPV. Families who are exposed to extended family conflicts that result in IPV usually require intervention on a macro-level as will be discussed under Theme 6.

#### *6.5.3.4 Sub-theme 3.4: Substance abuse*

Closely related to conflict in relationships, discussed under Sub-theme 3.3, is substance abuse (i.e., alcohol, drugs) which often contribute to or escalate IPV. As indicated in Chapter 3, substance abuse has a negative influence on a person's functioning and ability to resolve disputes in a non-violent manner. Research (DeVries

et al., 2014; Leonard & Quigley, 2017) indicates that there is a high correlation between IPV the abuse of alcohol and drugs as explained in the following narratives.

> C2 F1:3: *Because of idleness and poverty our youths spend most of their time in groups abusing alcohol and drugs especially marijuana. They are always intoxicated and are frequently verbally and physically abusing their girlfriends and wives.*

> C2 F1:9: *Alcohol and substance abuse is also common among the older men and often results in IPV. Some men, the moment they arrive home intoxicated, just start verbally abusing and beating up the wife for no apparent reason.*

Several researchers (Afifi et al., 2012; Leonard & Quigley, 2017) point out that women are usually the more vulnerable party in conflict situations as a result of substance abuse. It is interesting that participant C1F1:3 noted the correlation between idleness and the misuse of substances. This participant also indicated that poverty (as will be discussed in Theme 4) could also play a role in misusing substances. Makayoto et al. (2013) indicate that the stress of poverty and lack of control over unemployment (Theme 4) could result in alcohol and drug abuse. On the other hand, participant C1F1:9 also mentioned that older men also resort to violence; not only younger men. The reported alcohol and substance abuse in the narratives above is exacerbated by the abundant availability and accessibility of alcohol and substances shown in the narrative below.

> C1 KI:2: *Here in Hopley there are many illegal alcohol outlets popularly known as 'mashabhini' (shebeens). These shebeens are randomly scattered around the settlement but there is a place called 'paAnthony' that is a well-known hotspot for illicit trade of drugs such as marijuana and small blue pills called 'mangemba'. The proliferation of illegal alcohol traders who mainly sell illicit brews that are cheap but highly intoxicating and addictive, coupled with idleness caused by high levels of unemployment, has resulted in high levels of alcohol and substance misuse.*

This participant had first-hand knowledge of illegal alcohol outlets. Alcohol has been identified by many studies as a major risk factor for IPV (DeVries et al., 2014). Research has demonstrated consistent evidence that problematic alcohol use by one

or both partners contributes to the risk and severity of IPV (Wilson, et al., 2014). As noted in the narratives, alcohol and other drugs impair communication and social skills and directly affects cognitive and physical function, reducing self-control, and leaving individuals less capable of negotiating a non-violent resolution to conflicts within relationships (Zawacki et al., 2005). Although alcohol and drug abuse could be seen as a factor that could contribute to IPV on a micro-level, the influence of the community's tolerance of this, despite the harmful consequences such as IPV, could also be a meso-factor as was indicated in Chapter 1.

### 6.5.4 Theme 4: Factors that contribute to intimate partner violence on a meso-level

Meso-level factors relate to community factors such as the lack of economic empowerment of women, poverty, weak sanctions against IPV, as well as crises and humanitarian emergencies that impact on individuals and exacerbate their vulnerability to IPV victimisation. As was discussed in Chapter 3, several factors in a community could contribute to IPV, such as the low-economic status of women and insufficient protective factors regarding the safety of women. Under this theme, poverty and community tolerance of IPV were pinpointed as sub-themes.

#### *6.5.4.1 Sub-theme 4.2: Poverty*

As indicated in the literature chapters, poverty is a factor that could contribute to IPV. The stress of poverty and the challenge to find employment to make ends meet (indicated under Sub-theme 3.4) are often factors that could lead to violence in the home. Women and girls are also often forced into marriages due to poverty (Sub-theme 3.1). In Chapter 2 the harsh reality of poverty was discussed and how women are often more vulnerable to poverty than men (UNDP, 2014). Communities that do not make a conscious effort to find ways to reduce the cycle of poverty could also expect to see an increase in IPV, as women who are usually the caregivers of children, are left with little or no economic resources or choices to leave abusive homes (Tenkorang et al., 2013).

Four categories were identified under the sub-theme of poverty, these are: the low economic status of women, unequal economic opportunities and resources between

men and women, low levels of income, and the lack of employment opportunities for men.

***Category 4.2.1 Low economic status of women***

Women are disproportionately exposed to IPV through their low economic status particularly in the context of low-income and middle-income countries where women experience severely restricted social and economic opportunities relative to men (Fuluet al., 2013). In Zimbabwe, as in other parts of the world, many women are economically dependent on their husbands which exacerbates their defencelessness against IPV (Immigration and Refugee Board of Canada IRB, 2015). Many of the women must ask for financial support from their husbands. If men do not have the financial means to provide, their masculinity might be threatened, which in turn could result in IPV (Njie-Carr et al., 2020). It is noteworthy that some participants, as indicated in the narratives below, related their own personal experiences regarding the low economic status of women.

> C2 F2:6: *Us women are the hardest hit by IPV at the hands of our husbands because the moment I do not have salt to use for cooking I make a request to my husband and then he blames me for not having money to buy salt and turns violent. For me it is difficult to provide the financial needs of my family, as work for women is scarce*.

> C2 F2:4: *Because times are hard it is difficult for women to seek employment. Women are also not properly qualified to do certain jobs, as they did not have the opportunity to improve their educational status. Some employers will also rather employ males than females. This leaves women vulnerable and often trapped in abusive relationships.*

As can be seen by these narratives a significant number of women are living in poverty-stricken circumstances making it almost impossible to seek alternatives, should they be exposed to abuse.

Conditions of poverty have been shown to exacerbate women's vulnerability to partner violence through increased stress, diminished protective conditions, and reduced access to material and social resources (Goodman et al., 2009). To be poor and at a

socio-economic disadvantage, place demands on intimate relationships and provide fertile ground for disagreements and conflicts. Economic hardship and scarcity, as shown in the narratives, create a context that facilitates IPV for both partners in a relationship (Ahmadabadi et al., 2020). Social constructions of husbands as providers make their wives look up to them to fulfil the role of provider. However, failure by the husbands to play the provider role could be frustrating and could lead to verbal and physical violence in order to compensate for their failure to provide. For some men, living in poverty is likely to generate stress, frustration, and a sense of inadequacy for having failed to live up to their culturally expected roles of providers. Poverty can thus lead to IPV, which is triggered by socio-economic stressors and through the financial dependence that can keep violent couples together (Dichter & Rhodes, 2011).

### *Category 4.2.2: Unequal economic opportunities and resources between men and women*

Closely related to the previous category, is the category of unequal opportunities and resources. It is significant that participants also related these inequalities to the patriarchal nature of the research area which will be discussed in detail under Theme 5. The following narratives display how participants viewed economic discrimination against women.

> C1 KI:13: *Here in Hopley economic or financial abuse results from unequal distribution of economic opportunities and resources between men and women. Traditional cultural practices, for example, patriarchy, deny women the opportunity to contribute to decisions regarding the distribution of resources, even in instances where a wife would have made a significant effort towards the generation of the resources.*

> C3 ID: 7: *Often times women are told to shut up because a wife has no role in deciding how resources are used and in many instances the men proceed to abuse the resources by channelling them towards alcohol, beer, and extramarital relationships at the expense of important family needs such as food and school fees for the children. When women question the wastage of resources they are subjected to verbal and physical violence.*

As is pointed out, it is clear that unfair and unequal opportunities still exist to the detriment of women. It is also significant that male dominance (addressed in Sub-theme 5.2) is still prevalent. Literature (Ahmadabadi et al., 2020; Jewkes et al., 2015) indicates that there is still inequality between men and women and that men will often not recognise or acknowledge the important role their female partners can play regarding economic matters. As was mentioned earlier, it is important on a meso-level that men and women should be treated equally, as discrimination between the two sexes often result in IPV (Chattopadhyay, 2019).

***Category 4.2.3: Low levels of income***

It is not only the low economic status of women and their unequal opportunities that could lead to IPV; it is also that there is little income. In Hopley, poverty and low levels of income contribute to IPV, as is highlighted by the narrative. This view concurs with that of Olayanju et al. (2013) who asserted that widespread poverty in sub- Saharan Africa makes it difficult for men to achieve what is expected of them socially. This category also links with Sub-theme 2.3, economic abuse.

> C2 F2:5: *Poverty and low levels of income contribute to IPV here in Hopley. There are also some instances when husbands have money and disagreements arise between them and their wives on how to use the money. Many husbands want to channel the money towards beer and entertainment while the wives are pushing for the money to be used for more important family needs such as food.*

Men are traditionally regarded as providers and protectors with the assumption that those for whom they care cannot provide for and protect themselves. A man's inability to fulfil the traditional 'provider' role contributes to feelings of anger and shame, which could manifest into violence, especially when the man's wife or children ask for things, he is unable to provide (Horn et al., 2014). When men are unable to support their families, they feel impotent, which leads them into a vicious cycle of anger and abuse that could be exacerbated if women become the main providers for their families. If men and women have low levels of education, the chances of finding suitable employment is slim, especially when there are high levels of unemployment (Jewkes et al., 2015). Low levels of education will be presented in more detail under Theme 4.

There are programmes in Hopley that aim to reduce poverty and that will be discussed in more detail in Theme 6. As indicated in the narrative below there are cash transfer programmes that register women as the recipients of money. However, this often leads to disharmony as some men feel threatened by these arrangements.

> C2 F2:5: *Some NGOs, such as Dan Church Aid (DCA) are implementing cash transfer programmes to alleviate poverty and low levels of income among households in Hopley. Women are registered as the primary recipients of cash transfer disbursements as a way of safeguarding the money to benefit the family. However, some husbands feel disrespected that the wife has control of financial resources which usurps their power and authority. This precipitates violence and some husbands use force to take all the money from their wives and spend it on alcohol or on extramarital partners at the expense of critical family needs such as food and school fees for the children.*

Dan Church Aid (DCA) is a Danish-based non-profit international organisation that is registered and has been operating as an NGO in Zimbabwe since 2015. DCA uses a programme approach to humanitarian assistance with a focus on securing the livelihood of poor communities. In the research area, DCA provides monthly cash transfers to needy families to enable them to afford basic necessities.

The assertion in the above narrative, that cash transfers (CTs) could be contributing to IPV in the study area, contrasts with outcomes of evaluations of CT programmes that most of the programmes showed reductions in IPV, especially for physical and/or sexual IPV (Buller et al., 2018). CTs may also result in decreases in IPV by improving a household's economic situation, thereby reducing poverty-related stressors on individuals and households (Ellsberg et al., 2015). However, the observed transformational impact of CTs on women's empowerment through improved decision-making and feelings of independence from partners (Nuwakora, 2014) may be contributing to IPV in the study area as the men may not be receptive to the disruption that the CTs cause to the social order where women seem to have gained control of financial resources. As reported in the narrative CTs have been found to result in increases in IPV when husbands use force to get money from wives or use violence as a compensatory mechanism to re-assert authority when they feel their masculinity is being threatened (Nuwakora, 2014).

***Category 4.2.4: Lack of employment opportunities for men***

As in Hopley, men are still viewed as the main bread winners, this category was also identified by participants. In general in Zimbabwe, there is a lack of employment opportunities in poverty-stricken areas such as Hopley. Men are thus also negatively affected by poverty and will sometimes not utilise opportunities to generate income as can be seen by the following narrative:

> C2 F2:7: *Many men here in Hopley shun the available income-generating opportunities such as brick moulding and vending. They keep on saying they will find proper jobs that they were trained for in the industries. Because there are children who need to eat, women take up vending and other menial jobs and so become the breadwinners for most of the households. When women become the bread winners it is a reversal of roles because they assume control of financial resources. Many husbands are not comfortable with the reversal of roles and feel belittled when wives refuse to give them money for beer and entertainment because they will be prioritising other household needs such as food and school fees for the children. Disagreements over the allocation of financial resources often result in arguments that degenerate into verbal and physical violence.*

> C2 F2:6: *Some husbands need to be spoon fed by their wives, they do not want to do anything to earn an income for the family, and they behave as if they are the full-time housewife, just eating at home and leave the wife to hustle for all the household needs.*

It is interesting that some participants indicated that there were limited income-generating opportunities available, but that not all men were keen to take them up. For men to be unemployed, is stressful, this can trigger discord, which increases the risk for intimate partner violence. Connections have been found between men losing the capacity for their 'provider' role and a tendency towards marital conflict, especially in cases where women took on the role of breadwinner, as was the case in these narratives (Horn, 2010). Status inconsistency theories claim that those who perceive their status within the family to be inconsistent with social norms, may use violence as a strategy to compensate for loss of power.

In a longitudinal study of women in India, the odds of men's violence against their wives increased almost two-fold shortly after a husband lost his job, and in the event that the wife gained employment, abuse against the wife also increased (Krishnan et al., 2010). Cunradi et al. (2009) found that sudden job losses among Canadian construction workers sparked relationship strain and the men's abuse of partners.

The observations expressed in the narratives may provide a contextual background for the perpetration of IPV by men in the broader Zimbabwean setting as Zimbabwe is characterised by a prolonged economic recession, which goes hand-in-hand with high unemployment, and a slim offering of informal rather than formal jobs. In such an economy, the concepts of gender roles are changing, however, this has made women more vulnerable to violence as men then use violence instead, to exert their power over women. In many ways women have become key players in the informal sector and changed their contribution to family welfare significantly. This has led to changes in gender dynamics, leaving men feeling less powerful and their manhood threatened. Thus, IPV may be a result of male-backlash; as women gain more economic autonomy, men who feel that their authority is being challenged, may increase their use of violence as a means of reasserting their control (Krishnan, 2010). This power theory explains the increase in IPV that coincide with women's empowerment as a result of disruptions in traditional gendered roles (Burrill et al., 2010).

#### *6.5.4.2 Sub-theme 4.3: Community tolerance of intimate partner violence*

On a meso-level the last sub-theme identified was the community's tolerance towards IPV. Communities could play a significant role in changing attitudes regarding women's status and significance. As mentioned in Chapter 3, there is still a tolerance towards IPV in Africa. Many men still hold on to cultural beliefs that violence against women are permissible (Ellsberg et al., 2015). Participants noted that in the research community there was still a general tolerance towards violence and IPV.

> C3 ID:3: *There is just too much violence in this community ... if you look at all the places that people gather at in the community, for example, at the borehole women and young girls fight each other physically and verbally for turns to fetch water, while at the shebeens men frequently fight over commercial sex workers and other trivial issues. Married women also frequently fight commercial sex*

*workers for dating their husbands, and men in return will also turn violent towards their wives.*

C2 F2:7: *You see people gathered at some homestead and you wonder what is happening and it is only when you get closer that you realise, they are watching a couple fighting. They will be so engrossed in watching them fight that no one tries to stop the fighting. The fight goes on and on, unless a police officer passes by and stops it.*

It is significant that some participants also mentioned violence in the community, thus not only at home. Gibbs et al. (2018) are of the opinion that some women are thus not only exposed to IPV at home but are also likely to encounter violence outside of their homes. Research shows that women are more likely to experience IPV in societies such as the study area, where the use of violence is a socially accepted norm (Uthman et al., 2010). In many parts of sub-Saharan Africa, IPV is widely justified by both men and women as a normal part of an intimate relationship (Odero et al., 2014).

Zerai (2014) argues that Zimbabwe‘s militaristic and patriarchal climate is hyper-masculinist. Henderson et al. (2017) argue that the hyper-masculinity within male-female relationships in Zimbabwe is not just an individual characteristic reflecting the character of abusers, it is a social ill that emanates from the pro-violence apparatus of the state which has normalised violence. This is evidenced by the fact that 35% of ever married or cohabiting women age between 15 and 49 years report being victims of violence (ZDHS, 2015).

The occurrence of intimate partner violence can be influenced by the extent to which the community tolerates the use of IPV as a tool for conflict management. The community’s attitude towards the use of IPV can either encourage or discourage individual community members from perpetrating IPV. The absence of strong community sanctions against intimate partner violence is evidenced in situations where community members assist individuals to perpetrate IPV, as can be seen by the narrative below. In this case the participant shared this personal experience voluntarily.

