

Urban and Rural Women's Experiences of Intimate Partner Violence

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Abstract

The prevalence of intimate partner violence (IPV) continues to rise at a disquieting rate, affecting mostly women and girls globally. Intimate partner violence has gained popularity and is an important area for social work research, policy, education and practice. South Africa is one of the countries with the highest rates of intimate partner violence globally, despite the legal entities and programmes set to deal with the problem. The article sought to explore and describe the lived experiences of urban and rural women of IPV. The study was conducted in the Ngaka Modiri Molema District, North West, South Africa. Qualitative research was used, employing in-depth interviews and focus group discussions with semi-structured questions to collect data from 30 participants. A thematic content analysis was used to analyse the data. The findings revealed that culture exerts a significant influence in reinforcing unequal power relations and controlling behaviour between women participants and their male partners, all culminating in IPV. Many women suffer in silence as they strive to protect their families. The findings will help social workers to develop interventions and programmes that challenge the structures, attitude and behavioural practices that condone inequality and IPV.

Keywords: intimate partner violence; violence; women; experience

Introduction

Intimate partner violence (IPV) is a major challenge that social workers deal with (Slabbert 2017) and a violation of human rights globally (Mengo 2016; WHO 2013) as it is in South Africa (Davhana-Maselesele, Myburgh, and Poggenpoel 2009). It is associated with negative consequences for victims' physical, mental and social well-being (Bernstein et al. 2016). The impact of IPV is far-reaching, with serious consequences not only for the abused woman, but also for her children and society at large (Slabbert 2014). The aim of this article is to explore and describe the experiences

of urban and rural women regarding IPV.

Discrepancies arise on how IPV is defined and which behaviours are included (Romans et al. 2007). Some studies focus on IPV as only physical actions, other studies include sexual assault and coercion, and still other studies include emotional or psychological abuse (Black et al. 2011). Bernstein et al. (2016) define IPV as any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Saffari et al. (2017) define IPV as any form of control, coercion, threat, violence, or abuse that may occur in those aged 16 years or above and who are related such as intimate partners or family members. Hence, there is no universally agreed-upon definition of IPV. This study adopted the definition of IPV as the use or threat of physical, sexual, psychological, economic abuse and stalking, among current or former heterosexual or same sex partners or spouses (Centers for Disease Control and Prevention 2012; Postmus, Huang, and Mathisen-Stylianou 2012).

The perpetrators of IPV are mostly male intimate partners. Various studies have demonstrated that women are most likely to be victims and experience violent victimisation by someone close to them, with one in three women reporting victimisation by an intimate partner at some stage in their life (Davies 2014; Mpani and Nsibande 2015; Nduna and Nene 2014). A woman is more likely to be assaulted, injured, raped, or killed by a current or former partner than by any other person (Ellsberg et al. 2008; United Nations Department of Public Information 2008).

The prevalence of IPV varies worldwide with high rates reported in the Eastern Mediterranean, and south-east Asian zones and African countries. The global prevalence of physical and/or sexual IPV among all women who have been in intimate relationships is 30 per cent (WHO 2013). The National Intimate Partner and Sexual Survey (NIPSVS), based on 18 049 interviews of adult women and men across the USA in 2010, found that 36 per cent of women experienced rape, physical violence, and/or stalking by an intimate partner over their lifetime compared to 29 per cent of men (Black et al. 2011). In Pakistan, more than one third of married women reported feeling harassed by their husbands and about two thirds witnessed violence in their parental homes (Ali and Khan 2007).

Emotional violence is a common type of IPV especially in African and Asian countries (Semahegn and Mengistie 2015). Studies in Iran indicate high rates of domestic violence (Saffari et al. 2017, 8). For example, in a study conducted in Ilam (a western province of Iran), Mohamadian et al. (2016) found that IPV was widespread and that emotional violence was the most prevalent type. Another study conducted by Kargar et al. (2016) found that the prevalence of physical, sexual, and emotional abuse of women by their husbands was 16 per cent, 19 per cent, and 44 per cent, respectively, again indicating a high prevalence of emotional abuse among Iranian women. A study in Ghana found that 70 per cent of women experienced IPV to such a

degree that it affected their health (Owusu Adjah and Agbemafle 2016). In Egypt, 62 per cent of women reported having experienced a violent act from men (Fahmy and Abd El-Rahman 2008).

