

AN EXPOLORATORY STUDY ON THE CONTRIBUTING FACTORS RELATED TO  
DOMESTIC VIOLENCE AGAINST

WOMEN WITH HOUSEHOLDS IN OSHAKATI

A THESIS SUBMITTED IN PARTIAL FULFILMENT

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## **ABSTRACT**

Domestic violence significantly affects women through physical and psychological harm, leading to cycles of trauma and fear that disrupt families. As a result, social isolation, financial insecurity, and the continuation of violence over generations, which harms communities. This qualitative study aimed to explore the factors contributing to domestic violence against women within households. The study had three main objectives: to identify these contributing factors in Oshakati, to examine the impact of violence on women's lives, and to propose potential strategies for reducing domestic violence in the area. The study focused on three groups: women who are victims of violence, men who perpetrate violence, and frontline healthcare workers who assist both victims and perpetrators. Participants were selected using a purposive sampling method, and the sample size was determined by data saturation. Data was collected through one-on-one interviews with victims and perpetrators and focus group discussions with professionals. The study utilises inductive thematic analysis in conjunction with Dedoose software to analyze data. The study concluded that alcohol misuse, financial-related problems, unaddressed childhood traumas, infidelities, and cultural beliefs are some of the contributing factors to domestic violence against women in their homes. Thus, these women suffer from PTSD, miscarriages, fear, and alcohol dependency. In order to mitigate this, raising awareness of the availability of services to community members and the provision of shelters may reduce domestic violence in the homes. The study recommends the development of educational programs on the link between alcohol abuse and domestic violence by social workers, police officers, and

nurses. It suggests that the Ministry of Gender Equality, Poverty Eradication, and Social Welfare enhance policies that support women's financial independence.

**Keywords:** women, alcohol, violence, victims, shelter, trauma, contributing factors, households

## **LIST OF ABBREVIATION AND ACRONOYM**

ACE	Adverse Childhood Experience
CBT	Cognitive Behavioural Therapy
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CTE	Chronic Traumatic Encephalopathy
DEC	Decentralized Ethics Committee
DV	Domestic Violence
GBVU	Gender Based Violence Unit
HOD	Head of Department
IHO	Intermediate Hospital Oshakati
IPV	Intimate Partner Violence
LAC	Legal Assistance Centre
LMIC	Low Middle-Income Country
MGEPEWSW	Ministry of Gender Equality, Poverty Eradication and Social Welfare
MO	Medical Officer
MoHSS	Ministry of Health and Social Services
NAMPOL	Namibian Police

NSA	Namibia Statistic Agency
OTC	Oshakati Town Council
PO	Police Officer
PSTD	Post Traumatic Stress Disorder
RD	Regional Director
SNI	Safe Namibia Initiative
SLT	Social Learning Theory
SSO	Social Services Office
STIs	Sexual Transmitted Infections
SW	Social Worker
TBIs	Traumatic Brain Injuries
UN	United Nations
VAW	Violence Against Women
WHO	World Health Organization
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime

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## **DEDICATION**

I dedicate this thesis to my parents, who instilled in me the values of education and hard work; to my beloved son Tulonga Shaanika, who graciously shares his time so that I can complete my schoolwork; and to my siblings, for their unwavering motivation and belief in me. To my friends and coworkers, who never stopped supporting me, exchanging ideas, and keeping me centered during this project's highs and lows. Finally, this work is dedicated to all those who long for love but have no one to share it with, as well as to those who desire to love but struggle to find the way to do so.

## DECLARATIONS

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Date: October 2025

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## **CHAPTER ONE**

### **1.1 Introduction**

Nearly 30% of women globally have reported experiencing physical or sexual violence by an intimate partner at some point in their lives, underscoring the pervasive nature of domestic violence against women (Namy et al., 2017). Domestic violence is a form of abusive behaviour in any relationship used by one partner to gain or maintain control over another intimate partner or family care (Joseph & Jonas, 2022). Furthermore, domestic violence occurs in different forms, such as physical violence, emotional abuse, sexual abuse, economic abuse, and stalking abuse. According to Garcia-Moreno et al. (2022), domestic violence is a broad term that includes intimate partner violence as a key category. While domestic violence covers various forms of abusive behaviour within family environments, intimate partner violence specifically pertains to violence encountered by individuals in intimate relationships. This distinction is essential for customizing interventions and comprehending the unique dynamics of partner-perpetrated violence. Wathen et al., (2025) emphasise that, although Intimate Partner Violence (IPV) is often conflated with domestic violence in popular discourse, it is essential to acknowledge the broader context of domestic violence when analyzing contributing factors at the household level, including those associated with extended family dynamics.

### **1.2 Background of the study**

In Namibia, between January 2021 and December 2022, the Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPESW) recorded approximately 568 cases of domestic violence among women (Ministry of Gender

Equality Poverty Eradication and Social Welfare, 2023). Out of these cases, the Ministry has placed 335 survivors of Gender Based Violence (GBV) (women) in places of safety across the country during this time (Ministry of Gender Equality Poverty Eradication and Social Welfare, 2023). Recent estimates indicate that for the fiscal year 2023/2024, the Namibian Police Force (NamPol) reported a total of 4,814 cases of domestic violence (DV) nationwide. The Khomas region recorded the highest number of cases, totaling 758, followed by Erongo with 493 cases and Oshana with 463 cases. These are the cases that were opened at the Gender Based Violence Units country wide. Based on the abovementioned numbers of GBV cases, one can outline a need to study the contributing factors related to physical violence against women (WAC) within households in Oshakati. This study explored the contributing factors associated with domestic violence within households in Oshakati. The researcher aimed to explore the elements that contribute to the rise in domestic violence cases against women in Oshakati households, with the objective of gaining a more comprehensive understanding of the local dynamics and context. Furthermore, domestic violence is shaped by various cultural, economic, and social factors that differ by region. Burchfield (2022) defines a household as comprising both a dwelling and its occupants as a unified entity. Family violence, including Violence Against Women (VAW) inflicted by intimate partners or other household members, is a global issue that poses significant adverse implications for the physical and mental health of victims (Devakumar et al., 2021). The World Health Organization (WHO) conducted a multi-country study on women's health and domestic violence against women (VAW), which revealed that the lifetime prevalence of physical

and sexual abuse by an intimate partner ranges from 15% to 71% (Devakumar et al., 2021).

### **1.3 Statement of the problem**

The Oshakati Social Services Office, functioning under the auspices of the Ministry of Health and Social Services, serves as a pivotal resource for social workers assisting adult clients aged 18 and older. This office addresses a diverse array of social challenges impacting adults, encompassing issues such as suicide, marital discord, and domestic violence. The Namibian government has instituted a range of measures aimed at combating domestic violence; notwithstanding the challenges encountered in addressing historical cases, substantial progress has been achieved in tackling these issues. In recent years, Namibia has enacted and revitalised several national policies to prevent domestic violence. Additionally, the country is a signatory to the UN Convention on the Elimination of All Forms of Discrimination Against Women (UNCEDAW). Nationally, several laws and policies aimed at combating domestic violence have been implemented, supported by the country's constitution. This constitution serves as a crucial framework for addressing factors related to gender-based violence, particularly through Articles 8(1), 10, and 23(3) of the Constitution of Namibia. The country has implemented the Domestic Violence Act 4 of 2003, designed to protect victims of domestic violence. These provisions collectively aim to address cases of domestic violence. Literature review suggests that the increase of domestic violence cases against women can be attributed to a complex interplay of socio-economic, cultural, and psychological factors (Saadi et al., 2022). Central to this discussion are deeply rooted gender inequalities, economic challenges, substance

abuse, and the normalization of violence in intimate relationships (Tittlová & Papáček, 2018). Furthermore, empirical research indicates that societal attitudes regarding masculinity, power dynamics, and control within domestic settings contribute to the perpetuation of abusive cycles, frequently rendering women susceptible to recurrent victimization (Adams et al., 2021). These factors are further compounded by inadequate support systems, limited awareness of legal rights, and systemic barriers to accessing justice. As such, understanding the root causes of domestic violence within the local context of Oshakati is critical for the development of effective interventions and preventive strategies. Moreover, there has been an increase in the number of domestic violence cases against women reported to the Oshakati Social Services office in recent years. Over the past four years, the Oshakati Social Services (OSS) office has recorded about 789 domestic violence cases (Ministry of Health and Social Services, 2019). Therefore, these figures have brought tremendous concern within social workers' offices regarding what factors activate these violence and abuse incidents within households. Hence, the study will explore the contributing factors related to domestic violence against women within households in Oshakati town.

#### **1.4 Research questions**

The study explored the contributing factors related to domestic violence and possible solutions to domestic violence against women within households in Oshakati, Namibia. The research questions for the study were:

(a) What are the contributing factors related to domestic violence against women within their households in Oshakati?

(b) What are the effects violence has on the lives of women?

(c) What are possible strategies to reduce domestic violence in Oshakati?

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

The study was pertinent to the social work profession as it offered empirical data for social workers and other professionals to reference when engaging with survivors and perpetrators of domestic violence in Oshakati town. Furthermore, it contributed to the body of knowledge regarding the factors contributing to domestic violence against women and the impact of violence on women's lives. Furthermore, it contributes to growing body of knowledge regarding the factors contributing to domestic violence against women and the impact of such violence on women's lives. Although, the findings have not yet been disseminated, the study has the potential to aid social workers in the future by informing effective interventions and guiding the development of tailored care plans for both survivors and perpetrators of domestic violence. By providing context-specific insights, the study is expected to support evidence-based practice once the results are made accessible to practitioners and policymakers. In addition, the research contributes to raising awareness about the phenomenon of domestic violence within community. It identifies critical service delivery and policy gaps that institutions such as the Intermediate Hospital Oshakati and other relevant ministries may need to address to more effectively combat the increasing incidence of domestic violence. Moreover, the findings are intended to inform the future development of policies and programs aimed at addressing systemic deficiencies, including limited legal protection, weak enforcement mechanisms, and insufficient access to support services such as shelters and counselling.

## **1.6 Limitations of the study**

Due to limited monetary support, this study was bounded to Oshakati town only. Therefore, the findings from this study were not generalised across Namibia. However, to ensure the quality of the study, crosschecks with the existing literature was extensively done to identify similarities with the study's results. In addition, the scope of the study was be limited to exploring the contributing factors related to domestic violence against women within households in the Oshakati town, Oshana region. This geographic focus constrained the generalisability of the findings, as the cultural, economic, and social dynamics in Oshakati may not accurately represent the experiences of women in other towns or regions. Furthermore, the study's limited scope may have overlooked broader systemic factors, such as national policies or societal norms, that could influence domestic violence on a larger scale. By focusing exclusively on Oshakati, the research may overlook significant rural-urban variations in contributing factors, potentially limiting its applicability to diverse contexts within the Oshana region and beyond. In terms of methodological limitations, the qualitative nature of the study posed several constraints. Firstly, data was collected from a relatively small, purposively selected sample, which while appropriate for in-depth exploration limits the breadth of perspectives represented. The findings are therefore context specific and may not be transferable to all women experiencing domestic violence in other parts of Namibia. Secondly, qualitative research relies heavily on participants' self-reported experiences, which may be influenced by

recall bias, fear of disclosure ,or social desirability, particularly given the sensitive nature of the topic.

### **1.7 Delimitation of the study**

The study deliberately excluded other forms of violence, such as violence against men and children, as well as violence occurring outside the household, to maintain a focused scope. Additionally, the study specifically focused on households in Oshakati, allowing the researcher to explore the distinct factors contributing to domestic violence within this particular community context. Participants included women who are victims of domestic violence, perpetrators, and key informants such as police officers, nurses, doctors, and social workers. This delimitation ensured that the study captured perspectives from both those directly affected by domestic violence and professionals involved in support services. By selecting participants who utilised social services, the study ensured access to individuals already engaging with support systems, thereby providing targeted insights into the dynamics of domestic violence within households. This study is organised into several key sections. It begins with an introduction outlining the background and significance of domestic violence against women within households in Oshakati, followed by a review of relevant literature. The methodology section explains the research design and data collection methods, while the findings and discussion sections present and interpret the results. The final chapter concludes the study and provides recommendations based on the findings.

## **1.8 Conclusion**

In conclusion, Domestic violence is a broad term that encompasses various forms of abusive behaviour within family environments, with intimate partner violence being a key category. Intimate partner violence specifically refers to violence experienced by individuals in intimate relationships. The researcher aimed to explore the factors contributing to the increase in domestic violence cases against women in Oshakati households, with the objective of gaining a comprehensive understanding of the local dynamics and context. The Namibian government has implemented various measures to address domestic violence. While past cases have presented challenges, Namibia has made significant progress in addressing related issues. In recent years, the country has enacted and revitalised several national policies aimed at preventing domestic violence, including the issuance of protection orders and the Combating of Domestic Violence Act. Additionally, the findings of this study assist social workers in making informed decisions regarding effective interventions and care plans for survivors and perpetrators of violence. The results inform the development of policies and programs designed to address systemic deficiencies, such as inadequate legal protections, ineffective enforcement mechanisms, and limited access to support services, including shelters and counseling. The findings of this study cannot be generalised to all of Namibia and it specifically excluded incidents of violence against men and children.

## **CHAPTER 2 LITERATURE REVIEW**

### **2.1 Introduction**

Domestic violence is a widespread social issue globally, influenced by deep-rooted causes and complex dynamics that vary across different regions and communities (Namy et al., 2017). In Namibia, and in Oshakati in particular, domestic violence represents a serious challenge, jeopardising the safety, well-being, and social participation of many women within households (Devakumar et al., 2021). This study examines the factors contributing to domestic violence against women in Oshakati. Its aim is to identify patterns, assess the effects on women's lives, and uncover underlying influences that could inform more effective interventions. Furthermore, the literature on domestic violence identifies various factors that contribute to its occurrence, including individual and familial circumstances as well as broader societal and cultural norms. This literature review chapter explores existing research on domestic violence, organised by the research objectives. First, it examines the contributing factors associated with domestic violence against women. Second, it identifies the effects of such violence on women's lives. Third, it will explore potential strategies to reduce domestic violence against women in Oshakati.

#### **2.1.1 Definition of key terms**

Numerous studies have investigated the family unit, which has long been recognised as a fundamental pillar of society. Families consist of individuals linked by blood or marriage and are regarded as ideal environments for love, care, warmth, and personal development (Lanchimba et al., 2023). Osman (2021) discussed families in the African context, highlighting both traditional and

evolving dynamics of the concept of family. Traditionally, African families are viewed as extended units that encompass not only immediate relatives but also distant kin and non-biological members who play important roles in social and economic life (Osman, 2021). Furthermore, a domestic relationship typically refers to a connection between individuals related by family, cohabitation, or an intimate partnership, characterised by shared household responsibilities or close personal ties (Amir-ud-Din et al., 2021). While the United Nations Office on Drugs and Crime (UNODC) defines a domestic relationship as one in which individuals share a residence, provide economic support to each other, or maintain close emotional and/or physical proximity, it is important to note that this definition is not universally accepted (Heikkilä et al., 2021). This term often encompasses spouses, family members, romantic partners, and guardians. In the Namibian context, the term domestic relationship encompasses relationships between spouses, romantic or cohabiting partners, family members related by blood, marriage, or adoption, as well as individuals sharing a household or where one individual has parental or guardianship authority over another (Kalomo et al., 2020). Moreover, domestic violence encompasses various forms of abuse within a domestic relationship, including physical, sexual, emotional, verbal, psychological, and economic abuse (Combating of Domestic Violence Act No. 4 of 2003). Furthermore, the cycle of violence is defined as a recurring pattern of abusive behaviours in relationships, consisting of four distinct phases: tension-building, the episode, reunion, and peaceful phase (Velloza et al., 2022).

Economic gender-based abuse entails exerting economic control over a partner, a behaviour that can be deemed unacceptable within an academic framework. Instances of such control may consist of restricting financial resources for

necessary expenses or obstructing the partner from engaging in employment, thereby fostering economic dependence (Alkan et al., 2021). Another manifestation of this violence is characterised by excessive and unsustainable spending without seeking input or consent from the partner. Economic gender-based violence is a type of violence that often goes unnoticed, making it challenging to identify and address (Stöckl et al., 2021).