C2 F2:6: *I was married and had three children with my husband, we then had marital problems and decided to part ways. I continued to stay at the stand where we had always been staying. My husband left me with the three children. I started*

> *dating someone else a couple of months after I separated from my former husband. My new partner would occasionally visit me at my house. I think my former husband heard that I now had a new partner who was visiting me and became jealous and started making periodic visits saying he wanted to see the children. But whenever, he came he would demand to have sex with me. I told him that he was sexually abusing me by demanding sex because we were not married to each other anymore. But the former husband was very agitated saying that I was sleeping with my new boyfriend in his house. I threatened to obtain a peace order to bar him from coming to the stand. To fix me for threatening to get a peace order he mobilised community members from the neighbourhood to assist him to evict me and the children from the family home. The community members comprising of men, women, and children came at sunset dancing and singing songs mocking me and forcefully removed all my household goods and personal belongings from the house. They then force marched me and the children to my new partner's house. The community members were singing and dancing all the way to the new partner's place clearly enjoying my misery. When we arrived at my new partner's house my former husband informed him that he had come to formally hand over his new wife and children to him. I found the experience very humiliating, but I was helpless because the community was supportive of my former husband's abusive behaviour.*

The acceptance of this behaviour depicted by the participant clearly indicates the community's tolerance of violence and humiliation of the participant. A research study conducted in West Ethiopia found that several community members believed IPV against women was acceptable under particular conditions, including failure to give birth, suspicion of infidelity, constantly arguing with her husband or neighbours or community members, disobeying her husband, and circumstances in which a woman attempts to go against the culture and vocalise her thoughts or opinions (Joyner & Mash, 2012). One research study in Ethiopia found that 60% of men and 87% of women believed that beating is justified if the woman was sexually unfaithful (Garoma et al., 2012). In contrast, conditions in which IPV are unacceptable to the same community members include male infidelity, drunkenness of the husband, and constantly attacking the wife based on trivial issues (Garoma et al., 2012).

Community sanctions, or prohibitions, could either take the form of formal legal sanctions, or moral pressure for neighbours to intervene, if a woman were beaten. A study in rural Kenya found that while women did seek, and sometimes receive, support for IPV from informal community resources, the prevailing opinion was that violence within partnerships was a generally accepted aspect of local culture (Gómez & Speizer, 2010).

### 6.5.5 Theme 5: Factors that contribute to intimate partner violence on a macro-level

The macro system refers to the broad set of cultural values and beliefs, as well as legal context, which permeate and inform the other three layers of the social ecology (Xu & Filler, 2008). The individual does not necessarily have direct contact with, nor control of the macro system. For the purpose of this study, the macro-level factors that contribute to IPV that will be discussed include socio-cultural norms and beliefs that approve violence as an acceptable way of resolving conflicts, traditional practices that promote male dominance, and weak enforcement of legal frameworks that do not deter perpetrators or would-be perpetrators.

#### *6.5.5.1 Sub-theme 5.1: Low levels of education*

This theme is closely related to Category 4.2.3. As can be seen by the narratives below, the Hopley settlement has a problem that children, especially girls, do not complete their schooling.

> C1 KI:1: *In Hopley many children do not go far with their education because education is not regarded as important. Children tend to prioritise earning a living and school is regarded as a waste of time. Girls who drop out of school at an early age end up getting into intimate relationships with older men for upkeep.*

> C1 KI:10: *Plan International came with an adult literacy programme for young school dropouts in this community but the targeted children were not interested. Some enrol for the programme, but their attendance is erratic, and they eventually drop out. Dropping out of school, especially for the girl child, diminishes the 'protective element' from early and forced marriages that school attendance provides.*

Although these narratives do not directly indicate that low levels of education often result in IPV, researchers (Fehringer & Hindin, 2009; Dalal et al., 2009; Slabbert, 2017) agree that low levels of education is a risk factor for IPV as women who cannot survive financially on their own will not have the means or ability to leave violent or potentially violent situations. As emphasised in the narratives, there are specific concerns about girl children who do not complete their schooling. This tendency often results in forced or child marriages as discussed under Theme 3.

Poverty and little education make women and girls more vulnerable to IPV compared to their counterparts who have higher educational levels (Boyle, Georgiades, Cullen & Racine, 2009). Across studies low level of education is consistently associated with both the perpetration and victimisation of IPV (Dalal et al., 2009). Though the relationship between individual educational attainment and IPV is complex, a low level of education is the most consistent factor associated with both the perpetration and victimisation of IPV across studies (Dalal et al., 2009). For example, women who report lower levels of education (primary or none) have a two- to five-fold increased risk of IPV compared to higher-educated women (Dalal et al., 2009). Similarly, studies have found that lower-educated males were 1.2 to 4.1 times more likely to perpetrate IPV than higher-educated men (Ackerson et al., 2009. Failure to get education and therefore income, cause men to feel less masculine and often, in order to compensate for their loss of masculinity, men opt to use violence to assert their power over women or to gain their cooperation (Jewkes et al., 2015).

Education has been found to have a protective effect from IPV on women. For example, women with at least secondary schooling were 20-55% less likely to be victims of IPV, compared to those with less education (Fehringer & Hindin, 2009). Women with lower education have reduced access to resources, they maintain unequal gender norms, and they increase their acceptance of violence in marriages and relationships (WHO/LSHTM, 2010). Educational attainment also reduces the likelihood of men perpetrating IPV as highly educated men were approximately 40% less likely to perpetrate IPV, compared to less-educated men (Johnson & Das, 2009).

In Zimbabwe one in two women without an education has experienced spousal violence (ZDHS, 2015), which may also be related to child marriage of girls before they finish school, a phenomenon that is exacerbated by countrywide prolonged socio-

economic challenges. Hindin et al. (2008) found women's education to be a protective factor against sexual or emotional violence in Zimbabwe. However, it is interesting that in Zimbabwe women's employment and the educational differences between husband and wife, particularly when a wife has more education than her husband, are associated with higher levels of IPV (Fidan & Bui, 2016). This could be ascribed to controlling behaviours as was already mentioned in previous themes. Authors such as Dichter and Rhodes (2008), Sullivan (2018), and Tang and Lai (2008) conclude that some men will always be violent towards their female partners and factors such as levels of education and low socio-economic status of women and poverty could escalate the violence, but even if these factors were not present, those men would still be abusive.

#### *6.5.5.2 Sub-theme 5.2: Norms on male dominance*

Male dominance is still a huge challenge in Africa and authors such as Mahapatra (2012), referred to in Chapter 3, maintain that cultural norms that view men as superior to women could contribute to IPV. Social expectations and peer pressure on how men should handle their wives can result in the perpetration of IPV as was also indicated under Sub-theme 4.3. and as can be seen in the following narrative:

> C1 KI:6: *Men who treat their wives with respect and resolve conflicts amicably are regarded as weak and often accused of having been given concoctions by the wife to make them docile (kudyiswa). The pressure can be exerted in a very subtle way, for instance, during a beer drink a peer can just make a statement that denounces non-violent men, for example, your wife does not respect you, what kind of a man are you if you do not beat her up once in a while to make her know who the man of the house is. Some men in a bid to live up to the social expectations and macho stereotypes of manhood resort to physical violence against their wives to stamp their authority.*

It is compelling that IPV is regarded as a social expectation in certain surroundings as depicted in the above narrative. Some participants mentioned that IPV is used as a strategy to keep female partners 'in check' as indicated in the narrative below.

> C2 F2:5: *For some perpetrators IPV is a strategy to keep their partner in check and eliminate conflict. In their view tensions and conflicts are solved by being*

> *aggressive towards the victim and instilling fear so that the victim becomes perpetually submissive.*

Unfortunately, society as a whole (macro-level), communities (meso-level) and friends and family (micro-level) also adhere to these harmful norms of male dominance and will often turn a blind eye to IPV as is displayed below.

> C1 KI:10: *Often people would like to stay out of a couple's marital conflicts and pretend they are not seeing the IPV. Extended family normalises the violence as a normal occurrence in marriages or relationships and disciplining is regarded as a part and parcel of the marriage institution and the husband should play his role while the wife should submit herself to the husband's discipline because men beat their wives out of love.*

Physical violence is often considered an acceptable form of a husband's discipline to make a wife conform to his standards and role expectations as explained in Themes 1 and 2. Normative use of violence may be present at homes, in schools, or in workplaces where it is considered normal to use violence in order to discipline or to resolve conflicts. Several studies have reported that there is a strong association between normative use of violence and high rates of IPV (Black et al., 2011). Strong evidence exists that norms related to male authority, acceptance of wife battering, and female obedience, affect the overall level of abuse in different settings. When internalised by men and enforced through friendship networks and other social institutions, these norms increase the likelihood that individual men will engage in violence. It has been suggested that children exposed to violence in schools and at homes, for example by witnessing their mother being hit or experiencing it as form of punishment, may come to view this as normal. Researchers have hypothesised that the social and cultural norms that lead to the tolerance of violence are learned during childhood, wherein a child experiences corporal punishment or is exposed to violence in the family, in the media, or in other settings (WHO, 2009).

Men and women's attitudes towards violence are strongly correlated with exposure to intimate partner violence – both in terms of victimisation and perpetration. Reviews and studies found a strong association between attitudes towards violence and exposure to IPV (Johnson & Das, 2009). Men who believe that it is always acceptable to beat

their wives have a four-fold increased risk of intimate partner violence perpetration compared to a two-fold increased risk among those who believe it is sometimes acceptable to beat their wives (Johnson & Das, 2009). Women's acceptance of violence is also positively associated with the experiencing of intimate partner violence (Boyle et al., 2009). Women experiencing abuse may have a greater likelihood of endorsing abuse and repeated abuse may diminish their self-esteem and increase their propensity to blame themselves for whatever reason they triggered IPV, such as burning the food (Coll, Ewerling, Garcia-Moreno, Hellwig & Barros, 2020). In many African settings, the majority of men and women have been found to agree that a husband has the right to use violence in response to women's transgression of traditional gender roles, for instance, if she is disobedient, fails to perform household and child care duties, or is unfaithful (Odero et al., 2014) as can be seen by the experience of one participant noted below.

> C2 F1:11: *As a woman I wake up early in the morning and spend the whole day hustling to get money to feed the family. The hustling makes me tired because I will be walking around the settlement selling vegetables and other wares. At sunset I come back home tired and all I need to do is to bath, cook for the children and sleep. However, when my husband comes back from his beer drink, he starts quizzing me about where I spent the day, how much I made and demands to have sex with me. Even if I try to explain to him that I am exhausted and need to rest it falls on deaf ears because he is intoxicated. We start arguing and when he realises that he is not winning the argument he resorts to verbal abuse labelling me a 'hure' (whore) and starts beating me up with his bare hands in front of the children.*

In this narrative the participant, who is a CPOL, had first-hand experience of an abusive relationship. It is noteworthy that she had to work hard to make ends meet, whereas her husband abused alcohol, and made unfair demands. This illustrates that male dominance is still very prevalent in many communities and definitely in the Hopley settlement. Another participant mentioned the following:

> C2 F2:6: *A wife may be pregnant, nursing a baby, or sick and cannot perform the taxing role of fetching water and firewood but the moment they communicate their*

*inability to the husband and asks them to assist they are accused of laziness and being stubborn resulting in verbal and/or physical violence.*

The burden some pregnant and nursing women have to deal with is displayed in the above narrative. This also correlates with Sub-theme 2.1 where one participant indicated that she often witnessed the bruises on pregnant women at the clinic. Cultural norms and beliefs that reinforce male dominance over women cause men to have rigid expectations regarding their wives' 'roles' such as cooking and having sexual intercourse with them. As shown in the narratives above husbands' role expectations of their wives regardless of their state of mind or physical wellness, can trigger emotional, verbal, and physical violence. Nanda et al. (2014) noted that in India men with rigid views of masculinity were nearly 1.35 times more likely to perpetrate IPV than men with equitable views of relationships, and women with rigid views of masculinity were also nearly 1.35 times more likely to be the victims of violence than women who held equitable views on masculinity.

Under this sub-theme patriarchal beliefs, as discussed in Chapter 2 were identified as a category.

***Category 5.2.1: Patriarchal beliefs***

The participants indicated in the narratives below, said that women were prevented from pursuing their careers because the husbands felt that their dominant role would be threatened and challenged. As indicated previously participants also shared personal stories.

C2 F2:5: *When I got married, I had my academic qualifications but the family I got married into does not allow women to go to work and has a rule that married women stay at home and take care of the husband and children. When I insisted that I wanted to go to work he started saying that if I went to work, I would date other men. I persisted telling him that times have changed, and many women are going to work and contributing to the household finances. I think he felt undermined, became angry, and started verbally abusing me calling me all sorts of horrible names.*

> C2 F2:7: *As for me, <u>when my husband tried to stop me from being a cross-border trader</u> I was very unhappy and told him so. He got very angry and started forcing me to sleep with him against my will. I felt violated having sex with someone who was oppressing me.*

One of the most common theories to explain the perpetration and experiencing of intimate partner violence and sexual violence (as was also presented in Sub-theme 2.4) is the maintenance of patriarchy or male dominance within a society (Sikweyiye, 2020). Two specific risk factors appear to be strongly associated with IPV – the unequal position of women in a relationship and in society (which is underwritten by ideologies of male superiority), and the normative use of violence to resolve conflicts (and during political struggles). Factors contributing to the unequal power relations between men and women include, socio-economic forces, the family institution where power relations are enforced, fear of and control over female sexuality, belief in the inherent superiority of males, and legislation and cultural sanctions that have traditionally denied women and children an independent legal and social status.

As such, men are socialised to believe that they are superior to women, that they should dominate their partners, and that they should endorse traditional gender roles (Taft, 2009). Women's subordination and submission is then considered to be normal, expected, accepted and, in some cases, attractive to men (Russo & Pirlott, 2006). Use of violence is more prevalent among men who endorse patriarchal norms supporting male dominance and sexual entitlement thus, men enacting harmful forms of hyper-masculinity are more likely to perpetrate IPV (Fulu et al., 2013).

In the Shona culture girls are taught how to please their future husbands as well as to be gentle, submissive, and obedient wives (Shamu et al., 2012). In Zimbabwe patriarchy unfortunately teaches girls and women that there is nothing wrong with being beaten up by your husband or sexual partner. In some cases, wife beating is even seen as a sign of love and women are taught to endure and to suffer through abusive relationships Southern Africa HIV and AIDS Information Dissemination Services [SAfAIDS] 2009). It is sobering that most participants indicated the powerful hold patriarchy has on their lives as is also supported by literature (Maldonado et al., 2015; Mahapatra, 2012. Closely related to patriarchal beliefs are societal beliefs.

#### *6.5.5.3 Sub-theme 5.3 Societal beliefs*

Some societal beliefs and expectations make it difficult for married women to report cases of IPV against their husbands such as cultural invalidation of marital rape (Bennice & Resick, 2003) as was discussed under Theme 1 and highlighted in the narrative below.

> C1 KI:12: *A woman cannot report rape by their husband because there is no rape in a marriage. Legislation provides for prosecution for marital rape and some victims report the cases and seek recourse, however, many of them withdraw the cases before prosecution of the perpetrators because of social pressure from families, including their own, that question the wisdom of reporting their own husbands for having sex with them. A husband's demand for sex is considered legitimate despite the forceful circumstances under which the intercourse has taken place. At the end of the day socio-cultural constraints that discourage victims of marital rape from reporting their cases render legislation impotent.*

This narrative echoes most participants' views that a significant number of married women did not have any grounds to report marital rape. It is clear that the legal system fails to protect and safeguard these women. Some participants mentioned how difficult it was for abused women to leave their situation due to societal beliefs (macro-level) and pressure from family to stay (micro-level) as was discussed under Theme 3.

The following narrative illustrates the difficulty abused women face and the stigma that is attached to divorce. Lobola, as was discussed earlier, makes it even more difficult for married women to leave abusive relationships.

> C1 KI:6: *Societal beliefs make it difficult for victims of IPV to leave abusive relationships. The victim's own family and society often blame the victims for the failed marriages. A divorced woman is viewed with disgrace and disrespect and there is an expectation that all married women should persevere in difficult marriages because their families received lobola from the perpetrator. Negative attitudes towards women who leave abusive marriages make it difficult for married women to seek support and help from their own families. Due to socialisation that it is shameful for a woman to leave her marriage despite the*

> *abuse, many women hang on to abusive marriages which deepens their vulnerability to IPV because the victim would have normalised the abuse.*

The occurrence of IPV, among many other causes, is attributable to societal norms and history of the community that may cause and encourage IPV (Mahapatra, 2012). Societal factors determine whether IPV is encouraged or discouraged. These factors could include social and economic policies that uphold socio-economic inequalities between people, the accessibility of weapons, and socio-cultural norms and beliefs that approve violence as an acceptable way of managing conflicts. IPV is increased in settings where the use of violence is considered to be normal, and where sanctions against abusers are often also low. Certain cultural and social norms play a particularly important role in creating conditions that support or facilitate IPV (Olayanju et al., 2013). Many men and women do not believe that there is something like marital rape because they are of the opinion that the payment of lobola entitles men to have sex with their wives whenever they wish (Mashiri & Mawire, 2013). In one community in Sierra Leone, the belief that a woman's prayer goes to God through a man creates a situation in which every woman must be affiliated to a man if she is to find acceptance in the community (Mann et al., 2009). Many of these norms are common in parts of sub-Saharan Africa, with the result that IPV is widely justified by both men and women as being a normal part of an intimate relationship (Uthman et al., 2010). Victims of IPV may experience apathy, hostility and ostracisation when they seek help and support from family members; a phenomenon that Symonds (2010) refers to as 'secondary injury'.

