



# **The subjective experiences of survivors and perpetrators of Intimate Partner Violence**

Department of Social Work

Masters in Social Work (Clinical) dissertation

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## **ABBREVIATIONS**

BIP: Batterer Intervention Programme

IPV: Intimate Partner Violence

IT: Intimate Terrorism

KSWS: Kagisano Society Women's Shelter

SCV: Situational Couple Violence

TA: Thematic Analysis

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## **Dedication**

I would like to extend my gratitude to my supervisors for the guidance and assistance throughout my study. I would have never made it without your continuous support. Thank you very much. Ruby and Ame Obonetse, thank you for believing in mommy and for being my cheerleaders. Lots of love my girls.

## **ABSTRACT**

Intimate Partner Violence (IPV) is now recognized in many societies as a violation of human rights and as a major public health concern. Globally, one in three women worldwide has experienced IPV and one out of four men has experienced some form of IPV. IPV perpetrated against women remain a major health concern with a broad range of negative physical, psychological and sexually health outcomes. This exploratory research study explored the experiences of 5 women who were identified as having experienced male perpetrated IPV. Semi-structured interviews explored the women's experiences of both physical and emotional abuse, as well as barriers to leaving their abusive relationship(s), and their experiences of seeking help. Thematic analysis of the interviews revealed that the women's experiences of being in abusive relationships were traumatic and had a negative impact on both their physical and psychological well-being. Some participants described feeling shame and embarrassment for failing to sustain their marriages. Frequently, the participants reported fear of being judged or not believed which was a significant barrier to seeking help. The lack of support and effective services provision was of great concern to most of the women. Some participants outlined a desire to use their own experiences in order to help other women in abusive relationships. These findings offer important implications for understanding IPV against women and developing enhanced sources of support both by the government and non-government organisation.

## **PLAGARISM DECLARATION**

I, Kgomotso C. Obonetse (Student ID: 200303046), hereby submit my dissertation as a partially fulfilment of Master's degree in Social Work, Department of Social Work at the University of Botswana. I hereby declare the following:

- I confirm that the work submitted for assessment is my own work, except where indicated using the correct referencing.
- I confirm that this thesis does not incorporate any previously published material, except where references are explicitly provided.
- I declare that no portion of the work has been submitted for any degree, or part therefore, to this or any other University.
- I have followed the required conventions in referencing the thoughts and ideas of others.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CHAPTER ONE

## 1.1 Introduction

Intimate Partner Violence (IPV) is now recognised in many societies as a violation of human rights and as a major public health concern (Joachim, 2002; WHO, 2006; WHO, 2012). Occurrence of IPV can be found in all parts of the world. IPV can happen to any person regardless of their colour, race, age, social status, educational level, religion or sexual orientation. Survivors and perpetrators can either be male or female, however most perpetrators are male (Gracia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). IPV can happen in a same sex relationship as much as in heterosexual relationships (Messinger, 2017). Violence against women perpetrated within an intimate heterosexual relationship has been identified as a major public health problem with a broad range of negative health problems and these can be physical (chronic pain, gastrointestinal disorder); sexual (gynaecological disorders and sexually transmitted diseases); and mental (major depression and general anxiety disorders) (Ho, Wang & Chung, 2003; Ruiz-Perez et al., 2007; Usta, Farver & Pashayan, 2007;). Violence against men in a heterosexual relationship is more psychological, verbal and emotional with possible mild physical injuries as compared to the severe physical damage and fear instilled in female survivors (James, 1996).

IPV has been described as a pattern of abusive behaviour, physical, sexual, emotional or financial experienced by people who are or have being in an intimate relationship. It can be carried out by married or cohabiting partners and current or former girlfriends or boyfriends (Mulawa, et al., 2016). IPV is also referred to as domestic violence, dating violence, battering or spousal abuse. According to WHO (2005), IPV refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. It includes acts of physical violence such as slapping, hitting, kicking and beating. Sexual violence includes forced sexual intercourse and other forms of sexual coercion. Emotional (psychological) abuse covers insults, demeaning, belittling, constant humiliation, intimidation

or threat of harm. Controlling behaviour includes isolating a person from family and family; monitoring their movements; and restricting access to financial resources, employment, education or medical care. In most cases the goal of the abuser is to control their intimate partners through fear and intimidation (Pornari, Dixon, & Humphreys, 2013).

IPV does not only affect the partners in an intimate relationship but also the children, family, friends and community at large. Children's exposure to IPV is also perceived as a form of child maltreatment (Gilbert, et al., 2009). Children growing up in an abusive environment and witnessing abuse between parents or their primary caregivers can be affected by violence and may be likely to have social, emotional, and behavioural problems even later in adulthood (Hamby, Finkelhor, Turner & Ormrod, 2011). Behavioural problems can include aggression, delinquency and substance abuse (Jeevasuthan & Hatta, 2013). Social problems can be associated with the likelihood of experiencing violent dating and intimate relationships in adulthood as victims or perpetrators (Wathen & MacMillan, 2013). The health consequences may include physical abuse which in most extreme cases can include harm or death (Bourget, Grace, & Whitehurst, 2007). These children can also learn that abuse is normal and tolerated in the society (Karrison, Temple, Weston, & Le, 2016).

Researchers on IPV assert that reasons for perpetration of IPV for both men and women differ. Power and control was found to be one of the factors associated with men's perpetration of IPV (Gracia & Merlo, 2016) while self-defence and revenge were considered as the reasons of women's perpetration of IPV (Tjaden & Thoennes, 2000).

### **1.1.1 Global Review of Intimate Partner Violence**

Globally, one in three women worldwide has experienced intimate partner violence and 1 out of 4 men have experienced some form of IPV (WHO, 2012). In the United States, both females and males in intimate relationships have experienced some form of sexual abuse in their lifetime. These include rape, being made to penetrate, sexual coercion, unwanted sexual

contacts (kissing or fondling), stalking and noncontact unwanted sexual experiences (i.e. forced to watch sexually explicit video) (Breiding, 2015). In the Nordic countries, there is a continuous strive to achieve gender equality among women and men (Nordic Gender Institute-NIKK, 2011). Both men and women are given equal opportunities such as economic opportunities, educational attainment, politics and social and welfare. Despite this gender equality, intimate partner violence is high in Nordic countries (Corradi & Stocki, 2014). For example, in Sweden, poor social support, exposure to violence as a child, being single, divorced and widowed were the risks factors of IPV for both men and women (Nybergh, 2014). Furthermore, female survivors experienced both physical and sexual abuse while male survivors had experienced extreme emotional control. However, Aboriginal men and women in Canada experienced similar forms of IPV such as being threatened by a gun, severe physical violence and being kicked out of the home (Brownridge, 2010).

### **1.1.2 Intimate Partner Violence in Africa**

National health surveys in Africa do not regularly collect data that includes both male and female victimization and perpetration within a heterosexual intimate relationship rather skewed toward female victimization. Few comparative studies on both gender victimization and perpetration within intimate relationships have been conducted in Africa. In a study of IPV among men (1,113) and women (226) in Tanzania, 34.8% of men and 35.8% of women reported some form of IPV victimization within the last 12 months (Mulawa, et al., 2016). Furthermore, there was co-occurrence of IPV victimization and perpetration among male perpetrators (69.7%) and female perpetrators (81.8%) during the last month. In a comparison study on spousal attitudes among 13 887 married couples in six African countries, 40.5% women and 22.3% men reported affirmative attitudes toward justifiable wife beating whereas in Rwanda there was a low concordance of IPV (Alio A. P., et al., 2011). That is to say that, patriarchy roles and societal expectations in Africa may contribute to IPV among couples.

### **1.1.3 Intimate Partner Violence in Sub-Sahara**

Previous research on IPV in Sub-Saharan Africa has primarily focused on women as victims of men's abuse while female perpetration has been given less attention. This may be due to several social and environmental factors such as conflicts, poverty and HIV which affect women than men. For instance, Sub-Saharan Africa has high HIV prevalence whereby 1 in 20 adults is HIV infection (UNAIDS, 2014). Hence, gender based violence among cohabiting and married people was found as a key factor in HIV infections (WHO, 2013). In post war eastern Uganda, war torture was a risk factor for IPV victimization among both genders (Kinyanda, et al., 2016). In South Africa, IPV prevalence was high among both genders whereby the common risk factors for intimate partner victimization was witnessing parental abuse (Gass, Stein, Williams, & Seedat, 2011). In a comparative study of gender and power equality among 466 young couple in Malawi, both genders experienced some form of sexual and physical abuse within a marriage relationship (Conroy, 2014).

### **1.2 Statement of the problem**

Intimate Partner Violence is seen as a major challenge that mostly affects women more than men. In comparison, female to male violence is perceived to be less problematic, less consequential and less frequent than male to female IPV. This creates problems as guidelines that steer interventions only address male to female Intimate Partner Violence. Only a few studies focus on the subjective experiences of both genders as survivors and perpetrators not putting into consideration culture, family dynamics, religious beliefs, motivation and the context of IPV occurrence (Espinoza & Warner, 2016). IPV is accepted by both men and women more especially if the woman has transgressed against the husband wishes (Alio A. P., et al., 2011).

Research and interventions on Intimate Partner Violence in Botswana has always being one sided; focusing on women as survivors but ignoring the fact that women can be both survivors and perpetrators of IPV. The rationale has always been that, the policies and

intervention are informed by the international studies which show that 1 out of 3 women throughout the world has experienced physical and/or sexual violence by a partner or sexual violence by a non-partner and 38% of all murders of women are committed by intimate partners (World Health Organisation, 2013). A study that was conducted by Gender links and The Women's Affairs Department (2010) reported that 67% women in Botswana have experienced some form of gender based violence in their lifetime by a partner or non-partner while 44% of men admitted perpetrating violence against women. This study also showed that there were growing numbers of IPV survivors from 1999 where 3 out of 5 women experienced abused from their intimate partners (Women's Affairs Department, 1999) as compared to 2010 statistics which showed that 2 out 3 women experienced abuse in their lifetime. However these national studies only focused on women as survivors and men as perpetrators of IPV. Therefore, further research need to be conducted to explore male victimization in intimate relationship and female perpetration of IPV.

Literature on the experiences of survivors and perpetrators of IPV in Botswana is scanty. Several studies were undertaken which focused on women as survivors and men as perpetrators, but there is a dearth of studies in Botswana on female perpetration of IPV and male victimization. Consequently, the perception of female perpetrators and male victims of IPV in Botswana remain unknown. This study will seek to explore survivors and perpetrators' perceptions of their experiences of IPV.

### **1.3 Goal of the study**

The goal of the research is to explore the experiences of survivors and perpetrators of Intimate Partner Violence; their perceptions of the abuse; factors associated with it and the programmes and interventions that could be used to assist survivors and perpetrators of IPV.

#### **1.3.1 Research Objectives**

1. To explore experiences of survivors and perpetrators of IPV.

2. To investigate the survivors and perpetrators' perceptions of IPV.
3. To explore factors that influenced intimate partners to engage in IPV.
4. To identify programs and interventions that could be used to assist perpetrators and survivors of IPV.

#### **1.4 Research Questions**

1. What are the experiences of survivors and perpetrators of IPV?
2. What are the survivors and perpetrators' perceptions of IPV?
3. What factors influence intimate partners to engage in IPV?
4. What programs and interventions can be used to assist survivors and perpetrators of IPV?

#### **1.5 Significance of the study**

Different scholars, governments, activists and non-governmental organisations have shown great concern on high incidence of GBV in Botswana; however, less attention has been paid to IPV distinctively. Despite efforts from different sectors, IPV prevalence, underreporting of those cases and withdrawal of cases from police remain high. In order to address this phenomenon and to come up with appropriate interventions and policies, it is important to understand IPV through the experiences and views of survivors and perpetrators of IPV. The study's findings are important because they may add value to policy design, formulation and research as well as at practice level.

##### **1.5.1 Implications for Policy**

Intimate Partner Violence is a great concern in Botswana. It puts strain on individuals, families, communities and the nation at large. The proposed study may inform policy makers to come up with better policies and programs that target both men and women. It may also help the policy makers to identify gaps in the implementation of penal code, Domestic Violence Act and Children's Act which will ensure access and equity to justice to all genders. This study

may also provide insight in the improvement of referral systems and the linkage of the government office and non-governmental organisations.

### **1.5.2 Implication for Research**

Existing literature mostly focused on the experiences of abused women whilst a few researchers acknowledge the experiences of male survivors of IPV. There is also limited research on the experience of both survivors and perpetrators of IPV within heterosexual relationship. The study will add value and fill gaps in the existing literature on the perception of both survivors and perpetrators of IPV. The study may also encourage other research to focus on both survivors and perpetrators experiences of IPV within the current relationship (marriage and cohabiting partners), same-sex relationships and to explore IPV within the family context.

### **1.5.3 Implication for Practice**

This study will identify strategies that improve the efficiency and effectiveness of IPV interventions or programs that reach out to survivors and perpetrators of all genders across all geographic locations enabling capacity building in Botswana. It may also encourage programs developers to develop psychoeducational and advocacy messages that are not gender stereotyped.

## **1.6 Definition of key concepts**

**Batters** are facile manipulators who can easily give the appearance of cooperation and rehabilitation; and have the ability to charm, appear genuine and sincere to con selected important people such as judges or social welfare officers (Corvo & Johnson, 2003).

**Intimate partner** is a person whom one has or had a close relationship that can be characterized by emotional connectedness, regular physical or sexual contact, acknowledge of one as a partner and knowledge of one's personal life. This person can be a current or former partner,

boyfriend or girlfriend, sexual partners and dating partners (Breiding, Basile, Smith, Black, & Mahendra, 2015).

***Intimate Partner Violence*** refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those involved (WHO, 2012).

***Perpetrator*** refers to a person who inflicts the IPV (Breiding, Basile, Smith, Black, & Mahendra, 2015) .

***Survivor*** is a person in the relationship who is being hit, physically and sexually assaulted, raped and controlled by a former or current partner in an intimate relationship. Survivor and victim are sometimes used interchangeably, however survivor implies courage, strength, and resourcefulness and the ability to live through immense trauma (SafeHouse Center, 2006).

***Victim*** is a person who is a target of IPV (Breiding, Basile, Smith, Black, & Mahendra, 2015).

## **CHAPTER TWO**

### **2.0 Literature Review**

The aim of this chapter is to review existing literature on the subjective experiences of survivors and perpetrators of intimate partner violence. The literature review will be based on the following study objectives; (i) to explore the experiences of survivors and perpetrators of IPV, (ii) to investigate the survivors and perpetrators perceptions of IPV, (iii) to establish factors that influence intimate partners to engage in IPV and (iv) to identify programs and interventions that could be used to assist perpetrators and survivors of IPV. It is worth noting that there is scarce literature on the experiences of survivors and perpetrators of IPV in Botswana hence most information will be drawn from global and other African countries research materials.

### **2.1 Survivors and perpetrators' experiences of IPV**

This section of the literature review focuses on survivors and perpetrators' experiences of IPV. According to the World Health Organization (2013), 1 out of 3 women in the world have experienced physical/sexual violence from an intimate partner while 1 out of 4 men experienced violence from their partners. This report further indicated that IPV against women is high in African countries by 37%, Americans had prevalence of 29.8% while European and south pacific is lowest by 24.6%. IPV was reported to be high among women aged between 18-19 years and reach its peak at age 40-44 years (WHO, 2013). This shows that IPV among women usually starts at a younger age. However the study conducted by Carmo, Grams & Magalhaes (2011) revealed that both men and women can either be victims or perpetrators of IPV. Violence perpetrated by women is more acceptable in society than when it is perpetrated by men because women are less likely to cause severe harm than men (Carmo, Grams, & Magalhaes, 2011).

Intimate Partner Violence is the most common form of violence against women. Women's experiences of abuse can be influenced by the patriarchal believes which indicate

that women should be submissive to their husbands and decisions are made by the husbands. For example, a study conducted by Nagae & Dancy (2010) indicated that women experienced physical, emotional and sexual abuse and also the participants reported that their husbands initiated and dominated conversations. Women experience behavioural acts such as pushing, slapping, hitting, threatening with a weapons, denial of accessing health care, control, manipulation, severe assaults, threats to hurt or kill a family member (Nagae & Dancy, 2010). Sexual acts include coerced sex, committing cruel sex act such as being forced to have sex during menses or sick, withdrawal of sex or affection, denial to use condoms or birth control methods and being accused of infidelity (Stockman, Lucea, & Campbell, 2012).