Gordon (2016) asserts that South Africa's IPV is six times higher than global estimates and that the country has the highest reported rates internationally. Findings from Jewkes et al. (2017) found that from the sample of 5 206, men reported more lifetime perpetration of IPV (physical or sexual IPV) ranging from 33 per cent to 80 per cent. In South Africa, 25 per cent to 38 per cent of women have experienced sexual and/or physical IPV in their lifetime, and 12 per cent to 31 per cent in their most recent marriage or cohabiting relationships (Shai and Sikweyiya 2015). Findings from Mokwena and Adeoti (2014) also revealed that 33 of 84 women at the Koster Hospital in the North West province of South Africa reported having experienced IPV in their lifetime and in the 12 months before the study.

Problem Statement

The legal status of women in the South African context changed with the adoption of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996) and other legislation such as the Domestic violence Act, 1998 (Act No. 116 of 1998), and the Promotion of equality and prevention of unfair discrimination Act, 2000 (Act No. 4 of 2000) to protect women's rights (Leburu 2015). Despite the existence of these legal instruments, IPV is still increasing. The implementation of these legal instruments has been largely ineffective over the years (Gordon 2016).

IPV is a complex social problem that South Africa is facing. Its complexity seems to be perpetuated by multifaceted factors such as the silence on IPV, women's low status in their communities, and culture and religious practices that condone male dominance and female subservience among others. These factors increase women's vulnerability to IPV and hinder the implementation of the legal frameworks as envisaged. Furthermore, despite numerous population-based surveys globally having provided increasing awareness on the experiences of women on IPV, more studies have been conducted in either the urban or the rural areas. Therefore, it is unclear how relevant these experiences are to women from other cultures or different settings. Hence there is a need to document the experiences of women from both rural and urban areas concerning their experiences of IPV in the North West province, South Africa.

Theoretical Framework

The feminist and dependency theories served as the theoretical framework for this article. The primary argument of the feminist theory is that IPV is influenced by a patriarchal system that exerts men's domination and control over women (Larsen 2016). This occurs either directly through cultural norms of defence and obedience

backed if necessary by the use of force or indirectly by shaping women's opportunities and constraints in basic institutions such as family and work that reinforce women's subordination (Rodriguez-Menes and Safranoff 2012). Moreover, the high level of gender inequality in laws, social order and institutions plays itself out in a high level of men's violence against women (Heise 2012). Arguably, the primary contribution of the feminist theory is its argument that social context is important to understand IPV.

Despite the feminist theory being used to explain IPV, it has been criticised for looking only at social gender inequality as a risk factor for IPV. Hence the adoption of the dependency theory, which builds on the ideas around the patriarchal structure of society while acknowledging the role of socio-economic factors. The dependency theory contends that women's absolute socio-economic resources are the critical relevant factors in IPV. Moreover, the dependency theory was adopted because of its line of argument that states that the patriarchal structure in a society can manifest itself in socio-economic vulnerabilities among women. The low opportunities and multiple constraints stemming from women's positions in the socio-economic structure affect women's control over their lives, making them dependent on their partners and increasing the risk of experiencing IPV (Rodriguez-Menes and Safranoff 2012). The theoretical framework adopted in this article depicts that IPV is a complex phenomenon that requires a multidimensional approach and should be understood as occurring due to an interaction of multiple factors ranging from intrapersonal, individual, family, community and society.

Research Methodology

To attain the aim of this article, which was to explore and describe the experiences of women on IPV, a qualitative approach was used. The study adopted an explorative descriptive research design to describe the meaning of the experience of a phenomenon (in this case IPV) by various individuals (in this case women).

Thirty participants were purposively selected and recruited to participate in the study from three home-based organisations (HBOs) which render home-based care services, namely the Thusanang Trauma Centre, Lomanyaneg Home Based Care, and the Thato Trauma Centre. From the total sample, 15 women participated in focus group discussions comprising 5 participants per group and per organisation and the other 15 participated in semi-structured interviews. The sampled participants consisted of women who had experienced IPV in the demarcated area of the study, and who were aged between 21 and 40 years.