It can be concluded that because IPV against women by husbands or partners in families is considered to be a regular part of gender relations in Zimbabwe, women are unwilling to report forms of violence for fear that reporting the violence may bring them shame and damage their dignity and that of their families (Chuma & Chazovachii, 2012). The situation is worsened by the expectations that surround marriage and that often yoke girls and young women to unwanted partners (McCloskey et al., 2016). The decision to protect their marriage instead of their safety illustrates how society values women being married and carrying the title 'Mrs', a phenomenon Chirawu (2006) terms the 'Mrs. syndrome'. Budgeon (2016) describes it as society's negative sentiment of

'singlism' which leads to stereotyping, ostracisation and stigmatisation of divorced or unmarried women.

Thus, although women may comprehend and feel that violence is painful and wrong, they may still not define intimate partner violence as a crime, and even if women see IPV as a crime, their diverse cultural beliefs and practices produce prevalent justification of IPV as a normal facet of gender relations (Chuma & Chazovachii, 2012).

#### *6.5.5.4 Sub-theme 5.4: COVID-19 lockdown*

The COVID-19 lockdown has compounded the difficult socio-economic situation for many households in Hopley, as most of the people in this settlement are reliant on vending and other informal activities which have been outlawed under lockdown regulations. The following narratives display IPV challenges experienced during lockdown.

> C2 F1:8: *Some husbands have lost their jobs due to the lockdown and are spending a lot of idle time at home which precipitates arguments and violence with their wives. Some marriages have broken down because of the adverse effects of the lockdown on family livelihoods.*

> C1 KI:7: *Cases of IPV have increased during this lockdown because there are no livelihoods opportunities, and this has increased deprivation at household level. Many men have no sources of income because they were earning incomes from the informal sector prior the lockdown. Many men are reluctant to take up 'women's jobs' to earn an income, such as through vending, and are just seated at home leaving it to the wives to earn a living for the whole family. Households are experiencing severe financial and material deprivation that results in violence with couples arguing over lack of money for food and other household provisions. The lockdown has resulted in job losses and many husbands are frustrated and venting their anger and frustration on their wives.*

> C2 F1:8: *I have observed a significant increase in IPV cases during the lockdown. The increase could be attributed to frustrations triggered by disruptions and constraints which then result in conflicts among couples. Some couples are not used to spending too much time together like they are being forced to do during*

> *the lockdown … some couples are starting to discover each other's flaws that they cannot cope with.*

All participants indicated how the Hopley settlement had been severely affected by COVID-19. Some also indicated how there was an increase in IPV. According to Fraser (2020), humanitarian crises are associated with an increase in violence against women. In pandemic-induced crises the fear and uncertainty provide an environment that may exacerbate different forms of violence against women. During the COVID-19 outbreak there had been reports of an increase in cases of violence against women in places such as China's Jianli County (central Hubei province) where the local police station reported receiving 162 reports of IPV in February; three times the number that was reported in the February 2019 (Wanqing, 2020). In Zimbabwe, women's organisations had recorded over 764 cases of GBV since the commencement of the COVID-19 lockdown, with the Musasa Project that announced a jump in reported daily cases from 30 to 140 (Mhlope, 2020). The extensive use of quarantines as a precaution to contain COVID-19 infections, caused a potential increase in violence against women who were involuntarily exposed to potential perpetrators for longer periods. Research shows that when men migrate away from home, rates of IPV decrease due to exposure reduction. For instance, in Bangladesh, when men in ultra-poor households were offered interest-free loans to facilitate seasonal male migration it reduced female exposure to physical and/or sexual IPV over a six-month period by 3.5% (Mobarak & Ramos, 2019).

Furthermore, during crises such as COVID-19, where many countries were using lockdowns to confine people to their houses, women's access to legal systems and safety support services was severely confined. Constraints to accessing legal systems during emergencies reinforce pre-existing challenges that prevent legal systems from responding efficiently and effectively to the needs of IPV victims (Mueller et al., 2019).

#### *6.5.5.5 Sub-theme 5.5: Limitations of legislative frameworks*

In line with global legal responses to the domestic violence quandary and in order to protect victims and punish perpetrators, Zimbabwe promulgated the Domestic Violence Act (DVA) on 26 February 2007. Prior to the enactment of the DVA, domestic violence issues were dealt with under the Criminal Law (Codification and Reform) Act

of the Zimbabwe Constitution. Chapter 5, Part III of the Criminal Law (Codification and Reform) Act grouped domestic violence together with sexual crimes such as rape, aggravated indecent assault, or simply indecent assault. This meant there was no specific penal law governing cases of violence within the home setup. However, and in spite of the provisions of the Domestic Violence Act, there is still no law that narrows domestic violence down to intimate partner violence. Despite efforts to incorporate some of the Convention on the Elimination of all forms of Discrimination Against Women's (CEDAW) protocols in the Domestic Violence Act, the Zimbabwe government has to date not endorsed protocols meant to address individual complaints procedures. The domestication of these protocols has been hindered by poor implementation and poor administrative practices from state and non-state institutions, causing women to be impacted negatively as they continue to be placed in a subordinated state. Regarding legislation, participants noted the following:

> C1 KI:13: *Currently there is no specific legislation for IPV in Zimbabwe; it is covered under gender-based violence (GBV) legislation. GBV is broad and ranges from assault to culpable homicide or murder. Assaults are considered as minor and perpetrators get lenient sentences such as community service or a fine. Serious cases like attempted murder or culpable homicide attract custodial sentences.*

> C1 KI:12: *The bulk of GBV and IPV cases (80%) that are brought to court are minor, 10% are moderate and 10% are regarded as serious because they can cause permanent disability or death. It is understandable that the community members are sceptical as most perpetrators seem to get light sentences such as community service because most cases brought to court are considered as minor.*

Criminalisation of IPV through legislation tends to have an unintended effect of increasing victimisation, for example when a wife reports the husband to the police for perpetrating IPV, may trigger abuse from the husband himself or from his family as noted in the following narrative:

> C2 F1:9: *Reporting a husband to the police for IPV may conflict with cultural expectations and norms around marriage; the wife will be labelled and vilified by*

> *the extended family for making a report against her own husband "are you not ashamed of yourself for reporting your own husband to the police and if he is incarcerated how will you manage to provide for yourself and the children?"*

Both cultural beliefs and practices as well as women's economic dependence on men are significant barriers for women in seeking help against violence (Chuma & Chazovachii, 2012). Lack of economic resources reinforces and underpins women's vulnerability to violence and their difficulty in extricating themselves from a violent relationship. Some women keep potentially dangerous men in their lives, only so that their basic needs could be met (Slabbert, 2017) as indicated below.

> C1 KI:13: *Many victims of IPV are economically dependent on their abusive husbands and the decision to report them to the police for prosecution is often tantamount to choosing between their own life and livelihood. The extended family often exerts pressure on women victims of IPV to endure and stay in the abusive marriages on the pretext that the abuse is common and expected in all marriages. In practice there seems to be a misalignment between the criminalisation intent of legislation and cultural norms and values around marriage. The misalignment leaves victimised women in a difficult predicament which perpetuates their victimisation with no viable respite.*

Some victims of IPV would withdraw their case from the court because of economic considerations and pressure from the husband's family as revealed in the following narratives.

> C1 KI:12: *A victim cried and pleaded with the court to withdraw her case and explained that she had realised that it was her who was at fault, if the husband were incarcerated, she would not have any source of income to support herself and the children. She also explained that the husband's family members had clearly told her that if the husband was incarcerated, they expected her to leave their family home for the duration of the husband's incarceration (e.g., if the husband was sentenced for five years, then they also wanted her to leave the family for five years) and only return upon the release of the husband from prison. Unfortunately, the withdrawal of cases from the court creates a false impression that the court is letting perpetrators go and that the court is not treating cases of*

*IPV seriously, which causes other victims and the general populace to lose confidence in the criminal justice system.*

C1 KI: 13: *Although there is a law in place that enables victims of IPV to seek recourse and punish perpetrators of IPV, it does not work for many victims because many of them do not report to the police because they do not have confidence in the police's response because of corruption that is considered to be endemic.*

C1 KI:1: *Due to corruption among police officers many reported cases of IPV are not properly handled and investigated. Perpetrators bribe police officers to persuade the victims to withdraw their cases. It is common for police officers to convene 'counselling sessions' with victims and perpetrators where they urge the victims to seriously consider settling their differences amicably instead of pursuing the justice system route that they describe as time consuming. The police can even tell the victim that pursuing the prosecution route may in the long run disadvantage them because when the perpetrator is found guilty and incarcerated it is them who will suffer the consequences of losing the breadwinner.*

Many community members do not have confidence in the criminal justice system because very often they would see perpetrators of IPV back in the community, leading normal lives, instead of serving lengthy prison terms. There is a wide belief of endemic corruption of police officers in Zimbabwe and there had been instances in which police officers solicited bribes from victims of domestic violence in order to investigate cases (Chuma & Chazovachii 2012) or that police officers solicited bribes from perpetrators to stop investigating cases, as shown in the narrative below:

*C3 ID:1: As a CPOL you are alerted of a wife being beaten by their husband, you go to the homestead and intervene to stop the violence. When it stops the wife asks you to accompany her and the husband to the police station to make a report. When you get to the police station the wife makes a report of IPV against the husband and you chip in as a witness. The police officers ask you and the wife to go outside while they 'deal' with the husband. Before long, you are called back and advised that they have cautioned the husband and he will never be*

> *violent again and you can go back home. You and the wife are very confused with how the report has been handled but the police officers are very intimidating and are in no mood for further questions. You feel dejected and walk out of the police station together with the wife and husband. You are all quiet and do not know what to say to each other… it is the husband who breaks the silence by mocking you and the wife … you thought I was going to be arrested … fortunately I had the US$5 that they demanded to release me. Now we are going back home, and you (the wife) will have to ask for my forgiveness for reporting me to the police and you will also have to find the US$5 that I paid at the police station otherwise there will be war.*

As a follow up to the allegations of corruption in handling reports of IPV levelled against the police in the narrative above, the researcher provided a key informant from the police with an opportunity to respond. As shown in the narrative below the police attributes the community's perceptions of corruption to a lack of appreciation of how the police works and the IPV case management processes through the criminal justice system.

> C1 KI:9: *The community does not have a clear understanding of how the police works and how reports are processed through the criminal justice system. The lack of understanding is eroding the community's confidence in the police's commitment and capacity to handle reports of IPV. There is therefore a need for the police to raise awareness among community members on how they receive reports, investigate reports, and how cases are processed through the criminal justice system.*

#### *6.5.5.6 Sub-theme 5.6: Religion*

As was mentioned in Chapter 3 religious beliefs and practices could contribute to IPV. However, as will be shown in the narratives below, and as observed by Potter (2007) while religion and spirituality can be mechanisms for contributing to women's vulnerability to IPV they can also be used for achieving resilience in the face of IPV. The following categories, namely, religion as a contributory factor to IPV, religion and access to sexual health and reproductive services, and religion as a source of support

for abused women, will be presented to elaborate on the positive and negative influences of religion on IPV.

***Category 5.6.1: Religion as a contributory factor to IPV***

Some participants indicated that men would often misuse religion as an excuse for violence against their female partners. The following narratives portray how these participants viewed this aspect:

> C3 ID:2: *Some men use Bible verses to justify their right to control women. Ephesians 5:22-24 which reads, "Now as the church submits to Christ, so in addition, wives should submit to their husbands in everything", is often cited as a justification to perpetuate the control of wives by husbands. There is no acknowledgement of the verses that immediately follows in Ephesians 5:25-28 that reads, "Husbands, love your wives, just as Christ loved the church ... in this same way, husbands ought to love their wives as their own bodies. He who loves his wife loves himself".*

As shown in the narrative above and as discussed under Category 3.3.1, some men selectively use scriptures to justify their actions of controlling their wives. The selective use of scripture is usually out of context and is commonly used to justify one's actions is referred to as 'proof texting' (Fortune & Enger, 2005). Unfortunately, some men would misinterpret the Bible or other holy books such as the Quran to justify their abusive behaviour against their wives. These men view failure by women to adhere to the marital expectations of subservience, obedience, and submission to their husbands as disobedience that often result in IPV (Ross, 2014). Another participant indicated that some men would also prevent their wives to attend certain churches, as household duties are then neglected.

> C1 KI:11: *Some couples belong to different church denominations that have different doctrines about marriage and family life. The difference in the doctrines may result in conflicts that degenerate into verbal, physical, and emotional violence. Emotional violence is usually in the form of the wife being prevented from going to a church of her choice. Some church activities, for instance, all night prayers or church camps that require the wife to be away from home for a couple of days, may cause conflict with the husband who would accuse the wife of*

> *infidelity or of neglecting their domestic roles, for example, if you go to the church camp in Masvingo for four days, who will cook for me?*

As shown in the above narrative, belonging to different churches with different doctrines could increase the likelihood for IPV. Whereas couples who have similar religious views have been shown to experience less violence, as observed by Higginbothan, Ketring, Hibbert, Wright and Guarino (2007) who argue that females who seek partners who have similar religious and spiritual values have been shown to experience less violence. However, it is noteworthy that religious leaders would often also fail to curb IPV as illustrated by the following narrative:

> C1 KI: 2: *I have observed that religious leaders are not playing the prominent role they need to play in publicly denouncing IPV, for example, if a victim of IPV presents with physical injuries to a religious leader for assistance, the leader simply asks her to kneel down so that they can pray for them. The religious leader's intervention only ends in prayer and does not encourage the victim to report to the police for fear that the church's name and reputation will attract negative publicity that will harm their popularity. Even if the perpetrator is also among their congregation, they do not engage them to rebuke and demand that they stop the abuse or speak out publicly against the perpetration of IPV.*

Other studies and evidence from the participant in the narrative confirm that church parishioners could be victims of IPV. However, some religious communities had tended to minimise or deny that IPV and brutality were prevalent within their congregations (Potter, 2007). The theological training for many spiritual leaders does not equip them to deal with IPV and their beliefs may even contribute to an increase in the abuse of women (Miles, 2000). Spiritual leaders want to uphold the values and beliefs of the church while responding practically to the needs of victims (Shannon-Lewy & Dull, 2005). The response to the needs of victims of IPV, as shown in the narrative, is often through prayer causing abused Christian women to be disappointed when some pastors urged them to pray for their marriage and attempt to be better wives, as observed by Potter (2007). Ellison and Anderson (2002) argue that many pastors are blinded to the magnitude of IPV within churches by pro-family doctrines underpinned by pro-marriage Bible verses such as Matthew 19:6 that reads, ‘’Wherefore they are no longer twain, but one flesh. What therefore God hath joined together, let no man

put asunder.'' Pastors and members of some religious communities may in this way undermine the efforts of women to leave abusive marriages by encouraging continued patience and faith to overcome abuse (Ross, 2014). Therefore, the attitudes of pastors and religious communities towards abused women restrict the options that women have and tend to perpetuate and normalise abuse. In reality, some religious leaders would go even exploit their congregants, as displayed in the following narratives.

> C2 F1:7: *Some married women entrust their church prophets and pastors with their marital problems in the hope that they will get advice and counselling. However, some of the pastors and prophets abuse women's trust and exploit their emotional vulnerability and end up having extra-marital relationships with them.*

> C2 F1:9: *Some of these churches place huge financial demands on congregants, such as having to buy groceries for the church pastor. The wife goes to church alone and the husband is not aware of the wife's financial obligations to the church. The wife takes money from the household budget to buy groceries for the pastor without the husband's knowledge nor permission. When the husband discovers the diversion of financial resources, he gets angry, more so if the wife is resisting any effort by the husband to assist relatives in need.*

As can be seen by the narratives above, church leaders also sometimes misuse their power and exploit vulnerable women. Arguments regarding support provided to the pastor would often get out of control because the wife might go to the pastor to report that her husband does not want her to continue buying groceries for him. However, because the pastor would like to continue getting groceries, they would play down the husband's concerns, thereby fuelling discord at home. The researcher followed up the issue of congregants supporting pastors in cash or kind with a pastor who was a key informant in this study. The narrative below explains the expectations of church leaders for financial and material support from the congregants.

> C1 KI:11: *We indeed encourage congregants to support us with financial and material support as their shepherds, but we do not force congregants to go beyond their means. Most of our congregants are women and we have been on a drive for a long time to encourage our congregants to come to church as*

*families, but many husbands do not seem interested to come to church with their wives and children.*

It is clear from the abovementioned discussion that some pastors misuse their power, although the participant, who is a pastor, indicated that congregants were not forced to give more than what they could. As was mentioned under Category 3.3.1, Thabethe (2009) states that religion often forces women into subordinate roles. A number of participants indicated that abused women often question God, especially if they were frequently abused.

C2 F2:10: *When you are frequently abused by your husband you start to lose trust in God. You will always be asking why God is allowing the abuse to go on, yet marriage is supposed to be a blessing from God.*

As highlighted, IPV victimisation, could have a negative spiritual impact on victims who would feel that God was neglecting them by 'allowing' them to be victimised. Giesbrecht and Sevcik (2000) found that women viewed both their experiences and recovery from abuse as occurring within the context of their faith. The negative spiritual impact can thus disempower victims from seeking help or leaving the abusive marriages altogether, with suggestions that highly religious victims interpret their victimisation as divinely ordained (Ross, 2014).