Intimate Partner Violence may seem unpredictable, but normally it follows a usual pattern, that is similar in most cases. The cycle repeats and can happen many times during the relationship. Each phase may last a different length of time and over time the level of violence may increase. Women’s experiences of IPV were adopted from Walker (1979) stages of domestic experience, those stages are as follows:

The cycle of domestic violence

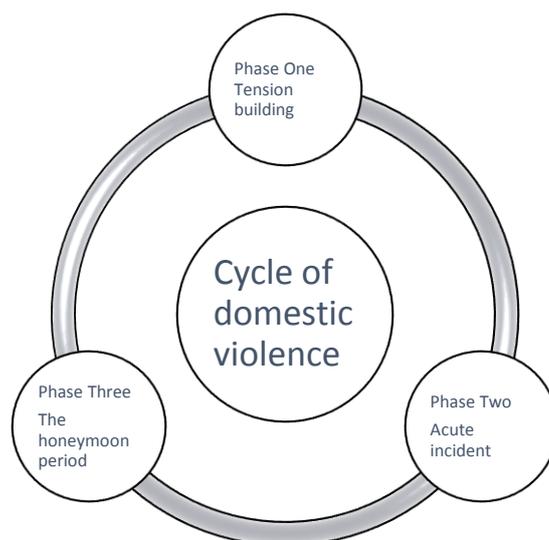


Fig 1: Adapted from Lenore Walker (1979)

### Phase one: The tension building phase

The first phase is characterised by minor battering incidents and emotional abuse over imagined or real issues and expectations of the male partner (Walker, 1979). During this initial stage, women normally respond calmly and rationally in defending their position in the relationship (Walker, 1979). They will try to justify their partners' behaviour by associating it with frustration to finance and work related stress (Walker, 1979). This tension building phase can last for days, weeks or years with minor incidents of battering and anger flashes. Some women will try to cope with the situation or hide the violence from their family while others will reach out for help or support since they are aware of the increasing danger (Walker, 1979).

### Phase two: The acute battering incident

In the second phase, the batterer cannot control his anger resulting in most abusive violence (Walker, 1979). This battering is accompanied by major destruction of the recipient's valuable items or accessories, extreme emotional release and severe beating that can result in broken body parts (Walker, 1979). The batterer and the survivor are aware of the former's rage, and the woman can feel its effects. She may be anxious because she anticipates the violent acts. That is to say, the batterer is unpredictable. The woman feels trapped and highly anxious while the batterer continues to threaten and blame her for his lack of control and behaviour (Walker, 1979). The woman may press charges or seek medical attention several days after the abuse.

### Phase three: The honeymoon period

This phase follows the battering. The abuser/perpetrator may become apologetic, loving and remorseful (Walker, 1979). He can also promise the woman that he will never be violent again and she may be given everything she wants. On the other hand, survivors will become confused or have mixed emotions and it will be hard for her to leave the relationship (Walker, 1979). However, all this is done to keep the woman from abandoning the relationship and other forms of abuse may continue such as sexual coercion, financial abuse and emotional abuse

(Walker, 1979). This is the time when the woman may seek help from social workers, counsellors and family member. Kelly & Johnsons (2008) indicated that, female survivors sometimes resist coercive controlling violence by resorting to violence which is referred to self-defence.

The above scenario demonstrates a coercive controlling violence also referred as intimate terrorism (IT), which is mostly experienced by women. Intimate Terrorism is described as the type of violence that is encountered by women in shelters, hospitals, homes for safety and law enforcement agencies. Intimate Terrorism is identified by the pattern of power and control which involves intimidation, emotional abuse, isolation, minimizing, use of children, threats, assaults which can latter lead to murder (Kelly & Johnson, 2008). A comparative study conducted by Graham-Kevan & Archer (2003) to investigate the possible existence of subgroups within relationships reporting the occurrence of physical violence among women residing in shelters and their partners. The authors found that Intimate Terrorism was mostly perpetrated by men; more likely to escalate and to be severe sometimes leading to hospitalization of the survivors.

Situational Couple Violence (SCV) is a type of violence which can be experienced by one or both partners in a relationship and it is common in the general population of married spouses and cohabiting couples (Kelly & Johnson, 2008). Situational Couple Violence is not motivated by pattern of power, control and cohesion like Intimate Terrorism rather results from a situation whereby a conflict between partners can escalate to physical violence (Kelly & Johnson, 2008). Situational Couple Violence involves minor forms of violence such as shoving, pushing, yelling or names calling which can be experienced by both men and women.

Existing literature shows that men are more likely to experience verbal abuse, minor assault, emotional, psychological abuse or denial of sex by the partner while women are more likely to experience physical assault, insult and coerced sex (Oladepo, Yusuf, & Arulogun,

2011). Psychological abuse was found to be common among men in heterosexual relationship (Nowinski & Bowen, 2012). However men who are abused may find it difficult to admit to the abuse (Zverina, Stam, & Babins-Wagner, 2011). Men who experienced IPV are also likely to be abused by their partners' families or friends (Esquivel-Santovena & Dixon, 2012). Men who are in abusive relationships can also be insulted, stalked, intimidated & harassed in public or made jealous by their partners in order to control them (Munoz-Rivas, Grana Gomez, O'Leary, & Lozano, 2007).

Experiences and perspectives of both perpetrators and survivors of IPV considering their genders are different. This can also depend on the type of violence, type of relationship and other factors that led to IPV perpetrations. Therefore, to understand the perspectives of both perpetrators and survivors, the research will discuss the factors that influence survivors and perpetrators to engage in IPV.

## **2.2 Survivors and perpetrators' perceptions of IPV**

Motives for aggressive behaviour for both men and women have been theorised differently. For instance, men's motives for IPV have been conceptualised as power and cohesion while women's motives are linked to as self-defence or retaliation.

Previous studies (Baldry, Pacilli & Pagliano, 2015; Husnu & Mertan, 2015; Rani et al. 2004) have shown that men justified wife beating on the following grounds: if the wife went out without telling the husband; if the wife neglected the children; if the wife refused to have sex with the husband; if she argued with him and sometimes if the wife cheated the husband. A study conducted by Speizer (2010) indicated that both men and women who have witnessed their father beating their mother supported wife beating. A study conducted by Dutton (1986) indicated that 21% men in the study did not accept person responsibility for the abuse though admitting that the abuse was wrong while 79% of the participants accepted committing the violence but blamed their wives and external factors for the abuse. These findings are similar to

Holtzworth-Munroe & Hutchison (1993) research which explored the stimulus that triggered men's negative intents toward their wives. The results suggested that violent men are more likely than their non-violent counterparts to attribute their violence to their wives. Wives of violent men were blamed by their husbands for being jealous, selfish and for rejection them which triggered the men to abuse them.

Women economic empowerment was also found to contribute to the IPV victimization. For instance, a study conducted by Murshid (2016) found that IPV justification and perpetration was high among men whose wives were beneficiaries of microfinance. This shows that men might be threatened by improved women economic status hence challenging their ability to provide to their families. Similarly, Krishnan, Rocca, Hubbard, Subbiah, Edmeades, Padian (2010) found that IPV increased among women whose husband's employability status was unstable and also among those women who needed to work. Women who sought employment due to poverty were more likely to be abused as this indicates their husbands' inadequacy to support his family hence hurting his manly ego. Contradictory to this finding, Green, Blattman, Jamison and Annan (2015), found that in post-conflict Uganda, women who participated in economic empowerment program did not experience abuse rather increase in the quality of their relationship with their partners, support from their partners which extended to helping in the business and household chores.

Henning, Jones & Holdford (2005) in their study to identify self-reporting information provided by convicted women and men for physically assaulting intimate partner found that both men and women gave different reasons to deny, minimize, and justify the offenses for which they were arrested. For instance, women blamed their violence on their partners' lack of commitment to their relationship, their partner's unfaithfulness and insecurity while men attributed their violence to their partners' jealousy, emotional instability, unwillingness to compromise and insecurity. Only 16.5% men and 7.4% women acknowledged that their own infidelity lead to the abuse.

Most feminist studies argue that women's acts of violence against their male partners are motivated by self-defence and retaliation. However, some studies indicated that women have similar motivation like men to use violence against their partners. Some of the motivations are anger, desired attention, jealous and cohesive control. Stuart, Moore, Gordon, Hellmuth, Ramsey & Kahler (2006) conducted a study to examine arrested women's reasons for perpetrating partner violence. The authors found that the most common reasons for IPV perpetration among those 87 participants were; self-defence (38.7%), to show anger (39.4%), to show feelings that could not be explained in words (38.0%), to get back at her partner or to retaliate for emotional hurt (35.3%), because of stress (36.5%), because of not knowing what else to do with the feelings (35.2%), to feel more powerful (26.1%), and because the partner provoked violence (38.9%). In addition to above motives, Swan, Gambone, Caldwell, Sullivan & Snow (2008) found that women also perpetrate violence against their partners due to fear, to defend their children and retribution or to retaliate for being emotionally hurt by their partners.

Studies on women's use of aggression against their intimate partners highlighted that women can use both defensive and active motives (Swan & Snow, 2006). Women can also initiate violence or defend themselves from ongoing victimization. A study that was conducted by Caldwell, Swan, Allan, Sullivan & Snow (2009) to examine motives for IPV among a community sample of 412 women who used IPV against male partners identified 14 motives which women use. Those motives are summarised as expression of negative emotions, self-defence, control, tough guise (to appear tough) and sexual aggression which was not commonly used. Expression of negative emotions among the participants was at the top; whereby most participants used both psychological and physical aggression in order to maintain control in the relationship. Self-defence motive factor was used by most participants. However, those women who used self-defence experienced increase in victimization. Stuart et., (2006) indicated that victims of severe partner violence were significantly more likely than

victims of minor violence to report self- defence as a reason for their violence. Control motive factor was used to get the participants' partners to do what the participants' desire and they claim that they sometimes cannot control themselves from being violent. Tough guise motive factor is whereby women use aggression to appear tough, to intimidate and willingly harm their partners unnecessary. Lastly, sexual aggression motive factor was used to intimidate or frighten the participants' partner (Stuart et al., 2006).

### **2.3 Factors that influence intimate partners to engage in IPV**

Previous studies have found that several factors can be antecedents for IPV perpetration (Straus, 2011; Capaldi, Knoble, Shortt & Kim, 2012; Van Wijk & de Bruijn, 2016). The factors can be individual and relationship factors (personality, prior exposed of IPV or child abuse), demographic factors (age, extended family or number of males in the household) and community-level and cultural factors (high crime area, gender norms and economic status (Flood & Pease, 2009; Lovestd & Krantz, 2012; WHO, 2012).

#### *Individual and relationship factors*

Contextual factors such as exposure to stressful life events have been found to be precursors to IPV perpetration. There is evidence that relationship dissatisfaction (Randall & Bodenmann, 2017), poor communication, economic pressure, poor problem solving within a relationship lead to stress which can increase the likelihood of IPV (Skhardt & Parrott, 2017). Schwab-Reese, Peek-Asa & Parker (2016) conducted a study to examine the associations between financial stressors and three types of physical IPV perpetration. The study found that several financial stressors such as utilities non-payment, housing non-payment, food insecurity and eviction were associated with increased odds of IPV perpetration. However, the individual financial stressors (unemployment) and financial stressors (utilities non-payment) were precursors of psychological (threats), emotional and physical (assaults) IPV victimization among women.

Koenig, Stephenson, Ahmed, Jejeebhoy & Campbell (2006) also highlighted that longer marriage durations and childless, extra marital relationship, unemployment status and intergenerational exposure to violence on the husband part were determinants of recent IPV perpetration whereas women married to highly educated men experienced coercive sex. These findings suggest that high socio-economic status and improvement in education may not lead to physical violence perpetration but to other forms of violence. Riggs, Caulfield & Street (2000) pointed that couples that are experiencing marital distress and violence may report relationship satisfaction while some male perpetrators may indicate less satisfaction in their relationship. Jewkes (2002) found that women empowerment, jealousy, male identity, poverty may increase relationship conflicts which can escalate into violence. Verbal disagreement and high level of conflicts within a relationship can also lead to physical violence. Therefore violence may be used as a tool to resolve relationship conflict and male identity crisis (Jewkes, 2002).

Studies have also shown a link between alcohol consumption and IPV perpetration and victimization (Stocki & Watts, 2011; Gilchrist et.al, 2015 & Jewkes 2002). Alcohol use increases the likelihood of the occurrence of IPV and its severity. Men were found to use alcohol as an excuse for their violent behaviours towards their partner. Jewkes (2002) indicated that men may use alcohol to enable them to perpetrate intimate partner violence as it is mostly accepted in some societies to do so. Alcohol consumption was also associated with severe conflict whereby the woman complains about the man drinking which in most cases led to verbal and physical abuse (Jewkes, Levin, & Penn-Kekana, 2002). Gilchrist, Munoz & Easton (2015) found that poor conflict resolution, lack of anger control and ineffective partner communication among alcohol abusers led to IPV perpetration. However, in clinical control samples, Foran & O'Leary (2008) found that after controlling other variables (age, hostility, marital dissatisfaction, drug problems and socioeconomic status), there was still an association between aggression in this case IPV and alcohol. This implies that, even if others factors may

trigger IPV perpetration, alcohol consumption alone may lead to IPV perpetration. Nevertheless, Tinney & Gerlock (2014) emphasised that there is a weak link between alcohol use/abuse and IPV perpetration. That is to say that IPV perpetration among alcohol users can be a combination of other factors such as partner's substance use, relationship status and use of other drug and alcohol aggression.

### Societal and Cultural factors

Societal and culture beliefs are core factors that shape an individual's worldview, self-identity, spirituality and other social phenomena. Therefore, it is vital to consider the role that society and culture play in nurturing IPV. Some cultural factors such as gender roles and norms may influence IPV perpetration. Do, Weiss & Pollack (2013) indicated that patriarchal gender beliefs concerning the social justifiability of wife abuse may increase the likelihood of IPV at both the individual and community levels.

James-Hawkins, Salazar, Hennink, Ha & Yount (2016) conducted a study to investigate the norms of masculinity and the cultural narrative of intimate partner violence among men in Vietnam. The authors identified that IPV perpetration were more likely to occur when a woman challenges the male masculinity or when she fails to be submissive and to do household chores. This can be acceptable more especially in patriarchal societies where a man is considered superior. Similarly, Kwesiga, Bell, Pattie & Moe (2007) also argued that men who have strong beliefs in gender norms/role are more likely to perpetrate IPV when they feel that those norms are disregarded by their wives or when they lack the ability to provide for the family. Gender role related stress (performance failure, subordination to women and intellectual inferiority) was also associated with male perpetration of verbal, sexual coercion and physical violence (Moore, Stuart, McNully, Addis, & Cordova, 2008).

Hofstede's Dimensional Model of Culture suggests that individualism and collectivism may be associated with risk markers of IPV perpetration. Collectivism means the extent to

which a society emphasizes the interdependence of humans while individualism emphasizes on individual rights and personal achievement such as education and leadership role (Mallory, et al., 2016). For instance, Papadakaki, Tzamalouka, Chatzifotiou & Chiliaoutakis (2009) highlighted that in Orthodox Christian societies where strong family ties are emphasized, IPV can be kept as a family secret in order to protect family institution from dissolution. Guruge, Khanlou & Gastaldo (2009) did a study of Sri Lankan Tamil Canadian immigration's perspectives on factors that contribute to intimate male partner violence in the post migration context. The authors found that changes in social networks and received support from families and community; changes in socioeconomic status and privilege and gender inequity in the marital status increased the likelihood of IPV occurrence. Migrated couples may also have no family members who may offer them socioeconomic support thus leading to stress, resentment and conflict.

Factors that are associated with IPV perpetration and victimization are intertwined. Factors that can be precursors of IPV can also influence the perpetration of IPV. Therefore, there is a need to consider all factors when one is considering to developing batterer intervention and survivors programs in order to meet the needs of the clients. Health practitioner, social worker and psychologist should also explore the event or stimuli that have triggered the violence in order to come up with the effective interventions. Therefore, this will lead to the discussions of possible interventions that can be employed to assist both perpetrators and survivors of IPV.

#### **2.4 Programs and interventions that can be employed to assist IPV perpetrators and survivors**

Batterer programs and interventions for male perpetrators of IPV exist in developing and developed nations around the world. These programmes were initiated out of victim advocacy service agencies, sexual health programmes, non-governmental organizations, family mental health centres, battered women's services and individuals' personal interest and law

enforcement (Barner & Carney, 2011; Constantino & Crane, 2005; Miller, Gregory & Iovanni, 2005). For decades men were considered batterers only, nevertheless ignoring that women also can be batterers. Therefore, this affected the development of effective female batterer programs. Kernsmith & Kernsmith (2009) indicated that most batterer interventions are guided by power-control model thus not catering for females' perpetrators motives and context of IPV perpetration. Hence, there is a need to implement standard for both male and female interventions.