### **2.1.2 Theoretical Framework for understanding domestic violence**

The relevant theory that underpins the study is the Social Learning Theory (SLT). The Social Learning Theory (SLT), developed by Albert Bandura in the 1960s, highlights that learning takes place through observation, imitation, and modelling (Pusch, 2024). Bandura combined cognitive and behavioural approaches to explain how individuals learn new behaviours in social contexts. The theory hypothesises that individuals can learn not only through direct experience but also by observing others and mimicking their actions (Virginia & Michael, 2022). Bandura's renowned Bobo doll experiment in 1961 illustrated how children imitate the aggressive behaviours displayed by adults, making it a key example of Social Learning Theory (Murrell et al., 2007). The Social Learning Theory can be defined as a process that involves updating beliefs by observing others (Bikhchandani et al., 2024). The Social Learning Theory (SLT) explains how behaviours, including violent actions, are acquired and reinforced through observation, imitation, and modelling. The theory posits that exposure to violence whether through direct experience, observation, or social conditioning can lead individuals to replicate such behaviours, perpetuating cycles of violence. In the same token, a study guided by Albert Bandura's theoretical framework

explains how individuals learn through observation, modelling, and self-regulation, which in turn influence their motivation, behaviour, and performance (Virginia & Michael, 2022). In the context of domestic violence, Social Learning Theory (SLT) speculates that men who commit violence may have observed and internalised violent behaviours during their childhood, often having witnessed such actions within their own families or communities (Murrell et al., 2007). These experiences can perpetuate a cycle of violence, where men replicate aggressive behaviours they observed during their upbringing, perceiving them as acceptable or effective means of exerting control in relationships (Watson & Veale, 2020).

On the contrary, Murrell et al. (2021) argue that, for men who perpetrate violence but have not experienced or witnessed it during childhood, the Social Learning Theory still offers insight into how such behaviours may be acquired through other forms of social exposure. The theory highlights that learning takes place not only through direct experiences but also by observing societal norms, mass media, peer groups, and cultural reinforcements of behaviour. Therefore, men who have not experienced violence within their families may still internalise aggressive behaviours by observing violence in other social contexts, including peer interactions, media representations, or cultural narratives that subtly promote dominance and control in relationships (Kabiri et al., 2021).

Some authors have proposed that the reinforcement and normalisation of aggressive behaviours within specific social contexts, such as workplaces or communities where masculinity is linked to control or dominance, can establish

significant learning environments (Ha et al., 2023). In these settings, men may learn to adopt violent behaviours as strategies for managing conflicts or asserting control, even if they were not directly exposed to violence during childhood (Pérez-Marco et al., 2020). This aspect of social learning theory emphasises the significant impact of broader social influences on behaviours. Previous studies have shown that women who are victims of domestic violence can be influenced by exposure to abusive patterns. Moreover, the Social Learning Theory (SLT) helps explain how this exposure affects their responses to such relationships (Murrell et al., 2007). Additionally, women who have witnessed violence in family or social contexts may view abusive dynamics as a normal aspect of relationships, influencing their reactions to victimisation (Vives-Cases et al., 2021). In the long run, these learned responses can make it difficult for victims to recognise or escape the cycle of abuse, thereby continuing their victimisation (Weaver et al., 2021).

Recent research indicates that the Social Learning Theory (SLT) highlights the importance of observed and learned behaviours. Further, it recognises that individuals can indirectly learn from broader social influences, which can shape their responses to violence, even in the absence of direct experience (Bikhchandani et al., 2024). Similarly, women who are victims of domestic violence, even if they did not witness it in childhood, can still be influenced by societal norms, media, and cultural messages that implicitly normalise or tolerate abusive behaviours (Vives-Cases et al., 2021). These influences can shape individuals' expectations in relationships, potentially increasing their susceptibility to victimisation patterns and making them less likely to recognise

early signs of abuse. In these situations, indirect modelling through societal cues can delicately reinforce gendered control dynamics and potentials that maintain traditional roles, often depicting women as submissive or inferior (Sharratt et al., 2023a).

### **2.1.3 Overview of global statistics on domestic violence**

According to the World Health Organisation (WHO), about one-third 1/3 of women worldwide roughly 736 million experience physical or sexual violence during their lifetime, with domestic violence being the most common type (Sifat, 2020). This issue spans across high- and low- income countries, though it manifests differently based on social, cultural and economic factors. For example, domestic violence is notably high in regions such as Oceania, South Asia, and Sub-Saharan Africa, where as many as 33-51% of women experience this form of violence. Comparatively, in Europe and Central Asia, rates are lower, with a prevalence of around 16-23% (WHO, 2021).

Recent data on domestic violence against women in Africa reveals a concerning prevalence. The 2023 UN Women report indicates that nearly half of African women experience gender-based violence at some point in their lives, with domestic violence constituting a significant portion of these cases (Cepeda et al., 2022). Furthermore, in South Africa, approximately 78% of citizens believe that domestic violence is never justified. However, incidents of domestic violence remain high, with nearly 20% of men justifying it in certain situations. Studies indicate that underreporting is widespread in Africa, largely due to cultural stigmas and limited police intervention in some areas (Li et al., 2023). Recent

statistics on domestic violence in Namibia reveal concerning and ongoing trends. The United Nations Population Fund (UNFPA) reports that approximately 32% of Namibian women have experienced physical violence from their intimate partners (UNFPA,2023, p.23).

#### **2.1.4 Literature overview of factors contributing to domestic violence against women**

##### **2.1.4.1 The influence of culture on domestic violence**

Cultural factors are well-documented contributors to domestic violence worldwide, including in Namibia. In this context, patriarchal norms often promote gender inequality, creating environments where domestic violence against women is more likely to occur. A previous study examined how various societies, cultural expectations, and established gender roles often reinforce the concept of male dominance, which can result in violence as a means of exerting control (Lomazzi, 2023). For example, in Namibia, cultural traditions that reinforce male authority and female submissiveness may increase women's vulnerability to domestic violence. Furthermore, several studies have stressed how masculinity, deeply rooted in traditional and colonial legacies, influences societal expectations that normalise aggressive behaviours towards women (Daniels et al., 2021). Additionally, cultural norms on a global scale also play a role in domestic violence, often fostering a stigma that discourages individuals from reporting abuse or leaving abusive relationships (Mshweshwe, 2020). It is also noted that women in societies with strong patriarchal traditions may encounter judgment or even hostility when attempting to leave a violent partner,

a situation further exacerbated by the lack of accessible support systems (Taft et al., 2021).

In Namibia, addressing domestic violence remains challenging despite the presence of legal frameworks like the Combating Domestic Violence Act 4 of 2003. This is mainly due to the ongoing influence of traditional values that emphasise family cohesion and male authority over women's autonomy. In towns like Windhoek, Gobabis, and Rehoboth, traditional views often emphasise male authority and control (Shigwedha, 2018). This perpetuates the belief that men have the right to discipline their wives, a notion that is especially prevalent in rural areas. Additionally, this cultural expectation can normalise violence in relationships, causing actions that are abusive to go unrecognised due to their acceptance within the culture. In the Kunene Region, cultural beliefs significantly impact the prevalence of domestic violence against women, which is often rooted in patriarchal norms that emphasise male authority and control within households (Thalmayer et al., 2024). Moreover, traditional gender roles, which position men as the primary decision-makers and women as subservient, foster an environment where power imbalances can normalise the use of violence as a disciplinary tool. Previous studies indicate that this dynamic is part of a larger issue in Namibia, where domestic violence is linked to cultural expectations of masculinity. This connection perpetuates harmful behaviours and justifies male aggression, often framed as a form of protection or guidance for women (Miele et al., 2023).

Research revealed that in certain communities, cultural myths play a role in these patterns, with violence sometimes misinterpreted as an acceptable

response to perceived threats to male authority. Recent studies indicate that in certain contexts, particularly where traditional ideals of masculinity are dominant, violence is employed to uphold male authority and regulate female behaviour (Joseph & Jones, 2023). This is especially apparent in regions where honour and respect are linked to strict gender roles. In these contexts, men may resort to violence to assert control over their families and preserve their social status. In remote areas like Opuwo, cultural factors significantly contribute to domestic violence against women, making it challenging to change societal attitudes and promote reform (Inman, 2024). Deeply rooted traditional beliefs often lead to the perception of domestic violence as a private issue rather than a public crime, which in turn perpetuates the cycle of abuse (Boulton, 2023). In Oshakati, domestic violence against women arises from cultural factors, traditional gender norms, and patriarchal culture. Previous research has shown that patriarchal cultural values in Namibia, particularly in northern regions such as Oshakati, assign men dominant roles within families while often viewing women as subordinate (Mushelenga, 2022). These gender norms can legitimise violence as a means of control. The Legal Assistance Centre (2012) states that these norms create an environment in which women are expected to adhere to male authority, and any deviations from this expectation are sometimes met with violent punishment. Many societies, particularly in Africa, exhibit a prominent inclination towards upholding a deeply entrenched patriarchal social structure (Lomazzi, 2023). In these societies, many men believe they have the right to exert power and control over their partners. Luvo and Saunders (2022) note that the ideology of patriarchy is often reinforced by women, who may conform to

traditional gender roles and view marital abuse as normal rather than recognizing it as an act of violence.

This acceptance of abuse is influenced by societal expectations and cultural norms that prioritise the preservation of marriage and the subordination of women. Others do not speak out because they view domestic violence as a norm. It is also supported by other authors that, the dynamics of domestic violence have been discovered to be considerably influenced by religion and spiritual beliefs (Lanchimba et al., 2023). Previous scholars have underscored the importance of women's cultural backgrounds in understanding domestic violence. For instance, Luvo and Saunders (2022) highlight how cultural norms and values influence attitudes toward gender roles and power dynamics in relationships. Lomazzi (2023) offers recent insights into how traditional beliefs and cultural norms contribute to the acceptance of violence against women. In Namibia, cultural customs are present that support violent practices, such as marrying off young girls against their will. These behaviours harm girls, and as they mature into women, the mistreatment worsens, impacting them in a negative way (Selebano & Matthews, 2020). In addition, some customary customs expose women to violence and disgrace, like the practice of lobola (dowry payment). These actions uphold patriarchal beliefs and grant men power over women's sexual autonomy. However, to the best of our knowledge, no prior research has thoroughly examined how cultural and patriarchal norms disproportionately perpetuate violence against women, particularly in Oshakati.

Namibian society, similar to many other African societies, is heavily patriarchal, reinforcing male dominance and female subordination within families and communities. This cultural norm legitimises male authority and control over women, resulting in the acceptance of domestic violence as a means of asserting power (Muparadzi, 2020). Shigwedha (2018) agrees cultural norms assign men dominant roles, and societal traditions promote control over women. This entrenched power dynamic legitimises violence as a way to maintain authority within households. Some cultural practices and beliefs misinterpret violence as a sign of love or discipline. For instance, in certain communities, a husband beating his wife is seen as an acceptable means of asserting authority or expressing affection. Such beliefs perpetuate cycles of abuse by normalising violence (Muparadzi, 2020). Cultural norms that view women as property or extensions of their male partners contribute to violence against them. The lack of control that women have over resources and decision-making further increases their vulnerability (Muparadzi, 2020).

#### **2.1.4.2 Social interaction as a contributing factor to domestic violence**

Social interaction is the process by which people act, react, and respond to one another (Ha et al., 2023). Thus, social interaction significantly influences the prevalence of domestic violence against women, both worldwide and in Namibia. Social interaction involves the dynamic processes through which individuals communicate, influence, and connect with one another in a social context. This encompasses both verbal and nonverbal communication, behaviours, and information exchanges that influence relationships and social structures (Ha et al., 2023). Literature indicates that in various cultures, community norms and

social interactions within families, neighbourhoods, and religious settings can either support or denounce domestic violence (Akudolu et al., 2023). Research indicates that social networks can either discourage or reinforce domestic violence. In communities where violence is prevalent or accepted, social interactions frequently normalise it as an acceptable method of control or conflict resolution (Amir-ud-Din et al., 2021). Peers, family members, and neighbours who uphold traditional perspectives on male dominance over women may encourage husbands to discipline their wives as a means of asserting authority (Huang et al., 2023). Men within social networks that reinforce patriarchal norms are more likely to engage in or condone violence against women (Forbes et al., 2023). According to Afrobarometer (2022), for instance, communities in Namibia often discourage women from reporting domestic violence. This lack of support and limited options for redress foster an atmosphere in which women feel helpless. These social forces legitimise violence in intimate relationships and encourage silence. These attitudes significantly hinder efforts to address domestic violence, influencing both its prevalence and the responses to it, both globally and specifically within the Namibian context.

#### **2.1.4.3 The role of psychological factors in contributing to domestic violence**

Psychological factors play a significant role in domestic violence against women by influencing both the aggressiveness of the perpetrator and the responses of the victim. This interplay ultimately shapes the dynamics of violence within domestic environments. Bland et al. (2018) have made groundbreaking contributions to the understanding of how different psychological

characteristics, including resilience, self-esteem, perceived social support, and internalised societal expectations, impact actions and how these aspects impact the well-being and sense of empowerment of women. Furthermore, this suggests that psychological traits often considered beneficial, like high self-efficacy, do not always lead to improved well-being or protective effects for victims. Instead, these traits may allow victims to rationalise or endure abusive behaviours within their relationships. (Doroudchi et al., 2023a). High self-efficacy among perpetrators of domestic violence can reinforce abusive behaviours by enhancing their confidence in exerting control over their partners. This increased self-assurance may cause offenders to rationalise their actions, persuading themselves that they are justified or entitled to control their partners (Albarracín et al., 2018).

These cognitive distortions are often seen in individuals with narcissistic traits, who may possess an inflated sense of self-efficacy that fuels their abusive behaviour (Bland et al., 2018). Furthermore, scholars declare that psychological factors play a crucial role in domestic violence against women, highlighting abusive behaviours typically arise from a complex mix of individual traits, personal experiences, and mental health challenges (Noman et al., 2021). Abuse in domestic partnerships has been associated with certain personality traits, including impulsiveness, violence, and high levels of anger. According to research, dominating and violent behaviours in domestic relationships are more common among those with borderline or antisocial personality disorders (Morrison et al., 2023). These characteristics and conditions frequently affect the ability to control emotions, which makes violent outbursts more likely to occur. Furthermore,

people who have insecure attachment styles especially those who are nervous or avoidant may find it challenging to maintain close relationships (Das & Basu, 2020). Anxious attachment types frequently experience feelings of abandonment, which can result in domineering or envious actions. Conversely, individuals with an avoidant attachment may create emotional distance, which can result in feelings of resentment and potentially aggressive behaviour (Esparza et al., 2020). These insecure attachment styles can heighten relational tensions by hindering effective communication and conflict resolution.

Alcohol and substance abuse are well-documented factors that contribute to domestic violence. The use of substances can impair judgment and reduce inhibitions, leading to heightened impulsivity and aggression (Morrison et al., 2023). For instance, alcohol use significantly raises the likelihood of both physical and verbal abuse in domestic relationships. Furthermore, when substance abuse is paired with impulsive personality traits, the risk of domestic violence increases even more (Fernandes et al., 2023). Abusive individuals frequently hold cognitive distortions and unhealthy beliefs about relationships and gender roles. For example, their rigid adherence to traditional gender roles can lead them to view women as inferior, fostering a sense of entitlement over their partners (Mehr et al., 2023). Perpetrators may also rationalise their behaviour by minimising the severity of their actions, denying responsibility, or blaming the victim. They often believe that their violence is justified as a reaction to their partner's behaviour or shortcomings (Smith et al., 2012). Mental health disorders, especially depression, anxiety, and post-traumatic stress disorder (PTSD), can contribute to the dynamics of domestic violence. While mental illness by itself does not cause

domestic violence, unresolved trauma or unmanaged mental health symptoms can intensify aggressive tendencies, particularly in individuals who already exhibit abusive behaviours (Velloza et al., 2022). For example, individuals with a history of trauma may struggle to regulate their emotions and might misinterpret neutral cues from their partners as hostile, which can lead to escalated conflicts. Emotional dysregulation, which refers to the difficulty in managing intense emotions, can heighten the risk of violent reactions to perceived threats or challenges in a relationship (Vives-Cases et al., 2021). For example, individuals who have trouble controlling their anger may resort to aggression as a way to assert control. Muparadzi (2020), in his existing research primarily addresses domestic violence against women in Katutura, Windhoek, and other broader regions of Namibia. However, there is limited data specific to Oshakati, which may have unique psychological factors influencing domestic violence. The results appear inconsistent within Oshakati town, however, they align with previous research conducted in other regions of Namibia. No studies have investigated the factors contributing to domestic violence against women, leaving many elements that influence this issue still unknown. Consequently, the literature on identifying and understanding these relevant components is insufficient in Oshakati.