***Category 5.6.2: Religion and access to sexual health and reproductive services***

There is an increase in awareness raising on the use of contraception in many areas across sub-Saharan Africa. The demand for family planning services is motivated by a desire to achieve optimal birth spacing (Jansen, 2005). Short birth intervals have been associated with worsened maternal and child health, including uterine rupture, utero-placental bleeding disorders, and a wide range of adverse perinatal outcomes (Bujold & Gauthier, 2010). An association has also been found between a personal history of IPV and shortened birth intervals (Miller, Decker, McCauley, Tancredi, Levenson, Waldman, Schoenwald & Silverman, 2010). Religious doctrines could be used by some husbands to prevent their wives from using contraception as can be seen by the following narratives.

> C2 F1:9: *Some husbands, particularly from the Apostolic sects, use religious doctrines to prevent their wives from using contraception. The wives end up having many children that they cannot provide for. The mothers' health also deteriorates due to frequent pregnancies that are not properly spaced. The mothers are not afforded adequate time to care for their babies, for example, cannot breastfeed for the recommended time because they will be pregnant again.*

> C2 F1:2: *In the polygamous marriages each of the wives will end up with many children and they all rely on one husband who does not have the capacity to provide for all the wives and their children. The husband ends up tasking each wife to provide for their own children and support the husband. The polygamous set up results in emotional, economic, verbal, and physical violence against the wives. Sexual violence also occurs when the husband wants to have sex with each of the wives, even if they are still recovering from childbirth or are abstaining from sex as a family planning method.*

From the abovementioned discussion it is clear that the issues correlate with previous themes discussed (such as polygamy), namely that religious sects do not have women's wellbeing at heart and make it extremely difficult for them to access sexual health services (Miller et al., 2010).

***Category 5.6.3: Religion as a source of support for abused women***

On the contrary, some victims of abuse turn to religion and religious institutions in search of refuge, social support, and spiritual guidance to alleviate pain and suffering (Ross, 2014). Religious communities can provide a haven and resource for victims of abuse through informal support networks of church women (Nason-Clark, 2004), as illustrated in the following narrative:

> C2 F1:9: *At my church women meet every Friday for prayers that are followed by discussions on social issues such as marriage and child discipline. I have seen that the discussions on marriage are a good platform for abused women to share their stories and get moral and spiritual support. As a CPOL I also use the platform to spread information on IPV and where abused women can get services.*

> C1 KI:11: *As a Pastor I raise awareness on IPV among my congregants, encourage them to pray for their marriages, and to desist from resorting to violence. I always refer to Colossians 3:19 that urges husbands to love their wives and be not bitter against them. I remind men congregants that there is no way they can claim to love the same wives that they are also abusing.*

In contrast to the contributory role that religion plays in IPV discussed above under Category 5.6.1 (religion as a contributory factor to IPV), religion can thus also play a supportive role to victims of IPV and in denouncing IPV. As seen in the first narrative, women groups can provide abused women with moral support and information on service providers. Pastors are criticised for abiding by pro-family doctrines at the expense of acknowledging the IPV scourge and providing victims with practical help (Ellison & Anderson, 2001). However, as shown in the second narrative pastors can play a dual role of encouraging congregants to pray for their marriages while also adopting a clear stance on denouncing intimate violence and using Bible references to directly address men against perpetrating violence against their wives.

### 6.5.6 Theme 6: Intervention strategies

The last theme is that of intervention strategies available to women who are exposed to IPV. In the Hopley settlement there are different government institutions that provide services to victims of GBV and IPV including the Ministry of Women Affairs, Community, Small and Medium Enterprises Development and the Ministry of Health and Child Care, as well as non-governmental organisations (NGOs) such as the Women and Law in the Southern Africa Research and Education Trust (WLSA), the Women and Zimbabwe Women Lawyers Association (ZWLA), and Dan Church AID. Victims of IPV identified resources that were helpful at individual, relationship, community, and societal levels, and which justified the need for multi-level and intersecting approaches to programmes, services, and policies (Njie-Carr et al., 2020). The types of intervention services provided are usually awareness, empowerment, legal, and rehabilitation. As indicated in Chapter 5, social workers form part of these service providers, although they might not necessarily be employed as social workers. For instance, one of the key informants in the research project was a social worker but was employed as a Programme Manager.

#### *6.5.6.1 Sub-theme 6.1: Awareness programmes*

The participants identified various organisations that provided services to victims of GBV and IPV in Hopley. The services provided can be categorised as awareness raising, empowerment, legal, and rehabilitation. Stockman et al. (2015) argue that awareness services could reduce the incidence of IPV if implemented on a continuous basis. In this regard it was confirmed that the Ministry of Women Affairs, Community, Small and Medium Enterprises Development and other NGOs such as the Centre for Sexual Health and HIV/AIDS Research Zimbabwe (CeSHHAR Zimbabwe) were implementing GBV and IPV community awareness programmes in Hopley. Some of the awareness programmes targeted the whole community, whereas others would target a specific group as shown in the following narrative:

> C1 KI:4: *CeSHHAR is working with commercial sex workers to raise awareness on GBV and IPV, their rights, where, and how they can report victimisation.*

The Ministry of Women Affairs, Community, Small and Medium Enterprises Development would convene Community awareness meetings to bring together community members (particularly women and men) as well as traditional and religious leaders who play an important role in eliminating practices such as domestic violence. These community awareness meetings would also create a platform for community engagement, as highlighted in the following narrative:

> C1 KI:2: *As the Ministry we periodically convene awareness meetings on GBV, in addition to raising awareness on GBV. Community members also get a platform to engage and discuss difficult issues such as women's rights, gender equality, and practices that condone violence against women in the community.*

To understand the role these service providers play, it is necessary to explain the mandate of the Ministry of Women Affairs, Community, Small and Medium Enterprises Development as well as other services provided by CeSHHAR. The Ministry has the statutory responsibility for coordinating the national response to GBV through leading the implementation of the Domestic Violence Act in conjunction with other sectors, as well as facilitating the development and implementation of policy documents on GBV. In Hopley the Ministry coordinates all government agencies and NGOs providing various services to victims of GBV and IPV.

The Centre for Sexual Health and HIV/AIDS Research Zimbabwe (CeSHHAR Zimbabwe) (formerly known as the Regai Dzive Shiri Project), is a registered Trust that houses several HIV prevention and sexual health research and programmatic projects including working with commercial sex workers.

There are several awareness programmes offered at schools in the Hopley area as one participant indicated:

> C1 K1:2: *Some schools through guidance and counselling lessons run awareness programmes so that children realise from an early age that violence against women is not OK.*

School awareness programmes on GBV and IPV are complimented by community awareness programmes targeting adolescents with information on sexual reproductive health. Students and Youth Working in Reproductive Health Action Team (SAYWHAT), a membership-based organisation founded to provide students in tertiary institutions with sexual reproductive health information, is also present in Hopley, as noted by one participant.

> C3 ID:5: *SAYWHAT conducts roadshows to raise awareness on sexual reproductive health mainly targeting adolescents to foster personal responsibility for maintaining good sexual and reproductive health status.*

> C3 ID:5: *Arts, theatre, music, and road shows have been used to convey messages on the provisions of the constitution, women's rights as well as show the negative impact of violence. Media advocacy through radio, television, newspapers, and other social media platforms (Twitter, Facebook) are being used to share messages on domestic violence and stimulate open dialogue on GBV among community members.*

Another participant indicated the following regarding the role media and drama can play to reduce IPV:

> C1 KI:7: *The media is a very powerful medium to make people aware of the harmful effects of IPV. In addition to the traditional electronic and print media, some organisations are using campaigns on Facebook to create awareness.*

> C1 KI:14: *Awareness campaigns have given women a voice, they now have knowledge and are equipped with vital information on what to do if they experience or witness IPV. Awareness raising through community theatre is interactive and is effective in reaching people at different levels in society to foster social change and sustain community human rights activism.*

Some participants however, indicated that some men are threatened by the awareness programmes as can be seen by the following narrative:

> C1 KI:11: *Husbands feel that this awareness about women's rights has destroyed their wives … they have become too powerful and difficult to control.*

Klugman (2017) agrees with the sentiments in the narrative, namely that education regarding the harmful effects of IPV is important in making men realise that women should be seen as equal partners and not objects that must be controlled. Men should furthermore be educated regarding the important role that women play in society. Awareness programmes could thus be an effective intervention strategy. However, these awareness programmes should also challenge social and cultural norms that equate masculinity with violence, which will be discussed in the following sub-theme (Sullivan, 2018).

The aim of GBV and IPV awareness raising programmes discussed above, is to proactively reduce the likelihood of GBV and IPV from happening. Awareness raising is thus primary-level prevention where social workers could play a role by targeting families and other support systems, such as religious groups, to raise awareness on ways of reducing women's vulnerability to IPV. Social workers could also implement IPV prevention programmes in schools to challenge patriarchal societal norms that view women as subordinate. Social workers could furthermore attempt to reduce IPV through initiating skills and vocational training programmes and income-generating programmes for women to ameliorate structural contributory factors such as poverty and inequality.

#### *6.5.6.2 Sub-theme 6.2: Empowerment programmes*

Closely related to awareness programmes are the empowerment of women as an intervention strategy. Empowerment services focus on equipping women with life skills to help them to deal with conflict and other difficult situations (Nuwakora, 2014).

Plan International Zimbabwe in conjunction with the Department of Social Development are implementing a programme called Champions of Child Protection. With this programme, groups of adolescents are put into categories according to their ages and assigned to a mentor who is a professional trained to conduct sessions with adolescents and their parents or guardians. The training focuses on topics of interest, such as sexuality, that the adolescents and their parents or guardians discuss, with guidance from the mentor. Part of the programme is that both parents and adolescents get practical assignments to solve, for example, how to communicate with each other. The following narrative indicates how these empowerment programmes could be utilised as a prevention strategy in schools:

> C1 KI:14: *The aim of the Champions of Child Protection training is to change norms and beliefs, for example, masculinity and gender stereotyping that views boys as macho and authoritative while on the other hand viewing girls as weak and submissive. The sessions teach boys to respect and treat girls as equals to help them move away from patriarchal notions that underlie IPV. Girls are taught self-assertiveness to help them believe in themselves and to regard themselves as equal with boys and stand up and challenge patriarchal notions*

The Champions of Child Protection programme is modelled on the American school-based Safe Dates programme, which aims to prevent teenage domestic violence as well as IPV (Foshee et al., 2014). The Champions of Child Protection programme has the potential to reduce IPV, as did the Safe Dates programme that showed, in a four-year follow-up evaluation, that students exposed to the programme reported between 56% and 92% less perpetration and victimisation, respectively, when compared to control students (Foshee et al., 2014).

However, while it is important to empower girls (and women) to stand up for their rights, it will be difficult for women and girls to claim their rights, if the broader society and the family environment are still dominated by patriarchal social norms. In fact, being taught

to be self-assertive, would not be of any benefit to women if men continued to be in control and to dominate. Tenkorang et al. (2013) argue that structures of exploitation and power are prevalent in Africa and that abuse against women will continue if these oppressive structures are not modified to acknowledge the value and virtue of women.

Some women empowerment programmes in Hopley specifically aim to generate income for vulnerable women as shown in the following narratives:

> C3 ID:4: *Internal Savings and Lending (ISALs) clubs help us save money, we contribute small amounts of money every week or month say USD1 per person. We don't keep the money idle, but we lend it out to members and charge interest. At the end of the year, we share all the money among the members. This money has helped us a lot because we have been able to buy chemicals that we use for manufacturing Vaseline or glycerine that we sell for income generation and have our own money as women.*

> C1 KI:10: *The Chiedza Child Care Centre (CCCC) is providing women with skills training and seed money for income generating projects such as making candles and bags. They also help identify markets for the products.*

The Chiedza Child Care Centre (CCCC) mentioned in the above narrative, was established in 2001 to respond to the impact of HIV and AIDS through offering meals and early childhood education services to children who had been orphaned due to AIDS-related illnesses. The CCCC is now broadly responding to the impact that HIV and AIDS have on children and families, and has expanded its scope to include child protection, education, health, nutrition, and the economic strengthening of households.

> C2 F2:7: *Technical and vocational training programmes that are being offered by Katswe Sistahood offer long-term life skills that women can use to achieve financial independence which reduces their vulnerability to IPV.*

Katswe Sistahood is a movement of young women fighting for the full attainment of sexual and reproductive health rights (SRHR) by women in Zimbabwe. Thus, Katswe Sistahood enables young women to mobilise, organise, and articulate their needs and aspirations in respect of SRH education, SRH services, and legal protection. The Sistahood furthermore communicates these to policy makers and implementers. In

Hopley, Katswe Sistahood is providing women with training for income-generating projects and seed capital for sewing, soap, and detergent making.

Although these narratives note a positive impact of programmes aimed and economically empowering women, some participants had reservations on the effectiveness of such programmes as can be seen from the following narratives:

> C1 KI:7: *Men can use force to take away money from a wife's internal savings and lending (ISAL) funds. Some women never get to use their money as planned because their husbands demand the money and make unilateral decisions on how to use the money.*

> C1 KI:3: *Cash transfers being provided by Dan Church Aid (DCA) are intended to alleviate poverty, but they are causing violence in Hopley right now because women are the primary recipients and men are not happy because it has taken away their position of control.*

Despite the aforementioned concerns some participants had about the adverse impact of the cash transfer programme, evaluations of CT programmes elsewhere indicated that most of the programmes showed reductions in IPV, especially for physical and/or sexual IPV (Buller et al., 2018). Unfortunately, some men might feel threatened if they do not have control over household financial resources and may resort to violence to regain the lost control from women.

Some participants felt that the existing empowerment interventions, such as ISALS, were not that effective because they did not address the structural issues that predisposed women to IPV, for example, poverty, patriarchy, and culture.

> C1 KI:7: *Some common so-called empowerment interventions such as Income Savings and Lending Clubs do not empower women in a sustainable way. There is need for empowerment and livelihoods programmes to empower women economically to enable them to make important decisions, such as reporting or leaving an abusive partner. The lack of economic empowerment programmes affects the effectiveness of other interventions, for instance, many women are now aware of their rights in relation to IPV, but they are constrained in terms of reporting or leaving an abusive partner because they are economically*

*dependent on them. As a result of lack of economic independence, women's high level of awareness on IPV is rendered impotent because it is not impacting on their lives.*

It is significant that authors such as Smith, Basu, Wolford-Clevenger, Schuler, Kuhlman and Boone (2020) also indicate that factors such as unfulfilled personal needs, for example, inclusion and affection, are often associated with acceptance towards IPV. Negativity about the self, is another factor that could contribute to IPV. It is thus clear that empowerment programmes should address several issues (unfulfilled needs, economic independence, building of self-confidence, etc.) in order to be effective. To assist with the attainment of economic independence is thus only one of many aspects of empowerment programmes. Tenkorang et al. (2013) mention that life-skill programmes and improvement of educational levels should also be part of empowerment programmes.

#### *6.5.6.3 Sub-theme 6.3: Legal programmes*

Organisations such as the Women and Law in the Southern Africa Research and Education Trust (WLSA) and the Women and Zimbabwe Women Lawyers Association (ZWLA) render legal services that provide legal protection for abused women as well as prosecution of male perpetrators. The ZWLA has been collaborating with other organisations such as the Legal Resources Foundation, in conducting legal education on GBV in various communities. The WLSA's training of CPOLs ensures that information on legal aid services is accessible within the community. Community-based legal information service providers have a deep knowledge of the people they serve and can provide solutions to individuals and community groups. In this regard, CPOLs play an important role in providing victims with information on the provisions of the Domestic Violence Act, for instance, providing protecting from cultural or customary practices such as forced virginity testing, female genital mutilation, and forced marriages (Zimbabwe, 2006). CPOLs also raise awareness that domestic violence is a crime that can be punishable by imprisonment for up to 10 years (WLSA, 2015).

The WLSA is one of the leading organisations that provides legal services to victims of GBV. The WLSA also conducts research and produces publications that could be used by different stakeholders such as policy and law makers. In Hopley, the WLSA

provides legal assistance to victims of GBV and IPV and raises awareness on legal provisions that allow victims of GBV and IPV to seek recourse through the criminal justice system. Similarly, the ZWLA champions the rights of women and children by providing free legal aid and working towards creating frameworks that allow for an environment where women and children's rights are enjoyed and protected. In Hopley, the ZWLA provides legal education and advocacy and aims to empower women to lead social change and be able to articulate, demand, and enjoy their rights.

While it is commendable that both the WLSA and ZWLA render legal services to abused women, it must be noted that different factors affect the effectiveness of these services. As noted under Sub-themes 5.3 and 5.5, the use of a legal approach to address IPV can cause the victims more harm than good. For example, victims who report their husbands to the police may end up withdrawing the reports due to retribution from the husband's family. As indicated, programmes aiming to reduce IPV such as awareness, empowerment, and legal programmes, would not have the desired outcome in a male-dominated society where men do not treat women as equal partners (Tenkorang et al., 2013).