Kelly & Johnsons (2008) suggested that batterers' programs should be tailor-made considering the type of violence the participants' experience, court mandatory and also the individual's mental health and childhood abuse. For instance, IT perpetrators may not benefit from SVC program hence affecting the effectiveness of the program because IT perpetrators may have alcohol abuse and anger problem whereas SVC has poor communication skills only. Lehmann & Simmons (2009) also suggested that batterer intervention programs should be strength-based approaches. BIP should also be able to meet the need of perpetrators, in their environment, and current situations; should emphasis on what is right, effective and commendable about the perpetrators of IPV; should focus on the outcomes and clients goal of the therapy and lastly active participation of IPV perpetrators in designing BIP.

Female survivors mostly access services from various women safety shelters, outpatient services, religious organisations, advocacy centres and sometimes social services. Therefore, staffing, funding, resources and services should be considered when designing survivors' intervention. Arroyo, Lundahl, Butters, Vanderloo & Wood (2015) conducted a systematic review and meta-analysis study to identify and describe what short-term psychotherapy has been delivered to IPV survivors and the nature of the intervention. The second objective was to qualitatively synthesize targeted outcomes of short-term psychotherapy; interventions to provide an overall estimate of the effect of such interventions and, where possible, explore possible moderator variables. The authors found that IPV survivors benefited from brief

psychological interventions more than those who did not receive any intervention; interventions that are adapted to the theoretical needs of the clients demonstrated more significant outcomes than those that are eclectic or use non-specific interventions; and that individualized tailored approaches may meet the unique needs of the survivor compared to group interventions.

Hansen, Eriksen & Elklit (2014) also conducted a study to examine the effects of a specific three-phase intervention program for female victims of IPV on psychological symptoms (PTSD, anxiety and depression) and perceived social support. They found a significant reduction of psychological symptoms in the female survivors of IPV participating in the intervention program even after the completion of the intervention. Level of perceived support was also significant during the participation in the program but reduced after the intervention. This may indicate the need of ongoing support or social networks after the survivors has completed intervention to promote positive wellbeing among the survivors. Eckhardt, Murphy, Whitaker, Sprunger, Dykstra & Woodard, (2013) indicated that ongoing support for IPV survivors from family, community and paraprofessionals reduce the likelihood of re-victimization and enhance survivors' safety behaviours.

There is limited research on female perpetrators or male survivors' intervention for IPV which are designed to meet the needs of each gender. In Botswana, there are few service providers for female survivors of IPV and these are mostly based in urban area. Furthermore, there is no BIP for both male and female perpetrators. Botswana is currently piloting a gender based violence referral system in an effort to provide comprehensive service delivery to survivors of gender based violence (Republic of Botswana, 2016). The system links and networks service providers and enable a survivor to be assisted at any point and referred to relevant service providers. As a result, this leads to a neglect of the need for BIP in Botswana.

## **2.5 Gaps in existing literature**

Existing literature on IPV is characterized by several gaps. One of them is that literature on experience of survivors and perpetrators of IPV in Botswana is scanty. The second one is that factors that influence survivors and perpetrators to engage in IPV, need to be examined in order to come up with better interventions that address both partners' perceptions and contribution to IPV occurrence. Thirdly, previous national studies in Botswana focused on female survivors of IPV only, while male survivors' experiences of IPV were barely explored. Fourthly, most studies use female perpetrators that were ordered by court to seek help or convicted rather than those from the general population. For that reason, the result of those studies may not apply to those women who did not go through the justice system. Lastly, BIP programmes for perpetrators are designed from a control viewpoint rather than from a self-defence or retaliation view. Hence, these programmes may not be suitable for female perpetrators. Similarly, survivors' interventions are also guided by feminist ideology hence overlooking that men can also be beneficiaries of those programmes.

## **2.6 Theoretical Framework**

Studies on IPV are guided by different theories in social sciences such as Family systems theory, attachment theory, socio-cultural theory and many more. Therefore this research will be guided by Attribution theory and conceptual framework of IPV (aggression).

### **Attribution Theory**

Attribution theory is a theory in Social psychology which is concerned with how people interpret events and how those events relate to their thinking and behaviour. This theory evolved overtime from theories of Fritz Heider, Harold Kelly, Edward Jones, and Keith Davis. Most Attribution theories are concerned with the "how" and the "what" by which people process information in attempting to understand events, judge those events, and act on those events. Fritz Heider (1958) was among the first sociologists to explain the process of

attribution. According to Heider, people's actions are influenced by internal and external attributions. Internal attributions involve a person's characteristics or traits such as mood, beliefs, values and attitudes for having caused a person's behaviour. External attributions involve external factors such as other people behaviours or situations for causing an event to occur. In other words, people tend to assign the cause of their behaviour to some event outside a person's control rather than internal factors (McLeod, 2010).

Harold Kelly (1973) developed a co variation model for judging whether a particular action should be attributed to some characteristics of a persons or the environment. According to Kelly (1973), an individual may have information from multiple observations at different times, situations thus having a co variation of observed events and cause. The author believed that there are three types of causal information that influence our judgement and these are consensus, distinctiveness and consistency. Consensus information is the extent to which other people behave in the same way in a similar situation. Distinctiveness information is the extent to which the person behaves in the same way in similar situations. For example, if Tom, verbally abuses his girlfriend only when his friends are around, then his behaviour is highly distinctive. But if he abuses his girlfriend all the time with or without his friends' presence then distinctiveness is low. Consistency information is the extent to which the person behaves like this every time the situation occurs. For instance, if Tom only abuses his girlfriend when his friends are around, consistency is high. If he only abuses his girlfriend when they are attending special family function then consistency is low.

Lastly, Jones and Davis focus on the correspondent inferences attributes. They believe that people use information about another person's behaviour and its effects to draw a correspondent inference, whereby the behaviour may be attributed to personality characteristics (Kelly & Michela, 1980). Jones and Davis claimed that people draw a correspondent inferences if the person's behaviour seems intentional than when it is unintentional (Hart, 2005). They also highlighted that people are more likely to decide there is a correspondence when the effect

of the behaviour are socially undesirable. In other words, social undesirable behaviour leads to dispositional inferences more than socially desirable behaviour.

Attribution theory deals with how the social perceiver uses information to arrive at causal explanations for events. It examines what information is gathered and how it is combined to form a causal judgment. Main features of Attribution theory are:

#### Focus on correspondence

Actions can be explained as product of some set of characteristics. That is to say actions can be attributed to how a person will act or behaviour he/she displays in certain situations. Attributions that are informative of a person's nature or personality are considered as correspondent (Jones & Davis, 1965). External factors are considered correspondent, for instances, because abusive men tend to attribute such causes to intentional and negative factors in their partners rather than their own insecurities or personalities. Importantly, such attributions reflected the men's thinking, rather than what may actually have prompted the behaviour. IPV which is one of the major challenges in Botswana is mostly attributed to relationship challenges such as cheating spouse rather than to poor coping strategies or poor mental health.

#### A focus on co-variation

Here, events are attributed to causes with which they co-vary or co-occur. Causes are attributed to factors that are present when an event or effect is observed and not present when the event or effect is absent (Kelly, 1972). For instance, if a married woman fails to cook food for the husband or take care of the children, society might believe that it is fine for the husband to assault her in order to put her to order but when a wife is assaulted by a husband when he is drunk the society may be sympathetic to the wife.

### *A focus on responsibility*

Attributions are not only based on the cause of an action only. When people are making sense of things, they sometimes focus on whom or what was responsible for that particular behaviour or outcome (Weiner, 1986). The person's interpretation of behaviour will determine how they will act. For example, people are more likely to feel sympathetic to a perpetrator if that person is viewed as not responsible for his or her own (provoked by a partner) as opposed to intentional behaviour (assault). Thus attributions of responsibility can have significant consequences.

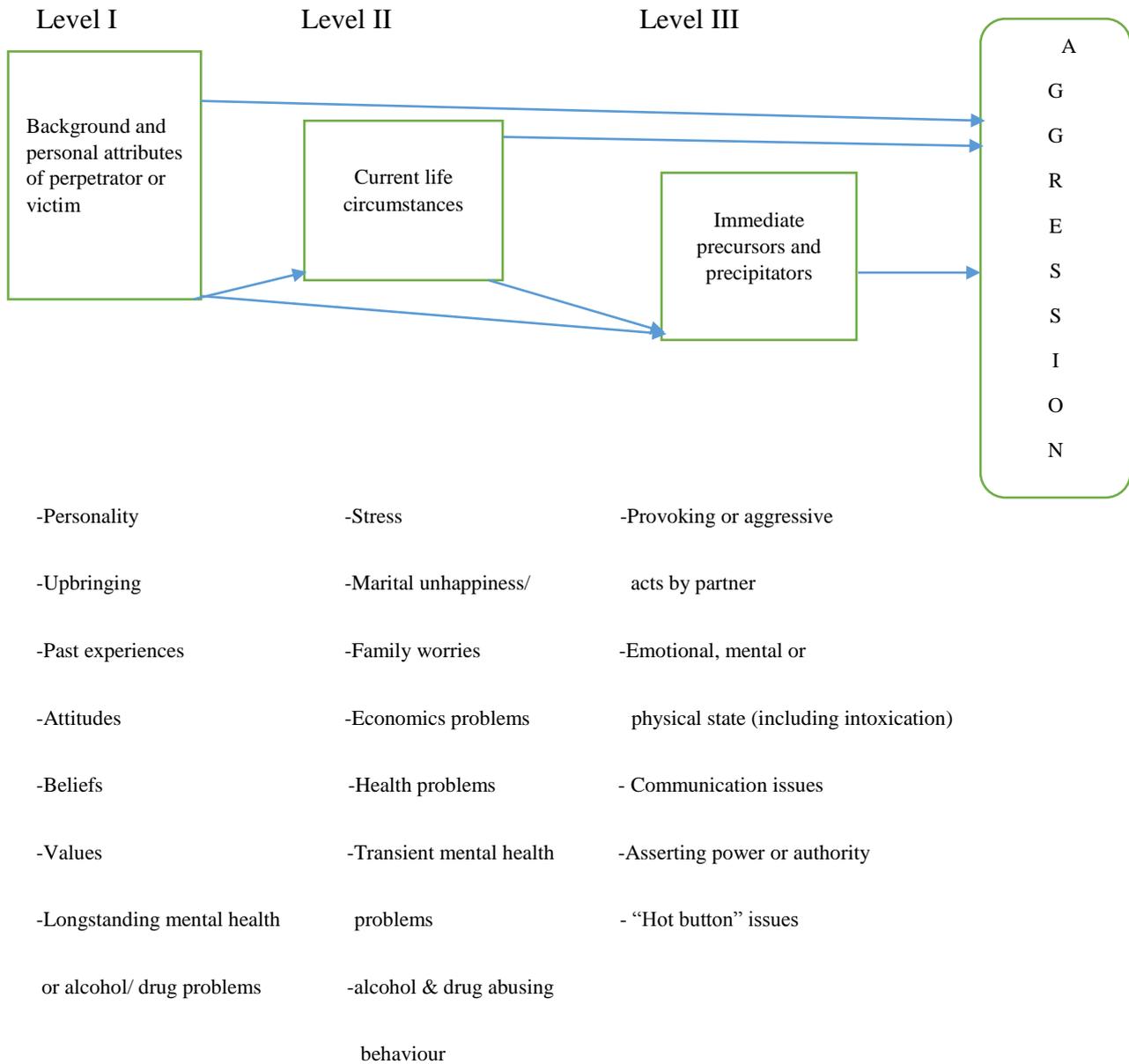
### *A focus on bias*

People can make fairly rational assessments of cause and responsibility of a phenomenon, however systematic bias can occur. There is also a fundamental attribution bias which is people's tendency to make more internal attributions than external attributions for others' behaviours (Kelly, 1987). Self-serving bias is another bias in Attribution theory where by people tends to view their behaviours as significantly more appropriate than the behaviours of their partners (Miller & Ross, 1975). People are more likely to criticize and unpleasant behaviour when they believe that other people are personally responsible for their negative life events and incompetent to deal with life challenges.

The comments and action in which a person engages can be subject to attributional analysis by self and by others. The result of this analysis has potentially substantial insinuations for the nature of how one responds to another's actions. Whether it is an a stigmatizing condition, a need for help, or an aggressive act, if these are attributed to controllable and intentional causes, responses of anger and reprimand or neglect are more likely, whereas uncontrollable and unintentional attributions are more likely to lead to sympathy and offers of assistance. The attribution that one has toward IPV perpetration will lead to positive behaviour or negative behaviour toward self or others.

## 2.7 Conceptual Framework

Fig 2 A-three model of perceived influence on IPV: adopted from Flynn & Grahan (2010)



### Level I: Background and personal attributes of the perpetrator and victim

This level involves the individual stable attributes such as aggressive personality, attitudes or beliefs conducive to violence and an upbringing or childhood experiences that may make a person generally likely to be aggressive. Perpetrator and victims normally attribute the occurrence of IPV to these factors. Longstanding mental health and alcohol and drug problems may be categorized in this level when they are defined as personal attributes of the aggressor than as transitory problems.

### Level II: Current life circumstances

This level involves current life circumstances such as stress, depression, poor physical health, current alcohol and drug abuse and other circumstances that might make a person more likely to respond aggressively in an intimate conflict because of the stress or other effects associated with these situations or factors. These factors can also escalate the tension that can directly or indirectly lead to conflict and violence.

### Level III: Immediate precursors and precipitators

This level includes acts by the partner seen as provoking or aggressive, the emotional or mental state of the perpetrator (including intoxication) and other situational factors. These precipitators are based on self-report by both the victim and the perpetrator. Level I factors can be perceived as a sole explanations of IPV occurrence but may be mediated by life circumstances and immediate precursors or precipitators. Level II also may be seen as a sufficient explanations or be mediated by immediate precursors or precipitators.

## **2.8 Application of the theory and the conceptual framework to the study**

Both the attribution theory and the conceptual model were found to be relevant to this study. They offer a framework that will help the research to meet the objective of the study. Attribution theory focus on how an individual interprets his or her own behaviour and the

behaviours of others and how they will act based on that causal explanation of the events. This study is based on the subjective experiences of survivors and perpetrators of IPV, therefore attribution theory will be relevant to investigate the attribution both parties give for IPV perpetration and victimization. In other words, the researcher will be able to examine the “how, why and what explanation the participant will give.

Most batterers often use external attributions to explain and justify their behaviour. For example, men may claim that they were cheated or emotionally provoked by women; therefore were forced to keep a firm hold assault them. Therefore, men who avoid taking responsibility for their behaviour will be less motivated to change or can quit therapy prematurely. However, man who readily accept their behaviour and show remorse might also be acting up to be forgiven but not ready to change. Perpetrators might also perceive their partner’s behaviours less appropriate than their own behaviour. Women on the other hand often feel bonded to their families and also take care of them, but may not expect their partners to express the same affection to their families.

Survivors can sometimes justify and defend their partner’s behaviour in order to maintain peace in the relationship or hoping that the partner will change. For instance, he/she might say that his/ her partner becomes aggressive only when drunk or stressed at work but more loving when he/she is sober. Hence, it may be difficult to press charges after the abuse or to even leave the relationship.

The conceptual framework will also help the researcher to achieve other objectives of the study. These objectives are; the factors that influence the survivor and perpetrator to engage in IPV as well as the possible strategies that both the perpetrator and survivor suggest. Level I of the conceptual framework will be based on individual characteristics that both the perpetrator and survivor have or attribute to self and the other. Level II will also help to understand the factors that have triggered the IPV perpetration reported by both the perpetrator

and survivor. Level III will also examine either the motive or reasons of IPV perpetration given by both the perpetrator and the survivor. This is because people tend to differentially attribute the behaviour of others from their own. Hence, the importance of investigating self-reported attributions of perpetrators and perceived attributions as described by victims.

## **2.9 Limitations of Attribution theory**

Below are the limitations of the Attributions theory:

- Correspondence inference theory focuses on internal attributions or single instances of behaviour rather than both external and internal attributions (Kelly & Michela, 1980).
- The Anova model of Attribution theory depends on the intentional rather than unintentional behaviour of an individual.
- People may attribute the cause of their behaviour to most salient features whereas perceived features can be overlooked.

## **CHAPTER THREE**

### **3.0 Methodology**

This chapter describes the methodology that was adopted for the study. It is divided into the following headings and sub-heading: research site, research design, population, population sample, sampling technique, and instrument for data collection, administration of the instrument and method of data analysis.

### **3.1 Research Site**

Gaborone is the capital city of Botswana, with the population of 231, 592 about 113 536 are males and 118, 056 are females based on the 2011 census (Central Statistics Office, 2011). The ratio is 963 men for every 1,000 women (2011 Population and Housing Census, 2012). The population growth rate of Gaborone is 3.4% due to migration of Botswana. The city has no local tribe affiliation, thus diverse cultures from the local people and people from other nations. Gaborone is also the government capital and economic capital, that is to say that it is the headquarters of government ministries and companies. It is also the headquarters of Southern African Development Community (SADC).