#### **2.1.4.4 Displacement aggression as a contributing factor of domestic violence**

Displaced aggression occurs when individuals redirect their frustrations toward safer targets, and it has been identified as a contributing factor to domestic violence within households (Esparza et al., 2020). For instance, an individual who

is unable to confront a provocateur at work may instead direct their aggression toward family members at home. Previous research has indicated that mothers who encourage their children to seek revenge against one another, or who project their own experiences of violence onto their children, exemplify displacement aggression (Devakumar et al., 2021). Therefore, displacement aggression can be defined as a defence mechanism in which a person redirects an emotional reaction from the rightful recipient onto another person or object (Esparza et al., 2020). Displacement aggression gives rise to anger, which can have wide-ranging consequences for various family members and the dynamics of intra-familial relationships. This cycle of violence supports other work conceptualising family violence as a process rather than an event (Devakumar et al., 2021). This form of violence frequently emerges as a result of various contributing factors, such as economic limitations, social and psychological difficulties, depression, and stress (Lanchimba et al., 2023).

Scholars recognise displacement aggression as a major factor in causing domestic violence towards women (Williams et al., 2024). This phenomenon occurs when individuals redirect their anger or frustration from a more threatening situation to a less intimidating target, such as a loved one or family member (Kiani et al., 2021). These behaviours are often linked to stress, unresolved issues, and feelings of powerlessness (Doroudchi et al., 2023a). Other researchers have suggested that individuals exhibiting displacement aggression may do so due to their inability to confront the actual source of their frustration (Esparza et al., 2020). Redirect their negative feelings towards close relationships, heightening the likelihood of domestic violence (Bland et al., 2018). Understanding displacement aggression offers insights into the dynamics of abusive

relationships and can guide interventions targeting the root causes of violence against women. Scholars are working to promote healthier coping mechanisms and decrease domestic violence in domestic relationships by addressing displacement aggression (Fornari et al., 2021).

#### **2.1.4.5 Women's economic and survival strategies as a factor contributing to domestic violence**

Economic dependency and the survival strategies employed by women are significant factors contributing to domestic violence within households. Financial dependence on an abusive partner can severely restrict a woman's ability to leave the relationship, as economic instability ties her to her abuser (Alkan et al., 2021). Additionally, abusers often use tactics of economic abuse, like controlling finances or limiting access to resources, to maintain power and control over their partners. Survival strategies that women develop in abusive relationships are crucial for coping (Bhalotra et al., 2021). However, these strategies can unintentionally perpetuate the cycle of abuse by normalising the abuser's behaviour or reinforcing their control.

Past research has indicated that some women support their families by selling homemade alcoholic beverages from their homes for income (Velloza et al., 2022). This situation exposes them to the risk of violence, as women often underestimate the dangers associated with their occupations. They may face various forms of violence, including emotional abuse, inappropriate physical

contact, derogatory name-calling, and threats when requesting payment from customers who have consumed alcohol on credit.

Therefore, these jobs make individuals susceptible to various dangers, such as being at risk for domestic violence (Velloza et al., 2022). The reluctance of women to speak out about domestic violence, particularly when the perpetrator is the primary provider or property owner, poses a significant barrier to reporting and addressing the issue. Consequently, this silence may contribute to the escalation of domestic violence.

Previous literature indicates that many women choose to remain silent to protect their family's financial stability, as they fear that reporting abuse could jeopardise their livelihood (Das & Basu, 2020). This is particularly common in situations where economic dependency creates a power imbalance, making it challenging for victims to seek help or leave (Bureau of Justice Statistics, 2023). While numerous studies have investigated economic factors broadly, research specifically focusing on the relationship between economic dependency and violence against women remains limited. This gap is particularly salient when juxtaposed with the extensive literature addressing economic factors, such as unemployment, and their associations with violence against men. However, the dynamics of economic dependency and inequality, which disproportionately affect women, are infrequently examined despite their potential role in exacerbating domestic violence. This gap in the existing literature underscores the critical need for more targeted investigations into how economic disparities uniquely impact women's vulnerability to violence.

The literature review shows that financial stress, arising from factors such as inadequate wages, job insecurity, and economic dependency, significantly

contributes to the increase in domestic violence, particularly against women (Daniels et al., 2021). Economic hardships often cultivate an environment of chronic stress and frustration, which can act as catalysts for conflict within households (Alkan et al., 2021). Furthermore, financial stress can intensify feelings of inadequacy or failure in perpetrators, potentially resulting in aggressive behaviour as a maladaptive coping mechanism. In such circumstances, women frequently suffer the most from this aggression, rendering economic conditions not merely a backdrop but a critical factor in the incidence of domestic violence (Rehman & Basit, 2023).

In households where one partner manages the finances, this economic reliance creates a power disproportion, potentially leading to abusive behaviours, including forced control and economic abuse (Eriksson & Ulmestig, 2021). However, another promising line of research would be emphasising the connection between women's survival tactics, socioeconomic hardship, and domestic abuse. Women experiencing poverty are more susceptible to domestic violence because of their restricted resources, financial reliance on their abusers, and insufficient access to support services (Alkan et al., 2021). Facing difficulties in fulfilling fundamental necessities like food, shelter, and healthcare can create unequal power dynamics in relationships, making it harder for women to break free from abusive situations (Alkan et al., 2021). Recent studies highlight that African women frequently experience economic stress stemming from factors such as low wages, unstable employment, and financial dependence on male partners (Stöckl et al., 2021).

#### **2.1.4.6 The influence of past childhood trauma on domestic violence against women in households**

Some studies indicate that people commonly believe violence is often passed down from one generation to the next, especially between parents (Klein et al., 2021). This belief stems from the notion that individuals who have undergone childhood violence or neglect are at a higher risk of resorting to violence in their adult years (Sharratt et al., 2023a). Because the concept is intricate, our comprehension of the intergenerational transmission of violence is still restricted. The term childhood violence primarily refers to physical, emotional, or sexual abuse or any harm that a child experiences or witnesses (Sharratt et al., 2023a). In contrast, childhood neglect involves failing to meet a child's basic needs, including their physical, emotional, and educational requirements (Bland et al., 2018). Studies are increasingly examining how Adverse Childhood Experiences (ACEs) including abuse, neglect, and exposure to household violence can lead to enduring emotional, cognitive, and relational patterns. A recent study by Zhu et al. (2024) indicates that individuals with high ACE scores, who have a history of multiple childhood traumas, often experience significant emotional dysregulation and chronic stress responses. These responses hinder the establishment and maintenance of healthy relationships, increasing the risk of victimisation (Murrell et al., 2007). Childhood trauma often leads to hypervigilance and self-blame, which can impair a person's ability to seek help or make decisions that might prevent further victimisation (Oyedele & Shinedima, 2024). Further, biological studies have indicated that trauma-induced dysregulation in the brain and nervous system can increase impulsivity and

reactive aggression (Mujal et al., 2021). This heightened aggression, in turn, raises the likelihood of both perpetrating and becoming victims of domestic violence. This cycle of trauma poses significant challenges for women who experienced abuse in childhood, making it difficult for them to leave abusive partners or to recognise patterns of abusive behaviour in their relationships (Bland et al., 2018).

Kalomo et al. (2020) define the cycle of trauma as patterns in which trauma experienced during childhood or other vulnerable times leads to behaviours, mental health issues, and relationship dynamics that heighten the risk of additional trauma, creating a self-perpetuating cycle. Lasong et al. (2020) support the concept through their study in Zimbabwe, showing that factors linked to childhood trauma increase the risk of women experiencing domestic violence in their youth.

#### **2.1.4.7 Impact of male unemployment and underemployment on household violence**

Research has shown that domestic violence is influenced by macroeconomic conditions, specifically fluctuations in unemployment rates among both men and women (Lanchimba et al., 2023). In addition, several studies have emphasised the connection between domestic violence and the working conditions of husbands, including factors like workload, job quality, and income earned (Rehman & Basit, 2023). These are some of the factors that contribute to women being abused in their homes. Research indicates that economic instability in households, often caused by male unemployment or underemployment, is linked

to a rise in domestic violence. For instance, a study conducted by Schneider et al. (2017) found that rates of domestic violence increased during economic recessions, particularly when men experienced job losses or a reduction in income. This financial strain caused frustration and a sense of losing control, which led some individuals to resort to violence as an unhealthy way to cope with stress (Schneider et al., 2017). Previous research has indicated that during the economic recession, Namibia experienced a notable rise in economic inequalities, which frequently resulted in men losing access to stable employment. This, in turn, contributed to an increase in domestic violence against women within their households.

Economic downturns caused by factors such as declining commodity prices, rising government debt, and the impact of COVID-19 have intensified financial strain on households. With the increase in unemployment and poverty rates, financial instability has been linked to a rise in domestic violence, a trend observed in many regions experiencing economic crises (Agüero, 2021).

Namibia's 2022 socioeconomic studies describe the relationship between economic difficulty and domestic violence, which is consistent with global patterns that indicate increased rates of domestic abuse as financial strains increase and are frequently correlated with economic instability (Mogotsi et al., 2023). Relationships might suffer in occupations that involve a lot of stress, long hours, or irregular schedules. Men who work in low-status or high-stress occupations may become frustrated and act aggressively toward their family members. According to research done by Bhalotra et al., (2021), men who work in lower-status jobs with little opportunity for upward mobility are more likely

to commit domestic violence than men who work in stable, fulfilling jobs (Noman et al., 2021). Men's interactions with their partners may be impacted by stress from work dissatisfaction or feelings of inadequacy, which could account for this association. Gender norms that view males as providers may make this problem worse. In order to re-establish perceived control or assert dominance within the household, males who feel they are not meeting their responsibilities as providers may respond with aggressiveness as a compensatory response (Bhalotra et al., 2021).

#### **2.1.4.8 Women's responses and attitudes toward domestic abuse as a contributing factor to violence**

Recent studies have demonstrated that a woman's personal attitudes, social support networks, cultural beliefs, and financial circumstances all affect how she reacts to domestic abuse (Sweetman, 2021). McGarry and Hinsliff-Smith (2021) state that the attitudes of women can affect how likely they are to seek assistance and support, which in turn impacts their overall state of well-being and safety. Domestic violence is the most common cause of nonfatal injury to women, who grieve, blame themselves, and choose not to report it (Velloza et al., 2022). Walker (2020) states that many perpetrators of domestic violence often justify their abusive behaviour by convincing themselves that the woman provoked the mistreatment. This distorted belief system allows individuals to rationalise their behaviour as a natural or justified reaction to a perceived provocation. Consequently, these factors reinforce a narrative that frames abuse as an inevitable occurrence, leading women to internalise blame and perceive the

violence as a predetermined fate to endure (Walker, 2020). This cycle of justification and acceptance serves to normalise domestic violence within households, thereby making it progressively more challenging for victims to seek assistance or extricate themselves from abusive relationships. Furthermore, Dufour et al. (2023) stress that having a positive outlook on seeking help can result in heightened empowerment and agency for victims of domestic abuse. In addition, McGarry and Hinsliff-Smith (2021) discovered that women's views on addressing domestic violence can impact their mental well-being and ability to handle trauma.

These studies indicate that women's responses to domestic violence are important in shaping their experiences and outcomes in abusive situations, underscoring the significance of addressing and comprehending these responses in interventions and support services (De Souza Santos et al., 2022). Women's perceptions of domestic abuse are greatly influenced by the normalisation of male dominance in relationships and the cultural acceptance of violence. Women may experience increased pressure from family members, neighbours, or others within their circles to endure abuse in societies where violence is often accepted or where separation from an abusive partner or divorce is stigmatised. This pressure remains an obstacle to their decision-making and affects how they perceive the abuse (Sweetman, 2021). According to recent research from South Asia and sub-Saharan Africa, strongly embedded social norms contribute to high rates of violence; up to 76% of people think that a husband has the right to strike his wife in certain situations (Cameron et al., 2020).

## **2.1.5 Literature overview on the effects of domestic violence on the lives of women**

Research indicates that domestic violence against women has significant and harmful effects on both individuals and their families worldwide. Women and their loved ones face long-term consequences stemming from the interconnected physical, psychological, and financial effects of violence (Walker-Descartes et al., 2021). Domestic violence is a global issue with a particularly profound impact due to various social, cultural, and economic factors that exacerbate the problem. This section presents the effects of violence on women's lives.

### **2.1.5.1 Physical and psychological effects**

Previous studies indicate that women who experience domestic violence often suffer serious injuries, ranging from bruises to fractures, and in severe cases, these situations can lead to homicide (Akudolu et al., 2023). Furthermore, physical trauma is one of the effects experienced by victims of violence. It refers to any injury to the body caused by external forces, including mechanical, thermal, or chemical agents (Tiemensma et al., 2024). Injuries can vary in severity, ranging from minor cuts and bruises to serious, life-threatening conditions such as fractures, burns, or damage to internal organs (American College Surgeon, 2022). A recent report from McLean Hospital (2025) states that abuse causing physical harm can lead to significant psychological effects such as depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal thoughts. It may also result in long-term health problems, including chronic pain,

gastrointestinal disorders, and reproductive health issues, such as unintended pregnancies and sexually transmitted infections (STIs) (Doroudchi et al., 2023a). Recent studies have indicated a troubling prevalence of Traumatic Brain Injuries (TBIs) among survivors, frequently resulting from repeated blunt-force trauma to the head or strangulation during assaults (Tiemensma et al., 2024). Traumatic brain injuries (TBIs) can lead to chronic headaches, cognitive impairments, and, in severe cases, conditions like chronic Traumatic Encephalopathy (CTE). Domestic violence can significantly damage a woman's sense of self-worth and autonomy (Tiemensma et al., 2024). National Center for Biotechnology (2018) found that survivors often face emotional dysregulation, leading to challenges in managing their emotions, increased irritability, or feelings of emotional numbness. This turmoil can disrupt daily functioning and put a strain on interpersonal relationships. Furthermore, chronic stress from ongoing domestic violence is associated with somatic symptoms such as gastrointestinal issues, chronic pain syndromes, and cardiovascular problems (Hisasue et al., 2020). This continuous activation of the body's stress response can weaken immune function, making survivors more vulnerable to a range of health conditions (News.com.au,2024). Additionally, research indicates that isolation from social networks leads to psychological distress in women who are in violent relationships. In patriarchal communities across Africa, women are often blamed for the abuse they suffer, leading to stigmatisation and further alienation from support networks within their families and society (Coker et al., 2016).

#### **2.1.5.2 Economic and Social Impact as effects on lives of women (women)**

Several studies indicate that domestic violence has a significant economic impact and social interaction on women worldwide. Women who experience domestic violence often encounter substantial obstacles to engaging in economic activities, primarily due to physical injuries and mental health challenges (Alkan et al., 2021). A study conducted by Miele et al. (2023) in South Africa revealed that domestic violence not only hinders women's ability to work but also leads to substantial economic losses attributed to absenteeism, job loss, and decreased productivity. Furthermore, women who experience abuse frequently encounter stigma and discrimination, which exacerbate the cycle of violence and poverty (Stöckl et al., 2021). In Namibia, domestic violence impacts not only individual women but also has far-reaching consequences that affect families and society as a whole. This violence disrupts household stability and affects women's roles as caregivers, often leading to cycles of poverty, emotional distress, and poor mental health (Shigwedha, 2018).