It is interesting that some participants noted the value of legal programmes for women exposed to IPV, as at least some protection could be provided as highlighted in the following narratives:

> C1 KI:7: *Legal awareness programmes being implemented in the community by the WLSA and ZWLA have really changed the lives of some women. For example, some have been assisted to apply for Protection Orders against their abusive husbands while others have been helped to apply for payment of maintenance by economically abusive husbands for the family's upkeep.*

> C3 ID:3: *The WLSA has represented abused women with complicated cases in court and fought for their rights, especially in divorce cases where husbands want to take away everything and leave the women with nothing.*

However, there were also participants who indicated that legal programmes often did not produce the desired results and that abused women were re-victimised by the legal system, being treated as if they were to blame for the abuse.

> C1 KI:14: *Many women now have awareness about their legal rights and are empowered to report their abusive husbands to the police and stand in court as complainants. However, many times abused women feel re-victimised by the legal system, starting with the police who seem to blame them for the abuse they suffer, and the court processes take too long for their cases to be heard and concluded.*

As discussed in Chapter 3, the Zimbabwean regime condones violence and discriminates against women. A woman who has the courage to report abuse is often not seen in a serious light, especially if her male partner is an important person in society, it is often a case of her word against his. Thus, the legal system that is supposed to protect women, ends up failing them (Henderson et al., 2017; Hossain et al., 2014). Some women also view IPV as 'normal' and will thus not seek legal services (Smith et al., 2020).

In this regard, social workers could collaborate with the police and the criminal justice system in ensuring a victim-centred approach to service provision. For instance, social workers could assist victims of GBV and IPV in obtaining protection orders and in facilitating referrals to NGOs, such as the Musasa Project that provide emergency shelter to ensure the safety and protection of victims and their children.

Social workers could also facilitate referrals for victims to access legal services. In Zimbabwe, referrals for legal aid could be to the Legal Aid Directorate (LAD) that provides legal aid to citizens who are unable to afford legal fees, or as discussed above, to NGOs such as the WLSA and ZWLA that provide legal support services and court representation to female victims of GBV and IPV (Zimbabwe & Gender Links, 2013).

Social workers could also advocate for legal and policy reform for IPV to be recognised and treated as a social problem that transcends a narrow criminal characterisation. IPV falls within the social work domain because it affects family welfare, children, and women's wellbeing, and because it results in other problems that social workers must deal with at a secondary level, such as mental health issues. Social workers could furthermore lobby for the promotion and acceptance of extra criminal-judicial system interventions to address IPV, for example, mediation and reparations, in view of the

economic and cultural constraints that discourage victims from using the criminal justice system discussed under Sub-theme 5.5 on limitations of legislative frameworks.

#### *6.5.6.4 Sub-theme 6.4: Rehabilitation services*

As discussed in Chapter 4, rehabilitation services are vital for abused women's wellbeing (Sullivan, 2018). Rehabilitation services are aimed at improving and maintaining the social functioning of victims of IPV whose functioning are impaired as a result of the physical and psychological effects of IPV and are provided in a wide range of settings, including health facilities and communities. Rehabilitation services for victims of IPV include crisis intervention, shelter, advocacy, legal advocacy, support groups, and individual counselling. The main focus points of these services are to increase women's physical safety, enhance their knowledge of IPV dynamics and the resources available, refer them to community resources, to assist them in accessing the justice system, to normalise women's experiences, to increase their coping mechanisms, and to decrease their isolation (Macy, Giattina, Sangster, Crosby & Montijo, 2009).

Rehabilitation services for victims of IPV include providing shelters for abused women. Shelters aim to provide victims of IPV with places of safety where they can seek refuge from perpetrators. However, while shelters provide an important service for victims, they are only effective in the short term, due to the lack of the economic empowerment of women. The limited effectiveness of shelters was also noted by Njie-Carr et al. (2020) who described shelters as an important space for abused women from where they could either return to abusive relationships or permanently leave them.

> C1 KI:13: *There are shelters for abused women run by organisations like the Musasa Project, but these are temporary and can only thrive in a supportive economy. Often women who go into these shelters end up going back to the abusive relationships for financial reasons. For interventions to be effective they also need to address the economic capacity of women to make them less dependent on men to enable them to walk away from abusive relationships and marriages.*

As noted in the World Health Organisation's definition, IPV causes physical, sexual, or psychological harm to the victim (WHO, 2012). The harm that victims of IPV suffer

require rehabilitation through the provision of medical and clinical services. One of the participants confirmed that the local Tariro Clinic provided clinical services to victims as noted in the following narrative:

> C1 KI:8: *To enhance the provision of medical services to victims of IPV in the study area, UNFPA partnered with the International Labour Organisation, the City of Harare Health Services Department, and Lafarge Cement to construct Tariro Clinic. The clinic provides clinical services to victims of GBV, for example by treating physical injuries and managing pregnancy complications resulting from physical abuse.*

As will be seen in the narratives below some participants were sceptical about the effectiveness of rehabilitation interventions in the study area.

> C1 KI:6: *The ineffectiveness of interventions has been brought to the fore by the findings of the 2010 and 2015 Zimbabwe Demographic Health Surveys (ZDHS) that showed the same levels of violence despite the concerted efforts to curb it. There is a current move to revisit the prevention activities to tackle root causes of IPV. For example, underlying cultural beliefs and values about marriage are an impediment, even for educated women who are more economically independent but will not leave an abusive relationship because of cultural values around marriage.*

> C1 KI:7: *The effectiveness of the various rehabilitation interventions being implemented to curb IPV in Hopley is difficult to assess because of the difficult national socio-economic environment that exacerbates the contributory factors of IPV. The increasing levels of poverty and deprivation create and reinforce conditions favourable for the victimisation and perpetration of IPV.*

It is clear from the abovementioned discussion that there are several factors that play a role in the effectiveness of rehabilitation services such as patriarchal beliefs and norms that make it difficult for abusive men to reform, as well as adverse economic factors that prevent women from leaving abusive marriages.

The sceptical assessment of the effectiveness of current interventions presented above has implications for social work intervention. As seen from the findings, social

workers are not actively involved in any of the interventions. Although some of the key informants were social workers by training, they were not providing social work services. The lack of social work services for victims of IPV could be related to a lack of resources and appreciation of the profession's importance in the country which has resulted in many social workers migrating to South Africa, the United Kingdom, and Australia, where the profession is highly regarded. However, it is clear that social workers do have a role to play in IPV, for instance in the field of rehabilitation, where social workers could provide victim-centred services such as counselling and therapeutic support to women who have been experiencing IPV.

As discussed, the effects of IPV also impact children and members of the wider family. The members of these families, including the perpetrator, could all be serviced by a social worker. Social workers can use case work to address issues between the abused woman and her male partner, family therapy to assist the whole family, group work for women and male perpetrators, and community work to establish needed resources and training of relevant role players such as the police. Furthermore, social workers can apply their knowledge of different service providers and referral pathways to ensure that victims have access to a holistic package of services.

Finally, social workers could focus on perpetrators of IPV through rehabilitation and reintegration programmes aiming to prevent repeated perpetration with the same or different partner(s). These rehabilitation programmes for perpetrators could aim to address contributory factors of IPV such as drug and substance abuse through psycho-social and bio-medical addiction treatment programmes where social workers collaborate with psychologists, psychiatrists, and doctors.

## 6.6 CONCLUSION

From the above discussion it is clear that there are different levels at which social workers could intervene to curtail the contributory factors of IPV or assist victims of IPV. Due to the lack of social work services in Zimbabwe, interventions to women exposed to IPV are often rendered by other service providers, such as the police, nurses and lawyers. It is also noteworthy to bear in mind that social workers render services to women exposed to IPV on the micro-, meso-, and macro-levels of the Bronfenbrenner's ecological perspective as discussed in Chapter 3.

On a micro-level, social work intervention would focus on the wellbeing of women, their relationships with perpetrators, the dependent children under their care and possible family members that could support them. During social work intervention social workers could also identify and address stressors which could fuel violence, such as unemployment or poor coping skills. On a meso-level neighbours and community leaders could be utilised to support women who are abused. Social workers could also conduct group sessions with abused women to empower them and to equip them with life skills and resources. On a macro-level, social workers would be informed about the relevant legislative frameworks within which they would be able to deliver their services.

# CHAPTER 7

# CONCLUSIONS AND RECOMMENDATIONS

## 7.1 INTRODUCTION

The goal of the study was to gain an understanding of the views of service providers on factors contributing to IPV in Zimbabwe and to explore implications for social work intervention. In Chapter 6 the findings of the empirical study were presented, whereas this chapter will draw conclusions and recommendations from the abovementioned findings, in order to improve service rendering specifically for service providers who render services to women exposed to IPV. This Chapter will therefore fulfil objective five of this study.

In order to make relevant conclusions and recommendations the objectives of the study were addressed as indicated below.

### 7.1.1 Objective 1

*To provide a theoretical discussion of IPV, to investigate and to explore the nature, scope and severity of IPV in Zimbabwe.*

In Chapter 2 an overview of IPV including the cycle of violence, was provided. The nature, scope, and severity of IPV in Zimbabwe were furthermore specifically explored. Some aspects that were discussed were poverty, as well as the general status and gender relations of women in Zimbabwe.

### 7.1.2 Objective 2

*To discuss contributing factors and effects of IPV according to the ecological perspective.*

In Chapter 3 the researcher ordered the different factors that could lead to IPV into the micro-, meso- and macro-levels of the ecological perspective. Factors contributing to IPV in Zimbabwe were also presented in this Chapter. The psychological, reproductive health, HIV, morbidity, and mortality effects were also discussed.

### 7.1.3 Objective 3

*To describe intervention strategies to curb IPV, including, social work strategies worldwide, in Africa and in Zimbabwe and present an overview of policies and legislation regarding IPV.*

In Chapter 4 the relevant intervention strategies being implemented to assist victims of IPV were presented. The relevant policies and legislation utilised to address IPV were also discussed. The Integrated Service Delivery Model (ISDM) of South Africa was used as a framework to discuss the different levels of service rendering, namely primary, secondary, and tertiary level.

### 7.1.4 Objective 4

*To empirically investigate the experiences of service providers regarding contributing factors of IPV in Zimbabwe and the implications for social work intervention.*

Chapter 5 served as a background on the research steps the researcher took to conduct the empirical study. In Chapter 6, the results of the empirical study where the researcher ordered the data into themes, sub-themes, and categories, were presented and the implications for social work intervention were also addressed in the results.

### 7.1.5 Objective 5

*To present relevant conclusions and recommendations to service providers working on curbing IPV in order to improve service rendering.*

The fifth objective is addressed in this chapter. In the conclusions, the researcher answered the research questions that were formulated in Chapter 1, namely:

- What are the factors that could contribute to intimate partner violence in Zimbabwe?
- How do the identified factors that could contribute to intimate partner violence influence social work intervention?

The conclusions and recommendations will follow the same pattern as the empirical findings in the previous chapter. Firstly, conclusions and recommendations of the

profile of the participants will be made and then according to the themes, sub-themes and categories.

## 7.2 PROFILE OF THE PARTICIPANTS

A total of **44** participants took part in this study. The profile of the participants indicate that they were all service providers and had experience in rendering services to abused women. The **14** key informants hold different positions in government departments as well as in non-governmental Organisations (NGOs) that are implementing programmes to curb IPV in the study area. The COPLs are community members who volunteered to be trained on GBV and IPV and contributed in addressing the issue of IPV through raising awareness, identifying cases, and facilitating referrals to service providers. A total of **23** participants took part in the 2 FGDs; **12** in FGD 1 and **11** in FGD 2 and another **7** CPOLs participated in telephonic in-depth interviews. All the participants were therefore rendering services in the Hopley area. As was indicated under the limitations of the study in Chapter 5, the idea was to only interview social workers, however it was not possible to conduct the interviews due to the scarcity of social workers providing social work services in the Hopley area. However, by including views from other service providers as reported in Chapter 6, the research findings were enriched.

It can be concluded that all the participants met the criteria for inclusion as was indicated in Chapter 1. It is also concluded that all the participants were familiar with the research area and the challenges people experienced in this community, specifically abused women.

## 7.3 THEMES

The following themes, as had been presented in Chapter 6, were identified and conclusions and recommendations are made for each theme as presented below.

### 7.3.1 Theme 1: Understanding of intimate partner violence

In Chapters 2 and 3 the researcher provided a literature review of IPV. In Chapter 6 the first theme that was identified was “understanding of IPV”. Participants indicated

their understanding of IPV in the research context. This theme was divided into four sub-themes.

The first sub-theme was cultural norms. The findings indicated that the participants understood IPV from a cultural normative perspective where victimisation of women by their husbands or partners was considered acceptable.

The second sub-theme was the violation of rights where IPV was regarded as a violation of women's rights by a current or former intimate partner with the deliberate intention to harm the victim physically or emotionally.

The third sub-theme was the status of women. The research findings show that while both men and women could be perpetrators of IPV, women were more prone to victimisation than men because of their subordinate position in society. The subordinate position of women was also cited as a contributory factor to IPV between co-wives in polygamous marriages.

The fourth sub-theme was the extent and severity of IPV. Findings showed that IPV was a common problem in Hopley. However, many victims did not report the cases to the police for fear of being blamed for instigating the violence. Victims also did not share their victimisation with friends, relatives, or even nurses at the local clinic who treated their IPV related injuries for fear that disclosure would trigger more violence.

It can be concluded that the participants had a sound understanding of IPV and the effect that IPV had on women. It can also be concluded that the participants were aware that women were disproportionately victimised due to gender inequalities. It was, however, difficult to determine the true extent and severity of IPV due to under-reporting by victims.

As was shown in Sub-theme 3, the status of women predisposed them to IPV. It is therefore recommended that social workers as well as other social service providers should be equipped with knowledge on the influence of culture on IPV and how it predisposed some women to victimisation.

It is further recommended that the police must strengthen its victim friendly unit (VFU) services at all police stations, including police posts, to provide victims with a more supportive environment to report cases. Additionally, it is recommended that measures

be put in place to provide emergency shelters to victims who are at risk of further violence for disclosing and reporting IPV victimisation.

Finally it is recommended that social workers are utilised to render supportive services to victims of IPV in collaboration with the police and other stakeholders such as medical facilities.

### 7.3.2 Theme 2: Types of intimate partner violence common in the study area.

In Chapters 2 and 3 the researcher provided a literature review of the different types of IPV. In Chapter 6 the second theme identified was “types of IPV common in the study area”. Participants identified the types of IPV that were common in the research area. This theme was divided into five sub-themes of physical abuse, emotional abuse, economic abuse, sexual abuse, and stalking.

The first sub-theme was physical abuse. The findings indicated that women were physically abused and sustained physical injuries that in some cases resulted in pregnancy complications, such as bleeding or miscarriages. It was also found that victims of physical abuse could access medical services but would not reveal the true cause of their injuries for fear of further abuse for disclosing abuse.

The second sub-theme was emotional abuse. The findings showed that the emotional abuse of women usually co-occurred with verbal abuse and could escalate into physical violence. Victims of emotional abuse suffered psychological trauma that could result in alcohol abuse by or infidelity of the victim.

The third sub-theme was economic abuse. The findings revealed that women were subjected to economic abuse by their husbands who wilfully withheld money allocated for household needs or controlled the use of money their wives earned. It was made clear that economic abuse affected the whole family and could push children to become criminals in order to earn money for food.

The fourth sub-theme was sexual abuse and findings showed that women were often forced to have sex against their will or forced to engage in certain sexual acts against their will. In some cases, women were forced to have unprotected sex by their partners who were aware of their own HIV positive status.

Technology facilitated sexual violence (TFSV) was cited as another form of sexual abuse where perpetrators used social media platforms to post nude pictures of their former partners in revenge for them having ended their relationship. Social media platforms could also be used as an avenue for cyber stalking through which current and former partners were tracked.

The fifth sub-theme was stalking. Findings indicated that through social media platforms stalking could be physically and/or an electronically performed. Stalking was also identified as a precursor to physical and emotional violence.

It can be concluded that different forms of abuse identified in the area could co-occur, for example, emotional and physical violence. It can also be concluded that one type of violence can be a precursor to another type of violence, such as sexual abuse that can lead to physical abuse. The emergence of social media has fuelled the occurrence of technology facilitated sexual violence (TFSV).

It can further be concluded that all forms of abuse affect women, for example, physical violence can result in pregnancy complications while the effects of economic abuse also have a far-reaching impact on children.

It is recommended that rehabilitation interventions to tackle the effects of IPV need to also ameliorate the effects of psychological trauma that victims experience.

It is recommended that nurses should be trained to identify cases of IPV when women present at health facilities to access treatment for IPV related injuries or pregnancy complications. Identification of IPV cases by health personnel will enable them to provide a more holistic package of services as well as facilitate necessary referrals, for instance, for psychosocial support. It is also proposed that social workers form part of the health care team rendering services to women exposed to IPV.

It is further recommended that interventions for IPV must be integrated with child protection interventions in order to address IPV and child protection problems more effectively. For example, findings of this study showed that economic abuse could result in children engaging in criminal activities for survival which could result in child protection problems such as child delinquency. It is therefore also recommended that social workers must be trained in attending to the different types of IPV and their effects

to enable social workers to provide a holistic package of intervention services. For instance, addressing the root problem of economic abuse may prevent the resultant child protection problems.