The 2011 population census also highlighted that most people living in Gaborone, stay as married couples or cohabiting partners and the economic status of household range from 0.6% (poorest) to 45% (richest). Therefore Gaborone was selected due to the men and women ratio, non-tribal affiliation and different economic statuses of households. Kagisano Society Women's Shelter (KSWs) was the study location. KSWs was established in 1998 in response to gender based violence in particular violence against women to provide temporary shelter; counselling; community education & outreach and advocacy.

### **3.2 Population and Sampling**

Study population is the set of all objects that have common characteristics that are of interest to the research in this case, survivors and perpetrators of IPV receiving counselling at

KSWS. Since the objective of this study is to explore survivors and perpetrators perceptions of their experiences of IPV, there was a need to use a sampling method that meet the research objective hence the use of non-probability or non-random sampling method.

### **3.2.1 Inclusion Criteria**

Through the assistance of counsellors based at Kagisano Society Women's Shelter, the researcher accessed the respondents using the following criteria;

- Women aged 18 and above who experienced intimate partner violence.
- All women who gave consent to participate in the study'
- Men declined to be interviewed; their participation could have enriched the study.

### **3.2.2 Exclusion Criteria**

The following respondents were excluded from the study population;

- All women and men who did not give the consent contract of the study
- All women, men and children who have not experienced IPV.

### **3.2.3 Sampling**

Sampling is the process of selecting units (e.g. people, organization) from a population of interest, so that by studying the sample a fairly generalization of the results be made back to the population from which a sample was chosen (Trochim, 2006). It is the act, process, or technique of selecting a suitable sample, or a representative part of a population for the purpose of determining parameters or characteristics of the whole population (Trochim, 2006). This study used a non-probability sampling. According to Bhattacharjee (2012), non-probability sampling is a technique whereby some population units have zero chance of being selected. It is not possible to determine the likelihood of the inclusion of all representative elements of the population into the sample thus subjected to sampling bias. In addition, the finding of these methods cannot be used to generalise the entire population. There are several non-probability

methods such as purposive sampling, convenience and quota or expert sampling method that can be used in qualitative research. In order to meet the objective of the study, purposive sampling also known as judgement sampling was used as a sampling technique.

### **3.2.4 Purposive Sampling Technique**

Purposive sampling technique is the deliberate choice of a participant based on the qualities the participant possesses (Etikan, Musa, & Alkassim , 2016). It is a non-probability technique that does not require underlying theories or a set number of participants. The researchers included people who can and are willing to provide the information by virtue of knowledge or life-experience. The targeted people should also be willing to participate, able to communicate their experiences and opinions well. For instance, this study focused on clients from Kagisano Society Women's Shelter only who are offered psychosocial support services. Moreover, these clients had similar experiences of IPV. This method is also cost effective and convenient since the participants were interviewed at Kagisano Society Women's Shelter.

The participants were recruited through their counsellor and those who were willing to share their experiences on IPV were included in the study. Due to the sensitivity of IPV, participants were interviewed at Kagisano Society Women's Shelter which is the environment they are familiar and comfortable with. Purposive sampling does not require the researcher to determine the population sample; however, the sampling size is determined by the saturation of the data (Teddlie & Yu, 2007). When the researcher is no longer getting new ideas then he/she can stop data collection process and move to data analysis process.

## **3.3 Research Design**

There are limited studies that have been carried in Botswana to explore survivors and perpetrators' perceptions of their experiences of Intimate Partner Violence. Therefore, this study will be an exploratory research. An exploratory research is often conducted in new areas of inquiry, where the goals of the research are: (1) to scope out the magnitude or extent of a

particular phenomenon in this case intimate partner violence, problem such as stigma, or behaviour such stereotypes, (2) to generate some initial ideas about that phenomenon, or (3) to test the feasibility of undertaking a more extensive study regarding that phenomenon (Bhattacharjee, 2012). Exploratory research is appropriate when research have a limited understanding about an identified problem (Yegidis & Weinbach, 1996). Therefore the exploratory design was achieved through the use of qualitative data.

### **3.4 Qualitative Method**

Qualitative (mainly inductive) methods allow for identification of previously unknown processes, explanations of why and how phenomena occur, and the range of their effects (Pasick, et al., 2006). Hence, this research was concerned with understanding the perceptions of survivors and perpetrators of intimate partner violence. Qualitative researches draw their theoretical frameworks from different approaches such as ethnography, grounded theory and phenomenology and field studies. This study was guided by phenomenology approach to reach the objectives of this research. Phenomenology is a school of thought that emphasizes on people's subjective experiences and interpretations of their social context (Trochim W. , 2000).

Qualitative research also is concerned with the social aspects of our world and seeks to answer questions about: why people behave the way they do; how opinions and attitudes are formed; how people are affected by the events that go on around them; and how and why cultures and practices have developed in the way they have (Hancock, Windridge & Ockleford, 2007). It is used to explore and identify people's views, real-life context and address sensitive topics where flexibility is needed to avoid causing distress and to explore the meaning they give to phenomena (Patton & Cochran, 2002). Therefore, this method accorded the participants the opportunity to describe their experiences, behaviours, motives and factors associated with IPV perpetration and victimization. The method typically involves observations and intensive interviews to capture the experiences of survivors and perpetrators of Intimate Partners Violence.

### **3.5 Data Collection Procedures**

There are several data collection procedures that can be used in Qualitative research. These include: focus group discussion, online survey, case study and participant observation. The researcher met participants at Kagisano Society Women's Shelter and interviewed them. Interview guides were developed for data collection.

Interviews are a more personalized form of data collection method than questionnaires, and are conducted by trained interviewers using the same research protocol as questionnaire surveys (Creswell, Klassen, Clark, & Smith, 2011). However, unlike a questionnaire, the interview script contained special instructions for the interviewer that were not seen by respondents, and had space for the interviewer to record personal observations and comments. The interviewer had the opportunity to clarify any issues raised by the respondent or ask probing or follow-up questions (Bhattacharjee, 2012).

In-depth semi-structured interviews were used as a tool for data collection in this study. In-depth interviews are less structured than semi-structured ones and may cover only one or two issues. This type of interview is used to explore in detail the respondent's own views and interpretations of an issue. This method is used on topics for which little is known about the phenomenon and where it is important to gain an in-depth understanding. They might start with very open questions such as 'Tell me about how you came to be here' (Patton & Cochran, 2002).

The interview guide was made up of open ended questions to allow for an in-depth exploration of survivors and perpetrators' perceptions of IPV. Interview with open-ended questions allows respondents to respond in their own words thereby giving more detailed information (Polit & Hungler, 1999). The interview guide was informed by the previous researches on IPV.

### **3.6 Pilot Study**

A pilot study is a small scale preliminary study conducted in order to assess feasibility, time, cost, develop and test adequacy of research instruments, identify logistical problems which might occur using proposed methods in an attempt to predict an appropriate sample size and improve upon the study design prior to performance of a full-scale research project (Van Teijlingen & Hundley, 2001). It helps in refining the proposed tools. It might also give advice, warning whether proposed methods or instruments are inappropriate or too complicated. The researcher piloted the study. Therefore, pilot study was conducted at the University of Botswana using students who showed interest in the study. The sample size was 2. These students were not included in the study population and they were not survivors or perpetrators of IPV.

### **3.7 Data Analysis**

Thematic analysis (TA) in qualitative method used “for identifying, analyzing, and reporting patterns (themes) within data” (Braun & Clarke, 2006:79). It involves searching across data collected through interviews to find repeated themes of meaning that seek to answer the general research question(s) (Vaismoradi & Turunen, 2013). According to Braun & Clarke (2006), thematic analysis can be used within different frameworks which report people experiences, meanings and their reality; how that affects them in the society and the way individual make meaning of their experiences. Therefore, TA was used in this research; it generated unanticipated insights and also allowed the flexibility of determining themes in various ways. Analysis of data was done in six stages, however the research had to constantly move back and forward between the entire data set. In other words, TA requires moving back and forth throughout the phases. These phases which are set by Braun & Clarke (2006) are (i) familiarization of data, (ii) generating initial codes, (iii) searching for themes, (iv) reviewing themes, (v) defining and naming themes, and lastly (vi) producing the report.

### Phases one: Familiarization of data

This is the stage of data analysis where the researcher repeatedly read the data to search for meanings, patterns and missed data (Braun & Clarke, 2006). The researcher started to take notes and marked ideas that were used to generate codes in Phase two (Braun & Clarke, 2013). Both the nonverbal (such as nodding of head) and verbal data (spoken words) were transcribed in order to get the depth of the content. Nevertheless, the researcher compared the transcripts and the original audio to confirm for accuracy (Braun & Clarke, 2006).

### Phase two: Generating initial codes

This phase involved the production of codes from the data. The selected codes are primarily dependent on the researcher judgement and insight (Braun & Clarke, 2006). The process of data analysis also started from coding the data. In this phase, data was organized in common features in a systematic fashion and collated into relevant codes (Thomas & Harden, 2008). Coding was done manually, whereby data that seemed relevant to the research questions was tabulated. Nonetheless, data that did not fit in the research questions or the theoretical and conceptual frameworks was coded also as it offered new insight (Braun & Clarke, 2006).

### Phases three: Searching for themes

This is whereby coded data was organized into potential themes and all relevant data was gathered to each potential theme (Braun & Clarke, 2006). Different codes were combined to form relevant themes that answer the research question while other codes formed sub-themes (Braun & Clarke, 2006). Some codes that do not fit in any of the created themes were discarded or formed a miscellaneous theme.

#### Phases four: Reviewing themes

The themes were constantly checked to see if they worked in relation to the coded data and the entire data set generating a thematic map of the analysis (Braun & Clarke, 2006). Themes were refined in order for the researcher to see if he/she has a compelling story about the data (Braun & Clarke, 2013). In this phase, coded data was studied carefully to establish if they form a coherent pattern. This was done to establish if the themes form a coherent pattern hence, the formation of a thematic map. Nonetheless, the candidate themes which did not fit, the themes were reviewed to create new themes for the analysis and some were discarded (Braun & Clarke, 2006). When the thematic map was refined and established then I moved to the next phase.

#### Phases five: Defining and naming themes

In this phase, the researcher further defined and further refined the specifics of each theme for report writing (Braun & Clarke, 2006). This also involved the generation of clear definitions of each individual themes and naming of each theme (Braun & Clarke, 2006). Moreover, the themes should be able to tell an overall story of analysis and have informative names.

#### Phases six: Producing the report

This was the final stage for data analysis. Phase six involved the selection of vivid, compiling and production of a scholarly report of the analysis (Clarke & Braun, 2013). The write-up of the thematic analysis should be able to tell readers a convincing story about the data and to assure them about the validity of the analysis (Braun & Clarke, 2013). The report was contextualized to the existing literature and the theoretical frameworks (Braun & Clarke, 2006)

### **3.8 Dissemination of the study findings**

The study finding will be shared with the Ministry of Nationality, Immigration and Gender Affairs as the results may be used to fill the identified gaps in existing Acts and policies and to contribute to policy development or amendment. Kagisano Society of Women's Shelter will be presented with the study findings and recommendations for the purpose of service improvements, development of relevant psycho-educational programs and advocacy messages.

### **3.9 Limitations of the Study**

This study had limitations with regard to the method chosen for interviews and analysis as well as sample size or study size. IPV is a socially and culturally sensitive topic in Botswana; it is possible that the respondents expressed socially acceptable views, rather than disclosing their own personal views. The analysis might have mirrored a socially accepted view instead of illuminating what is actually the case. There is a high probability that some important data might have been lost or lost meaning during analysis. The researcher's understanding of a phenomenon may have influenced the interpretation of the data, hence a high risk of bias. To counteract this risk, peer review was done in the reviewing of the themes and write up of the thematic analysis. Lastly, some participants pulled out the last minute due to social commitments and some were uncomfortable to disclose their experiences. Hence, men were not included in the study based on the above reasons.

### **3.11 Ethical Consideration**

IPV is a sensitive issue that requires the researcher to protect the dignity of the participants. Permission to conduct this research was first sought from the Institutional Research Board in the Office of Research and Development (University of Botswana). The Board approved the designed data collection tool. Then the researcher applied for a research permit at the Ministry of Nationality, Immigration and Gender Affairs which enabled the researcher to collect data from the centre.

Informed consent was acquired from potential participants. The researcher explained the purpose of the study to participants and the objectives of the study. Participants were informed that participation in the study was entirely voluntary and if they did not want to take part they could withdraw during the process of the interview without fear of victimization or intimidation. However, the importance of their participation was stressed.

Potential participants were informed that code numbers and not names will be used for identification purposes and that all information will be destroyed after the completion of the study. Furthermore, they were informed that the information they give will not be used in anyway against them or reported in a manner that identified them. Participants were also informed that there were no anticipated risks of participating in the study and that they will not receive any direct benefits for participating in the study, but that the findings of the study may contribute to policy formulation, can be used as a references in developing intervention or programs and lastly to educate the public about IPV. Those who consented signed a written form. Lastly, in the case of emotional breakdown, participants were referred to the Kagisano Society Women's Shelter Counsellors to receive psychosocial support. In other words, arrangements were made with the counsellors to provide support when needed.

## CHAPTER 4

### 4.0 Findings

This chapter presents the participants' personal experiences of IPV. It includes narrative attributions to demonstrate the individual perspectives of their IPV experiences. I introduced the coding process that was used to determine each participants experience with IPV and examine whether partner violence escalated over time and the severity. Finally, I introduced the thematic analysis, which was the research method that analyse participants' unique experiences into the conceptual systems. Some subject matter was new to the study of IPV, while others were consistent with other studies on IPV. The thematic analyses of this is divided into 2 parts; the synopsis of the participants' interviews and the established themes from the women's stories.

#### 4.1 Synopsis of the interviews

This section includes a complete synopsis of each participant's experience of IPV. These narratives were my interpretation of each participant's experiences and were not word for word transcriptions. The narratives included a combination of selected data from the coding process, observation made during the interviews and scenarios derived from the interview.

#### *Game Mafhoko*<sup>1</sup>

Game Mafhoko is a 33 year old married woman. She has been married for 3 years, and she has two children from her previous relationship and none from the current relationship. Mrs. Mafhoko holds a Diploma and is currently self-employed (sells imported clothes). She indicated that the abuse started 3 months after they got married. She highlighted that the fights were sometimes provoked by minor things and in most cases happened when her husband was under the influence of marijuana and alcohol. She stressed this by saying, "when he is high he acts dumb and end up beating me but apologizes thereafter. The mood changes quickly more

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<sup>1</sup> Pseudonym

like he is possessed by a demon”. Mrs. Mafhoko indicated that when her husband is sober, he becomes a sweet, quiet man and enjoys his company.

Mrs. Mafhoko also mentioned that the abuse she experienced in the beginning was mostly assaults coupled with verbal abuse and sometimes controlling behavior. For example, her husband would assault her in public places even in the presence of their elders, or chase people from their home. She revealed that the assaults occurred during midnight when no one could hear her shouting and assist her. She said that the assaults reduced after she ran away from her matrimonial home to her parents’ home. Thereafter, they were reconciled by their elders and went back to her home. Even though the assault stopped after the reconciliation, the verbal abuse escalated from nagging to them arguing the whole night. She cited that “I cannot sleep in that house, this man can talk the whole night, when I try to sleep he will wake me up and ask about my intentions. He seems like he is scared that I might divorce him”.

Mrs. Mafhoko revealed that her husband is unemployed; she is the sole breadwinner of their family. She started providing for the family from the day they got married by using her parents’ resources and her salary to build a house and bought cars for herself and her husband. However, the husband criticized her and complained that Mrs Mafhoko took him for granted because he is poor and has nothing. She said that the husband condemned her for not fulfilling her wife duties such as cooking and doing his laundry. She cited him saying “how can you cook or wash my clothes when you disregard me and sometimes you eat at your wealthy parents’ home”. She highlighted that she loves her husband so much and married him although he did not have money and was unemployed. She revealed that she does not know what her husband wants or expects from her since she does everything for him like a child.

Even though she provides for the family, her husband did not accept her children from her previous relationship, which now stayed with her parents. She seemed frustrated by her husband’s actions and stated that she could have not married him if he could have shown her

before they got married that he hates her children. She revealed that the day before she ran to the shelter, the husband assaulted her for buying her children school lunch snacks while they did not have food at their house. She indicated that she wondered if he is bitter since his mother left when he was young to be taken care of by his father. However, Mrs Mafhoko expressed the desire to stay with her children despite her husband's hostility toward her own children.

Mrs. Mafhoko mentioned that the reasons she is still married is because she believes that every marriage has its own challenges and was concerned that people would think of her as a failure. She revealed that she does not want a divorce, but separation hoping that her husband will seek counselling and quit drugs during that period. She said that she has been in the shelter for 3 days. She said that she felt safer and was at peace. She said women should not put their marriage and societal expectations before their children.