Thirty women participated in both in-depth interviews (15) and focus group discussions (15) and their ages ranged from 21 to 35 years. Half the participants (15) were cohabitating with partners, 9 were legally married and 6 were traditionally married. The majority (16) of the participants had acquired primary school education,

with the remaining 14 sharing equally at 7 for each category of high school and tertiary education. It is significant that three quarters (77) of the participants depended on their combined salary with that of their intimate partners, giving the families more buying power and ensuring some form of economic stability in their different households. The remaining quarter (23) was economically independent though in an intimate relationship. Three quarters (21) of the participants reported to be surviving on a monthly income of more than R3 000, with the remaining quarter (9) surviving on a monthly income of between R2 000 and R2 999. Several studies show that the majority of women with low socio-economic status are mostly at risk of experiencing IPV (Adams et al. 2008; Leburu 2015; Slabbert 2010; 2017).

Three HBOs were selected based on their location: one is situated in a rural area and two in urban areas. Investigating both ends of the continuum was essential in order to obtain balanced views of women from both rural and urban sites. Individual semi-structured interviews and focus group discussions with semi-structured questions were used to obtain data from the participants. A total of 15 women consented to semi-structured individual interviews and 15 participated in focus group discussions. The rationale for triangulating the two methods was to obtain rich, descriptive data on how women in rural and urban areas experience IPV. Furthermore, triangulating individual semi-structured interviews and focus groups discussions enhanced data trustworthiness and credibility.

The subject of this research is sensitive and delicate, therefore the dignity and safety of the participants needed to be protected. Ethical clearance was obtained (NWU-00235-14-A9) from the Ethics Committee of the North-West University. The municipal managers and traditional leaders were contacted for their approval and permission to undertake the study. Briefing sessions were conducted at the selected NGOs during which the participants gave their consent and confirmed their voluntary participation in the study. The participants were assured of the confidentiality of the data obtained, and thoroughly informed of the purpose of this study. To avoid harm to the participants, the ethical and safety recommendations for research on domestic violence were adhered to. The results were presented in a thematic content analysis.

Findings

The research findings are presented under three themes that emerged from the individual semi-structured interviews and focus group discussions, namely women's experiences of IPV, unequal power relations in intimate relationships, and silencing of IPV between intimate partners. All the responses from the participants have been translated into the researcher's language but they retained the core messages of what the women voiced to the researcher. The results are presented with quotations from participants, labelling them with "Int" for individual semi-structured interviews and "FGD" for focus group discussions.

Experiences of IPV

The participants were exposed to various forms of IPV such as physical, emotional, sexual, and financial abuse. The extracts below illustrate the types of IPV experienced by women. Some women provided the following accounts:

My intimate partner would sometimes expose private matters about me in public when pretending to be under the influence of alcohol and these would include my inability to bear children. As a way of putting me down, he would use demeaning words such: Ke go folositse mo tereneng ya mafetwa [It's a favour that I choose to marry you], o sekobo [you ugly thing] ga o motho wa go ratwa [should I leave you, nobody will ever love you]. (Int)

My ex-boyfriend was abusing me economically, emotionally and physically. He did not give me money to buy household necessities, yet he wanted to bath, eat and dress in clean clothes. On top of that, he even instructed me never to wear trousers and isolated me from my friends and relatives. He spent most of his time with his friends while I stay home dressed in loose shabby dresses. He was suspicious over everything I was involved in. One morning during the weekend, when he arrived home from a shebeen he wanted conjugal rights without having even taken a bath, I refused and hell broke loose and I was slapped and repeatedly raped. During the time of this ordeal, I was heavily pregnant and miscarried based on the heavy blows I got from him. I laid a charge of assault at the local police station at the insistence of my neighbour, which I later withdrew after he promised to change his violent behaviour. We have since parted. (FGD)

With me, it was more of emotional violence coupled with sexual intimidation. My past boyfriend would inspect my vagina by sticking his fingers in it to see if there is semen to make sure that I did not sleep with any men when he was at work. After that painful inspection, he would then forcefully have sex with me against my will. My inability to fall pregnant aggravated the violence and abuse, which resulted in him sleeping around even with my knowledge, under the guise that he wanted children. Today we have three of our own children and supporting three other children born out of our union. (FGD)

The findings suggest that IPV is prevalent in the demarcated area of study. The majority of the women in this study show the multiple forms of IPV that women experienced daily. These include physical, financial, sexual violence, and emotional violence in the form of ridiculing, humiliation and belittling words.