#### **2.1.5.3 The effects of domestic violence on expecting mothers**

Lin et al. (2022) highlight that pregnant women are greatly affected by domestic violence, which influences their physical and mental health. Academics have researched these impacts, emphasising the immediate necessity for extensive actions. Domestic violence may result in physical injuries that endanger the health of both the pregnant woman and the unborn baby. Pregnant women who are victims of domestic violence are more likely to experience complications such as preterm labour, low birth weight, and fetal injuries, as stated by (Taft et al.,

2021). Furthermore, the physical risks can be worsened by the stress and anxiety linked to domestic violence, ultimately resulting in negative pregnancy outcomes (Cameron et al., 2020). Pregnant women who experience domestic violence are more likely to suffer from depression, anxiety, and post-traumatic stress disorder (PTSD). These psychological problems may persist after giving birth, adversely affecting the relationship between mother and baby and how she parents. In their research in Taiwan, Lin et al. (2022) investigated the link between domestic violence against expectant mothers and the potential for low birth weight in full-term newborns. Research conducted by Lin et al. (2022) has demonstrated that pregnant women who are victims of domestic violence are at a high risk for health complications, which can also adversely affect the health of their unborn babies. A study conducted by Daley et al. (2020) found that pregnant women who encounter domestic violence are exposed to heightened stress and fear, leading to negative impacts on their mental health and overall welfare. Forbes et al. (2023) claim that long-term health effects can be experienced by both the mother and child as a result of ongoing stress caused by domestic violence. Extended exposure to stress hormones while pregnant can impact the development of the foetus, potentially causing lasting cognitive and emotional difficulties for offspring (Morrison et al., 2023).

#### **2.1.5.4 Fatalities as effects of domestic violence**

In low-income countries, fatalities related to domestic violence are often more prevalent due to limited access to healthcare, legal protection and economic resources. The economic dependency of women on their partners and systematic

gender norms that condone or overlook violence against women contribute to prolonged abuse and higher risks of fatal outcomes. UN Women (2022) and WHO (2018) report that in low-income regions, societal norms and lack of enforcement of protective laws make it challenging for women to escape abusive situations, thus increasing the risk of fatal violence. Moreover, imitated healthcare infrastructure and under-resourced law enforcement hinder the capacity to address domestic violence. Many low-income countries lack shelters, hotlines and trained professionals who can intervene, leaving women with fewer options for protection or escape (WHO, 2018). Poverty and low education levels also correlate strongly with higher risks of violence and lower access to support systems, making it harder for women in abusive relationships to seek help or build independence (UN WOMEN, 2022). The WHO highlights that in regions such as Africa and Southeast Asia, where domestic violence is more widely tolerated, nearly 38 % of female homicides are perpetrated by partners (WHO, 2018).

On the contrary, prior studies show that, in high-income countries, domestic violence often results in fatalities despite more substantial resources and protection for women. Studies reveal that structural gender norms and relationship dynamics can perpetuate violence. Fatalities are not always a result of immediate physical violence, often they stem from compounded psychological abuse and lack of accessible mental health resources. In countries like the United States and the UK, cases of femicide often involve long-standing abuse patterns where access to support services and social networks is hindered by stigma or ineffective law enforcement (World Health Organization, 2021 & Campbell et al., 2023).

However, while social services are more widely available in high-income countries, the barriers that prevent women from utilising these services for instance fear of social repercussions, ongoing trauma, and economic dependence contribute to fatalities (UN Women, 2022). Legal protection is often inadequately enforced, with inconsistent support from police and judicial systems, which can deter women from seeking intervention (Heikkilä et al., 2021). Literature shows that the deaths of women as a result of domestic violence are a global public health crisis, with causes, prevalence, and intervention measures differing widely between high- and low-income countries. This literature review contrasts the contributing factors and circumstances surrounding these fatalities in high-income and low-income settings, emphasising that socio-economic, cultural, and policy factors influence outcomes significantly.

#### **2.1.6 Literature overview on possible strategies to reduce domestic violence within households**

Considering the alarming statistics and significant effects on women's well-being, it is essential to comprehend the complex nature of domestic violence as both a public health issue and a human rights crisis (Heise et al., 2019). The primary focus will be on identifying strategies that can be implemented to effectively reduce domestic violence against women within households. This includes addressing immediate safety concerns as well as long-term prevention through societal, legal, and individual interventions. Addressing domestic violence against women necessitates a multifaceted approach that encompasses prevention, legal protection, and comprehensive support services. The United Nations Office on

Drugs and Crime (2020) explores how to support decision-makers in fostering a culture of prevention. This article highlights the UNODC's initiatives aimed at engaging decision-makers to enhance readiness, demand, and capacity for evidence-based prevention programming, especially in low- and middle-income countries. We began by utilizing two of the UNODC's data sources to outline the context for the organization's prevention efforts. Our analysis of the first dataset, which details prevention activities implemented worldwide, identified a significant gap in translating evidence into practice on a global scale. The second dataset comprised UNODC policy documents that mandate and guide global action on substance use. The analysis revealed that while prevention is increasingly receiving attention within political frameworks, it often remains overshadowed by health and law enforcement issues. Furthermore, these guiding documents did not adequately capture the current scientific understanding of what constitutes an effective prevention response.

#### **2.1.6.1 Strengthening health system responses**

The World Health Organisation (WHO) underscores the importance of incorporating services for domestic violence survivors into health systems, ensuring that healthcare facilities are both accessible and supportive. They advocate for training healthcare providers to identify and appropriately respond to signs of domestic violence (World Health Organisation, 2020). The world has made significant strides in strengthening health systems and responses to domestic violence. The Australian government has integrated domestic violence screening and response training into healthcare, particularly within maternity

and mental health services, in accordance with WHO recommendations. The National Plan to Reduce Violence Against Women and Their Children (NPRVAWTC) 2010 -2022 highlights the importance of a healthcare response to support survivors. Similarly, the UK has implemented the Domestic Abuse Act 2021, which aids healthcare workers in recognising and addressing cases of domestic violence. NHS staff receive training to provide non-judgmental support and make appropriate referrals (UK Government, 2021). Namibia has made significant progress in developing guidelines aligned with WHO recommendations to combat domestic violence. Ministry of Health and Social Services has collaborated with organisations such as the United Nations Population Fund (UNFPA) to enhance health system responses to domestic violence. This partnership includes initiatives to train healthcare professionals in screening for signs of domestic violence, making appropriate referrals for patients when they come to the hospital, and integrating support services into healthcare (Shilongo, 2022).

#### **2.1.6.2 Creating safe space for women in reduction to domestic violence**

Creating safe spaces for women is crucial for reducing domestic violence because such environments offer physical protection as well as emotional support, resources, and empowerment. This enables survivors to reclaim their autonomy and rebuild their lives (Meyer & Williamson, 2020). Kiani et al. (2021) stress the importance of establishing secure environments to reduce the occurrence of domestic violence towards women in their homes. These sanctuary spaces offer protection and help for individuals, helping them leave harmful situations and

providing access to necessary support services. Furthermore, safe spaces give women a private and safe place where they can feel empowered to speak up, ask for assistance, and end the pattern of abuse. These areas are crucial for promoting knowledge, enlightening the public, and pushing for measures to address domestic violence. Forbes et al. (2023) highlight how important it is for law enforcement, nonprofit organisations, government agencies, and medical professionals to work together to establish a comprehensive network of safe havens and aid initiatives. In order to safeguard women from domestic abuse and promote a climate of safety, equality, and respect in both homes and communities, safe spaces must be established.

According to Fornari et al. (2021), it is critical to establish a secure space where victims of domestic abuse can come forward and seek help. For victims to receive complete support, a multi-agency approach involving cooperation across many institutions and sectors is necessary. Trevillion et al. (2020) recognise that domestic violence is a complicated problem that necessitates coordinated efforts across various areas to enable successful response and prevention. Victims frequently make their initial contact with law enforcement and the police. Therefore, they are essential in granting restraining orders to safeguard victims, even though their efficacy is contingent upon their regular execution. Victims' faith in the system may be damaged by enforcement lapses (Hegarty et al., 2020). Both deterrence and the administration of justice are served by prosecuting offenders; yet, obstacles such as a lack of proof and victim reluctance may have an impact on prosecution rates.

Early intervention may be facilitated by medical personnel's training to identify subtle indicators of abuse, such as recurrent injuries and unusual anxiety. Social

workers provide support, shelter, and resources to help victims escape abuse and rebuild their lives (Mandel, 2020). Additionally, social workers play a crucial role in offering ongoing support to victims, guiding them as they explore options beyond immediate crisis management. They help secure shelter and financial resources, provide emotional support, assist with legal procedures, and aid victims in rebuilding their lives independently. Shelters provide immediate refuge and support, fostering a safe environment where victims can initiate their healing process. In addition to offering shelter, social workers assist with long-term planning by helping victims secure permanent housing, employment, and financial stability critical factors in mitigating the risk of returning to abusive situations (Mandel, 2020).

Namibia has made significant strides in creating shelters for female victims of domestic violence, aiming to provide safe havens and support services for those affected. The Ministry of Gender Equality and Child Welfare (MGECW, 2023) has been instrumental in this progress by developing a National Plan of Action on Gender-Based Violence, which coordinates and guides interventions across the country. Despite these efforts, challenges continue to persist. The Ministry of Gender Equality, Poverty Eradication, and Child Welfare is responsible for the oversight of eight government-operated shelters designated for survivors of gender-based violence (GBV) throughout the country. As of October 2023, it is noteworthy that none of these shelters are operational due to staffing shortages (Shigwedha, 2018). The ministry recognises that the deficiency in personnel has significantly impeded the effective functioning of these facilities. Thus, the closure of these shelters significantly hinders Namibia's ability to effectively

reduce domestic violence within households. The absence of operational shelters deprives victims of immediate safe spaces, which are crucial for their protection and recovery. This deficiency compromises the nation's efforts to combat domestic violence and to provide adequate support for affected women. In contrast, the absence of functional state-owned shelters has compelled private organisations to provide essential services. A notable example is the Friendly Haven Shelter located in the Khomas Region, which offers refuge for abused women and children.

#### **2.1.6.3 Preventive education and awareness**

The WHO promotes community-based initiatives to raise awareness and reduce the stigma associated with domestic violence. This involves educating communities, especially youth, about gender equality and healthy relationships (World Health Organisation, 2019). South Africa has integrated the WHO's recommendations on public education into its National Strategic Plan on Gender-Based Violence and Femicide (2020-2030). This plan includes programs designed to promote gender equality and encourage healthy relationships in schools and communities (Department of Women, Youth, and Persons with Disabilities, 2020). India has launched awareness campaigns, such as the Beti Bachao, Beti Padhao program, to combat gender-based violence by challenging and transforming societal norms related to gender roles. These initiatives prioritise educating communities and fostering safer environments for women (Ministry of Women and Child Development, 2019).

Through a number of educational and community-based programs, Namibia has made significant progress in increasing awareness about domestic abuse, especially among younger generations. The Zero Tolerance Clubs, school-based 16 Days of Activism, and larger community initiatives are crucial elements of these tactics, which aim to alter social perceptions, lessen stigma, and advance gender equality. The World Health Organisation's (WHO) guidelines for community education and the encouragement of wholesome relationships are in line with these initiatives. Nevertheless, even though these initiatives mark a substantial advancement, there are some crucial aspects to take into account in relation to their efficacy and the obstacles that still exist. Raised awareness and reporting as a direct result of Namibia's awareness campaigns and educational initiatives, there has been a noticeable rise in domestic violence awareness and reporting throughout the last ten years. According to Friedrich (2022), the Ministry of Gender Equality, the Namibian Police's Women and Child Protection Unit (WCPU), and Lifeline/Childline Namibia have all played a significant role in promoting reporting and offering survivors psychological support. These programs aid in a cultural change in the way communities see and respond to domestic abuse by providing forums where people can seek assistance without worrying about condemnation or punishment. Engaging the younger generation through school-based initiatives like Zero Tolerance Clubs and the 16 Days of Activism emphasises youth education by encouraging equality, respect, and positive connections at a young age. Because they aid in the challenge of long-standing gender stereotypes that fuel inequality and violence, these initiatives are vital. Educating young individuals about consent can contribute to the development of a generation that is more inclined to reject domestic abuse and

seek assistance when faced with such circumstances. The goal of community-based interventions is to lessen the stigma attached to gender-based violence, which continues to be a significant obstacle to victims seeking assistance. Namibia has attempted to create an atmosphere where talking about domestic abuse is accepted by involving local organisations, religious institutions, and community leaders (Oyedele & Shinedima, 2024). More survivors are likely to come forward and report abuse as stigma declines, which increases accountability for those who commit abuse.

#### **2.1.6.4 Developing national action plans**

The World Health Organisation (WHO) recommends that governments create national action plans to combat domestic violence. These plans should incorporate legal, social, and healthcare measures and align with international human rights standards. Additionally, they should promote multisectoral cooperation to foster a protective environment for women (World Health Organisation, 2013). Canada's National Action Plan to End Gender-Based Violence (2021) aligns with the WHO's guidelines for comprehensive, cross-sectoral action plans. It encompasses health, legal, and social services while committing to support survivors through policy development, legislative measures, and resource allocation (Government of Canada, 2021). Brazil has enacted the Maria da Penha Law, and its National Policy on Women's Rights is in line with the WHO's recommendations for action plans addressing domestic violence. These plans emphasise coordinated efforts across healthcare, social services, and the justice system (Agência Nacional de Saúde Suplementar, 2021).

The Namibian government has adopted the National Plan of Action on Gender-Based Violence (2019–2023), which takes a multisectoral approach to support survivors of domestic violence through legal, health, and social services.

#### **2.1.6.5 Implementing programs that are evidence based**

Implementing evidence-based programs is essential for addressing and mitigating domestic violence against women within households. Researchers emphasise that interventions based on empirical evidence are more effective in addressing the complexities of domestic violence and fostering sustainable change.

A systematic review conducted by Semahegn and Mengistie (2015) underscores the efficacy of various strategies for the prevention of domestic violence. The authors advocate for approaches that are not only effective but also straightforward, accessible, and applicable to diverse demographic groups and healthcare settings. They highlight the importance of selecting and designing interventions that can be widely implemented to attain significant reductions in domestic violence. Rwanda has embraced the WHO's evidence-based approaches through programs that focus on women's economic empowerment and education, aiming to address the socioeconomic root causes of domestic violence. Community-centred approaches have been explored as potential models for domestic violence initiatives. Allen and Wozniak (2011) emphasise the need to develop tailored models that demonstrate how community-based strategies can be integrated with evidence-based practices. For instance, one notable initiative is the Isange One Stop Centre, which offers integrated services for survivors,

including healthcare, legal aid, and counselling (Ministry of Health Rwanda, 2020). Their research demonstrates that incorporating community perspectives enhances the relevance and effectiveness of interventions, leading to more successful outcomes in the prevention of domestic violence. Furthermore, the Prevention Collaborative (2022) outlines a variety of strategies developed and tested over the past two decades to prevent violence against women. Although no single program has completely eliminated violence, the brief highlights that several interventions have proven effective in reducing both the incidence of violence and the number of reported experiences and acts of perpetration. For example, the Philippines enforces programs aligned with the World Health Organisation (WHO) under the Anti-Violence Against Women and Their Children Act. These programs emphasise community education and economic support for women, aiming to empower survivors and decrease their financial dependence on abusers to reduce domestic violence (Philippine Commission on Women, 2018). This highlights the importance of implementing diverse, evidence-based programs that are customised to meet the specific needs of the community.