### ***Ruri Batho<sup>2</sup>***

Ruri Batho is a 45 years old woman who has been married for 20 years to a man 10 years older. They have 8 children and 2 are deceased. She met her husband after she completed Form 5. Mrs. Batho has never worked before. Therefore, her husband is the sole provider of the family of 10 people.

Mrs. Batho indicated that the abuse started after the birth of the 5<sup>th</sup> child. She claimed that her husband complained that she had many children and had chased away his previous girlfriend who has few children and was obedient to him. Since the husband was failing to provide for the children, he started controlling and monitoring her movements as well as people who visited her. She also hinted that her husband did not want her to attend social functions alone but when they go together he did not allow her to talk to anyone. Reasons being that, he claimed she would make appointment with men or rekindled her childhood love affairs behind her husband's back. After these events, he would always batter her. Mrs. Batho

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<sup>2</sup> pseudonym

lamented that she was not allowed to entertain family or have friends; hence if the husband is not informed about who visited them in his absence, he would assault her.

She believed that her husband was paranoid because he made up stories and even asserted that the traditional doctor he consulted told him that she was having extra marital affairs. The participant also revealed that abuse was not only physical and verbal, but also sexual. She hinted that the husband would ask her about the size of the manhood of her previous lovers and how they had sex. However, she was assaulted when she refused to reveal this but if she does, she would be asked to do the same thing or why she didn't do that with him and the assault and insults would follow. The husband always asked about her opinions regarding size of other men's manhood more especially those he thought have had affairs with her. She said he would say "I know women can look at the man and know the size of his penis, tell me what you think of this man". When she said she did not know, he would say that she was deceptive and later beat her up.

Mrs. Batho revealed that her husband assaulted her together with their older children. This behaviour continued until the children moved in with her relatives in another village. She indicated that the assaults escalated until she was deaf and at some point was thrown in the fire where she incurred severe injuries to her legs. She revealed that every time she was severely beaten she would report to the Botswana Police Services and her husband would be detained only for a night. Sometimes she ran away to her parents but when she met him at social gatherings he would be miserable and she felt sorry for him. She said "he will be dirty, thin and pathetic like he has stress, then he asked for forgiveness and I forgave him and moved back to his house". The assaults, controlling behaviour and insults did not stop until she filed for divorce with the help of social workers and Legal Aid Botswana and opened a legal case for the assault. Nevertheless, the participant hinted that after they reconciled, the husband asked her to stop pursuing the legal charges for assault as well as the divorce. However, Legal Aid

Botswana advised her to only drop assault charges but to suspend the divorce proceedings for 2 years.

Mrs. Batho mentioned that the abuse had turned her bitter, and at some point she almost sliced her husband's head with an axe, only to be stopped by a relative. She then resorted to suicide where she overdosed her anti-retroviral medication and collapsed. She was transferred to Princess Marina Hospital where she was treated. Nonetheless, the husband accused her for pretending to be sick and never checked her the whole time she was hospitalized. After she was discharged, she was accommodated in the shelter to be offered psychosocial support and to be enrolled anti-retroviral therapy. She hinted that she stopped the treatment when she realized that the medication drug her during the night hence could not defend herself when assaulted. She indicated that she had been accommodated in the shelter for 3 months, and she is relaxed, can sleep without fear and ate well. She also said that the treatment is going well and had continued with the divorce. She said "I have realised that I would die for that house, car and stopped believing that no man could pay attention to me because I have many children. I have made up my mind, am leaving that man for good." She seemed convinced and certain of her intentions. She also said that the abuse was vicious cycle where the abuser was brutal, asked for forgiveness, and lied low for some time and the abuse started all over again. She encourages women that are in abusive relationship to leave immediately when they realise that their partners would not stop the abuse before they will be murdered.

### ***Arona Ben***<sup>3</sup>

Arona Ben is a 22 year old young woman, unmarried and with two children. She had been cohabiting with the father of her 1 year old son for 5 years. She hinted that her partner was 10 years older than her. They started dating in 2008 and she had a child from a previous relationship. The boyfriend did not accept the other child from the onset but the participant

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<sup>3</sup> pseudonym

claimed that she continued with the relationship anyway. She said that her boyfriend was controlling, monitored her movements and was told to never go outside the house when he was not around. She indicated that he would beat her if she disobeyed him and sometimes would be beaten and made to believe that she did something wrong to be beaten. She claimed that she would be confused but assumed that maybe she did something wrong.

Ms Ben also revealed that she was not allowed to attend social functions, do shopping on her own even to visit her mother. She was also not allowed to have friends, to talk to men and if men greet or compliment her beauty she would be accused for leading them on or enjoying their attention hence beating her later sometimes even in public. Her boyfriend did not allow her to work or further her studies, because he believed that she would find another boyfriend. She also revealed that he once locked her inside the house when she was supposed to go to work. Nonetheless, the boyfriend failed to take care of her and even his own child.

Ms Ben mentioned that she concealed the abuse for some years because her boyfriend told her that “every relationship has a challenge” and that she had to conceal their secrets”. She believed that for some years but the assault and insults worsened until she asked for the break up. However, the partner did not accept the break-up, hence assaulted her in the presence of mother and threatened to burn them. She mentioned that after the partner was detained, her mother asked her to forgive him as she could not keep on moving from one relationship to another. The mother took care of her and the boyfriend. The boyfriend stopped the assaults until the participant gave birth to their child. Then the abuse, cheating and the threat to kill her continued. He was reported to the law enforcement authorities and later the charges were dropped.

Ms Ben revealed that her boyfriend refused to use condoms claiming that “condoms have bad effect to his kidneys”. She hinted that when she contracted HIV and sexually transmitted infections (STIs), the boyfriend associated this with her improper hygiene. The

participant further said that she had re-infections of STIs and drug resistance as the boyfriend refused to be treated for STIs and to use condoms. She also highlighted that due to her drug resistance coupled with assaults, the doctor linked her with KSWs's community mobilisers for counselling. Eventually, she was accommodated in the shelter. Ms Ben indicated that she is now receiving psychosocial support henceforth improved self-esteem and self-value. She said "I can now open up to people, no longer believe that I am unattractive and I am now glowing". She concluded by emphasizing the need to talk to someone about one's challenges and not to shy away from seeking help. She said women should refuse to be quiet when they are abused.

#### *Tapiwa Never<sup>4</sup>*

Mrs Tapiwa Never is a 25 years old woman. She has one child with her previous boyfriend and is not married. She is currently pursuing Bachelor degree in a university. She is in a new relationship that is one month old. However the abuse she experienced was from her previous relationship of 5 years. She mentioned the abuse begun in 2013, few months after they started staying together. She described her ex-boyfriend as a "controlling, jealous, overly possessive, disrespectful man who is full of himself and whose word was always final". She mentioned that she was always accused of things that she did not do but when she tried to defend herself she would be beaten. She would also be beaten for not saying something when accused and perceived as disrespectful and inconsiderate of the ex-boyfriend's feelings. Conversely, he would blame her for making him beat her.

Ms Never highlighted that her ex-boyfriend had a hot temper and easily got angry over nothing. She claimed that he could not control his anger and would assault him in public and in the presence of their child. She revealed he would beat her even when she was pregnant. She cited that she kept the abuse as a secret because of embarrassment. She did not report him because she loved him so much and did not want him to be detained as he might lose his job.

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<sup>4</sup> pseudonym

She said the boyfriend would not bruise her where people will notice, but on the head and the legs. However, she could not keep it as a secret for long, more especially from her close relatives and friend who reported the boyfriend on her behalf. She said that she admitted the abuse to the police but requested them not to detain him, hence was advised by the police to go to the customary court for mediation, which they never did.

Ms Never also mentioned that her ex-boyfriend did not want her to work and would lock her in the house when she had to go to work. Although the boyfriend did not want her to work, he would shame her and accuse her for not contributing something for the family upkeep. She praised him for taking care of her and their child even during hard times. She also hinted that she once went to her home village after the assault but the boyfriend begged her to come back which she did. And yet, she was beaten for running away with their child. She indicated that their families did not intervene in their problems, hence she felt alone.

Ms Never revealed that her boyfriend made all the decision even about the use of condoms and how often they should have sex. She said that she eventually lost interest in sex because it was all about him all the time. She also mentioned that her boyfriend would force her to have sex with him immediately after the assault incident, which made her feel worthless and used. Ms. Never tearfully said that it seemed like her boyfriend used sex to calm his temper and when she rejects him, he assaulted her. She was even told that “you are not sexually appealing like other women” which made her wonder why her boyfriend still kept her. She revealed that the boyfriend would even discuss her with his friends and other women in her presence which made her bitter and useless.

She indicated that the abuse escalated toward the end of the relationship and she ran away and never went back. However, they kept in touch for their child’s sake which made them to meet after the break up. She said that the boyfriend did not accept the break up and accused her of cheating. She described the incident as the worst which led her to run to the shelter for

protection as the shelter was in the neighbourhood. She indicated that her ex-boyfriend was fuming and feared for her life and was waited for her at the bus stop to stop her from going to her house. The boyfriend was called to the centre, and offered brief therapy which he did accept. They were advised to come for counselling, however, the boyfriend indicated that he was not comfortable telling strangers their problems and claimed that he knew what would be discussed since he had a psychology degree.

Ms Never cited that she appreciated the help she got from KSWs and that they even offered to assist her boyfriend. She even said that she wondered what could have happened on that day, if she could have not run to the centre. She said women should step out of abusive relationship sooner because the abuse would always find reasons to beat them. She also added by saying, “women should not allow to be pressurized to do things they are not comfortable doing”.

### ***Resego Baaki<sup>5</sup>***

Mrs Resego Baaki is a 35 years old divorcee. She was married for 10 years even though the abuse started 6 years before they got married. She has one child. Mrs Baaki has a tertiary education Diploma and a catering company. She mentioned that she met her ex-husband when she was 17 years old not knowing how to treat a man well although the husband was her senior. She said the abuse started when she was 18 years old. She alleged she found a large woman's underwear in the husband's house and when she demanded explanation, she was slapped and said that the incident was the beginning of the abuse.

Mrs Baaki revealed that the husband would bring different women to the house and when she questioned his behaviour she will be beaten. She said she thought the experience was normal since it was her first relationship. She hinted that she concealed the abuse from her family because she wanted to “keep her status and a perfect life intact” and not to disgrace her

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<sup>5</sup> pseudonym

husband. However, she confided the abuse to her friends and a close cousin and she later learned that they were also sleeping with her husband. She mentioned that she was even beaten for confronting him about his infidelity. She said the abuse worsened from slapping to broken ribs. She indicated that she might have more 15 reported cases which she withdrew later. She claimed that she did so because she was afraid that if he got arrested no one would take care of her and she would have no place to stay.

Mrs Baaki said that she eventually got used to the assault and verbal abuse. However, she said that she looked for love elsewhere and claimed that she was never caught. Nevertheless, the husband suspected that she was cheating and she was beaten severely. She said when she got married in 2005; she did that to wear a wedding ring not knowing that she sealed her fate. She indicated that the husband became very possessive and controlling due to the fact that he had financial power. She said she got depressed and started drinking and smoking heavily in order to cope with her situation. She even started neglecting herself and gained much weight and became a bitter person. She hinted that at some point she started to search in the internet on “how to get away with murder” because she wanted to kill her husband.

Mrs Baaki revealed that she does not blame herself for the abuse. She said “I get angry when people asked what I did to be beaten. I believe that no one has to do something to be beaten. I do not support or encourage the abuse. I get offended when blamed for it”. She said she did not fuel the abuse as it started when she was young and without a voice. She mentioned that her ex-husband even assaulted his mistresses when they were together which shown that he was an abusive man who wanted to control “his women”.

Mrs Baaki also revealed that she also experienced sexual abuse coupled with verbal abuse. She mentioned that “he would take anything and do as he pleased whenever he came home, telling me that he did not enjoy having sex with me. I would wonder why he was having

sex with me then”. She also said that she was happy because she was still HIV negative even though she was frequently treated for other STIs. She claimed that she had to endure all the sexual coerciveness because she was financially dependent on her husband.

Mrs Baaki revealed that after several years of enduring the abuse, she confided in a neighbour who advised her to look for a job. She started to work in 2011 and that when she “kissed the abuse goodbye”, she started to have a voice and stood her ground. She highlighted that she learned to say NO to her husband, and was no longer oppressed hence the end of their relationship. She indicated that her ex-husband sought for divorce because he could not control her anymore as she was independent. She mentioned that she gladly accepted the divorce and took nothing from her husband as the most important thing was her newly found freedom and peace.

Mrs Baaki said that she sought help from KSWs because, she realised that she did not heal from the past abuse which was now affecting her current relationship. She mentioned that she could not trust her fiancé and was also afraid that he might hurt him like her previous partner. She also said that she was able to let go of the past and willing to talk about it in order to move on. She revealed that her current partner also suggested that they both seek counselling before they got married. She emphasised the importance of counselling and connecting with God as it could save one from self-destruction and depression.

She further alluded that women should empower themselves financially and not depend on men for everything as this gave men power and control over their lives. She stressed the need for women to stop being house wives who depended on men to do everything for them but to stand up and fend for themselves. She said women have strength and the ability to survive but they need to see and believe that. Regarding the abuse, she said that most women protect the abuser and keep the abuse a secret for years because they want to keep their status

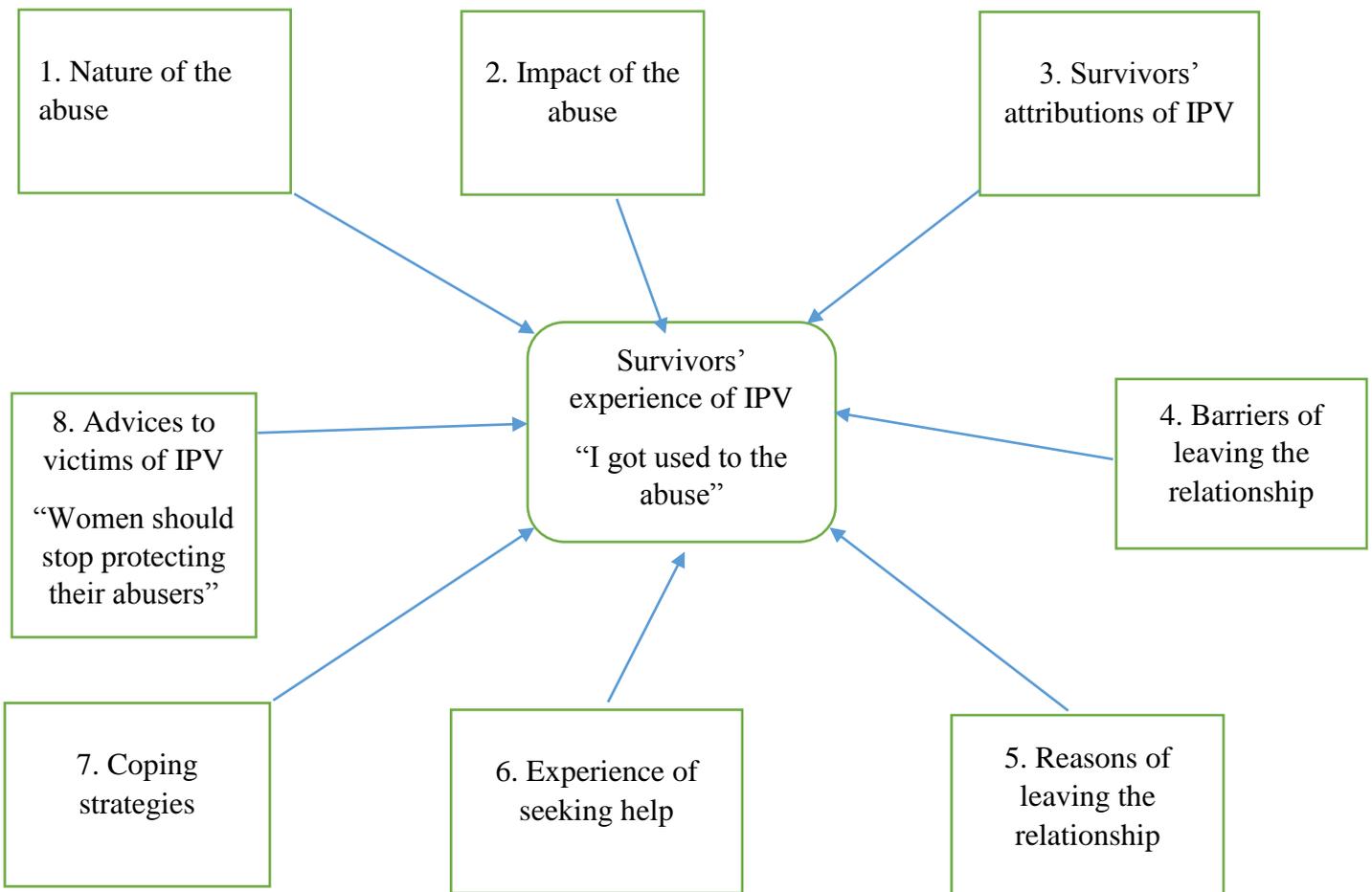
which is dangerous for them. She hinted that children who have witnessed abuse should also be counselled as the abuse affected them too.