Finally it is recommended that the Postal Telecommunications Regulatory Authority of Zimbabwe (POTRAZ) must enhance the enforcement of regulations for social media content to curb the rising occurrence of technology facilitated sexual violence (TFSV).

### 7.3.3 Theme 3: Factors that contribute to intimate partner violence on a micro-level

In Chapter 3 the researcher provided a literature review of the different factors that could lead to IPV on the micro-, meso- and macro-levels of the ecological perspective. In Chapter 6 the third theme was “factors that contribute to IPV on a micro-level”. This theme was divided into four sub-themes, namely women’s challenges, significant others, conflict in relationships, and substance abuse. These four sub-themes were further divided into different categories, namely, informal marriages, power struggles in marriages, and children’s unmet needs, which are presented in the following section.

The first sub-theme identified was women’s challenges. The findings indicated that many young girls were entering into marriage at the early ages of 13 or 14 years due to poverty or religious beliefs, whereas others were forced into unplanned marriages by their parents after they fell pregnant. Polygamy, the traditional practice of paying lobola, and infidelity by husbands were also identified as some of the challenges that women faced and that contributed to IPV.

Informal marriages were identified as a category under the sub-theme of women’s challenges. Most of the early or forced marriages were not customarily formalised through the payment of lobola or registered with the Courts. Husbands in informal marriages were not committed to their partners and this lack of commitment resulted in IPV.

Virginity testing was identified as the second category under the sub-theme of women’s challenges. The practice of virginity testing was closely related to forced marriages where female partners were susceptible to IPV victimisation because they were forced onto a partner.

It can be concluded that several women face a plethora of challenges, such as early and forced marriages, polygamy, and infidelity by husbands that make them susceptible to IPV. It can also be concluded that some of the challenges women face emanate from non-formalisation of marriages, religious beliefs, and the abuse of some traditional practices such as virginity testing and the payment of lobola.

It is recommended that women should be encouraged to formalise and register their informal marriages to attain respect from their husbands thereby discouraging them from perpetrating IPV against them.

It is further recommended that there should be enhanced enforcement of existing legislative measures to curb early and forced marriages. Furthermore, religious leaders and parents who force girl children into marriage should be prosecuted and sentenced to custodial terms as a deterrent. It is proposed that social workers also render tertiary services in this regard in order to reduce the number of child and forced marriages.

The second sub-theme was significant others. The findings identified members of the extended family and friends as categories of significant others who provided an important support system for abused women. The significant others could provide abused women with advice and information on how and where to report the abuse as well as where to access services. Family and friends could also provide material support such as food and accommodation. While the positive contribution of the significant others was acknowledged, it was however, also noted that the extended family could contribute to the occurrence of IPV, for instance, when parents interfered in their child's marriage. Friends could also have a negative influence by urging their abused friends to seek solace through having extra-marital affairs, as this could exacerbate the occurrence of IPV in their marriages.

It can be concluded that extended family members and friends are important sources of support for abused women as they provide moral and material support, as well as information on how to report cases and access other services. However, it can also be concluded that extended family and friends may have a negative influence on abused women, which could worsen the occurrence of abuse.

In view of the important role that the extended family plays in supporting abused women, it is recommended that social workers should come up with interventions to

strengthen families and social networks, as well as build their capacity on conflict resolution.

It is recommended that a ‘buddy system’ be set up for abused women to share experiences and support each other. Women can be provided with information and basic skills to provide supportive and therapeutic counselling to each other. Social workers could add valuable input regarding this type of informal support.

The third sub-theme identified was conflict in relationships. This sub-theme was further split into four categories, namely power struggles in marriage, non-disclosure of HIV status, children’s unmet needs, and disagreements on how to support the extended family.

Under the category of power struggles in marriage the findings showed that divergent views on the husband’s and wife’s position and role in the marriage culminated into power struggles that resulted in IPV. Bible verses and other church doctrines were often cited by men to support the subordinate role of women in marriages.

Under the category of non-disclosure of HIV positive status, it was reported that the non-disclosure by one of the partners could lead to IPV in a marriage. For instance, a possible reason for non-disclosure of an HIV positive status could be fear of rejection by the partner.

Another category that was identified was the unmet needs of children, as the failure to meet children’s needs due to economic difficulties, could trigger IPV. For instance, girl children whose needs were not being met at home, resorted to dating older men who could address those needs. The parents’ failure to meet the needs of their girl children and to avoid the resultant transactional relationships their daughters ended up in, meant the parents were blaming each other.

Under the category of disagreements on how to support the extended family, findings showed that such disagreements could result in IPV.

It can be concluded that conflict in relationships that emanated from power struggles in marriage, non-disclosure of HIV status, children’s unmet needs, and disagreements on how to support the extended family, all contributed to IPV.

It is recommended that there is a need for marital strengthening programmes which could target couples with the aim of improving communication and gender equity. Social workers have the required skills to implement such programmes.

Non-disclosure of an HIV positive status by a partner for fear of rejection by the other partner was identified as a contributory factor to IPV. It is therefore recommended that social workers must be involved in the provision of HIV testing, care and treatment services in order to do awareness raising on the disclosure of HIV positive results as well as the importance of social support between partners when one of the partners discloses an HIV positive result.

It is recommended that the Zimbabwean Government and NGOs should consider implementing social protection programmes to cushion families from the difficult economic situation prevailing in Zimbabwe. Social protection programmes in cash or in commodities will enable families to meet basic needs, such as food and sanitary ware for adolescent children.

The fourth sub-theme was the abuse of alcohol and drugs. The findings indicated that there was widespread alcohol and drug abuse in the study area due to idleness, poverty, and the availability of alcohol (in unregistered outlets) and illegal drugs. It was found that alcohol and drug abuse caused conflict in relationships, which contributed to IPV.

It can be concluded that alcohol and drug abuse is common in the study area and that the abuse thereof contributes to IPV.

It is recommended that education and awareness campaigns on the negative effects of alcohol and drug abuse be stepped up in the study area. Social workers are well equipped to conduct this type of education and awareness.

It is recommended that the enforcement of regulations on the sale of alcohol in the area be enhanced to ensure that alcohol is only accessible through regulated outlets. It is further recommended that multi-sectoral efforts be instituted to curb the peddling of illegal drugs in the area. While the police have a statutory responsibility to curb the peddling of illegal drugs, the community also has a big role to play in providing the police with information.

In view of the finding that the alcohol and drug abuse could be attributed to idleness and poverty, it is recommended that the Municipality of Harare together with relevant line government ministries, must provide recreation facilities and activities to reduce idleness in the community. To ameliorate the influence of poverty it is recommended that NGOs should expand their skills training and income generating interventions in the Hopley community to increase the number of beneficiaries. It is proposed that social workers be employed at NGOs to conduct these interventions.

It is further recommended that social workers must be capacitated to respond to issues of alcohol and substance abuse through the provision of individual, group, and community interventions.

### 7.3.4 Theme 4: Factors that contribute to intimate partner violence on a meso-level

The literature review in Chapter 3 presented different factors that could lead to IPV on the micro-, meso- and macro-levels of the ecological perspective. Factors that contributed to IPV on a meso-level was identified as the fourth theme in Chapter 6. Sub-themes of poverty and community tolerance of IPV were identified as two sub-themes under Theme 4.

Four categories were further identified under the sub-theme of poverty namely: low economic status of women, unequal economic opportunities and resources between men and women, low levels of income and lack of employment opportunities for men.

Under the category of low economic status of women, findings revealed that women's economic dependence on men elevated their risk to IPV victimisation. Women's economic dependence on men prevented many women from leaving abusive marriages.

Under the category of unequal distribution of economic opportunities and resources between men and women it was reported that patriarchy and other traditional practices contributed to IPV. For instance, women would have no power to contribute to important household decisions such as the use of financial resources in the home, and if the woman wanted to contribute, such action would often result in IPV.

The third category that was identified was low levels of income in the study area. Findings showed that conflicts often occurred regarding the use of the available low incomes. It was also reported that poverty alleviation interventions, such as cash transfers, could trigger IPV with some husbands feeling disrespected that their wives were the registered recipients instead of them.

The last category to be identified was the lack of employment opportunities for men. Findings showed that many men were reluctant to take up informal employment opportunities, such as vending and brick moulding, in the study area. In contrast, women were willing to take up vending to earn a living for the family. However, the reversal of traditional roles that occurred when women become the breadwinners often resulted in IPV.

It can be concluded that poverty contributes to IPV on a meso-level. It can also be concluded that the low economic status of women makes them economically dependent on men which exacerbates their vulnerability to IPV and prevents them from leaving abusive marriages.

Furthermore, it can be concluded that the unequal distribution of economic opportunities and resources between men and women leaves women with little power to contribute to important household decisions.

Finally it can be concluded that low levels of income contribute to IPV and that some poverty alleviation interventions such as cash transfers to women could also trigger IPV because the modalities for receiving cash could upset men’s traditional role of being the breadwinners.

It is recommended that the Zimbabwean Government through the Ministry of Women Affairs, Community, Small and Medium Enterprises Development and in conjunction with partner NGOs, should introduce skills training and income generating interventions that are tailor made for women in order to enhance their economic independence.

In view of the finding that cash transfers intended to alleviate poverty could contribute to IPV, it is recommended that there is an urgent need to employ social workers to

assess the unintended social impact of such interventions and to put necessary mitigation measures in place.

It is recommended that the Government ministries and NGO partners implementing interventions in the study area should introduce a consolidated poverty alleviation plan to ameliorate poverty at household level.

The community's tolerance of IPV was identified as the second sub-theme of factors that contributed to IPV on a meso-level. Findings showed that the high incidence of violence among different community members in Hopley was an indicator of the community's tolerance of violence in general which resulted in the tolerance of IPV.

It can be concluded that the community's tolerance of violence in general, contributes to the occurrence of IPV.

It is recommended that law enforcement agencies should increase their efforts to curb the incidence of violence among community members, and social workers be employed to render services to perpetrators to reduce violence, identify healthier ways to deal with conflict and offer anger management programmes.

### 7.3.5 Theme 5: Factors that contribute to intimate partner violence on a on a macro-level

The literature review provided in Chapter 3 presented the different factors that could lead to IPV on the micro-, meso- and macro-levels of the ecological perspective. Factors that contributed to IPV on a macro-level was identified as the fifth theme in Chapter 6. Six sub-themes were identified under Theme 5, namely, low levels of education, norms on male dominance, societal beliefs, COVID-19, limitations of legislative frameworks and religion. Some of the sub-themes were further split into categories that are presented under the respective sub-themes.

The first sub-theme was low levels of education. Findings showed that many children in the study area dropped out of school at an early age due to a lack of tuition fees and because they had little regard for educational attainment. Girls who dropped out of school at an early age failed to find opportunities to earn a living and ended up in child marriages that were susceptible to IPV.

It can be concluded that low levels of education contribute to IPV, and that girls who had little to no education, would have limited work opportunities and could end up in early marriages susceptible to IPV.

It is recommended that funding for social protection programmes to keep children in school such as the Basic Education Assistance Module (BEAM) should be increased as increased funding would improve the benefit package, such as tuition fees, stationery, and school uniforms.

It is further recommended that NGOs operating in the Hopley area should identify and nurture young people, especially girls from the study area whose academic achievements have improved their life circumstances. These young people could then become role models and education ambassadors in the study area as an example that pursuing education is worthwhile.

The second sub-theme was identified as norms on male dominance. Findings showed that there was a social expectation that men should use violence to maintain control over their wives. Some men considered IPV as a form of discipline and strategy to ensure that wives were submissive to them.

Patriarchal beliefs were identified as a category under norms on male dominance. Patriarchal beliefs influenced men's desire to maintain dominance over their wives, for instance through preventing their wives from pursuing careers so that the men would remain dominant by being the sole breadwinners of the family.

It can be concluded that norms on male dominance contribute to IPV because they legitimise the use of violence to maintain control over women. The norms on male dominance find expression through patriarchal beliefs that regard men as the providers and women as dependents.

It is recommended that social workers should design and implement interventions to re-socialise the community to transform norms on male dominance by promoting equitable gender norms. The recommended interventions should target the community at large but have a specific focus on males so as to encourage critical reflection on norms on male dominance.

The third sub-theme identified was that of societal beliefs. Under this sub-theme findings showed that the societal beliefs and expectations of married women made it difficult for them to report cases of IPV against their husbands. For instance, women found it difficult to report cases of marital rape because their families would not believe that a wife could be raped by her own husband. Negative societal attitudes towards divorced women also made it difficult for victims of IPV to leave their abusive relationships.

It can be concluded that because of societal beliefs it is difficult for married women to report cases of IPV, especially marital rape. It can further be concluded that negative societal attitudes towards divorced women, force abused women to persevere in their abusive marriages.

It is recommended that community and societal strategies be implemented to shift societal beliefs on IPV, particularly how women who report IPV or leave abusive marriages, are viewed. Social workers are an asset in this regard and would be able to render this type of services.

The fourth sub-theme was the COVID-19 pandemic and the attendant lockdown measures imposed to contain the spread of the virus. Findings showed that the lockdown caused job losses with the result that husbands were spending time at home with little to no income. Frustration from losing their jobs and the expectations that they should provide for the family as the breadwinners precipitated conflict between husbands and wives which often escalated into violence.

It can be concluded that the COVID-19 induced lockdown measures caused job losses and that the resultant frustration was contributing to IPV.

It is recommended that the Government puts a COVID-19 emergency relief fund in place in order to support employers to keep their employees and to minimise job losses. The recommended relief fund should also be extended to assist individuals who have already lost their jobs with a minimum income grant to meet their basic needs, such as food and accommodation. It is proposed to make use of social work intervention that proved to be beneficial and of great value to vulnerable households in crises such as COVID-19.

The fifth sub-theme was limitations of the legislative framework. Findings indicated that Zimbabwe's legal framework seemed to be limited in curbing IPV because there was no specific legislation for IPV, and because IPV was covered under gender-based violence. Women's economic dependence on their abusive husbands was another limitation as this dependence prevented them from reporting IPV for fear that if their husbands were incarcerated, it would affect their livelihoods and that of their children. It was found that some victims were reluctant to report cases of abuse to the police and follow them through the criminal justice system because of alleged corruption among the police.

Thus, although Zimbabwe has a legislative framework to curb IPV, it can be concluded that the effectiveness of that framework is limited by a number of factors. These factors are the lack of specific legislation addressing IPV, the economic dependence of women on abusive husbands that discourages women from reporting cases of IPV, and the alleged corruption of police officers.

It is recommended that NGOs and other civil society organisations should lobby parliament to propose specific legislation to curb IPV as such legislation would help address some of the current gaps emanating from the legislative bunching of IPV under GBV. It is further recommended that Government and Parliament should prioritise the reform, harmonisation and alignment of laws that seek to prevent GBV and IPV. This includes harmonisation of marriage laws to reduce child marriages, sexual harassment law, stiffer penalties and mandatory sentencing in GBV and IPV crimes. As already indicated social workers are fit to liaise with different stakeholders in this regard.

As was recommended under Theme 4, it is necessary for the Ministry of Women Affairs, Community, Small and Medium Enterprises Development in conjunction with civil society organisations to develop skills training and income-generating interventions specifically targeting women to enhance their economic independence and to enable them to report abusive husbands or leave them altogether.

It is recommended that the police restore the public's confidence in its operational integrity through transparent engagement with complainants and communities on handling of reports, investigations, and arrests of alleged perpetrators. It is further

recommended that social workers form part of the multi-disciplinary team and work together with the police to assist abused women.

The last sub-theme identified was that of religion as a contributory factor to IPV on a macro-level. Under this sub-theme, three categories were identified, namely religion as a contributory factor to IPV, religion and access to sexual health and reproductive services, as well as religion as a source of support for abused women.

Under the category of religion as a contributory factor to IPV, findings showed that some men used different Bible verses to justify their control and domination of women. In other instances, some couples belonged to different church denominations and this variations in doctrines could result in conflict and IPV.

Findings also showed that religious leaders were not keen to take an open stand against IPV for fear of losing their popularity among the congregants, of which some would be perpetrators. Some church leaders and prophets were accused of contributing to IPV as they were having extra-marital relationships with married congregants who were trusting their church leaders with their marital problems.

Under the category of religion and access to sexual health and reproductive services it was reported that some husbands used religious doctrines to prevent their wives from using contraception. Preventing wives from using contraception is abusive and could result in women having many children who they might not be able to adequately provide for. Frequent pregnancies also contribute to the deterioration of women's health.

In the last category religion was identified as a source of support for abused women. Findings showed that religious church gatherings where women met for prayers also provided abused women with a platform for sharing their experiences as well as getting information on IPV service providers. Some church leaders also used church gatherings to refer to the Bible in denouncing IPV and in raising awareness among congregants.

It can be concluded that religion could have a negative and positive influence on the occurrence of IPV. For example, religion could be used by men to justify IPV and church leaders could misuse their positions of trust to abuse women in their

congregations. However, religion could also provide a useful source of support for abused women to share experiences and obtain information on available services. Church leaders could also utilise church platforms to denounce IPV.