Unequal Power Relations in Intimate Partner Relationships

The way in which IPV in South Africa is described suggests an understanding that IPV is rooted on uneven distribution of power within intimate relations, patriarchy, financially dependent women, poverty and exposure to the culture of violence (Mazibuko and Umejese 2015). The theme emerged with the participants' perspectives and interpretation of power relationships in their past and current intimate

relationships. The women solidly agreed that in their intimate relations, the power relations are unequal between them and their intimate partners. The following women's comments succinctly capture the modalities of these relationships:

In our culture, it is a given that our intimate male partners ought to be given the leading role, failing which the relationship is bound to fail. This we follow even when the partners are not gainfully employed. The teachings are further emphasised in the church we are part of, where submission to male partners is expected in order to sustain our marriages and relations. Again, our culture looks down on a woman who does not afford her husband *monyetla wa go nna tlhogo ya lelapa* [the space to lead and control any household activity, including controlling all the household members]. (FDG)

Men who are seen not to be culturally in control in their families lose the respect in their social circles and would be called demeaning terms such as: *o tshereane* [he has lost it as a man], *ke seka monna* [he is not a fully-fledged man]. (FGD)

Owing to the unequal power relations between women and their partners, women are mostly excluded in the decision-making process in the household. A participant voiced the following:

Presently I am consulted on major buys, especially because I am a salary-earner myself. I must, however, emphasise that though he involves me, he ultimately decides alone by virtue of being the head of the household, especially on bigger projects of the household such as the buying of a car. I grew up witnessing my father being a sole decision-maker and have automatically opted for that style, though with us it's not as rigidly practised as it was in my family of orientation. (Int)

What one has learnt from the family of origin appears to exert a significant influence in enforcing unequal power relations and controlling behaviour between the participants and their partners. It can be concluded that power relations between the participants and their male partners are based on beliefs that condone male dominance and female subordination entrenched in patriarchy.

Silencing of Intimate Partner Violence

All participants agreed that violence between intimate partners is a confidential matter that should be kept as such, especially for married couples. The participants shared the following accounts:

With rape inside marriage or with my intimate partner, I would never report it outside the confines of my family, though I am aware where to go to for help. I would rather start with a family conference comprising the elders. If this does not help, my next option would rather be to go to the church priest, or even the social workers – they are more private than being seen at a police station, where there is no privacy. (Int)

We grow up with the knowledge that violence between two intimately connected adults is a private matter. Our parents suffered in silence and here we have grown into the women we are. There is a saying in the Setswana culture: Ga gona ntlo e e sa neleng [there is no household devoid of challenges]. After all, no human being is perfect and as a result, we are not the first lot to suffer violence. (Int)

The following words were echoed:

I think it depends on the type of violence that one is experiencing as well as the duration of the violence. There are certain things you disclose to outsiders, and those you keep silent about. (FGD)

It appears that most participants suffer in silence rather than exposing the violence they encounter in their households. This is done under the guise that “no family is perfect ... we are not the first casualties of this violence” – a situation which can spiral into rape inside marriages. The findings also show that marital rape exists and is not spoken about. In the case of physical abuse, the situation may lead to femicide or homicide.

Discussion

The aim of the study was to explore and describe women’s experiences of IPV. Overall, women from urban and rural areas provided a balanced account of their experiences of IPV. The study revealed that women are subjected to more than one form of IPV from their partners such as emotional violence, physical violence, and economic violence. However, emotional violence appears the common form of violence reported by women. The findings in this study corroborate with previous research that confirmed that a number of women who are physically abused are also abused emotionally (Slabbert 2014). Various scholars also affirm that woman suffer multiple forms of IPV such as emotional, physical, sexual, and economic violence (Leiner et al. 2008; Pineles, Mineka, and Zinbarg 2008).

An interesting observation was that IPV is still prevalent among intimate partners and not spoken about despite the devastating effects it has on the social functioning of women. From the findings, a deduction is made that the patterns of IPV in rural and urban areas are similar. It is clear that IPV has no respect for the socio-economic status, or culture of an individual, thus affecting women in both urban and rural settings. While the study gathered noteworthy information from the participants, it is also important to acknowledge that IPV is a complex social problem aggravated by multiple factors.