# CHAPTER 5

## 5.0 Discussion

This chapter discusses the research findings of a study on the subjective experiences of survivors and perpetrators of Intimate Partner Violence (IPV). The aim of the study was to explore the experiences of survivors and perpetrators of IPV. Findings are discussed according to the main themes and sub themes derived from the interviews held with the participants. The study used the Attribution theory and Conceptual framework of A-three model of perceived influence on IPV to appreciate the experiences of those who experienced IPV as survivors or perpetrators. A qualitative research data collection method was used, that is, in-depth interviews, and observations. The respondents consisted of 5 women who were survivors of IPV and who are receiving ongoing psychosocial support at KSWS. Perpetrators of IPV turned down the request to be included in the study. This themes are clearly illustrated in the below thematic maps.

Fig 3 Thematic map 1.1The subjective experiences of survivors and perpetrators of Intimate Partner Violence: candidate overarching theme, themes and subthemes



## **Candidate overarching theme: Survivors experience of Intimate Partner Violence**

This general theme captures the way in which the participants described their lived experiences of being in an abusive relationship as a traumatic life event, which had a negative impact on both their physical, social and psychological well-being. These women described how their partners employed controlling, coercive and threatening behaviour through a range of different methods including physical, psychological, emotional and sexual abuse. They reported subtle changes in the format of the abuse over a period of time, that resulted in an escalation of violence and control, which they struggled to escape from. Many of them described employing a range of coping strategies to help them manage their experiences, before making a decision to leave the relationship. Almost all of the participants described reflecting on their experiences in an attempt to make sense of what happened. Below is a discussion of the themes that came from the survivors' narratives. These themes are grouped in the following eight categories: nature of the abuse; impact of the abuse; survivors' attributions of IPV; barriers of leaving the relationship; reasons of leaving the relationship; experiences of seeking help; coping strategies; and advices to victims of IPV.

### **Theme 1: Nature of the abuse**

Many participants reported that their male partner inflicted a range of violent acts including direct physical and verbal abuse, as well as covert aggressive behaviours. Violence perpetrated against women has been identified as a major public health with a broad range of negative health problems such as physical, sexual and mental problems (Usta, Farver, & Pashayan, 2007; Ho, Wang & Chung, 2003; Ruiz-Perez et al., 2007). This theme shows that IPV exists in Botswana and affects women across all ages, regardless of their marital status or educational background.

### *Theme 1.1: Physical abuse*

Participants reported experiencing physical violence from their male partners, which included being hit with a beer bottle on the head, beaten, punched, kicked and pushed into the fire. For example;

“He will hit me with a bottle on the head when he saw other men flirting with me and blame me for encouraging them”. (Arona)

“When I question or talk back to him, he will beat me but when I keep quiet he will beats me anyway and blame me for provoking him. I did not know how to react to his accusations even now, I still do not know what he expected me to do or react to his behaviour or nagging”. (Tapiwa)

Arona and Tapiwa experienced physical IPV that was triggered by their partners' cultural believes that support male dominance in the relationship. In Setswana norms, men are not supposed to be questions and women are mostly treated like children thus supporting IPV perpetrated against women. These findings are supported by Nagae & Dancy (2010), which indicated that the husbands of the women in their study were the only ones who initiated and dominated conversations. Kang'ethe (2014) also highlighted that patriarchal and cultural norms in Botswana mostly provide a fertile ground for IPV perpetrated towards women and the girl children. For instance, gender based violence is interpreted as punishment by men to women and children as a tool of maintaining family and community discipline.

“When he was angry he will beats me together with the older children claiming that they supported me and disobey him by asking him to stop beating me. He will tell us (me and the 3 older children) to pack our things and leave his house. We will leave but after sometimes he will ask us to come back but the children refused to go back to his house and told him that they are old enough to make their decisions and ask not to be involved in our fights”. (Mercy)

One participant indicated that her partner would assault her while she was asleep, which indicated that men also use tactics that are not strength based to assault women.

“He knew that ARV made me drowsy, therefore he will wait until 3am to beat me, and because he knew that I will be defend less and would not fight back. I will be woken up by blows on my head but it will be too late to defend myself, hence I stopped taking ARV in order to save myself. He knew that when I am fully awake I will defend myself and defeat him that why he would assault me while I am asleep”. Mercy

This is an illustration that IPV is not always triggered by a situation or women’s behaviour but men’s desire to exert power and control over their partners. This kind of behaviour can lead to severe injuries even murder as the woman is helpless and the participant indicated that her partner will batter her until he is satisfied. She revealed that no one rescued her during those incidents as most people will be asleep, which made her realised that, those incidents were planned.

“I remembered when it started, I was 17 years. I found a large sized panty in his house when I demanded the answers, he slapped me. From that day, my life was hell, I was slapped, kicked and my ribs were broken. In most cases, I would find myself in the hospital. When I disagree with him or questioned him we will argue and later he will beat me severely. That was my life from 1999 to 2011”. Lesego

This study also shows that verbal abuse was the most common type of IPV experienced by the participants followed by severe physical abuse. The head and the broken ribs are the most frequent sites of physical injury, while hitting is the most frequent mechanism of injury followed by slapping and shoving most done in public. Similar findings have also been reported by other studies which revealed that conflicts can escalate from minor forms of violence such as slapping to severe injuries leading to hospitalization (Kelly & Johnson, 2008; Graham-Kevin & Archer, 2003).

### *Theme 1.2: Psychological/ emotional Abuse*

Psychological or emotional abused experienced by the participants included belittling, insults, demeaning, public humiliation, intimidation and threats to be killed or harm ones children. This nature of IPV was accompanied by controlling behaviour such as stalking, monitoring of movements, restriction to access medical care, school or employment and isolation from families and friends (Pornari, Dixon, & Humphreys, 2013).

“My ex-boyfriend did not want me to work; he once locked me in his house when I was supposed to leave to Mahalapye where I was working. This occurred when he realised that I had a fling with one guy there. He smashed my phone on the floor, kicked and hit me on the head until I was helpless. Since that day, he asked me to move in with him and to never look for a job. I felt trapped and I was suffocating because I depended on him for everything. I lacked nothing but he will call me names, insulted me and sometimes belittled me in the presence of his friends or other women. That hurt me deeply because I wondered why he was treating me that way”. Tapiwa

“He told me never to leave the house in his absence, but sometimes I will do so, and he would beat me claiming that I have broken his rules. When my mother sent me to buy groceries for her, he would stalk me and asked who gave me the permission to go to the shops and shove me in public. This man monitored all my movements, and later he would call me and tell me what I was doing and who I was talking to during the day. This scared me because I imagined where he got all the information about my daily routines. I feared for my life because he always threatened to kill me.” Mercy

This is evidence that abused women do not only experience emotional abuse but are also threatened by their partners. This is contradictory to those of Munoz-Rivas et.al

(2007) who identified that men who are victimized by their female partners are mostly stalked, insulted, intimidated & harassed in public in order to control them. In this case, women are the one that experienced such abuse which made them to feel trap and unsafe.

The participants also indicated that they were constantly diminished for not being “women enough” by their partners who destroyed their self-concept and self-esteem. Those participants revealed that they eventually believed what their partners said about them and decided to engage in self-destructive behaviour such as over eating, not taking a bath frequently or stopping take medications.

“He will tell me that I am nothing and not a woman enough for him. He will then call other women and tell them naughty things about me. I felt useless and sometimes could not eat”. Tapiwa

These findings are supported by Salam, Alim, and Noguchi (2006) who recognized that women were abused by their male partner for failing to meet the clichéd gender role of a ‘good wife’, including failing to fulfilling household duties and show obedience (Feldman & Ridley, 1995). Consequently, failure to adhere to dominant norms for gender may be a contributing factor to IPV victimisation for both men and women. For instance, one participant was assaulted after she went to the bars because the husband believed that married women as not supposed to be seen in alcohol serving places.

### ***Theme 1.3: Sexual Abuse***

The study indicated that most abused women experienced different forms of sexual abuse including coercive sex, committing cruel sex, withdrawal of sex or affection, denial to use condoms and being accused of infidelity (Stockman et al, 2012). For instance, Tapiwa revealed that her boyfriend will refuse to use condoms and in most cases will force himself into her just to relieve tension. She said that she felt violated. She was not comfortable

to reveal the details of the abuse, but emphasized that, the abuse left an emotional scar. One participant described her sex life as a nightmare.

“My husband used to force me to have sex with him. I will be forced to endure everything because I did not have money that time. Whenever he comes, he will take what he wants anyhow. I would feel useless. I am happy that I am HIV negative. It is by God’s grace”. Lesego

While another participant was forced to describe her previous sexual encounters with her husband and further forced to perform them with him.

“My husband will ask me about my ex partners and the size of their manhood. He will also want to know which styles of sexual acts we did and then will ask me why I did not do the same with him. When I ignore him, he will nag me until I oblige. When I am sick he will insult me say that I am pretending because I miss those men”. (Mercy)

## **Theme 2: The Impact of the Abuse**

Below is the participants’ description of the physical, psychological and sexual impact of the abuse. All the women described suffering from physical health difficulties as a result of the injuries inflicted on them by their partners. The participants reported that their experiences had a lasting psychological impact on them, including negatively influencing their perceptions of men, as well as their perceptions of relationships in general mostly marriage.

### ***Theme 2.1: Psychological and emotional consequences of the abuse***

Almost all of the women in the study reported that their emotional and psychological well-being had been adversely impacted by IPV. One participant who left the relationship 7 years ago said that “I still do not understand why he abused me, sometimes I get angry when I am asked what I did to him to make him angry, and I was young. Now I cannot trust men at all

and find it difficult to be in a relationship”. Thus, mirroring the findings of Barnes (2013), psychological difficulties can remain long after the relationship has ended.

Participants mentioned that their partners attributed their acts of violence as accidental, which resulted in them feeling confused and struggling to validate their experiences. This made it difficult for them to leave the relationships sooner. Female victims have reported psychological/emotional abuse as being especially tricky on account of it leading many victims to question their sanity, which some of the participants in the study also experienced.

“He will accuse me of infidelity and when I deny or try to explain, he will end up beating me. He never listened, after the assault he will blame me for making him to beat me. I will be confused as I will not know what I did to trigger his anger. When he confronts me and I keep quiet, he will say that I am not considerate of his feeling, and then he will beat me” (Tapiwa).

Some participants highlighted that their partners used blame tactics or emotional blackmail to trap them in the relationship, thus feeling highly anxious and fearful most of the time. They described the whole experience as emotional draining and painful as one will not know what to expect from their abusers.

“My husband can be highly unpredictable when he had smoked weed, sometimes I am scared that he will kill me. When he is high, he does stupid things which are risky. I cannot live with such person and I do not feel safe around him. I need peace and rest. He is antisocial and ex-convict, those people cannot be trusted”. (Game)

Walker (1979) indicated that IPV may seem unpredictable whereas it follows certain patterns that are usually similar. Most of the participants in the study experienced minor emotional abuse in the beginning of the relationship which had less impact on the emotional well-being. However, as the abuse escalated their psychological wellbeing deteriorated, hence low self-esteem and eroded self-image. This is illustrated below:

“My boyfriend would tell me that I am ugly and denied me to bath. When I bath he would say that I am doing so, to draw men’s attention. He discouraged me to use make up, claiming that make-up is used by commercial sex-workers. I stopped taking care of myself, I was dirty and unattractive. I was not living at all and I believed him. Since coming to the shelter, I am now glowing and feel alive again”. (Arona)

Some participants indicated that the abuse was highly intensive thus resorting to extreme measure to get out of the relationship such as suicide. Suicidal ideation has being found as a strong predictor of attempted and completed suicide among abuse women (Naved & Akhtar, 2008). Mercy, one of the participants tried to commit suicide by taking pills and was hospitalised. She revealed that she had being thinking about killing herself or her husband for some times to cease the abuse.

The above accounts demonstrate the severe psychological impact IPV had on the women. The women’s accounts support existing findings that women experience significant psychological symptoms including post-traumatic stress disorder, depression and suicidal ideation as a consequence of IPV victimisation (Coker et al., 2002; Randle & Graham, 2011).

### ***Theme 2.2: Physical consequences***

IPV has been associated with severe and chronic health consequences in female survivors ranging from minor bruises, life-threatening injuries, disfigurement and disability (Black, 2011; Campbell, 2002). For some women in the study, violent episode resulted in severe injuries that lead to hospitalization and warranted arrest of the perpetrators. However, some of the participants concealed the abuse despite those significant injuries. One participant described her fatal consequences following an assault: “I was not born deaf; my husband punched me in the head. I guess I fainted and he continued hitting, I found myself in the hospital the next day. Since that time, I became deaf”.

Some participants reported that their experiences of physical abuse had resulted in disfigurement, which had impacted negatively on their self-esteem: “I used to hate myself so much; I would not wear short dresses or skirts. The scars on my legs reminded me of the day he threw me in the fire; I almost died (client pulled her trousers to show me the scars which were big and visible)”. These women experienced injuries that did not only affect their physical wellbeing but their overall wellbeing which left permanent scars in their lives.

It is evident that the physical impact of IPV experienced by women is more problematic and more consequential than IPV experienced by men which sometimes leads to hospitalization of the survivors (Graham-Kevin & Archer, 2003).

### ***Theme 2:3 Changes in perceptions of women and relationships***

In addition to physical and psychological/ emotional health consequences experienced by the survivors, the women reported changes in their perceptions of women and relationships. Frequently, participants described having a mistrust of men as a consequence of their abusive relationship: “when men want to marry, they will sweet talk you, and change all of sudden after marriage; he will be like a chameleon. They cannot be trusted”. Some participants displaced fear of men and committing after the abuse: “men can be dangerous and sometimes you do not know when he will snap and start to hit you. I just want to be alone with my kids”. These accounts reflect the findings of Barnes (2013) who underlined that female victims of IPV frequently report being fearful of entering into future romantic relationships.

### **Theme 3: Survivors’ attribution of IPV**

All of the participants reported that they had tried to make sense of their experiences by attempting to understand why their partners were abusive. One participant revealed that she cannot make sense of the abuse even now and wondered if her boyfriend knew the impact that the abuse had on her: “He will ask me to leave his house after he spoke with another woman,

when I pack my things, he would beat me and force to have sex with me afterward. Sometimes I wonder if he realised the impact of his actions. I lost interest in that relationship”.

***Theme 3.1: Factors associated with IPV (why did the abuse happen)***

Reasons survivors gave to make sense of the abuse were mostly in line with what previous researches found and the attribution theory. Some of the factors were individual factors (personality, upbringing, past experiences, alcohol and drug use), demographic factors (age) and community level and cultural factors (gender norms and economic status). Some of the participants attributed their experiences to their economic status. These women indicated that their partners abuse them because they were not working hence no voice in the decisions made (Bornstein, 2006). This is illustrated below:

“Because I was not working and depended on him for everything, he controlled everything and made all the decisions even not to use condoms. He took a good care of us but will demean me the presence of his friends saying that I was not a woman enough as I was not working like other women”.

They also hinted that their partners did not want them to work as they would meet new men thus leaving the relationship. On the contrary, some of those men could not support those women financially or find employment themselves. This mirror the findings of Schwab-Reese et.al (2016) which indicated that financial stressors such as inability to pay for utilities and housing combined with individual stressors (unemployment) can be precursors of emotional and physical abuse. This is illustrated below:

“I got a job at Trans Company; he went with me to sign the contract. When we got there, he started to insult the manager who was a male. He smashed his phone and caused chaos in the office accusing him for sleeping with me. I was so embarrassed and hurt. He cannot pay rent; buy groceries and my mom support our child. He could not

afford to buy pampers and child formula but he destroyed my chance of working”.

(Arona)

On the other hand, working women also experienced both psychological and physical abuse like unemployed women. However, the women economic empowerment made their partners jealousy and affected their male identity. That is to say, their partners’ male ego was injured because they failed to perform the role of a provider as the society dictate hence caused conflicts in the relationship that escalated to physical violence (Reed, et al., 2015). Jewkes (2002) revealed that women empowerment can also be one of the reasons of IPV against women. Below is the illustration:

“I did not marry my husband for money, he had nothing. I love him a lot and I used my parent resources and I got loan from work to build a house for me and him but he cannot appreciate that. He can ask me nicely to cook and wash for him rather he will become petty as say “No one can cook or clean for me since I am dog and have no money, I will do everything for myself like unmarried people”. I will be wondering if this man knows how much I love him and respect him as my husband. Sometimes, I wish he can be firm and act like a head of the family but he chose to be bitter about everything as if I made him to go to prison”. (Game)

The above illustration suggests that gender roles and norms play a crucial role in nurturing IPV against women. This finding is consistent with previous studies (Kwesiga, 2007; James- Hawkins, 2016) which revealed that IPV can occur when a woman fails to be submissive to her husband and also when the husband lacks the ability to provide for his family. Game was also a sole provider to her family thus manage the households duties alone. However, she still experienced both psychological abuse (threats) and physical abuse from her husband. This is evident that women who manage house finances, chores and responsibility alone are highly likely to experience some form of IPV from their husbands (Tsai, 2016).