It is recommended that NGOs implementing IPV awareness campaigns in the Hopley area should involve religious leaders as strategic partners in IPV awareness raising campaigns. In this regard religious leaders should take the lead in influencing the reform of toxic theological foundations of IPV in their church doctrines and practices. Again, social workers could form part of a multi-disciplinary team with religious leaders to ensure that women are empowered and not being victimised.

It is also recommended that awareness raising of IPV within churches should also be aimed at women to enable them to identify abuse within the church and to empower them to report such abuse, even if the perpetrator is a church leader.

Finally it is recommended that information on sexual reproductive health rights be made available through religious groupings so that women being denied their rights to contraception are reached in the context within which they are being abused. The information on sexual reproductive health rights should also be directed to the abusive husbands so as to enlighten them on the benefits of using contraception and family planning. Relevant stakeholders such as social workers, religious leaders, nurses and teachers could all work together on this issue.

### 7.3.6 Theme 6: Intervention strategies to curb intimate partner violence

The literature review provided in Chapter 4 presented different intervention strategies that could be implemented to curb IPV as well as respond to the needs of abused women. In Chapter 6 ‘intervention strategies to curb IPV’ was identified as Theme 6.

The aim of Theme 6 was to establish the intervention strategies that are being implemented to curb IPV as well as respond to the needs of abused women in the study area. The identified available interventions were split into four sub-themes namely, legal, rehabilitation, empowerment, and awareness.

Awareness programmes were identified as the first sub-theme under Theme 6. Findings showed that there were several organisations that implemented awareness programmes in the study area. Some of the programmes targeted the whole

community while others had a specific target group, for example, commercial sex workers, adolescents, or learners at schools. Awareness raising programmes used electronic and print media, roadshows, community theatre, music, and social media platforms such as Facebook. The content of the awareness campaigns included information on sexual reproductive health targeting adolescents, women's rights, and information on accessing different service providers.

It can be concluded that the majority of organisations operating in the study area were raising awareness on IPV through disseminating anti-IPV messages rather than having dialogue with community groups (e.g. men, adolescents and women) about gender relations and the reasons for the violence. Change of public attitude towards women and addressing the social norms surrounding all forms of violence against women is key for the prevention of IPV and protection of victims.

It is therefore recommended that awareness raising should not merely provide information about what should be done after a person is victimized but should aim to conscientise people to take holistic action against the perpetration of IPV.

It is recommended that awareness campaigns on IPV should also deliberately target men, as they are the main perpetrators. These campaigns should contain information on positive customs and norms to encourage respect and amicable conflict resolution so that men can shift from resorting to IPV in their marriages and relationships.

It is recommended that awareness raising should adopt an 'early intervention' approach that aims at preventing IPV from occurring in the first place. Early intervention awareness raising should also target boys early in their adolescence so that anti-IPV norms and values can be inculcated at an early age and practiced in their adolescent and eventually adult relationships.

It is recommended that awareness raising campaigns should include messaging on the negative effects of IPV, such as, disability, fatalities, imprisonment, to act as deterrents to would-be perpetrators. As was already noted, social workers should be utilised in awareness programmes.

The second sub-theme that was identified was empowerment programmes. The findings showed that empowerment programmes aimed to equip female and male

adolescents and women with life skills. Some of the empowerment programmes aimed to change norms and beliefs about gender that contributed to IPV as well as to enhance communication on sensitive issues such as sexuality of adolescents.

Some empowerment programmes were aimed at generating income for women to reduce their vulnerability to IPV due to them being economically dependent on their abusive husbands. Common income-generating initiatives included internal savings and lending (ISALs) clubs, vocational skills training, and seed money for small income generating initiatives. Findings also showed that, although the income-generating initiatives were having a positive impact on women's livelihoods, these initiatives could also be contributing to IPV. For example, men would use force to take away their wives' savings from ISALs.

It can be concluded that some of the empowerment programmes that were implemented aimed at equipping adolescents and women with life skills while others aimed at generating income for women through vocational skills training, ISALs, and income-generating initiatives. It can further be concluded that some of the income-generating initiatives could have unintended consequences that resulted in IPV.

It is recommended that economic empowerment interventions, such as, ISALs and income generating projects should have transformative training components on social norms, for example, patriarchy, self-assertiveness, marital strengthening and conflict resolution. The add-on training component would complement the economic impact of these interventions by empowering women to appreciate the underlying contributory factors of IPV. Social workers would be of great value to implement these interventions.

Legal programmes were identified as the third sub-theme. Findings showed that some organisations were implementing legal programmes that provided legal services such as legal protection for abused women as well as prosecution of male perpetrators. Through these legal programmes some victims had been assisted to apply for protection orders against their abusive husbands while others had been represented in court in complicated divorce cases. Although the positive effect of legal programmes was widely acknowledged, it was reported that despite their legal awareness, many victims felt disenchanted by the criminal justice system that seemed to blame women for the abuse they were suffering.

It can be concluded that legal programmes are being implemented in the study area and that these programmes were providing various legal services to the victims of IPV.

It can also be concluded that despite their legal awareness, many victims felt that the criminal justice system seemed to be blaming them for the abuse they were suffering.

In view of the economic obstacles that women face in reporting their abusive husbands to the police identified in the earlier themes, it is recommended that legal programmes must be complemented by extra-legal interventions that promote behaviour change, conflict resolution, as well as reparations. It is further recommended that social workers should form part of a multi-disciplinary team rendering victim-centred services in the IPV domain, such as at one-stop centres for victims of GBV.

The last sub-theme to be identified was rehabilitation services for victims of IPV. The findings showed that the rehabilitation services available in the study area included temporary shelters for victims of IPV, medical services, individual counselling, legal advocacy, and support groups. Rehabilitation services aimed at restoring the psycho-social wellbeing of victims as well as their physical health in instances where they sustained injuries or contracted HIV or other sexually transmitted infections. The findings further showed that while rehabilitation services such as temporary shelters were useful to abused women, their effectiveness was hampered by other underlying factors such as the economic dependence of women on men which forced victims to return to their abusive relationships for economic support.

It can be concluded that there are rehabilitation services for abused women in the study area, including temporary shelters for victims of IPV as well as medical services.

It can also be concluded that the effectiveness of some of the rehabilitation services is affected by other underlying factors of IPV such as the economic dependence of women, forcing victims to return to their abusive relationships for economic support. Another underlying factor would be the difficult national socio-economic environment in Zimbabwe that is exacerbating contributory factors of IPV, for example, increasing levels of poverty and deprivation that create and reinforce conditions favourable for the victimisation and perpetration of IPV.

Finally it can be concluded that, even though rehabilitation services for victims are important, they tend to be reactive and in response to IPV cases that had already occurred. These IPV incidents are, in essence, symptoms of a bigger sociocultural and economic problem which should be addressed. It is therefore recommended that social workers use their rehabilitation and developmental expertise to develop and implement integrated interventions that have a social change thrust to influence structural contributory factors such as patriarchy, poverty, and the subordinate role of women.

## 7.4 OVERALL CONCLUSION

In summation the contributory factors of IPV are structural, for example, patriarchy, poverty, and the low status of women. However, when addressing IPV, the majority of interventions focus on providing aftercare services to victims of IPV. To be more proactive and effective, interventions must be preventative in their approach. IPV may, for instance, result from a lack of self-assertiveness among women and girls which requires a transformation in their socio-economic circumstances through economic empowerment and increasing opportunities for participation in decision-making structures, as opposed to the common approach of awareness raising that increases the level of awareness on IPV of victims and potential victims but that does not attempt to address the structural causes of IPV. Structural factors, such as the lack of economic independence, are preventing women with high levels of awareness on IPV from reporting an abusive partner or husband to the police or making the decision to end the abusive marriage or relationship.

## 7.5 OVERALL RECOMMENDATIONS

It is recommended that the Zimbabwe Government should view IPV as a public health issue that affects the economy and therefore requires fund allocation from treasury to ensure sustainability of interventions. Allocated treasury funds could be directed towards strengthening victim-centred service provision through supporting the VFU, legal aid assistance and medical support services for victims of IPV. An enhanced victim-centred approach will ensure that reported cases are thoroughly investigated and victims are offered a holistic service package which includes counselling, medical, legal aid and where required emergency shelter.

At present it seems as if NGOs are competing for space and service users in Hopley, resulting in the duplication of services. Therefore it is recommended that service providers in the study area should be better coordinated in order to avoid the duplication and competitive fragmentation of services. The coordination of services could be attained through enhanced collaboration and integration in the delivery of services.

It is also recommended that there is a need to adopt a common case management system for IPV and to link this up with a clear referral pathway that will enable victims to easily access the services that they require.

## 7.6 RECOMMENDATIONS FOR SOCIAL WORK EDUCATION, TRAINING, AND PRACTICE.

The current social work curricula in Zimbabwe does not deliberately focus on IPV, despite its impact on the wellbeing of children and families which has been the traditional remit for social work. IPV is a cross-cutting issue for other social problems that social workers respond to, such as mental health, child protection, drug, and substance abuse. It is therefore recommended that IPV should be incorporated into the social work curricula to capacitate all social workers with an in-depth appreciation of the contributory factors and interventions in preparation for work with victims and perpetrators. It is also recommended that more social workers are employed in Zimbabwe and specifically in vulnerable areas such as Hopley to render prevention, at the primary, secondary and tertiary level. These services should not only involve IPV, but also other issues discussed in the research document such as the empowerment of girls and women, addressing cultural practices that might be harmful to women as well as social protection programmes.

## 7.7 RECOMMENDATIONS FOR FUTURE RESEARCH

In this study the views of service providers on contributing factors and implications for social work intervention was investigated. However, a study targeting victims and perpetrators will be helpful in providing the ‘lived experiences’ of victims and perpetrators. In addition, this study only covered Hopley, but a study focusing on a rural setting will be useful especially as it will be able to provide insight into the

contribution of traditional or cultural practices, the role of the community which in rural areas is socially more cohesive compared to urban areas, as well as the influence of traditional leaders as custodians of culture in denouncing or perpetuating IPV.

## 7.8 CONCLUSION

To curb IPV in Zimbabwe there is need for structural, institutional, communal, and individual strategies to tackle factors fuelling IPV. There should be a combination of strategies that target the socio-cultural and economic lives of people and that should include poverty reduction, improve access to education and life skills, enforce legal frameworks, the registration of marriages, the creation of awareness, and the effective coordination, monitoring, and evaluation of interventions. In this scenario, social workers have a major role to play, both in the provision of rehabilitation services to victims and perpetrators of IPV, and in the formulation and implementation of preventative interventions.

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# ANNEXURE 1:
# REC ETHICS NOTICE OF APPROVAL


**NOTICE OF APPROVAL**

REC: Social, Behavioural and Education Research (SBER) - Initial Application Form

6 November 2019

Project number: 10670

Project Title: Intimate Partner Violence (IPV) in Zimbabwe: Views of service providers on contributing factors and implications for Social Work intervention

Dear Mr Abel Matsika

Your REC: Social, Behavioural and Education Research (SBER) - Initial Application Form submitted on 12 September 2019 was reviewed and approved by the REC: Humanities.

Please note the following for your approved submission:

**Ethics approval period:**

| Protocol approval date (Humanities) | Protocol expiration date (Humanities) |
|---|---|
| 6 November 2019 | 5 November 2022 |

**GENERAL COMMENTS:**

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

**If the researcher deviates in any way from the proposal approved by the REC: Humanities, the researcher must notify the REC of these changes.**

Please use your SU project number (10670) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

**FOR CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD**

Please note that a progress report should be submitted to the Research Ethics Committee: Humanities before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary)

**Included Documents:**

| Document Type | File Name | Date | Version |
|---|---|---|---|
| Research Protocol/Proposal | A.B Matsika PhD Proposal (002) | 14/06/2019 | 14/06/2019 |
| Budget | MATSIKA BUDGET | 14/06/2019 | 14/06/2019 |
| Data collection tool | THEMES FOR INTERVIEWS | 14/06/2019 | 14/06/2019 |
| Proof of permission | LETTER OF PERMISSION | 14/06/2019 | 14/06/2019 |
| Informed Consent Form | CONSENT TO PARTICIPATE | 14/06/2019 | 14/06/2019 |
| Default | TOELATINGSKOMITEE VERSLAG | 12/09/2019 | 12/09/2019 |

If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

Sincerely,

Clarissa Graham

REC Coordinator: Research Ethics Committee: Human Research (Humanities)

*National Health Research Ethics Committee (NHREC) registration number: REC-050411-032.*
*The Research Ethics Committee: Humanities complies with the SA National Health Act No.61 2003 as it pertains to health research. In addition, this committee abides by the ethical norms and principles for research established by the Declaration of Helsinki (2013) and the Department of Health Guidelines for Ethical Research: Principles Structures and Processes (2nd Ed.) 2015. Annually a number of projects may be selected randomly for an external audit.*

# Investigator Responsibilities

## Protection of Human Research Participants

Some of the general responsibilities investigators have when conducting research involving human participants are listed below:

**1.Conducting the Research**. You are responsible for making sure that the research is conducted according to the REC approved research protocol. You are also responsible for the actions of all your co-investigators and research staff involved with this research. You must also ensure that the research is conducted within the standards of your field of research.

**2.Participant Enrollment**. You may not recruit or enroll participants prior to the REC approval date or after the expiration date of REC approval. All recruitment materials for any form of media must be approved by the REC prior to their use.

**3.Informed Consent**. You are responsible for obtaining and documenting effective informed consent using **only** the REC-approved consent documents/process, and for ensuring that no human participants are involved in research prior to obtaining their informed consent. Please give all participants copies of the signed informed consent documents. Keep the originals in your secured research files for at least five (5) years.

**4.Continuing Review**.The REC must review and approve all REC-approved research proposals at intervals appropriate to the degree of risk but not less than once per year. There is **no grace period**. Prior to the date on which the REC approval of the research expires, **it is your responsibility to submit the progress report in a timely fashion to ensure a lapse in REC approval does not occur**. If REC approval of your research lapses, you must stop new participant enrollment, and contact the REC office immediately.

**5.Amendments and Changes**.If you wish to amend or change any aspect of your research (such as research design, interventions or procedures, participant population, informed consent document, instruments, surveys or recruiting material), you must submit the amendment to the REC for review using the current Amendment Form. You **may not initiate** any amendments or changes to your research without first obtaining written REC review and approval. The **only exception** is when it is necessary to eliminate apparent immediate hazards to participants and the REC should be immediately informed of this necessity.

**6.Adverse or Unanticipated Events**..Any serious adverse events, participant complaints, and all unanticipated problems that involve risks to participants or others, as well as any research related injuries, occurring at this institution or at other performance sites must be reported to Malene Fouche within **five (5) days** of discovery of the incident. You must also report any instances of serious or continuing problems, or non-compliance with the RECs requirements for protecting human research participants. The only exception to this policy is that the death of a research participant must be reported in accordance with the Stellenbosch University Research Ethics Committee Standard Operating Procedures. All reportable events should be submitted to the REC using the Serious Adverse Event Report Form.

**7.Research Record Keeping**. You must keep the following research related records, at a minimum, in a secure location for a minimum of five years: the REC approved research proposal and all amendments; all informed consent documents; recruiting materials; continuing review reports; adverse or unanticipated events; and all correspondence from the REC

**8.Provision of Counselling or emergency support**. When a dedicated counsellor or psychologist provides support to a participant without prior REC review and approval, to the extent permitted by law, such activities will not be recognised as research nor the data used in support of research. Such cases should be indicated in the progress report or final report.

**9.Final reports**. When you have completed (no further participant enrollment, interactions or interventions) or stopped work on your research, you must submit a Final Report to the REC.

**10.On-Site Evaluations, Inspections, or Audits**. If you are notified that your research will be reviewed or audited by the sponsor or any other external agency or any internal group, you must inform the REC immediately of the impending audit/evaluation.

# ANNEXURE 2:
# WLSA PERMISSION LETTER TO CONDUCT STUDY

**Women and Law**
**In Southern Africa Research and Education Trust**

*Also with offices in Botswana, Lesotho, Zambia, Malawi, Mozambique and Swaziland.*

P.O. Box 10171 Harare, Zimbabwe. Telephone: +263 4 253001/2/3, 2928337
Telefax: +263 4 252 884. 16 Lawson Avenue, Milton Park, Harare, Zimbabwe.
Email: slyc@wlsazim.co.zw, Web: www.wlsazim.co.zw

9 February 2017

**The Chairperson**
Department of Social Work,
Stellenbosch University
P.Bag X1
Matieland
South Africa, 7602

Dear Prof.Lambert Engelbrecht

**RE: PERMISSION TO INCLUDE WLSA COMMUNITY POPULAR OPINION LEADERS (CPOLs) AS PARTICIPANTS IN SOCIAL WORK PhD RESEARCH.**

Reference is made to the above subject.

This communication serves to confirm that Women and Law in Southern Africa Research and Education Trust (WLSA) Zimbabwe has granted permission to Abel Blessing Matsika to include the organisation's CPOLs as participants in his research entitled **The Socio-Economic contributing to Intimate Partner Violence (IPV) IN Hopley Suburb, Harare Metropolitan Province, Zimbabwe and implications for social work intervention.**

WLSA will provide the researcher with the necessary assistance to enable him to access CPOLs in Hopley for the purposes of data collection.