This article identified a low economic status, culture, and family of origin as contributory factors of IPV. It seems that women with low economic power are most likely to experience IPV and not seek help because they solemnly depend on their

partners for survival. The findings demonstrated that women's access to financial resources in the household was controlled or restricted by their male partners. The patriarchal notions and cultural views that condone unequal power relations between men and women often influence this behaviour. Findings from the previous research conducted show that women with the poorest wealth status were more likely to experience IPV compared to women with the richest wealth status (Ahinkorah, Dickson, and Seidu 2018; Sanders 2015). Consequently, this study demonstrates that women have low levels of decision-making power in intimate relationships and male partners often use power and control to oppress their female intimate partners. These results confirm the findings of Conroy (2014) who demonstrated that unequal power relations and controlling behaviour on the part of husbands or partners are associated with IPV. Antai (2011) also confirms that controlling behaviour among men is significantly associated with a higher likelihood of physical and sexual violence and other forms of violence by intimate partners. Zembe et al. (2015:3) also identified that the inequity between men and women in intimate relationships is upheld by cultural and patriarchal social belief systems that support such power differentials.

The article further verified that the culture of silence surrounding IPV exists and is influenced by women's reluctance to bring private family matters into the public domain. When scrutinised carefully, the culture of silence and privatisation of IPV compromise the accuracy of the national statistics of IPV because most cases are not reported and it becomes difficult to have comprehensive data and a true reflection of the prevalence and impact of IPV. Women are subjected to more than one form of IPV from their partners such as emotional violence, physical violence and economic violence with high levels of economic and emotional abuse and very high levels of controlling behaviour. Sexual violence of IPV has the likelihood of even turning into a vicious cycle and normal behaviour as illustrated in the participants' responses, where women witnessed IPV between their parents and they experience it with their intimate partners.

Implications

For as long as women are not empowered or financially independent, they will not be able to report the abuse to the authorities or seek help as they depend solely on the perpetrators for support, hence the silence and justification. Women should be empowered to resist being controlled or dominated by men, articulate and fight for their rights, and against any discrimination, and sociocultural practices that expose them to harmful practices such as IPV. Parents and families should start engaging in conversations that challenge all behaviours that condone male dominance over female submission, and teach their children that boy and girl children are equal and should be treated the same way. Furthermore, men and women collaboratively should engage in discussions and debates that challenge and deal with the patriarchal notions and practices that fuel inequality between men and women. In addition to conversations in

families, social workers should conduct and implement community initiatives and campaigns that raise awareness and educate people about IPV and toxic masculine practices that fuel IPV.

Social workers who work with IPV should also be capacitated to empower women to make difficult decisions such as seeking help, and to help women understand and know all avenues and resources to find help and support. Future research needs to be conducted on a wider scale in both rural and urban areas to explore how social workers can be capacitated to deal with IPV in communities in these settings. There is also a need for ongoing evaluation of the proficiency of social workers when working with inequality and IPV. In addition, the theories adopted and the findings illustrate the need to take a multifaceted approach when investigating and dealing with IPV. This includes considering individual factors that affect women such as income, education and employment status. Consequently, factors such as patriarchy and the social policy at the societal level need to be taken into account.

Conclusion

IPV against women in South Africa requires immediate attention. This phenomenon has affected women for centuries and has negative effects on their well-being. From the results, it is clear that women are still experiencing IPV despite legislation that protects and promotes their human rights. Although a vast body of knowledge on IPV exists, there is still a need for more knowledge on how IPV affects the social functioning of women in order to acquire a comprehensive understanding of the phenomenon. Women need to be empowered and supported to break the cycle of silence surrounding IPV. The current situation points to attitudinal problems such as unequal power relations between men and women, and cultural practices that promote the continued victimisation of women in the society, thus having the increased rates of IPV.

Although the results significantly points to culture and patriarchal notions as major influences of IPV against women, the findings in this study are not to be used as tools to pathologise the culture of residents at the demarcation of the field of study. Rather, they serve as empirical examples that demonstrate how women experience IPV. The findings highlight the need for further research on IPV and active engagement of both men and women in order to combat the problem. Such efforts may facilitate achievement of the goals of the international and South African legal frameworks, which seek to prevent and respond to IPV.

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