One of the participants who experienced abuse for more than 10 years had a different experience. Lesego revealed that despite the high income of her husband and good living, her marriage was hell and claimed that her husband's high social status and education level was the reason for the abuse. She said that "he abuse me because he gave me a good life and I kept it a secret because of his social status and scared that people will judge me". Tapiwa also mentioned that her boyfriend had a psychology degree and a good job but still assault her most of the time. However, this is divergent from Koenig et al (2006) suggestions, which indicated that high socio-economic and education attainment cannot lead to physical violence but other forms of IPV.

Lack of social support or network from family members and friends was also a risk factor of IPV (Agoff, Herrera, & Castro, 2007). Almost all the women in the study indicated that they did not have social support and some even hinted that, they were not allowed to socialise or keep ties with their families. Therefore, this isolation from their significant others may have increase the likelihood of violence as they did not have anyone to assist them or intervene on their behalf. Mercy indicated that she was not supposed to be visited by her siblings or friends as the husband claimed that they influence her to cheat and to disrespect him. While Game highlighted that her husband felt that a married woman should disassociate herself from her family and friends as they will come between them and destroy their bond. To my surprise, Lesego decided on her own to cut ties with her family during the abuse because she felt that telling them about her challenges with make them to belittle her. Lesego said "I was driving flashy cars, staying in a big house and had everything more that my sisters. I could not tell them about the abuse because I wanted them to believe that my life was perfect and I was a princess. I do not know what I was thinking".

Some of the participants attributed the abuse to their partners' alcohol consumption and drug use. Studies have shown that there is a link between alcohol use and IPV perpetration and its severity (Stocki & Watts, 2011; Gilchrist et al, 2015 & Jewkes 2002). The women indicated

that even though they argued most of the time, alcohol and drug use by their partners' increased the severity of the abuse with major physical harm. Below are the illustrations:

"I know he is abusive but when he is drug or had smoked weed, his behaviour is unpredictable and he hits me with anything he can lay his hands on....he ones threatened to burn our house..., he becomes an animal". Arona

"When my husband is sober he is a sweet man, I enjoy his company. But the moment he smoke weed, he becomes aggressive and cannot stop talking....is like he had bottle up. He will do stupid things like pulling a hand brake while the car is moving...is like he is attacked by a demon. I wish he can stop smoking". Game

These incidents indicate that there is a link between alcohol use and IPV. This finding supports Tinney & Gerlock (2014), who emphasized that alcohol consumption and drug alone cannot lead to IPV rather it can, with the combination of other factors which in this case are infidelity, control and cohesion, unemployment and educational status of the perpetrator. Partner's substance use also triggered IPV. Game indicated that before she got married she used to drink alcohol together with her husband. Nonetheless, her husband forced her to stop drinking and going to the bars after they got married because married women are not supposed to drink and seen at bars.

#### **Theme 4: Barriers to leaving the abusive relationship**

There are several factors that influenced the survivors' decisions to remain in abusive relationships. These include: commitment to the relationship more especially those married, lack of financial support, social statues and staying for the sake of the children. Almost all the participants revealed that a commitment to their partner and the relationship was a significant barrier to leaving the relationship: "I took a vow that for good or worse, I will stay with him" and "you do not just leave because things have just heated up, you need to be patient and pray that things get better". Hopelessness was common among women in the shelter (Kisa,

Zeynelog`lu , & Verim, 2018), that to say, those women believe that there situations were permanent hence sorted to suicide and alcohol abuse.

One participant who went to the shelter indicated that she could not feel safe anywhere after leaving her matrimonial home but felt at peace in the shelter. These suggest that there may be significant future disadvantages of leaving the relationship such as physical attacks and threats (Burman & Chantler, 2005) . Tapiwa revealed that her partner could not accept the breakup hence accused her for cheating him then assaulted her physical in the public.

One participant mentioned that she was ashamed of accepting that her marriage has failed wanted to make it work. However, she believed that if her husband can sort help and stop using marijuana she will go back to him. This indicates that survivors desire to help their partners to change and still hopeful that their partners can change if helped. One participant hinted that she accepted the abuse and believe that she can tolerate it. Studies show that survivors of IPV tend to have high tolerance of abuse more especially those who have been abused for many years (Rizo & Macy, 2011; Torres, 1991, Krishnan et al., 2001).

### **Theme 5: Reasons for leaving the abusive relationship**

This theme highlights factors that were influential in the women’s decisions to leave their abusive partners. Reflecting the process reported by some women, the participants’ decision to leave their relationship was closely associated with recognition of their partners’ behaviour as abusive, and the need to end rather than manage their relationship. One participant said “At some point I could not bear it, he was abusive, my life was hell and I had a depression, then I realised that I am pregnant, I was hurt and angry.... I could not have another child with that man. I did not want to be trapped anymore. I had an abortion...my child could be 12 years now”. The woman experience of IPV and the intention to leave the abusive relationship became a paramount reason to commit an abortion (Chibber, Biggs, Roberts, & Foster, 2014).

One participant indicated that she left her husband after she got a job. She said: “I talked to one neighbour who knew my problem, she advised me to get a job so that I can stand on my own... I earned P 4, 000.00 per month, I started to have my own voice...I moved out after a year. The abuse stopped because he no longer had control over me. 2011 I filed for divorce and I got nothing from the marriage. I was happy thou”. This indicates that survivors’ can emotional leave the abusive relationship before they physical leave it (Anderson & Saunders, 2003).

Anderson & Saunders (2003) suggested that survivors’ go through three phases before they actual leave the relationship. These phases involves (a) enduring and managing the abuse while disconnecting one from self and significant others, (b) acknowledging the abuse, reframing and counteracting it and lastly (c) disengaging and focusing on one’s own need (Anderson & Saunders, 2003). Almost all of the participants in this study experienced those phases before they leave the abusive relationship. One of the participant indicated that she had once try to leave her abusive husband but felt sorry for him and then decided to move back to their matrimonial home. Another participant also mentioned that she left not because she wanted divorce but to stay away for some time and decide on the next move. This shows that women can made important changes without necessarily leaving the relationship (Brown, 1997).

### **Theme 6: Experiences of seeking help**

This theme captures the women’s experiences of seeking help for their IPV victimisation, including the barriers that prevented those women from seeking help, as well as their experiences with professional services and support networks. Feelings of fear and shame defined the women’s experiences of help-seeking, and their willingness to seek help was influenced by perceptions of who they could trust, and a desire for their experiences to be validated (Ahmad, Driver, McNally, & Stewart, 2009).

Some participants described a lack of faith in support services offered to survivors of intimate partner violence. One participant stated that she doubted the capability and competence of police officers because she always hear most people complaining about the way their cases were handled, hence resorted to minimisation of the abuse (Dutton, 1986). Some participant revealed that they were ashamed and felt that on one will believe them. This is illustrated below:

“I was very ashamed...sometimes I would feel like people knew that I was beaten yesterday. I could not go out of the house, scared that my neighbours will laugh at me. Eish! It was tough and I felt at fault for keeping quiet for so long”.

It is evident that abused women live with shame and fear that prevent them for seeking help (Ruglass & Hien, 2009). On the hand, women fears that if they take drastic measures against the abuser, the severity of the abuse might increase and also fear for their children (Ruglass & Hien, 2009).

Some women revealed that they believe that IPV is justifiable more especially on the onset of the abuse. This may have been influenced by the cultural norms that suggest if a woman disrespects her husband, she can be punished (Afrouz, Crisp, & Taket, 2018). However, when the abuse escalated and happens without having provoked the abuser they then started to acknowledge the abuse. One participant revealed that one elderly woman who was their neighbour once told her that if she does not respect her “husband”, then it is the husband duty to discipline her. This affected negatively the women’s ability to seek help from family and friends as they fear to be judged and blame for the abuse (Evans & Feder, 2014).

### ***Theme 6.1: Positive help-seeking experiences***

Positive help-seeking experiences were mostly influenced by the social support the women got from their significant others and by recognising the abuse. Frequently the women stressed the value of disclosing the abuse, understanding the need for practical guidance and

support from health providers and significant others. One participant revealed her positive help-seeking experiences as very helpful. Below is the illustration:

“I told the social workers about the abuse incident that leads me the hospital. They took me to the shelter where I am now. Legal Aid, Botswana is helping me with the divorce process. I am now at peace and I won’t go back to that man because he will accuse me of wanting his properties and sleeping with the people in the shelter”.

Researches examining the importance of referrals for IPV victims in an emergency setting have indicated that victims are willing to speak with a domestic violence advocate (Wolf, Cantos, Zun, & Taylor, 2017).

“...the doctor referred me to Gender Based Violence advocate because I had multiply cases of STI’s drug resistance, I told him (doctor) that my boyfriend refused the contact slip and to use condoms. I was then referred to the shelter where I was later accommodated because he did not just refuse to use condoms but was beating me frequently”.

One participant indicated that the law enforcement can be helpful in most cases; however, victims are the ones who withdraw the cases or fail to report the perpetrators. She indicated that the police acted swiftly during one of her abuse encounter: “...that day not only the police came but the SSG also came, with guns...they jumped from their car like in the movies...told him to lift his hands in the air or they will shoot and he complied”. Arona

Almost all the women mentioned that when the abuse became severe, they reached out for informal and formal help. This shows that women favour help-seeking from primary care which they are familiar with or even from people they believe they can (Morgan, et al., 2016).

### ***Theme 6.2: Negative help-seeking***

Some participants revealed that nurses did not take them serious when they told them that their stress and injuries resulted from IPV. Below is the illustration:

“...I woke up in the hospital, I was disoriented I did not know how I got there...my chest and left side was in pain, I did not that he broke my rib. He took me to the hospital and lied about my injury but I tried to tell them that I was assaulted but they ignore me. I still do not know why. Our nurses lack experience; I wonder how many women they have ignored”.

Almost all the women mentioned that they experienced abuse even during pregnancy. Some had children that were less than 2 years old. This shows that health care providers should be equipped with proper skills to screen pregnant women for IPV in order to refer them to right places of safety. Even research recognise the vital role that mid-wives can play in identifying IPV, providing immediate support and referring women to support agencies (Baird, Saito, Eustace, & Creedy, 2015). Some suggested that even though they have reported their partners, their partners were not made to account and take responsible for their action which made them to stop reporting the abuse.

One said “I had more than 15 reported cases...he will be detained today and then released tomorrow. He will come back home, no legal restrain order or warning...then he will do it again, and again. The legal system can sometimes fail us. We have divorced for more than 4 years but he was never taken to court”. This shows that the system usually fail those people whom they should protect which can make them to resort to revenge. Lesego said “...I goggled ‘how to get away with murder’ because the police could help me” and Mercy said “I was about to slash his head with an axe, one boy stopped me. If it was not for that boy, he could be dead today”. The findings indicate that the victims of severe IPV usually have the desire to retaliate (Stuart et al., 2006).

## **Theme 7: Coping strategies employed by survivors**

There are various strategies and techniques that women employed in order to cope with IPV. Consistent with previous finding, the women mentioned that they employed a range of strategies over the course of their relationship in order to cope (Calvete, Coral, & Estèvez, 2008; Craparo et al. 2014; Flanagan et al. 2014). These strategies include: turning to religion; reaching out to friends and family for support; infidelity and alcohol & drug use (Craparo, Gori, Petruccelli, Cannella, & Simonelli, 2014). Mirroring the experiences of some abused women, almost all the participants reported that they attempted to live one day at a time with the abuse and acted cautiously to avoid incident of abuse.

Calvete et al. (2008) revealed that victims of IPV usually use several coping strategies which can be problem-focused versus emotional-focus, engagement versus disengagement coping and lasting primary versus secondary coping. Some of the women used emotional-focused coping at the beginning of the abuse which included relaxation and support seeking, avoidance and engaging in behaviour that showed distress such as crying, nagging and yelling to the abuser. While some women decided to avoid their perpetrator by moving out of the shared house, finding jobs in different villages and denial. Game mentioned that when the abuse became unbearable, she would leave to her parents' home just to cool down while Tapiwa decided to look for a job in another village. While in the other hand, Lesego mentioned that she started taking drugs, drinking alcohol heavily and sleeping with different men in order to minimize the pain of the abuse. Lesego was using avoidance coping strategy to response to ongoing IPV victimization (Flanagan, Jaquier, Overstreet, Swan, & Sullivan, 2014).

## **Theme 8: Advices to Victim of IPV “Women should recognise their strength”**

The participants suggested ways that survivors of IPV can adopt. The women mentioned the importance of supporting one and standing for the right of those who are abuse rather than encouraging men to abuse women. They willingly took part in the study which

shows that they desire to bring change or be part of the change. One participant revealed that she wishes that she could have a platform where she can talk about IPV and women empowerment. She also emphasized the importance of women empowerment. Below is the illustration:

“My advice to other women is to find a way of making money, even selling sweet. As women, we allow men to abuse us because we are dependent on them. Sometimes we don’t even know where the money comes from. I believe if women can stop being idle, find means of making money, we will have a voice and men won’t take us for granted”.

However, there are contradictory findings about the relationship between women’s social & economic empowerment and IPV. Schuler & Nazneen (2018) suggested that women’s economic empowerment may contribute to reduction IPV and its severity over period of time while Hadi (2000) revealed that earning an income and contributing more income to household put women at greater risk of IPV. Nonetheless, Game experienced IPV even though she was socially and economically empowered. She said: “I do everything in the house, I even buy him underwear but he will still abuse me. I do not know what he wants from me”.

Almost all the women suggested that abused women should refuse to succumb to their abusers manipulative behaviours, stop protecting their abusers and alienating themselves from the people that can help them. They stressed that women should be their sisters’ keepers rather than laughing at those who are abused. It was found that when women began to intervene to protect other women from IPV, IPV decreases (Nazneen & Schuler, 2018). Most of the women indicated that the law enforcement environment and policies should be conducive for victims of IPV.

One suggested that if most women had confidence in the law, they would not shy away from reporting their perpetrator. Reynolds & Perova (2017) mentioned that establishing Women’s police stations was associated with reduction in female homicide as women are

assisted with getting restraining order, court procedures and other social services. Nonetheless, all the women were grateful of the services they are getting from the shelter with included on-going psychosocial support (self-esteem and self-confidence psychoeducation), legal representations for their divorce and safe atmosphere they live in.

These findings further evidence the need to address the conflict between women empowerment versus IPV victimization (Schuler & Nazneen, 2018). Overall, this theme captures the women's perceptions of changes that need to be made in order to enhance understanding of IPV and improve service provision for female victims of IPV. These changes typically centred on the need to enhance awareness of female victimisation, and tailor support services in order to meet the unique needs of female victims.

### **5.1 Summary**

The findings of the current study offer insight into the nature of abuse the women experienced the impact of the abuse, including their perceptions of triggers to their partners' abuse behaviour, coping strategies and recommendations made by survivors. (Carmo, Grams, & Magalhães, 2011). The findings support current literature on violence against women which has identified the coexistence of physical and psychological abuse (e.g. Dutton, 2009; Pickover et al., 2017; World Health Organization, 2015), with verbal aggression often a precursor to physical violence

The women reported that they experienced prolonged and sustained abuse from their partners, including emotional/psychological, sexual and physical violence which usually lead to hospitalization (Graham-Kevan & Archer, 2003). The women's accounts demonstrate that their partners sought to achieve and maintain coercive control through systematically controlling their behaviours, restricting accessing to family and friends, and threatening to kill them (Follingstad & DeHart, 2000).

The women experiences of Intimate Partner Violence were consistent with Walker (1979) stages of domestic experience and Kelly & Johnson (2008) typologies of violence. The women revealed that the violence will begin with minor incidents of abuse that included pushing and name calling. The women tried to minimize the abuse by employing different coping strategies in order to deal with abuse. However, the abuse escalated to major incidents of abuse such as burning and deformation of body parts and this will be the stage where women sort medical attention or press charges. This kind of abuse is called Intimate Terrorism, and it is mostly experienced by women in shelters, hospitals and house of safety (Kelly & Johnson, 2008). Nevertheless, some of the women shown the desire to retaliate but decide to exit the relationship.