Namibia has implemented programs targeting the root causes of domestic violence, focusing on women's economic empowerment and community education on healthy relationships. Furthermore, the Safe Namibia Initiative (SNI) incorporates evidence-based approaches, such as vocational training for women and educational workshops on conflict resolution, in line with the WHO's emphasis on addressing the socioeconomic factors that contribute to domestic violence (Katjavivi, 2021). In practice, protection orders in Namibia have been instrumental in preventing repeat offences by creating enforceable boundaries

between victims and perpetrators (Legal Assistance Centre, 2003). Another important element of Namibia's strategy to combat domestic abuse is mandatory reporting. It is legally required of professionals, including social workers, teachers, and healthcare providers, to report suspected or verified occurrences of domestic abuse, especially when children are involved (Hailonga, 2024). This action is consistent with global data showing that early detection and response can dramatically lower the likelihood of additional harm. Namibia guarantees that incidences of domestic abuse are brought to the attention of the appropriate authorities by imposing required reporting, which allows for prompt victim support and intervention (Shigwedha, 2018). This strategy not only safeguards those who are at risk but also emphasises how critical it is for society as a whole to respond to domestic abuse. Furthermore, measures for extensive support services for victims of domestic violence are included in Namibia's legal framework. Recognising the vital need for safe spaces and psychosocial assistance in the wake of abuse, the Combating of Domestic Violence Act (2003) requires that shelters and counselling services be made available to victims. These programs are supported by research, which emphasises their value in assisting survivors in starting over and lowering their risk of re-entering abusive environments. Namibia has historically shown a commitment to adhering to WHO principles on survivor-centred treatment, despite obstacles in maintaining these support networks, such as the closing of shelters in 2023 owing to financial difficulties (Hailonga, 2024). The existing interventions in this study primarily focus on men. There is a notable gap in exploring whether current policies and programs effectively address the systemic needs of women experiencing domestic violence in Oshakati.

### **2.1.6.5 Conclusion**

In summary, domestic violence against women stems from various factors, including childhood trauma. Children raised in abusive home environments are more likely to exhibit abusive behaviour later in adulthood. Furthermore, individuals continue to learn through social interactions throughout their lives, thus, even fully grown adults can be influenced by their peers at work or in other settings. Economic factors, such as women's reliance on men for financial support, increase the likelihood of abuse. Cultural norms significantly contribute to domestic violence by granting men more power than women. Consequently, women may experience serious health issues, including high blood pressure, PTSD, and stress, which can lead to pregnancy loss or the acquisition of sexually transmitted diseases. The world has made significant progress in reducing violence against women. Countries have established constitutions, laws, and guidelines aimed at preventing such violence.

## **CHAPTER 3 RESEARCH METHODOLOGY**

### **3.1 Introduction**

In this chapter, the researcher provides a detailed explanation of the research methodology used to investigate the factors contributing to domestic violence against women in households in Oshakati town. This section reviews the alignment of the research aim, questions, and objectives. The research

methodology outlines the process by which the researcher describes, elaborates on, and predicts the factors associated with domestic violence against women (Roestenburg et al., 2022). Furthermore, research methodology also refers to the systematic approach employed to investigate the research problem. Firstly, the discussion will focus on the research design and the research approach Secondly, this section addresses the population of the study, the sampling methods employed, the research instruments utilised, the procedures followed in data collection, and finally, the data analysis techniques applied to interpret the findings. The study used Dedoose, a qualitative data analysis software that facilitated the creation, analysis, and reporting of patterns (codes) for thematic analysis. Consequently, the data were analyzed based on the observed trends.

### **3.2 Research approach**

To meet the objectives of this qualitative study, an interpretive phenomenological research approach was adopted. A phenomenon that involves exploring the essence of human experiences and the meanings individuals attribute to them (Roestenburg et al., 2022). Phenomenology is a qualitative research approach that aims to explore and understand individuals' lived experiences related to a specific phenomenon. Originating from philosophical traditions, phenomenology seeks to reveal the essence of these experiences as understood by participants. The goal is to describe the meaning and significance of those experiences without the influence of preconceived theories or assumptions (Creswell & Poth, 2018).The researcher utilised a

phenomenological approach to explore the complex and personal experiences of domestic violence victims, seeking to understand their subjective perceptions and lived realities. This approach was particularly effective, as it acknowledges the sensitive nature of domestic violence against women and highlights the personal significance and emotional truths of those impacted. Phenomenology emphasises the voices and experiences of participants, enabling the researcher to grasp the essence of a phenomenon as perceived by those directly affected by it. The researcher employed phenomenology to bracket or set aside her own assumptions, concentrating on the unique perspectives of the participants. This approach often illuminated the societal, cultural, and relational factors influencing domestic violence (Vagle, 2024). Understanding domestic violence requires attention to factors such as family dynamics, social stigma, and power structures, all of which significantly shape individual experiences (Smith et al., 2021). The fundamental assumptions of the research design are to capture the elements of the participants' experiences as victims of violence, as well as those experiences of perpetrators of violence and views of professionals providing services to both groups. In addition, the study aimed to acquire in-depth knowledge about the contributing factors related to domestic violence, the effects it has on women's lives and what can be done to reduce the violence from the victims who live the life of abuse, perpetrators point of views and views of professionals who render services to both in their own views.

### **3.3 Research design**

To carry out this exploratory study the researcher has used an Interpretive description as a methodological design. This is possible to identify population trends, correlations, and tendencies using traditional social science approaches, which focus on shared experiences (Najjarnejad & Bromfield, 2022). The Interpretive Description (ID) entails a systematic approach to qualitative research that encompasses procedures for locating and utilizing collected information. Based on these assumptions, the ID accepts that human experiences consist of intricate connections between biological and psychosocial events, establishing a unique premise. The essential finding of this discipline knowledge is the identification of recurring patterns, or shared realities, within these experiences (Thorne, 2016). The researcher also utilised the ID to investigate a social work issue, aiming to identify themes and patterns across subjective perspectives while considering individual differences. Additionally, the ID offers a transparent and reliable method for generating knowledge that enhances clinical practice and deepens understanding, and it was also applied in social science research. It does this by facilitating the development of comprehensive evidence-based knowledge that is informed by the perspectives and experiences of the group

Interpretative description was developed to generate knowledge that can inform practice, especially in the health and social sciences. A study on domestic violence aims to gather insights that can directly inform interventions, support systems, or policy outcomes suitable for ID. Furthermore, ID is flexible and well-suited for exploratory studies aimed at understanding underlying factors without strict adherence to theoretical frameworks. Domestic violence is a complex issue

influenced by social, cultural, and psychological dimensions, making the adaptable framework of ID particularly valuable. Hence, Interpretative Description (ID) enabled the researcher to explore participants' experiences and interpretations, fostering a nuanced understanding of how elements such as family dynamics, socioeconomic status, and cultural beliefs contribute to violence within households.

Furthermore, ID emphasises the voices and experiences of participants, making it especially effective for exploring sensitive topics like this. This approach enabled the researcher to interpret participants' subjective realities with respect, which is essential for understanding the dimensions of abuse. ID's emphasis on applied knowledge seeks to generate findings that can shape real-world practices and policies. For instance, a study on domestic violence conducted within this framework can yield recommendations that are both relevant and actionable for practitioners, social workers, and policymakers.

### **3.4 Population of the study**

The term population describes the entire group of individuals, units, or elements that share common characteristics and are relevant to a specific study. This group may include people, objects, or events that align with the research objectives (Creswell & Creswell, 2017). According to the Oshakati Social Services of the Ministry of Health and Social Services, there are women in Oshakati who are victims of domestic violence. For the purpose of this study, the population comprised of adult male and female clients who are either victims or perpetrators of violence. These individuals were identified by social workers at Oshakati Social

Services office during routine service provision. As clients presented themselves for assistance, the attending social workers assessed their suitability for participation based on their relevance to the study's focus and subsequently referred them to the researcher. Key informants included frontline health caseworkers providing services to both victims and perpetrators, as well as police officers, social workers, nurses, and medical officers. The study was conducted in Oshakati, a town in the Oshana region. The selection of this study setting was based on the recent surge in reported cases of domestic violence among women residing in Oshakati households, as reflected in the Oshakati Social Services Office database, which the researcher consulted during the preliminary phase of the study.

### **3.5 Sample and Sampling procedures**

The study used a non-probability sampling method, specifically purposive sampling, to select participants. This approach involves choosing individuals based on their relevance to the research criteria (Roestenburg et al., 2022). This ensures that they are representative or typical of the target population. This approach is preferred because it brings into line optimally with the study's objectives. The study included interviews with six adult women who are survivors of violence and six adult men who admitted to perpetrating violence against women. Participants were introduced to the study by the attending social worker on the day of their visit, as they sought social services. The social worker read aloud a study leaflet outlining the research topic and objectives. Clients who expressed interest and provided verbal consent were then referred to the

researcher, who was stationed in the adjacent office. Participants were recruited through purposive sampling; they were adult clients visiting the social services office on the interview date with either complaints of violence or admitted perpetrating violence. The study exclusively interviewed participants who consented verbally and written to take part in the interviews. Furthermore, the perpetrators interviewed were those who approached the Social Services Office seeking assistance in changing their violent behaviours. Additionally, The researcher also led two distinct focus group deliberations with key informants, each comprising eight frontline health caseworkers. Participants, consisting of both males and females, were selected through purposive sampling based on their professional experience working with victims and perpetrators of violence in a service capacity. This qualitative study determined the sample size by achieving data saturation, indicating that no new information was being derived from the participants. The researcher gathered sufficient data to confidently recognize the patterns and themes related to the contributing factors of domestic violence against women. Additionally, the selection recruitment process was influenced by factors such as time limitations and availability of clients seeking services at the Social Services Office. In addition, the key informants were recruited using the purposive sampling method. The availability of their work schedules and the professionals' willingness to take part in the study on the day of the interview determined the sample size for the professional key informants. Inclusion criteria pertain to the primary characteristics of the target population that researchers employed to address the research questions. The key informants were selected because the study seeks for professionals who render services to

victims of domestic violence, to perpetrators whom perpetrated violence against women.

Exclusion criteria encompass the various factors that render an individual ineligible for participation in a given study or project. For the purpose of this study, it did not include men and children who are victims of domestic violence. Furthermore, this study did not also, include police officers who work at the charge office, the nurses and Medical Officers from Outpatient Departments and the wards, and medical social workers. The study had no moderator during all the interviews and focus group discussions.

### **3.6 Research instruments**

Creswell (2018) define research device as a tool designed to gather, quantity, and analyze data that is relevant to the objectives of a study. The study employed a semi-structured interview protocol with both men and women to collect data using a tape recorder, a qualitative data collection technique that integrates a supple interview format with a defined level of structure (Kallio et al., 2016). In this approach, the researcher prepared a list semi- structured interview questions, commonly referred to as an interview guide, while also allowing for a natural progression of the interview. An interview protocol is a structured guide used by the researcher during interviews to ensure consistency and thoroughness in data collection. Furthermore, the study utilised a computer to facilitate and record Zoom focus group discussions with nurses, social workers, police officers, and medical officers, using formulated research questions. A note book for noting down the non-verbal cues for the researcher to analyse.

### **3.7 Pilot interview**

A pilot study is a small-scale preliminary investigation conducted prior to the main research. Its purpose is to assess feasibility, timing, costs, and potential logistical challenges (Malmqvist et al., 2019). This process enables scholars to enhance their figures gathering methods and trials, thereby increasing the legitimacy and consistency of the primary study (Malmqvist et al., 2019). In this study, the scholar tested the interview questions with three participants from each category: victim, perpetrator, and key informant. The outcome was the goal was to assess whether participants could effectively answer the questions and fully understand the required information, as well as to identify areas where the researcher could refine the questions. Thabane et al. (2010) state that experimental lessons play a vital part in study by enabling scholars to refine the study design and identify potential issues before expanding the project.

### **3.8 Data collection method/procedures**

The researcher applied for ethical clearance letter from the University of Namibia Decentralized Ethics Committee. Upon receiving ethical clearance, the researcher wrote to the Ministry of Health and Social Services (MoHSS) & Ministry of Home Affairs Immigrations Safety and Security seeking permission to interview the clients that are coming to the Social Services Office and the professionals' rendering services to victims and perpetrators of domestic violence within these Ministries (Please see annexure). Upon permission granted from the Executive Director for MoHSS and the Inspector General for Namibian Police (Nampol) the

researcher then, wrote to the Oshana Regional Director (RD), to the Medical Superintendent for Intermediate Hospital Oshakati (IHO) and to the Commissioner for Oshana region (please see annexure) to interview the key informants who were Police Officers, Nurses, Medical Officers and Social workers. After receiving permission from the RD for Oshana Health Directorate then, the researcher was referred to the Chief social worker, presented the permission letter from the ED and RD for Oshana Health Directorate. The researcher prepared the venue in the Social Services building for the one-on-one in-depth interview free from distractions and noise, and pasted a note on the door, "Silence, interview in progress." Consent letters for adult individuals were given on the interview date. The participants interviewed were those who written consented forms to participate after being informed by their social worker about the student, who is also a social worker, seeking individuals for the study. Additionally, the perpetrators were clients who are motivated to change their violent behaviours, which is why they sought assistance from the Social Services Office.

Upon starting the interview, the researcher introduced herself, explained the purpose of the interview, and went through together the consent letter with the participants in the language they understood best by the researcher because the study did not have a moderator neither a translator. Participants were then given approximately to 10-15 minutes a chance to ask questions on what they do not understand in the consent form before signing it. When the researcher obtained permission from the participants then the interview commenced and was recorded. Using the interview protocol, the researcher conducted one-on-one interviews using the recording tape with walk-in adult clients coming to the

Oshakati Social Services office on the interview date who agreed to be interviewed separately from those who experienced violence and the perpetrators. Additionally, the researcher took field notes for herself based on how participants were answering questions jotting down their non-verbal gestures for data analysis purposes. The researcher asked the questions from the interview guide, probed and made follow-up questions when the need arose. The interviews took approximately 25- 40 minutes when the interviews were finished, the researcher gave participants a chance to ask any questions. Finally, the researcher thanked the participants for their time. In order to interview key informants who are nurses and medical officers, the researcher went to the Causality department, showed the Head of Department (HOD) the approved authorized letter from the Medical Superintendent. The researcher then, introducing herself and outlining the purpose of the study, the consent form was presented to professionals who agreed to participate, and they signed them.

In order to interview the police officers, the investigator gave the Commissioner of Oshana region the Inspector General's approval letter for the police officers, and the Commissioner approved it. The investigator was then given an inspector to accompany her to the GBVU, where she was introduced to the Chief Inspector of the Unit, other Detectives, and Sergeant Police officers of the police department were then assigned to take part in the study. The researcher explained the consent forms to them they signed. For the social workers, the researcher informed the Chief Social Worker about the study and presented the letter approved by the RD to the Chief social workers. Subsequently, the investigator presented herself and the purpose of the research to the social workers; those who expressed interest were guided through the consent form and asked to sign

it. Upon the researcher get all the key informant signed their consent letters then, the researcher created two zoom links for different time slots and send it together with the interview questions.

On the day of the interview, two Zoom group discussions were conducted. Each group consisted of two police officers, two nurses, two social workers, and two medical officers, totalling eight participants per focus group discussion. The focus group discussions were recorded using the computer for data analysis purposes, the discussions took approximately 43 minutes for each group. Lastly, the data collected was transferred into a laptop only the researcher has access to it and the signed informed consent forms were stored in a file that was kept safe in the researcher study room. The researcher chose to conduct focus group discussions via Zoom due to difficulties in coordinating the availability of all professionals in a single location. The participants work varying shifts, and the time available for data collection is limited. Consequently, professionals participated from the comfort of their own homes. However, two participants were on call and had to leave before the interview session finished.

### **3.9 Data analysis**

The process of data analysis involves the systematic application of statistical and/or logical techniques to describe, illustrate, condense, summarise, and evaluate data (Roestenburg et al., 2022). For this study, the researcher analyzed the data collected from one-on-one interviews with victims and perpetrators and focus group discussions using recording audio tape and the computer using the thematic analysis and Dedoose software. Thematic analysis is a method used to

analyse qualitative data, specifically a set of texts such as interview transcripts while Dedoose is being defined as a web-based software that helps the researcher in coding data in an extensive diversity of set-ups including qualitative data such as text, audio, images, or video; and quantitative data such as spreadsheets, surveys, test scores, ratings or demographics (Terosky et al., 2023).