For further information or clarification feel free to communicate with the undersigned.

Yours faithfully

**SLYVIA CHIRAWU**
**NATIONAL DIRECTOR**

# ANNEXURE 3:
# CONSENT FORM

UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
jou kennisvennoot • your knowledge partner

## STELLENBOSCH UNIVERSITY
## CONSENT TO PARTICIPATE IN RESEARCH

Dear Colleague

My name is Abel Blessing Matsika and I would like to invite you to participate in a research project entitled: ***Intimate Partner Violence (IPV) in Zimbabwe: Views of service providers on contributing factors and implications for Social Work intervention*** that I am conducting. I am from the Department of Social Work at Stellenbosch University. The research is for a dissertation presented in fulfilment of the requirements for the degree of Doctor of Philosophy in Social Work. You were selected as a possible participant/key informant in this study because you are a service provider for victims of IPV.

Please take some time to read the information presented here, which will explain the details of this project and contact me if you require further explanation or clarification of any aspect of the study. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

### 1. PURPOSE OF THE STUDY

The goal of the research study is to gain an understanding of the views of service providers on factors contributing to IPV in Zimbabwe and explore implications for social work intervention. This goal will be achieved by means of the following objectives:

- To conceptualize IPV and present an overview of research, policies and legislation regarding IPV and discuss research on socio-economic factors which might fuel IPV.
- To investigate and explore the nature, scope and severity of IPV in Zimbabwe.
- To describe current social work intervention strategies worldwide, in Africa and in Zimbabwe from an ecological perspective.
- To empirically investigate the experiences of service providers regarding contributing factors of IPV in Zimbabwe and the implications for social work intervention.

- To present relevant conclusions and recommendations to service providers working on curbing IPV in order to improve service rendering.

## 2. PROCEDURES

Should you volunteer to participate in this study, you would be asked to do the following things:

- Sign this consent form
- Indicate a time and place where researcher can interview you
- Be interviewed regarding your views on contributing factors of IPV in Zimbabwe and implications for social work intervention (interview is estimated to take between 30-60 min)

## 3. POTENTIAL RISKS AND DISCOMFORTS

During the interview process, you will be asked to discuss what you perceive to be the contributing factors of IPV in Zimbabwe and the implications for social work intervention. It is not anticipated that you will feel any discomfort from participating in the study, should you, however, feel the need to be debriefed after the interview, you can be referred to the Department of Social Development Harare Central District Office (Tel: 0242 703 711) for supportive counselling.

## 4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The study is voluntary, and no financial remuneration will be given to participants. The research study will however, give participants the opportunity to share their experience of contributing factors of IPV in Zimbabwe and the implications for social work intervention. The information that the participants will share will contribute to enhanced social work intervention to curb IPV.

## 5. REMUNERATION FOR PARTICIPATION

No payment will be provided for participating in the study and to minimize expenses to the participants, the researcher will do the interviews at a place convenient to the participant e.g., participants' work place or a communal place of interest that will still provide privacy to adhere to the consideration of confidentiality.

## 6. CONFIDENTIALITY

Any information that is given in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of storing the interviews in a locked safe place and all data will be stored in encrypted (password-protected) files. Although the research will be published for educational or professional purposes, no personal information will be shared or published. Coding of participants (e.g., Participant 1) will be used so as to not refer to identifying particulars of the participants. It will further be stressed to refrain from using participants' names in audiotaped interviews. Recordings of interviews will be locked up and erased after five years. Only the researcher and the supervisor will have access to these recordings.

## 7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions that you don't want to answer and still remain in the study.

## 8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact:

| | |
|---|---|
| Abel Blessing Matsika (researcher) | Dr I Slabbert (supervisor) |
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## 9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

**If you are willing to participate in this study, please sign the attached Declaration of Consent and hand it back to the researcher**.

## SIGNATURE OF RESEARCH PARTICIPATION

The information above was described to me, ..... by Abel Blessing Matsika in English and I am comfortable in this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent, voluntarily, to participate in this study. I have been given a copy of this form.

.....

**Name of Participant**

..... .....

**Signature of Participant** **Date**

## SIGNATURE OF RESEARCHER

I declare that I explained the information given in this document to the above-mentioned participant. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

..... .....

**Signature of Investigator** **Date**

**Place of interview:** .....

**Participant contact details:** .....

# ANNEXURE 4:
# KEY INFORMANT QUESTIONNAIRE

Interview ID: .....

Time and Date interview held: .....

Venue of interview: .....

Introduction: My name is Abel Blessing Matsika and I am a PhD student with Stellenbosch University. As part of my studies, I am carrying out a research on the causes of IPV in your area and the possible interventions. Thank you for agreeing to participate in my research through this in-depth interview that will take approximately 1 hour.

**Key Informant Biographical Information:**

(a) Sex: .....

(b) Age: .....

(c) Professional role/designation: .....

(d) Duration in role/designation in the study area: .....

(e) Average cases of IPV attended to per month: .....

**IPV Related Questions**

1. What do you understand by the term Intimate Partner Violence (IPV)? [Probe for actions/behaviours that constitute IPV with reference to the study area].
2. What are the forms of IPV common in your community? Why are these types/forms common?
3. What are the factors that contribute to IPV in this community?

(a) Factors related to perpetrators or victims of IPV e.g. age, level of education, habits etc.

(b) Factors related to relationships in which IPV occurs e.g. duration of marriage, polygamy etc.

(c) Community factors that tolerate/ accept the perpetration of IPV e.g. acceptance of violence as a conflict resolution tool, lack of condemnation for IPV.

(d) Cultural practices, beliefs and norms that contribute to the perpetration of IPV.

(e) Availability and enforcement of pieces of legislation that discourage the perpetration of IPV.

4. What is your role in preventing and curbing IPV? [Probe for elaboration on any legal, awareness raising, women social & economic empowerment, rehabilitation etc. interventions that the key informant is implementing/ involved in].

5. How effective are the interventions that you are implementing to curb IPV? [Probe on assessment of effectiveness].

6. Are there any other interventions (legal, awareness raising, women social & economic empowerment, rehabilitation) being implemented to curb IPV in your community that you are aware of? If yes explain the interventions and who is implementing them [e.g., Government, NGOs, and traditional structures]

7. How effective are the other interventions being implemented to curb IPV? [Probe on assessment of effectiveness].

8. What can be done to improve the effectiveness of the interventions to curb IPV that you and other stakeholders are implementing? [Probe for improvement in coordination, policy and legal framework].

# ANNEXURE 5:
# CPOLS FGD GUIDE

FGD ID: .....

Time and Date FGD held: .....

Venue of FGD: .....

Introduction: My name is Abel Blessing Matsika and I am a PhD student with Stellenbosch University. As part of my studies, I am carrying out a research on the causes of Intimate Partner Violence (IPV) in your area and the possible interventions. Thank you for agreeing to participate in my research through this Focus Group Discussion that will take approximately 1 hour 30 minutes. I will use an audio tape to record the discussion so that I can be able to listen to what will be discussed today at a later date.

Biographical information of participants [Sex, age, marital status, level of education and period of engagement as a CPOL].

1. What do you understand by the term Intimate Partner Violence (IPV)? [Probe for actions/behaviours that they say constitute IPV and explanation why].
2. What are the common forms of IPV against women in your community?
3. What is the impact of IPV on women, children and the community?
4. Who are the main perpetrators of IPV against women in your community? [Probe whether there is a common characterisation of perpetrators e.g., age, marital status, duration of marriages, religious affiliation, employment status, use/misuse of alcohol and other substances].
5. What are the factors that contribute to IPV in this community? [Probe for individual factors, micro system factors (situational), exosystem factors (formal and informal social structures), macro system factors (cultural values and beliefs).
6. What institutions (traditional, government and non-government) are there to prevent or curb IPV in your community?

7. What are the said institutions doing to prevent or curb IPV? [Probe for legal, awareness raising, women social & economic empowerment, rehabilitation services etc.]
8. How effective are the interventions being implemented in preventing or curbing IPV in your community? (Probe for explanation on effectiveness).
9. What recommendations would you make to increase the effectiveness of the institutions in place to prevent or handle cases of IPV?

# ANNEXURE 6:
# CPOLS IN-DEPTH INTERVIEW GUIDE

Interview ID: .....

Time and Date interview held: .....

Venue of interview: .....

Introduction: My name is Abel Blessing Matsika and I am a PhD student with Stellenbosch University. As part of my studies, I am carrying out a research on the causes of IPV in your area and the possible interventions. Thank you for agreeing to participate in my research through this in-depth interview that will take approximately 1 hour.

Biographical information of interviewee [Sex, age, marital status, level of education and period of engagement as a CPOL].

1. What do you understand by the term Intimate Partner Violence (IPV)? [Probe for actions/behaviours that they say constitute IPV and explanation why].
2. What are the forms of IPV common in your community? Why are these types/forms common?
3. What is the extent of IPV in your community?
4. What do you use to determine the extent of IPV that you mentioned above?
5. How severe are the incidents of IPV in your community and how do you determine the level of severity?
6. Is there a pattern to the occurrence of the different forms of IPV in your community? [Probe whether there are any forms common to any particular age groups, duration of marriages, employment status, religious grouping, ethnicity, totem etc. particular period of the month].
7. How effective are the interventions that are being implemented (refer to institutions and interventions from the FGDs)? [Probe on explanation/assessment of effectiveness]
8. What can be done to improve the effectiveness of the interventions that are being implemented?

# ANNEXURE 7:
# REFLEXIVE REPORT

Reflexivity “relate to the degree of influence that the researchers exert, either intentionally or unintentionally, on the findings” (Jootun, McGhee & Marland, 2009:42). It pertains to the analytic attention to the researcher's role in qualitative research. Reflexivity entails self-awareness (Lambert, Jomeen & McSherry, 2010), which is the recognition that researchers are part of the social world that they study and have their own viewpoints, assumptions, biases and projection of thoughts and feelings (Probst, 2015). In qualitative research, researchers are prone to a degree of subjectivity because “interpretation of the participants’ behaviour and collected data is influenced by the values, beliefs, experience and interest of the researcher (Jootun et al., 2009:45). Reflexivity allows for introspection by researchers on the role of subjectivity in the research process through reflecting on their values (Parahoo, 2006). Reflexivity contributes to making the research process open and transparent and “inclusion of a reflexive account increases the rigour of the research process” (Jootun et al., 2009: 1). I therefore, felt it was important for me to do this reflexivity report to reflect on my thoughts and feelings regarding the research process. I chose to use the 6 questions developed by Ruokonen-Engler and Siouti (2016) to guide presentation of the analysis of my own reflexivity in relation to the research study.

## 1. What personal experience do I have with my research topic?

Early in my social work career I was employed as a counsellor in an HIV testing, care, support and treatment facility. My interface with women seeking HIV related services made me realise the complex nexus between HIV and intimate partner violence (IPV). I observed that HIV and IPV reinforced each other and that women were disproportionately victimised by their partners. Despite the strong relationship between HIV and IPV the latter did not receive much attention because it was not regarded as a core issue in the scope of HIV services that the facility provided. The women service users that accessed services from the facility were provided with HIV focused medical services and psychosocial support (PSS) but issues related to IPV were not addressed despite their influence on important aspects related to HIV management such as disclosure of one’s HIV positive status, prevention of re-infection as well as adherence

to Anti-Retroviral Therapy (ART). My work experience enriched my understanding of the experiences of women living with HIV and also drew my attention to the underlying influence of IPV on HIV risk and infection. I began to think that tackling IPV in the home could contribute to a reduction in women's risk to contracting HIV and could also improve HIV care and treatment outcomes such as prevention of re-infection through disclosure of one's HIV status and use of condoms among married couples. I became interested in establishing the contributory factors of IPV and understanding why women were disproportionately victimised.

## 2. How did I come to study the specific topic in the field?

Over the years in my consultancy work in GBV and IPV I have noted that violence within the domestic and intimate spheres is a big scourge that has resulted in many serious injuries and fatalities. I have also come to a realisation that the predominant interventions to tackle GBV and IPV in Zimbabwe are focused on criminalisation and subsequent processing of perpetrators through the criminal justice system. Conviction of perpetrators of GBV and IPV is regarded as the key outcome and to a large extent an end itself. While this is essential and necessary it often presents serious problems to victims who are usually economically dependent on the perpetrator and whose possible incarceration will impact on the victim's welfare. As a result, many victims do not report their cases for fear that the perpetrators may be incarcerated. The current interventions seem too focused on the punishment of the perpetrator with very little focus on their rehabilitation. There is equally very little or no focus on the victim and in many instances the conviction of the perpetrator more, so their incarceration presents livelihood and social problems on the victim such as hostility and ostracisation from the perpetrator's family. It is these adverse outcomes of conviction that often discourage many victims of IPV from reporting their victimisation to the police. I have also observed that in Zimbabwe there is very little involvement of social workers in tackling IPV despite its effect on the wellbeing of children who are a key focus in social work practice. Social workers could also potentially have a major role to play in the rehabilitation of perpetrators of IPV as well as providing support to victims. It became apparent to me that the predominantly legalistic and criminalisation approach to tackling IPV could be emanating from an inadequate appreciation of the contributory

factors of IPV. It was therefore necessary to investigate the possible contributory factors of IPV and explore the implications for the involvement of social workers.

**3. What is my relationship to the topic being investigated?**

I have developed an interest in understanding violence within intimate relationships as well as within the domestic sphere. I have in the recent past developed manuals and Standard Operating Procedures (SOPs) for Non-Governmental Organisations (NGOs) and United Nations (UN) agencies supporting IPV and GBV programmes. I am constantly reflecting on how the efficacy of the manuals and SOPs could be enhanced by going further to appreciate the contributory factors of GBV and IPV. I would also want a better appreciation of the contributory factors of IPV to motivate policy makers to see the value of involving social workers in interventions to tackle IPV. At a personal level I am aware of relatives, friends and work colleagues who have been either victims or perpetrators of IPV. At a professional level I would want to use the findings of this research to provide services to victims and perpetrators of IPV as well as contribute to the formulation of improved interventions for addressing IPV at a national level.

**4. How did I gain access to the field?**

I gained access to participants through my professional relationship with the Women and Law in Southern Africa Research and Education Trust (WLSA). The WLSA gave me permission to access their Community Popular Opinion Leaders (CPOLs) as participants for the research and also introduced me to other service providers in the study area. I maintained constant contact with WLSA throughout the research process and the contact became handy when I needed urgent assistance to facilitate entry into the study area during the initial COVID-19 national lockdown that prohibited unsanctioned entry into the community. They assisted me in obtaining permission from the relevant authorities to gain access to participants in the study area in accordance with the lockdown regulations.

**5. How does my own position (age, gender, class, ethnicity, economic status, etc.) influence interaction in the field and the data collection process?**

My professional social work background and experience working with other service providers helped me to quickly establish rapport with the participants. As a

Zimbabwean I have a good appreciation of some of the social and cultural factors that could contribute to IPV because I also come from the same broad cultural setting that both victims and perpetrators come from. However, the focus of the research made it difficult for me to detach myself because I am potentially vulnerable to the traditional, social and cultural factors that drive some local men to perpetrate violence against their partners. I opted to focus on service providers as participants for the research study because they are the people who support victims and have good insight into the factors that could contribute to IPV. The different service providers included in the study render important services in a country with lack of social workers particularly in the IPV response. The service providers were included in the study to share their views and insight on IPV based on their working experiences with victims of IPV. However, as was presented in some of the narratives in Chapter 6 some of the service providers also shared their own personal experiences relating to IPV. In instances where service providers shared their own experiences the researcher remained objective and treated the disclosures with sensitivity.

**6. What is my interpretation perspective?**

During data collection I tried to be as objective as possible through listening and paying attention to the views of the participants without sharing my own views and interpretations. Though many of the service providers included in the study did not disclose any personal experience of IPV victimisation, I remained, conscious of my privileged position of never having been a victim of IPV. My lack of personal experience of IPV victimisation could have influenced my lack of practical understanding of the participants' perspectives as well as reconciling the paradoxical co-existence of love and violence in intimate relationships at a conceptual level. However, the consciousness of my privileged position helped me to open myself to learning from people who may have personally experienced IPV or have extensively interacted with people who have been victimised. When I was analysing the data and research narratives, I realised that I had a subjective perspective. While I accepted and agreed with the data and narratives that I obtained from the participants I needed to simultaneously deal with my own personal struggle to understand and accept that while IPV is a sad reality as revealed by the data and narratives it is very difficult or even impossible for many victims to leave abusive relationships. The helplessness and

powerlessness of victims was frustrating and required empathy on my part as a researcher. I had to accept that my view that victims of IPV should just report the perpetrators to the police who will arrest them, take them to court where they are convicted was idealistic and simplistic. When I interviewed service providers, I experienced some frustration that while they are rendering important services to victims of IPV in the study area they also acknowledged the shortcomings of their interventions. In order to keep my subjectivity and frustration in check and ensure the data remains as objective as possible and valid, I conducted member checks with the participants in order to confirm that I remained impartial in my analysis and presentation of the data obtained.