IPV against women is a significant health concern with a broad range of negative emotional/ psychological and physical problems. This study revealed that women suffer adverse problems that are life-threatening as a result of prolonged abuse such as drug resistance, HIV infection and Post traumatic Stress Disorder (Wang, 2016). Hence, it should be treated as violation of human rights. Most women revealed that they felt trapped and dead inside as the abuse continued to a point where they resorted to self-destruction behaviour and desire to kill their partners (Swan & Snow, 2003). This is consistent with previous studies that indicated that abused women may who resort t self-defence end up sustaining physical injuries (Ali, Dhingra, & McGarry, 2016; Kelly & Johnsons, 2008; Swam & Snow, 2003).

## **5.2 Recommendations and Way forward**

Intimate Partner Violence against women is a complex phenomenon. It is evident that several factors are intertwined and cannot be addressed separately in understanding IPV. Females' perceptions of their partners' IPV behaviors and the motives they suggest to have caused IPV are areas that need to be explored further in order to help the survivors to make sense of their experiences. Almost all the participants in the study claimed that they did not influence their partners to abuse them and they are still searching for meanings of the whole

lived experience. This implies that the human service professionals need to be equipped with relevant skills to offer proper bio psychosocial support that will enable the survivors to move on with their lives even after the abuse. Healthcare providers should be able to screen for past and current abuse in woman's life as it can have deep implications in her reproductive health. Therefore, there is a need to have skills to identify, and provide appropriate support and referrals as required (Fanslow, 2017). There is a need to conduct further research on the risk factors and impact of IPV depending on the types of IPV perpetrated in Botswana more especially in the family context (Ali Dhingra, & McGarry, 2016).

Reasons for staying in the abuse relationship for long and barriers to leave an abusive relationship is another area that need to be explored further. Almost all women in the study revealed that they stayed with their abusive partners because they socially and economically depended on the perpetrators. Lack of employment and social support was a risk factor for IPV victimization. However, women who were sole providers for families were not immune from IPV victimization. This is evidence that the relationship between women's empowerment and IPV is generally inconclusive hence the need to investigate it further (Nazneen & Schuler, 2018). Government and Non-Government Organizations should also work together in creating awareness of IPV in both urban and rural areas and include gender mainstreaming in social and education system (Kangèthe, 2014).

The impact of IPV among women and their children remains a major public health concern and violation of human rights. Despite the effort of the government to curb IPV, IPV remains high sometimes leading to female homicide. Nonetheless, provision of temporary shelters and house of safety for women and children should be a priority. Studies showed that separated and divorced women suffer high risks of IPV re-victimization which shows that necessary protective measures should be put in place even after the survivors have left their partners (Cho & Wilke, 2010).

### **5.3 Conclusion**

In conclusion, the women described their experience of being in an abusive relationship as living in hell, which had a negative impact on both their physical, sexual and psychological well-being. Frequently participants hinted that their partners wanted to exert control on them by separating them from their families and friends. They also revealed that they feared being judged negatively by others and were also ashamed which a significant barrier to accessing help was. Participants mentioned that they applied different coping mechanisms in order to cope such as avoidance, seeking informal or formal support and sometimes emotionally detaching from the perpetrator. Survivors expressed desired to advocate for other women who are still victims of IPV and encourage women to be social and economic empowered.

### **5.4 Acknowledgements**

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## **Appendix 1: Informed Consent form (English)**

Participant code: \_\_\_\_\_

**PROJECT TITLE: The subjective experiences of survivors and perpetrators of Intimate Partner Violence**

Principal Investigator: Kgomotso Obonetse

Phone number(s): +267 71393053 / +267 77199469

### **What you should know about this research study:**

- We give you this informed consent document so that you may read about the purpose, risks, and benefits of this research study.
- You have the right to refuse to take part, or agree to take part now and change your mind later.
- Please review this consent form carefully. Ask any questions before you make a decision.
- Your participation is voluntary.

### **PURPOSE**

You are being asked to participate in a research study of the subjective experiences of survivors and perpetrators of Intimate Partner Violence. The purpose of the study is to contribute to the knowledge base of experience of survivors and perpetrators of Intimate partner violence in Botswana. You were selected as a possible participant in this study because of your personal experiences as a survivor or perpetrator. Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

### **PROCEDURES AND DURATION**

If you decide to participate, you will be invited for the interview at Kagisano Society Women's Shelter. The results of the study will be shared with your Counsellor Supervisor for the purpose of intervention and programs development or improvement.

### **RISKS AND DISCOMFORTS**

I know you may feel uncomfortable or experience emotional breakdown, therefore I have made arrangement with the leadership of Kagisano Society Women's Shelter to carry out the interviews in the Shelter and also to provide psycho-social support as and when the need arises.

## **BENEFITS AND/OR COMPENSATION**

There are no benefits and compensation that will be offered through this study, your participation will be voluntary. However if you are interested in the results of the study, they will be communicated to you individually.

## **CONFIDENTIALITY**

The data from this investigation shall be recorded systematically and securely according to the participants' code numbers and your identity shall remain anonymous. None of these will be used for commercial use.

## **VOLUNTARY PARTICIPATION**

Participation in this study is voluntary. If you decide not to participate in this study, your decision will not affect your future relations with the University of Botswana, its personnel, and associated institutions. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty. Any refusal to observe and meet appointments agreed upon with the central investigator will be considered as implicit withdrawal and therefore will terminate the subject's participation in the investigation without his/her prior request. In this event the subject will be paid what is owed to him/her or forfeit a proportionate amount of relative payment mentioned earlier in this document. In the event of incapacity to fulfill the duties agreed upon the subject's participation to this investigation will be terminate without his/her consent and no compensation will be offered under these circumstances.

## **AUTHORIZATION**

You are making a decision whether or not to participate in this study. Your signature indicates that you have read and understood the information provided above, have had all your questions answered, and have decided to participate.

\_\_\_\_\_  
Name of Research Participant (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Obtaining Consent  
(Optional)

\_\_\_\_\_  
Date

**YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.**

If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research participant; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact the Office of Research and Development, University of Botswana, Phone: Ms Dimpho Njadingwe on 355-2900, E-mail: [research@mopipi.ub.bw](mailto:research@mopipi.ub.bw), Telefax: [0267] 395-7573.

## **Appendix 2: Fomo ya tumalano ya go tsaya karolo**

SETLHOGO SA PATLISISO: The subjective experiences of survivors and perpetrators of Intimate Partner Violence

Mogolwane wa Dipatlisiso : Kgomotso Obonetse

Nomore ya mogala : (+267) 71393053/ (+267) 77199469

### **Se o tshwanetseng go se itse ka patlisiso e:**

- Re go neela pampiri e ya tumalano ya go tsaya karolo gore o ka bala ka mosola, dikgwetlho le dipoelo tsa patlisiso e.
- O na le tshwanelo ya go gana go tsaya karolo kana go dumela jaanong kana go fetola mogopolo mo tsamaong ya nako.
- Tsweetswee bala pampiri e ya tumalano ya go tsaya karolo ka kelotlhoko. Botsa dipotso dipe fela pele ga o tsaya tshwetso.
- Go tsaya karolo ga gago ke ga boithaopo.

### **BOTLHOKWA/MOSOLA WA PATLISISO**

O kopiwa go tsaya karolo mo patlisisong ya: The subjective experiences of Survivors and perpetrators of Intimate Partner Violence. Botlhokwa jwa patlisiso e, ke go batlisisa maitemogelo le maikutlo a gago ka kgokgontsho e e go diragaletseng le e o e dirileng; diemo tse di bakile kgokgontsho; le ka fa batho ba ba kgokgontshitsweng le ba ba kgokgontshang bakapelo ba bone ba ka thusiwang ka teng. O tlhophilwe jaaka moitseanape ka go bo o kile wa amiwa ke kgokgontsho ya baratani kana o kile wa kgokgontsha mokapelo wa gago. Pele ga o ka baya pampiri e monwana, tlhomamisa gore o botsa ka ga sepe fela se o sa se tlhologanyeng ka patlisiso e. O ka tsaya nako ya gago.

### **TSAMAISO LE SEBAKA**

Fa o tsaya tshwetso ya go tsaya karolo, o tla lalediwa go tsaya karolo mo patlisisong e.

### **DITLAMORAGO LE DIKGORELETSI**

Ke a tlhologanya gore o ka gogomoga maikutlo mo puisanong ya rona, jaanong ke dirile thulaganyo le bagakolodi ba Kagisano Society Women's Shelter gore ba go fe bogakolodi fa go tlhokega.

### **DIPOELO LE/KANA DIKATSO**

Patlisiso tse ke boithaopo fela, jalo ga gona dikatso dife tse o tla di neelwang kwa bofelong jwa puisano ya rona. Mme ke tla go neela maduo a dipatlisiso tse ga o di tlhoka.

### **TSHOMARELO SEPHIRI**

Ga ke na go dirisa maina a gago mo puisanong ya rona. Pampiri tse di dirisitsweng go gatisa puisano ya rona di tla bolokelwa ha go sireletsegileng go itsa gore puisano ya rona e seka ya balwa ke ope. Puisano e e tla senngwe morago ga dikgwedi tse thataro.

## **GO ITHAOPA GO TSAYA KAROLO**

Fa o tsaya tshwetso ya go seke o tsee karolo, ga go kake ga ama tirisano ya gago le University of Botswana mo nakong e e tlang kgotsa le makalana a a amanang le yone. Fa o tsaya tshwetso ya go tsaya karolo, o gololesegile go ka boela morago nako nngwe le nngwe ntleng ga tuediso epe. Ga o ka gana go kopana le mmatlisisi ka nako e le e dumalaneng, go tla a tsewa e le sesupo sa gore o ikgogetse morago mme ka jalo kamano ya gago mo patlisisong e e tla busediwa morago le fa o sa fa kopo epe. Fa o palelwa kgotsa o retelelwa ke go diragatsa ditumalano tse di dumalanweng tsa go tsaya karolo mo patlisisong e, kamano ya gago mo patlisisong e e tla emisiwa o sa rerisiwa e bile o sa fiwa phimola keledi epe.

### **TESELETSO**

O dira tshwetso ya go tsaya kgotsa go seke o tsee karolo mo patlisisong e. Monwana wa gago o supa fa o badile e bile o tlhalogantse ditlhaloso tse o di filweng fa godimo, e bile dipotso tsa gago tsotlhe di arabesegile, gape o tsere tshwetso ya go tsaya karolo.

\_\_\_\_\_  
Leina la mo tsaya karolo (kwala)

\_\_\_\_\_  
Letsatsi

\_\_\_\_\_  
Monwana wa mo tsaya karolo kana moemedi

\_\_\_\_\_  
Kamano le mo tsaya karolo

\_\_\_\_\_  
Monwana wa mosupi

\_\_\_\_\_  
Monwana wa mmereki yo o tsayang tumalano

(Fa o batla)

### **O TLA A NEELWA PAMPIRI E NNGWE YA TUMALANO GORE O E BEE SENTLE**

Fa o na le dipotso tse di amanang le patlisiso e, kgotsa tumalano e ntleng ga tse di arabilweng ke mmatlisisi, ga mmogo le dipotso ka ga patlisiso e, ditshwanelo tsa gago o le mo tsaya karolo; kana o akanya gore ga o a tsewa sentle, ka tswée-tswée utlwa o gololesegile go ka ikgolaganya le ba ofisi ya patlisiso le ditlhabololo (Research and Development) ko University ya Botswana, mogala: Mme Mary Kasule mo 355 2911/2900, Email: mary.kasule@mopipi.ub.bw Telefax (0267) 395-7573

## Appendix 3: Interview Guide

**Title of the research proposal:** The subjective experience of survivors and perpetrators of Intimate Partner Violence

### Section A: Demographic Information

1. Gender

Male  Female

2. Age

18-24  25-34  35-44  45

3. Nationality

Motswana  Non-citizen

4. What is your current employment/ working status?

Full time employment  Part- time employment  Self-employed  
 Unemployed  Other (Specify)

5. Highest Education Level

Primary  Secondary  Technical  University degree  Non

6. Relationship Status

Single  Married  Widowed  Divorced  Cohabiting  Engaged

7. Number of Children: \_\_\_\_\_

8. Length of the current relationship: \_\_\_\_\_

9. Religion

Christianity  other specify: \_\_\_\_\_

10. Prior history of violence

Yes  No

11. History of Substance and drug use?

Yes  No

## Section B: Interview questions

1. Tell me about your experiences of Intimate Partner Violence in detail?
  - i) Can you describe the nature of the abuse you experienced or perpetrated?
  - ii) How long has the abuse been going on?
  - iii) How often did it occur?
2. Can you describe the abuse situation that took place before the one that led you to be in the shelter?
3. Can you describe the abuse situation that led you to be in the shelter?
4. What do you think influenced you or your partner to engage in IPV?
5. What circumstances led to the abuse?
6. What provoked the abuse?
7. What influenced your decision to remain in the relationship?
  - i) Were there barriers to leaving the relationship?
  - ii) What made you leave the relationship?
8. Did the abuse have any impact in your life? Please elaborate.
9. Who did you tell about the abuse?
  - i) If so, can you tell me what they said?
  - ii) How did you feel?
  - iii) Was it helpful or not?
10. What do you think survivors should do to ensure their own safety and that of their children?
11. Do you have any advice that you would like to share with people in your situation?
12. Did you seek professional help?
  - i) If yes, what were your experiences of seeking help?

ii) Do you think what was offered was enough?

iii) If not, what do you think should be done?

13. Is there anything else you would like to add?

## Appendix 4: Potsoloso ka Setswana

**SETLHOGO SA PATLISISO:** Maitemogelo a ba ba kgokgonthitsweng le bakgokgontshi ba bakapelo ba bone ka kgokgontsho ya bakapelo.

Karolo A: Sekale sa go itse bonno

1. Bong?

Rre  Mme

2. Digwaga tsa gago di kafe

18-25  25-34  35-44  45

3. O mo kae?

Motswana  Motswakwa

4. O bereka kae gompieno

Tiro ya sennela ruri  Tiro ya nakwana  Ke a ipereka  
 Ga ke bereke  Tse dingwe, supa \_\_\_\_\_

5. Thuto tsa gago tse dikgolwane ke dife?

Sekolo se se botlana  Sekolo se se golwane sa sekontari  sekolo sa tiro ya diatla  Mmadikolo  Tse dingwe, supa \_\_\_\_\_

6. Seemo sag ago sa tseo mo nakong ya gompieno?

Ga ke ise ke nyalwe  Ke nyetswe  Ke motlholagadi/ moswagadi  Re kgaogane  ke nna le mokapelo wame mme ga re a nyalana  ke beleditswe/ beleditse

7. Palo ya bana ba gago: \_\_\_\_\_

8. O na le lebaka le le kafe o na le mokapelo wa gago: \_\_\_\_\_

9. Tumelo ya gago

Sekeresete  Tse dingwe supa: \_\_\_\_\_

10. A o kile wa kgokgontshiwa mo nakong e e fitileng?

Ee  Nnyaa

11. A o nwa dinotagi kgotsa o dirisa diritibatsi?

Ee  Nnyaa

## Karolo B: Dipotso tsa potsoloso

1. Ntlhalosetse ka botlalo ka boitemogelo jwa gago mabapi le kgontsho ya baratani.
  - iv) Tlhalosa ka kgokgontsho e e go diragaletseng kgotsa e o e dirileng.
  - v) Kgokgontso e, e tswelletse lebaka le le kafe?
  - vi) E ne e dirafala kgapetsa-kgapetsa kana jang?
2. Tlhalosa kgokgontsho e e go diragaletseng pele ga e e go tlisitseng kwano?
3. Tlhalosa ka kgokgontsho ya bofelo e e go tlisitseng kwano.
  - (i) Ke eng se se rotloeditseng mokapelo wa gago go go kgokgontsho?
4. Ke afe diemo dife tse di bakileng kgokgontsho?
5. Ke eng se se bakileng kgokgontsho?
6. What influenced your decision to remain in the relationship?  
Ke eng se se bakileng gore o tswellele le mokapelo wa gago?
  - iii) A go na le sengwe se se neng se go pateletsa go tswelera le mokapelo yo o kgokgontsho?
  - iv) Ke eng se se dirileng gore o kgaogane le mokapelo wa gago?
7. Tlhalosa ka botlalo ka fa kgokgontsho e amileng botshelo jwa gago?
8. O boleletse mang ka kgokgontsho e?
  - (i) O ne a go thuswa jang?
9. Bomme le borre ba ba tswang mo kgokgontshong ba ka dira jang go itshreletsa le bana ba bone?
10. A o na le kgakololo nngwe mo bathong ba ba iphitlhelang ba le mo seemong se?
11. A o ne wa kopa thuso e e tseneletseng?
  - iv) O ne wa itemogela eng mabapi le thuso e?
  - v) A o ne wa itumelela thuso e?

vi) Fa o ne o sa kgotswafala, o akanya o ka bo o thusitswe jang?

12. A go na le sengwe gape se o batlang go se tlhalosa mabapi le kgokgontsho ya baratani?