Thematic analysis was chosen as the method for this study because it allowed the researcher to identify important details and complexities that may have been missed using other approaches. It was used to identify the codes that are similar and formulated themes and subthemes from the verbatim transcripts. The researcher carefully scrutinizes the data to find recurring subjects, concepts, and meaning patterns known as common themes. This process greatly aided in gaining a thorough understanding of the participants' experiences, perspectives, and the social and cultural factors that shaped them. First, all recorded data (in-depth interviews and focus group data) was transcribed from the audio recording into verbatim transcripts for analysis. The researcher then, made sure that the verbatim transcripts do not bear any information that will identify participants, then imported them into the Dedoose application. The researcher created codes as per the research objectives, under each code's child codes were created. Then, the researcher created the participants demographic profiles that were linked to the transcripts imported. Significant information known as excerpts was highlighted in the scripts for analysis. Afterwards, the data was analyzed and exported into a Word document. The researcher took the transcripts and the field notes she made during the interviews to write more about the themes and subthemes. Then, the researcher refined themes, refined the specifics of each theme and linkages between them, generated propositions, and looked for

complex associations. Finally, the refined data was organized, and the presentations of these results were used to conclude the factors contributing to domestic violence against women within this population.

To ensure the creditability of this study several strategies were employed besides the researcher being the sole coder. First, triangulation was achieved by drawing on multiple data source to validate the consistency of the finding across different participants. Member checking involved presenting preliminary themes to selected participants to verify that the interpretations accurately reflected their experiences. Additionally, a comprehensive audit trail was meticulously maintained throughout the research process, documenting all decisions made during data collection, coding, and analysis theme development. The researcher engaged in continuous reflective practice through journaling to critically examine personal biases and their potential influence on the analysis. Peer debriefing sessions with a supervisor were used to discuss coding choices and receive critical feedback, enhancing the rigour of the interpretations. The study also provided thick descriptions, including the rich participant quotes, to support transparency and allow readers to assess the applicability of the findings to other contexts. Finally, the researcher ensured data saturation by continuing analysis until no new themes emerged, indicating that the data were thoroughly explored.

### **3.10 Trustworthiness**

Trustworthiness is a crucial aspect of study findings as it encompasses credibility and reliability. This is achieved through several strategies, including ensuring the study's methodology is robust, employing rigorous data collection methods,

accurately interpreting the results, and ensuring that the conclusions are well-supported by evidence (Terosky et al., 2023). Trustworthiness is a fundamental aspect that encompasses transparency in reporting, thereby enabling others to validate and replicate the findings of a study. The establishment of trustworthiness holds significant importance in guaranteeing the validity and credibility of research outcomes, which can then be relied upon by fellow researchers, practitioners, and the wider public.

The researcher has observed the following trustworthiness: Credibility is a gauge of the truth value of qualitative research, or the degree to which the conclusions drawn from the study are accurate and true (Drisko, 2024). To establish credibility, the researcher confirmed participants' perspectives and experiences with the notes that the researcher made to make sure she heard correctly. The extent to which the conclusions of a study can be applied to different situations, environments, or participants is called transferability (Drisko, 2024). Transferability was observed through the ability to transfer knowledge demonstrated by providing a comprehensive description of the research context and the underlying assumptions. Dependability is a measurement of the degree to which a research study may be conducted again and provide the same results by a different researcher (Drisko, 2024). Dependability was observed through ensuring rigors data collection and techniques, procedures and analysis are well documented. Confirmability is the degree to which the research was consistent, reliable, and conformable. The researcher guaranteed the safekeeping of the recorded audio and field notes from the interviews, which enabled the supervisor to determine whether it was possible to trace the conclusions and interpretations back to their sources.

### **3.11 Ethical consideration**

The study obtained ethical clearance from the University of Namibia Decentralized Ethics Committee (DEC) reference number (appendix 1). The research permission letter was issued by the Postgraduate research support services (Appendix 2). It also obtained a permission letter from the Ministry of Health and Social Services ref. 22/4/2/3 and from Ministry of Home Affairs Immigration Safety and Security ref. 8/3/1. Furthermore, the participants signed the consent letter as a sign that they had permitted them to be interviewed. The study was a voluntary study and participants were explained the aims and objectives of the study and they were allowed to withdraw if they felt not wanting to continue. Confidentiality was maintained throughout the research process. Participants were assured that all information provided during the study would remain strictly confidential and be utilized exclusively for research purposes. The data were securely stored on a password-protected laptop, accessible only to the researcher. In accordance with data protection guidelines, the information will be retained for a period of five years after the study's completion, after which it will be permanently destroyed. The study did not intend to bring any harm to participants therefore, it put the avoidance of harm into consideration by keeping participant confidentiality and anonymity throughout the data collecting and reporting process, as well as by offering support or counselling services by the social worker that introduced the participant to the study, to them during or after data collection those that needed it as they continued coming for their follow up sessions. The principle of non-maleficence guided the research design and data collection process. The study was carefully structured to avoid any physical,

psychological, emotional, or social harm to participants. Clear and transparent communication was provided to all participants about the nature and objectives of the research, and informed consent was obtained prior to their participation. Additionally, participants were assured of their right to withdraw at any stage without any negative consequences. To protect the identity of participants and ensure anonymity, unique codes were assigned to each participant. For individual interviews, participants were referred to by neutral codes rather than personal identifiers. In the case of focus group discussions, participants were given role-based codes such as "Nurse 1," "Nurse 2," and so forth. This approach ensured that individual identities were not disclosed in any documentation or dissemination of the research findings. Additionally, no personal identification was attached to any documents participants are given codes. Emphasises the importance of honoring individuals' privacy rights and safeguarding their data from unauthorized access or disclosure.

Data collected by the researcher during the interviews is stored on a secure, password-protected computer, with access limited solely to the researcher. The data will be retained for a period of five years, after which it will be securely destroyed by the researcher. The dissemination of the study findings will occur through various platforms. For example, the researcher will compile a report detailing the findings and publish it for the benefit of the academic community.

### **3.12 Conclusion**

In summary, the interpretative descriptive technique serves as the guiding principle for this qualitative study, which employs a phenomenological research design. Focus groups and one-on-one interviews were used in the study as

methods of data collection. In addition, the study utilised semi-interviews guides with both men and women and formulated interview questions with the key informants as instrument to collect data and the sample for the study was chosen via purposive sampling. The Dedoose software and thematic analysis was used was used to analyse data. The data collected were started in a computer only the researcher has access to for analyzing.

## **CHAPTER 4 FINDINGS**

### **4.1 Introduction**

In this chapter, the research findings gained after data collection through discussions and focus set deliberations, along with the analysis of this data, are presented according to the emerging themes to effectively address the research objectives. The focus group discussions included professionals such as medical officers, nurses, social workers, and police officers.

## 4.2 Demographic profile of one on one participants

The participants consisted of six female victims of domestic violence and six male perpetrators whereby they are all from Oshakati town in the Oshana Region of Namibia. The demographic data of the study contributors is obtainable in the table beneath.

Table 1: Demographic profile for one on one participants

<b>Participant</b>	<b>Gender</b>	<b>Age</b>	<b>Highest qualification</b>	<b>Relationship status</b>	<b>Ethnicity</b>
A	Female	32	Bachelor degree	Married	Oshiwambo
B	Female	45	Grade 10	Dating Cohabiting	Oshiwambo
C	Female	23	Grade 12	Dating (Cohabiting)	Damara
D	Female	25	Bachelor degree	Single	Oshiwambo
E	Female	24	Grade 12	Dating	Oshiwambo
F	Female	34	Bachelor degree	Married	Oshiwambo
G	Male	38	Diploma	Dating	Oshiwambo
H	Male	35	Bachelor degree	Dating	Oshiwambo
I	Male	27	Bachelor degree	Dating	Rukwangari

J	Male	37	Bachelor degree	Dating (engaged)	Oshiwambo
K	Male	27	Certificate	Dating	Oshiwambo
L	Male	43	Grade 7	Married	Oshiwambo

The table above summarizes the demographic characteristics of the study participants, including both male and female respondents. Ages ranged from 23 to 45 years, indicating that the participants were in their economically productive years and possessed the maturity necessary to provide valuable perspectives on the factors contributing to domestic violence against women. The educational qualifications of the individuals range from the lowest grade which is Grade 10 to the highest qualification which is a bachelor's degree. Additionally, the participants' relationship status included individuals who are married, dating, or in a cohabitating situation. The participants represented the Oshiwambo, Damara>Nama, and Rukwangari tribes.

Table 2: Demographic profile of the focus group participants (key informants)

<b>Participants</b>	<b>Age</b>	<b>Gender</b>	<b>Profession</b>	<b>Status</b>
Medical Officer 1	30	Male	Doctor	Dating
Medical officer 2	26	Female	Doctor	Dating

Medical officer 3	30	Female	Doctor	Dating
Medical officer 4	32	Female	Doctor	Dating
Nurse 1	34	Female	Nurse	Married
Nurse 2	27	Female	Nurse	Married
Nurse 3	25	Female	Nurse	Married
Nurse 4	32	Female	Nurse	Married
Social worker 1	31	Male	Social Worker	Married
Social worker 2	33	Female	Social Worker	Cohabiting
Social worker 3	32	Female	Social Worker	Single
Social worker 4	30	Female	Social Worker	Married
Police officer 1	42	Male	Social Worker	Married
Police officer 2	40	Female	Police Officer	Single
Police officer 3	47	Male	Police Officer	Dating
Police officer 4	42	Female	Police Officer	Cohabiting

The table above presents the demographic profile of the men and women focus group contributors. The training involved 16 professionals from Oshakati town in the Oshana Region of Namibia who participated in focus group discussions. This group included four medical officers, four nurses, four police officers, and four social workers. The demographic data of these members is offered in the bench underneath. The youngest participant was 25 years old, while the oldest was 47 years. Furthermore, there were more females than males in the focus group discussion. Regarding relationship status, the majority of the participants are married, while a smaller number are in dating relationships. Additionally, there was no mediator for the focus group discussion.

### **4.3 Presentations of findings**

The themes in the study were developed through a systematic and iterative process. Using thematic analysis and Dedoose software, this approach uncovers meaningful patterns within the dataset, leading to the identification of themes and subthemes in qualitative research. This study explored the factors contributing to domestic violence against women in households in Oshakati, Namibia. It employed a structured analytical approach based on the guidelines established by Virginia Braun and Victoria Clarke (Braun & Clarke, 2023). The first step in thematic analysis is to immerse oneself in the data to achieve a comprehensive understanding. This process entailed a thorough review of interview transcripts, careful analysis of recorded audio, and the meticulous documentation of notes. Through this phase, the researcher acquired a

comprehensive understanding of the participants' narratives and the nuances of their experiences. Subsequently, the researcher established initial codes by identifying and labeling data elements pertinent to the study's focus. Each code encapsulated a specific aspect of the factors contributing to violence, its effects on women's lives, or potential strategies for mitigating violence in Oshakati. This process entailed deconstructing the data into significant units to facilitate a more nuanced analysis of the codes and sub-codes. The researcher systematically identified patterns by scrutinizing the coded segments across all interview transcripts, seeking areas of similarity and overlap among the codes. The recognition of these similarities in participants' responses was essential for discerning potential themes. The identified patterns were subsequently analyzed to elucidate these themes. A theme is defined as a comprehensive concept that encompasses a collection of related codes.

Themes are constructed by aggregating codes that exhibit commonalities or address analogous facets of the research question. Following the identification of potential themes, they are delineated and designated in a manner that encapsulates the essence of contributing factors, their impact on women's lives, and prospective strategies for mitigating violence. This stage entailed the synthesis of data corresponding to each theme and the articulation of the overarching concepts represented by the aggregated codes. The concluding phase concentrated on developing a clear and comprehensive presentation of the data. The themes and subthemes were integrated into a cohesive narrative that offered a nuanced understanding of the phenomenon under investigation. This process involved summarizing each theme succinctly to emphasize the key findings. During this process, the researcher repeatedly revisited different

phases, refining codes, analysing the data, and ensuring that the emerging themes accurately represented the participants' experiences. The aim was to balance remaining grounded in the data while developing meaningful higher-order interpretations through the formation of themes and subthemes. This iterative process facilitated a comprehensive and nuanced exploration of the factors contributing to domestic violence against women in households within Oshakati town. Data presentation entails the systematic organisation and display of collected information to make it accessible, interpretable, and meaningful to readers. This process includes summarising, categorising, and occasionally visualising qualitative data to emphasise key themes, patterns, and insights that align with the research objectives. Data familiarisation, coding, theme searching and development, theme reviewing, defining and naming themes, and finally writing up the themes. The data were presented thematically, and supported by transcribed quotations from participants to substantiate the findings.

#### 4.4 Themes and sub-themes

Table 4.3 themes and subthemes

<b>Themes</b>	<b>Sub-themes</b>
Contributing factors	Alcohol Abuse
	Childhood Trauma Experiences
	The upbringing of the boy child
	Money related reasons
	Cultural beliefs and traditions

	Lack of safety homes in the town of Oshakati
	Unfaithfulness in relationships
Effects of violence on the lives of women	Post traumatic stress disorder
	Fear
	Loss of pregnancies
	Alcohol dependencies
	Injuries
Strategies to reduce domestic violence in Oshakati	Awareness raising on the availability services in terms of domestic violence
	The need to construct privacy rooms in casualty department (Oshakati Hospital)
	Ensuring living safe spaces in Oshakati
	In-service training to the health care worker

#### 4.5 Theme 1: The contributing factors to domestic violence

Domestic violence against women in households is a widespread issue shaped by a complex interplay of factors. One significant contributor is alcohol abuse, which can intensify aggressive behaviours and result in more frequent occurrences of it (Centers for Disease Control and Prevention, 2023). Additionally, experiences of childhood trauma and exposure to familial violence are critical factors. Individuals who witness or endure abuse during their formative years may internalise such behaviour as normative, thereby perpetuating a cycle of violence (Lanchimba et al., 2023). Cultural beliefs and traditions, economic stressors, and

a lack of accessible support services and safe spaces for victims are significant contributing factors to domestic violence against women within households.

#### **4.5.1 Sub-theme 1: Alcohol abuse**

The analysis provides evidence of how alcohol abuse contributes to violence against women in households. Perpetrators explained that their insecurities surface when under the influence of alcohol, which can escalate into physical violence against their partners. Consequently, the findings clearly indicate that excessive alcohol consumption significantly contributes to domestic violence against women by emboldening perpetrators to commit such acts. Participant H stated,

*“I think it depends. According to my knowledge, when I am intoxicated, it's easier for me to act out of control than when I'm sober. Sometimes I keep my cool, but when I'm intoxicated, I find myself in conflict without understanding how I got there.”*

Further, Participant I remarked,

*“In most cases, let's say we went out and a guy spoke to him. I won't bring it up in the moment, but when I get drunk, it resurfaces, and that's when I start bringing up those issues. Sometimes I do it because I want to feel confident; I seek a boost from the alcohol. It's like it opens my mind or makes me feel wiser.”*

Furthermore, Police Officer 1 further explained that

*“Excessive alcohol sometimes gives the courage some individual to commit to those kinds of acts.”* Additionally, another novel finding is that when men go to

drinking establishments, they often make false accusations against their significant others, such as cheating. This behaviour stems from their own insecurities. When they return home, these feelings can escalate, leading to physical violence against their girlfriends. This trend has only been observed when they are under the influence of alcohol. The victim Participant C stated that

*“I think it’s the friends that are influencing him the way they are drinking that I am always seen with guys and all that.”*

The study identified a significant linkage between alcohol use and the incidence of domestic violence. It further emphasised that the data revealed patterns indicating that alcohol misuse contributed to the occurrence of domestic violence against women in the home. By comparing the findings from previous studies, the study found that women with sober boyfriends or husbands are less likely to be victims of violence than those whose partners abuse alcohol (Bhatta et al., 2021). The findings of this analysis align with previous studies highlighting the significant role of alcohol abuse in domestic violence, particularly physical abuse. The study also explored potential explanations for the link between alcohol misuse and domestic violence. Participant A, who is a victim stated,

*“The violence I have experienced in our household was mostly beating and insults caused by the abuse of alcohol and power.”*

The study highlights alcohol misuse as a major factor contributing to domestic violence against women in households. Using Interpretive Description, the narratives from participants in this study illustrate that alcohol misuse is not just a background factor in domestic violence; rather, it is deeply intertwined with the patterns of abuse that women face in their homes. Participants noted a recurring cycle where alcohol consumption often preceded instances of violence, escalating

tensions and reducing the abuser's self-control. These experiences indicate that alcohol serves as both a catalyst and a justification for violent behavior, fostering an environment in which women feel increasingly unsafe and disempowered. Participants' accounts reveal that alcohol misuse is not an isolated issue but rather intertwined with substance use, economic hardship, and deeply rooted gender norms. In many households and communities, alcohol use is normalized, which complicates women's ability to identify early warning signs or seek assistance. This finding highlights the necessity for social work interventions that address substance abuse while also considering the broader relational and contextual factors involved. Aligning with the principles of Interpretive Description, this interpretation aims to guide practical action. Social workers, healthcare providers, and community leaders should be trained to recognize alcohol misuse as a significant risk factor in domestic violence cases and to develop culturally sensitive prevention and response strategies that reflect the real experiences of affected women.

#### **4.5.2 Sub-theme 2: Childhood Trauma Experiences**

The study indicates two key findings. First, growing up in an abusive home significantly impacts children's behaviours as they grow into their adulthood. Secondly, the behaviours influence their perceptions of gender roles. Besides, the findings indicate that early exposure to domestic violence often leads children to adopt aggressive attitudes and behaviours, normalising these actions as acceptable ways to interact with others. Police Officer 3 stated

*“Most of the people that they have raised in the house where these abuses of each other, they are mostly likely to take it as a normal thing to do. So, there*

*are people that they to insult someone or to beat somebody, they don't see it as something that is harming the next person."*

The finding about childhood trauma highlights the long-term effects of early exposure to domestic violence on individuals' perceptions and attitudes. Those who grow up witnessing or experiencing violence often come to normalise these behaviours, seeing them as a typical part of family dynamics.

Participant E stated

*"You know, for now, because for now you know what's good and what's right, for when you are thinking about the past, it's like you, for now, because later I think maybe that moment, I think like, maybe it's just normal, it's normal to happen in every house, but for now I realise that no, that was a violence and I think for now we was, for now I think like we need to, it was the time to go ahead to report this case, even though we were just quiet until the case was done."*

The participants explained that during their childhood, violence seemed "normal" and was not viewed as harmful or exceptional. This normalisation emanates from environmental influences, where both aggression and silence in response to violence are modelled and internalised. Over time, individuals often develop broader perspectives and greater awareness typically through education, exposure to different societies, or personal reflection. This allows them to reinterpret their experiences, leading them to recognise that what they once viewed as normal behaviour was actually violence. This shift underscores the critical role that behaviours play in shaping perception. When violence becomes normalised during childhood, it establishes a framework in which

aggression is regarded as acceptable until new behaviours, ideas, or interventions disrupt these perceptions.

The results now indicate that harmful gender norms and power dynamics may exacerbate the cycle of violence within families. Police officer 4 illustrates that

*“So if a person says for example, they grew up in a household where parents fights or there's violence at home, so they are most likely when they grow up, they are also going to get involved in such a violent activity.”*

The results indicate that children raised in violent homes are more likely to view abuse as normal in adulthood. Participant D mentioned that,

*“I accepted violence as the norm growing up with my aunt, who had been abused by her husband. I did not say anything about it when I was first experiencing.”*

Participant H stated that“

*“In my understanding, we are all just everything we are doing is based on how we were raised.”*

Previous research also supports the idea that children who witness or are exposed to domestic violence face a range of immediate and long-term psychological consequences (Devakumar et al., 2021). Furthermore, children who observe domestic abuse are at a higher risk of displaying externalising behaviours such as hostility and violence in adulthood (Walker-Descartes et al., 2021). Research shows that exposure to childhood trauma, especially violence, significantly predicts future involvement in abusive relationships whether as perpetrators or victims, individuals affected by childhood maltreatment are more likely to develop maladaptive coping mechanisms, experience difficulties with

emotional regulation, and encounter challenges in forming healthy attachments in adulthood (Saadi et al., 2022). These factors increase the risk of entering and remaining in violent relationships. Childhood trauma can also normalize violence as a means of conflict resolution, especially within families, leading to the internalization of harmful gender roles and relational patterns, making it harder for women to recognize or escape abusive situations later in life. Research conducted by Sharratt et al., 2023 elucidates that unresolved childhood trauma can render women emotionally vulnerable, adversely impacting their self-esteem, sense of agency, and mental health. These vulnerabilities may impede their capacity to establish healthy boundaries, resist coercive control, and seek assistance in instances of intimate partner violence. Furthermore, the intergenerational transmission of trauma exacerbates this phenomenon, as women who have experienced traumatic childhoods may unconsciously replicate maladaptive relational patterns acquired during their formative years (Brennan et al., 2021). Consequently, childhood trauma not only constitutes a significant personal burden but also represents a critical public health and social issue that intersects with strategies for the prevention and intervention of domestic violence.

Through the lens of Interpretive Description (ID), the findings of this study indicate that childhood trauma, particularly exposure to violence, neglect, or emotional abuse, significantly affects women's susceptibility to domestic violence in adulthood. Participants' narratives demonstrate how early traumatic experiences disrupted their sense of safety and trust, often leading them to normalize violent behavior as an expected element of intimate relationships.

These women reported patterns of emotional disconnection and diminished self-worth originating from their childhoods, which subsequently impaired their ability to establish and maintain healthy boundaries in adult relationships. Consistent with Thorne's (2016) emphasis on deriving practice-relevant meaning, these insights suggest that childhood trauma is not merely a historical event but a lasting influence that shapes women's current realities and decision-making within relationships.

Interpretive Description significantly enhances our comprehension of how participants perceive their early experiences in relation to current abuse. A considerable number of participants conceptualized their childhood trauma as a training ground for enduring violence, interpreting their adult victimization as a continuation of familiar relational patterns. This reflective meaning-making process illustrates how trauma can become deeply embedded in an individual's self-narrative, thereby perpetuating cycles of silence, shame, and helplessness. From a practical standpoint, these findings underscore the necessity for a trauma-informed approach in social work that recognizes these entrenched narratives and addresses them through empathetic, ongoing intervention. As Thorne (2016) emphasizes, interpretive findings should inform responsive, real-world practice. Consequently, social workers and allied professionals must be equipped to identify and address the enduring effects of childhood trauma in women experiencing domestic violence, integrating psychosocial support that addresses both historical and contemporary harm.

### **4.5.3 Sub-theme 3: Money-related reasons**

The findings indicate that financial challenges are a contributing factor to domestic violence against women. Participants highlighted several ways in which economic difficulties exacerbate violence within households. For instance women rely on men for financial support, encounter financial mismanagement at home, and aspire to a luxurious lifestyle that remains out of reach. Furthermore, participants discussed how financial support from males is crucial for women, and how it can also contribute significantly to the prevalence of domestic violence. This situation often arises when women depend on their significant others for financial support, leading them to refrain from opening a case against them. Participant G stated

*“I chose not to open a case against him again because, despite working, I still see him as the breadwinner of the household. My income largely goes toward supporting my extended family, and he takes on most of the financial responsibilities for our household. This dependency made it difficult for me to leave the abusive relationship and may have contributed to the continuation of the violence.”*

Other findings were broadly in line with Eriksson and Ulmestig (2021) who claim that women experiencing financial abuse often face long-term economic consequences, including poverty and diminished career prospects. The effects of this abuse persist, impacting their financial stability even after they have separated from their abuser. Legal disputes, outstanding debts, and lost employment opportunities frequently trap women in cycles of financial dependence.

Similarly, the study found that women do not report abuse because their current living situation is the only home they know, leaving them with no other options for support. Social worker 4 mentioned that

*“Sometimes you get clients that are abused but they do not want to open any case against the abuser because of reasons such as I do not have any place to stay and I cannot afford even rent”.*

This is consistent with previous findings. Financial abuse creates economic dependence on the abuser, complicating the process of leaving the relationship. The lack of financial autonomy confines women in abusive situations, as they cannot meet their basic needs or support their children without their partner's financial assistance. This dependency represents a significant barrier to escaping violence (Alkan et al., 2021).

Contrary to findings about other significant factors contributing to domestic violence, women sometimes misallocate money given to them by their partners for household necessities. Furthermore, the study did not identify a common form of economic violence: when men withhold money from women for household needs despite having sufficient financial resources for other expenses to buy personal items that were not previously discussed (Alkan et al., 2021). Participant H explained how that habit has been affecting their relationship, often putting him in the difficult position of needing to confront his partner as a way of discouraging her from repeating the behaviours. Participant H stated,

*“Let's say I give her money to buy something specific, we don't have food, tell her to go buy baby meals and then she comes back hungry while eating bad chips. So, at that point, I expected that to have a better understanding and it gets just*

*more violent because I feel like we have spoken and we cannot really address it without maybe touching her.”*

Additionally, Social worker 1 has seen that there is an increase in violence when one person is a spender and the other is a worker. As a result, this increased financial strain on the employed person and placed them in a violent situation. A similar pattern of results was observed in the study, which found that women endure violence even when their abusers threaten to cut off their financial support, force them back onto the streets, and control almost every aspect of their lives (Stöckl et al., 2021). These women often rely entirely on their abusers for financial assistance. This has placed a significant burden on them, as they must navigate the challenges of living in an abusive relationship for the sake of shelter. Conversely, the study found that many young women aspire to a luxurious lifestyle that they are unable to sustain (Alkan et al., 2021).

This situation placed them in a position where they felt compelled to seek financial support from the men, ultimately resulting in the men exerting control over them and, in some cases, resorting to physical assault when their rules were not followed. Nurse 2 stated that

*“To give a practical example is when young women want an iPhone 15 so in order to get it, they find themselves a man to finance their; lifestyle.”*

A similar conclusion was reached by Eriksson and Ulmestig (2021) highlighting how tactics like financial exploitation amplify other forms of abuse, thereby increasing the overall control men have over women.

Utilizing Interpretive Description (ID), the findings indicate that money-related issues significantly contribute to domestic violence against women, revealing a

complex interplay of economic dependence, power dynamics, and emotional distress within domestic settings. The narratives of participants elucidate how financial stress, unemployment, and unequal control over household income frequently serve as catalysts for conflict escalation. Some women reported experiencing verbal, emotional, or physical abuse in response to inquiries regarding their partner's spending or when seeking financial support. Women lacking independent income sources articulated a heightened sense of powerlessness, suggesting that financial dependency constrained their ability to exit abusive relationships or negotiate for safer living conditions. These experiences illuminate not only the material realities of poverty but also the emotional and relational implications that women associate with financial control and survival

#### **4.5.4 Sub-theme 4: Cultural Beliefs and traditions**

The findings confirm that cultural beliefs and traditions significantly contribute to the prevalence of domestic violence within households, particularly highlighting the impact of family secrecy and the upbringing of male and female children. This suggests that every family member has a responsibility to protect the family's name and legacy, with women often seen as the anchors and keepers of their home's secrets. Thus, when a woman finds herself in an abusive home environment, she may feel compelled to remain silent about it. Speaking out can lead to being perceived as less of a woman and may suggest that she lacks the discretion to keep private matters confidential. This is done to protect the abuser, placing women in a vulnerable position when seeking services. These factors are

also contributing to the increased rate of violence in our households. Participant A said

*“The fear of speaking out holds me back because I know it will bring backlash from the community. People would bully me, and once they find out what happens in my household, they would lose respect for me and my family. This fear of judgment and social rejection prevents me from reporting the violence.”*

Social worker 1 stated

*“And the other thing is also might be lastly is that when things of this nature are happening, people don't really want to expose themselves to what is really happening in the inner. That could be a cultural belief or so because people don't want to open up or don't want others to know or find out that in their household there are issues and things like that. So, they want to keep it inside until maybe something has happened. Could be maybe somebody killed or something of that sort or that a person found themselves hospitalized because they have been abused. That's the only time that issues of this nature really come out”.*

The literature review indicates that family secrecy plays a significant role in contributing to domestic violence by fostering an environment in which abuse remains concealed, thereby complicating victims' efforts to seek assistance or share their experiences (Boethius & Åkerström, 2020). Other authors agree that women living in abusive relationships often keep their experiences of abuse secret from their social networks due to various factors, including shame, guilt, fear of judgment, and concerns about escalating violence (Allen et al., 2022). Furthermore, when domestic violence is hidden within a family, it enables the

perpetrator to maintain control. This concealment isolates the victim and restricts their access to support. Hence, family secrecy serves as both a shield for the abuser and a trap for the victim, greatly worsening the ongoing problem of domestic violence (Boethius & Åkerström, 2020).

A further important finding is that the upbringing of boys and girls contributes to the potential for domestic violence in adulthood. Cultural norms often encourage boys to be strong, suppress their emotions, and resort to force when faced with challenges. Therefore, in adulthood, they resort to violence as a way to resolve the problems they face in their relationships. Furthermore, as a result of societal norms, women are often perceived as vulnerable and are expected to adopt a submissive role in relation to men.

Participant A said,

*“Growing up in the rural area in the Aawambo community, some men are regarded as the head of the house. So, they are the ones that make decisions. So, they are the ones that are in power. They are the ones that control everything when it comes to households.”*

Social Worker 2 explained,

*“So the fact that you are a woman, you cannot stand up for yourself, end up being abused because of the religious belief. So, one thing also can be cultural beliefs, in the way that there are some harmful cultural practices”.*

This finding ties well with previous studies wherein men are often granted authority over women in many patriarchal societies, particularly within the institution of marriage. This dynamic fosters an environment in which men may feel empowered to assert their authority, frequently leading to violence when

women oppose or defy them (Luvo & Saunders, 2022). To discipline women and uphold male authority, disrespectful behaviours such as physical, psychological, and emotional abuse are used.

There is a trend in the boy child's behaviours that are raised to be tough and to show no emotions at all. As they grow into adulthood, this violent behaviour starts to manifest. The study found that these men use force most of the time to get things done or just to instil fear in others. When they find themselves in a situation that requires them to be the man in charge mostly use violence to prove their masculinity. Participant G agreed when he said

*"It's a way of recovering in some of my masculinity so that I'll be a man that I'm supposed to be."* Previous research indicated that children exposed to domestic violence (DV) often internalise or externalise their trauma. Externalising behaviours, such as aggression or violence, can manifest as coping mechanisms (Doroudchi et al., 2023a). These behaviours may become deeply rooted as individuals transition from childhood to adulthood. For instance, the study revealed that male individuals exposed to domestic violence are more inclined to display aggressive behaviours and may even become perpetrators of violence in their own relationships, mirroring the conduct they observed during childhood. The narratives of the participants illustrate how deeply embedded cultural beliefs and traditions shape experiences and responses to domestic violence. Through interpretive description, it becomes evident that silence and secrecy within families are not merely individual choices but socially constructed mechanisms for survival and protection. Participants expressed fear of judgment and community rejection, demonstrating how cultural norms impose emotional

and social penalties on those who attempt to speak out against abuse. For many, remaining silent equates to preserving family honor, while disclosure is perceived as betrayal. These narratives reveal that women often internalize the expectation to endure in silence, prioritizing family reputation over personal safety. Concurrently, the accounts of male participants highlight the gendered socialization processes that associate masculinity with dominance, stoicism, and control. From a young age, boys are socialized to suppress their emotions and are sometimes rewarded for employing aggression to assert authority. This normalization of male power and control fosters an environment in which violence becomes an accepted method of conflict resolution. The interpretive lens indicates that domestic violence is not solely a result of individual pathology but also a reflection of broader sociocultural conditioning that affects both victims and perpetrators. This understanding enhances awareness of the systemic nature of abuse and the cultural barriers that hinder prevention and intervention efforts.

#### **4.5.5 Sub-theme 5: Lack of Safe homes in the town of Oshakati**

The lack of safe housing is a significant issue. Often, victims need temporary accommodations while efforts are being made to address the problems they are facing. The social workers clarified that their goal is not to break up families, but rather to protect them and determine the best ways to support the couple or family members. Consequently, they often encounter challenging situations when emergency cases arise that require temporary placement. The study similarly found that victims of violence prefer to be placed in secure residences where safety and privacy are assured.

Moreover, the study found that social workers are currently utilising the Intermediate Hospital Oshakati as a place of safety; however, medical officers subsequently assert that these victims are physically fit and must be discharged. Therefore, addressing the issue of domestic violence is challenging without places of safety. In some situations, the victims may not wish to pursue arrest but simply want to be heard. This is particularly evident among victims of violence, as many prefer to resolve their relationship issues independently or through traditional leaders, especially when blood has been shed. As the result of the absence of safety homes puts them in a difficult situation to measure the effectiveness of their interventions since the victim is going back to the same environment, in most cases, victims lie that they have resolved the issue or they are forced to withdraw the case in situation where a case was opened. Participants agree that in most cases they chose to keep quiet about it because that is the only home they know. In order to address the issue of domestic violence in Oshakati, it is important to make provision for shelters while working with the victims and perpetrators in the domestic set-up.

#### **4.5.6 Sub-theme 6: Unfaithfulness in the relationship**

Unfaithfulness in relationships significantly contributes to domestic violence, often resulting in feelings of betrayal, mistrust, and emotional turmoil. These emotions can escalate into conflict and abusive behaviours within households. Depriving of the significant other the benefits and rights that one is supposed to get in a relationship was one of the key factors that contributed to domestic violence against women. The study found that the unfaithful partner deprives the

other one which leads to arguments and later, violence occurs. The study also found that ineffective communication in a domestic relationship contributes to the occurrence of violence. For example, Participant I mentioned that

*“How it makes him jealous and later on start suspecting that the girlfriend is cheating that push him to beat her.”*

Moreover, Participant C described how her boyfriend's accusations of infidelity caused her significant emotional pain, adversely impacted her mental health, and led to a growing fear for her own safety. Cheating significantly contributes to domestic violence in households. Utilizing Interpretive Description (ID), infidelity in intimate relationships is identified as a significant emotional and relational catalyst that contributes to domestic violence against women. The narratives of participants revealed that perceived or actual infidelity by partner often precipitated intense conflict, feelings of betrayal, and a breakdown of trust, which frequently escalated into verbal and physical abuse. Women articulated how accusations, jealousy, and control often justified by suspicions of unfaithfulness were employed by their partners to dominate and intimidate them. Thorne's (2016) framework emphasizes the importance of understanding how individuals interpret their experiences; in this context, women often internalised the violence as a reflection of their perceived inadequacy or failure to sustain the relationship, leading to profound emotional distress and diminished self-worth.

#### **4.6 Theme 2: Effects of violence on the lives of women**

Domestic violence profoundly affects women's lives, producing long-lasting consequences for their physical, emotional, and psychological well-being. Women who experience such violence often suffer from post-traumatic stress disorder (PTSD) and chronic fear, which significantly undermine their sense of security and overall mental health. Furthermore, the impact on physical health encompasses severe injuries, and in certain instances, the distressing loss of pregnancies is a result of trauma. Numerous survivors may turn to maladaptive coping mechanisms, such as alcohol dependence, which further complicates their journey toward recovery.

#### **4.6.1 Sub-theme 1: Post-Traumatic Stress Disorder (PTSD)**

It is important to address the significant findings revealed by the results of the study. The research indicates that participants who are experiencing domestic violence are subjected to severe stress, which results in flashbacks that hinder their ability to parent effectively. This severe stress did not only affect their relationship with their children and other members of their home but has however, affected their daily activities functioning, hence, there is a huge decrease in their work productivity. Participants who experience violence reported that it impacts their daily activities, resulting in decreased concentration at work, which subsequently reduces their productivity in both professional and personal spheres. Highlighting the profound psychological toll that domestic violence can exert on a victim's ability to function in daily life, Participant F supports the latter by stating,

*"I also find it difficult to concentrate at work."*

The ongoing stress and anxiety resulting from domestic violence can hinder focus, reduce productivity, and compromise professional performance. This highlights that domestic violence extends beyond the home, affecting multiple facets of a victim's life, including their workplace. Participant A stated,

*"I am actually just stressed every time; it could be at work or at home watching the kids or observing my colleagues at work."*

This highlights the pervasive nature of stress stemming from domestic violence. This ongoing stress affects not only her emotional well-being but also her ability to engage effectively with her children, colleagues, and household responsibilities. The violence that women experience creates a lasting mental burden, which hinders their ability to concentrate fully and enjoy their daily interactions and tasks.

Recent studies have demonstrated that women who are subjected to domestic violence encounter challenges in their interactions with their children and in managing their emotions. Post-traumatic stress disorder (PTSD) can also have a negative impact on the bond between a mother and her infant (Agarwal et al., 2023). Furthermore, Agarwal et al. (2023) suggest the psychological distress and emotional instability caused by this disorder can impede a mother's ability to adequately address her child's needs. Consequently, the child may encounter difficulties in forming strong emotional connections and may experience enduring emotional and developmental issues.

Furthermore, stress was identified as one of the leading factors contributing to participants' feelings of worthlessness due to the abuse they experience in their lives. The study found that women lost their sense of self-worth as a result of

abuse, which can happen in a form of beatings, insults, threats, and more. As the victim explains this further, stating, *"I start thinking like maybe nobody loves me if am worthless in the family."* This has negatively impacted women, leading to a loss of self-confidence. Participant D (victim) stated,

*"I lost confidence; it's like you are just working, and you do not know who to stand with."*

Moreover, Participant J stated it stresses her every time and to an extent she mostly ask me to validate whatever she is saying and just not thinking highly of herself that is the low self-esteem that she has developed. Consistent with prior research, Agarwal et al. (2023) emphasize that women who experience domestic abuse frequently endure mental health challenges, including post-traumatic stress disorder (PTSD), anxiety, and depression. These conditions can greatly hinder a woman's daily functioning, social interactions, and ability to care for her child. Apart from affecting mental health, domestic abuse can also lead to physical symptoms including headaches, fatigue, and digestive problems. The study's primary drawback is the dearth of assistance available to women who are victims of domestic abuse. One participant broke down in tears during an interview as she described her experience. This suggests that in order for victims of violence to recover from the traumatic event, counselling therapy is still desperately needed. Moreover, this has impacted the study, as the participant was unable to provide comprehensive information about her experience due to feelings of shame, fear of retaliation, and being overwhelmed.

#### 4.6.2 Sub-theme 2: Fear

The analysis indicates that women who experience domestic violence often develop fear. Participant I described the impact of the violence on his girlfriend, stating,

*“She is always in fear, even when there is nothing to be scared of.”*

The study found that abuse significantly affects the mental health of women. Additionally, many women developed a fear of leaving their homes for various reasons. For example, Participant I stated,

*“Yeah, I would say she has feared me to a certain point where even the small things she's scared to do it without asking me so she's so scared of me that she literally just stays at home.”*

Further, Participant E stated that

*“Fear makes me forget, so when I forget, when he came, where's my water to bath, it's like, it's the time, it's the moment you are running to get the basket so you go fetch water and I am scared, but that time he's shouting, he wants to beat you.”*

The prevalence of unseen abuse and control is one of the issue's limitations because not all women respond to abuse with fear or submission. Over time, some women may become numb or disconnected from their feelings, while others may develop coping strategies like resilience or resistance (Susmitha., 2016). The study findings also agree with previous literature as Participant C revealed,

*“I was too scared to tell him that the miscarriage was caused by the abuse. Instead, I chose to stay silent and pretend everything was fine, fearing the*

*consequences of speaking out because i know my boyfriend when i talk he will start saying i want fights.”*

One limitation of this is invisible abuse and control, not all women respond to abuse by feeling or acting fearful. Some women may develop coping mechanisms such as resistance or resilience, while others may become numb or disassociated from their emotions over time. Therefore, fear alone cannot be conclusively identified as one of the effects of domestic violence. Overall, these findings align with previous research indicating that economic violence negatively impacts women's mental and physical health, resulting in heightened levels of stress, anxiety, and depression. Women experiencing financial abuse frequently suffer from adverse health effects as a result of the chronic stress linked to financial instability and ongoing mistreatment (Alkan et al., 2021).

#### **4.6.3 Sub-theme 3: Loss of pregnancies**

Moreover, pregnant adult female who have experienced violence have suffered miscarriages as a result of the stress, leading to the loss of their pregnancies. Participant F stated,

*“To date, I am struggling to conceive after I lost my third pregnancy because of the ongoing abuse in our home,”* while Participant B shared, *“I was three months pregnant, but I lost it because of the everyday abuse in our home, my husband beats me, he insults me sometimes he even abuses me of not loving him. He is not supportive during my pregnancies in our second pregnancy he left me home for other women all these hurt me. They really hurt”*

The study found that most women chose to remain silent about their experiences, indicating that they did not discuss their pregnancies or losses with their

partners due to the abuse they had suffered. This implies that women who experience violence are associated with emotional numbing. The study found that these pregnant women are experiencing emotional numbing in their lives. Participant H stated,

*“My partner rarely talks about how she feels after she lost our fourth pregnancy.”*

When comparing the study results to those of older studies, it must be pointed out that pregnant women who experience domestic violence are at a higher risk of health complications. Research indicates that women with a history of abuse are more likely to deliver prematurely and undergo either planned or emergency caesarean sections. Premature labour may occur due to elevated stress hormones in women caused by the psychological strain and trauma associated with domestic violence. Participant E stated that,

*“For my whole life all my children I have given birth to them prematurely and we have to stay in hospital for longer because my partner is mostly insulting me and hate me when am pregnant. He beats me, call me names and less supportive. Even when you ask him for the hospital visits, he says I should figure it myself it's not that I am the first woman to be pregnant”*

Additionally, the direct effects of physical abuse can damage the placenta or trigger uterine contractions, leading to complications such as preterm membrane rupture. Furthermore, pregnant women who experience abuse are at an elevated risk of developing mental health problems, including anxiety, depression, and other related disorders. These conditions can negatively impact their pregnancy and postpartum experiences. Depression related to domestic violence can also harm a mother's capability to upkeep for and bond with her infant, potentially

resulting in lengthy-period penalties for both maternal and baby well-being (Finnbogadóttir et al., 2020).

#### **4.6.4 Sub-theme 4: Alcohol dependency**

Domestic abuse victims often endure significant psychological distress, leading some to resort to unhealthy coping mechanisms, such as alcohol consumption, in an attempt to manage their trauma. These findings support the notion that women who experience violence develop alcohol dependency, driven by their everyday drinking in an attempt to escape reality and temporarily forget their situation. The study found that women drink not only to forget but also to cope better with their circumstances. Participant J mentioned that

*“I have been with babes for a longer time but before the abuse she never used to drink but for the past months she has been drinking every day, this is worrisome to me too.”*

Research further suggests that women who experience intimate partner violence are at a higher risk of developing alcohol-related problems compared to those who do not experience such violence. (Smith et al., 2012). This relationship highlights the role of alcohol as a coping mechanism for victims of domestic abuse. Furthermore, the study found that victims of violence consume alcohol daily as a means of coping with their circumstances. Many victims choose to go to bars, where they can experience a sense of community and be regarded as individuals, rather than returning home to an environment they describe as hellish. As Participant G stated

*“I drink to sleep at night; it helps me forget the situation at home. When I am intoxicated, I can fall asleep quickly and avoid hearing him remind me of my poverty.”*

#### **4.6.5 Sub-theme 5: Injuries**

A notable finding is that women are facing various forms of abuse in their households, including emotional, social, economic, and physical abuse. This section summarises the effect of bodily exploitation on females' lives. Recent research indicates that women experience physical violence that results in swelling, bruises, and brain injuries from being pushed, falling onto objects, or being kicked. Participant J remarked,

*“I have really seen her swelling up after I beat her, while participant I recalled, There was a time we had a significant disagreement, and I pushed her. She hit her head on something and lost consciousness.”*

Overall, these findings are consistent with the research conducted by Walker-Descartes et al. (2021) at Mainoids Children's Hospital, which revealed that domestic violence is a primary cause of physical harm experienced by women in their homes. In emergency departments, 83.3% of injuries related to domestic violence are reported in women, highlighting a disproportionate impact on this demographic. The seriousness of the violence is underscored by the prevalence of injuries to the face, head, and neck, which encompass a spectrum from contusions to lacerations, strains, and fractures (Walker-Descartes et al., 2021). Participant F stated that

*“There was a time when he hits me on my eye, my left eye, I have lost my eye because he beat me.”*

#### **4.7 Theme 3: Strategies to reduce domestic violence in Oshakati**

Reducing domestic violence against women in households requires focused and diverse strategies that tackle both immediate needs and systemic gaps. Raising awareness about available support services is essential to empower victims to seek assistance and to help break the cycle of abuse. Enhancing privacy in healthcare settings, such as by constructing private consultation rooms in the casualty department at Oshakati Hospital allows victims to share their experiences in a safe and confidential environment. Moreover, improving access to safe living spaces in Oshakati is crucial for providing women with secure refuge from abusive situations. Additionally, in-service training for healthcare workers bolsters their ability to manage cases of domestic violence effectively and sensitively, thereby establishing a strong support system for victims.

##### **4.7.1 Sub-theme 1: Awareness raising on the available services in terms of domestic violence**

The findings reveal two key findings. First, the police officers at the Gender-Based Violence Unit provide classes for perpetrators of domestic violence when victims choose not to file a case against them. Secondly, the study found that the primary purpose of the Social Services office is to help families live together harmoniously. Additionally, the study found that educating perpetrators about their violent behaviours and teaching them positive alternatives is beneficial. Teaching them techniques on how to deal with their emotions and improving communication methods will help reduce domestic violence. The study also found that social

workers are informing women about their rights upon visiting their offices. This includes providing information on available services, such as the application for protection orders, restraining orders, and access to free medical treatment for victims, even if they choose not to file a complaint against the perpetrator. Extensive findings indicate that the awareness-raising umbrella encompasses educating communities about protection orders, restraining orders, and the violent behaviours of perpetrators. The study found that in certain locations in Oshakati, individuals cannot report incidents of violence that occurred in their homes to the police without obtaining permission from the local leader. Regarding this, Participant E asked,

*“How will I inform the police, and how will the local leader perceive my actions if I go over his head?”*

Therefore, greater awareness-raising efforts need to be directed towards local leaders, as they are influential figures, with initiatives spearheaded by the line ministries. This will also include disseminating information on women’s rights, the study found that there is still a gap of knowledge in the communities as only of participants knew it was violence and they chose not to do anything about it, while of participants did not know it was violence. The key informants indicated that most of the patients that they see know it is violence but some choose to lie about it. This finding is consistent with prior research indicating that empowerment through social engagement and education entails promoting women's involvement in social and political endeavours (Kiani et al., 2021). Awareness programs also educate women about their legal rights and available resources. This combination helps reduce women's vulnerability to domestic abuse by boosting their agency, confidence, and decision-making skills.

#### **4.7.2 Sub-theme 2: The need to construct privacy rooms in the casualty department in Intermediate Hospital Oshakati**

One of the study findings is the lack of privacy in the casualty department. When women seek treatment at Oshakati Hospital, they are often reluctant to communicate openly with nurses and doctors due to the absence of privacy. Instead, women experience intense emotional responses, such as crying or overwhelming anger. Consequently, this hindered nurses from accurately taking patient histories and impeded doctors from conducting thorough investigations necessary for diagnosis and treatment. Nurse 3 stated that

*“Um, I would also just add to her point, like when you identify these clients, like sometimes maybe you just find the client is standing there. You see somebody's just crying. Then you just come and talk to them. They're like, my sister, can I help you? What is happening? Then the person, they will either be angry. You didn't say anything to them there is no privacy in casualty to hold conversation with patients.”*

Additionally, the study found that when a rape victim presents at the emergency department, casualty doctors are unable to perform a rape kit due to the need to protect the patient's privacy. Therefore, establishing private consultation rooms within the emergency department for cases of domestic violence would inspire extra ladies to come forward, as they would feel safer and more protected. A significant concern regarding the discovery of the unavailability of a private room in the casualty department at Oshakati Hospital is the absence of research in this specific area. Therefore, this examination will underwrite to the present figure of

information by emphasising the significance of a private room in the casualty department. Medical officers highlighted the challenges faced by healthcare professionals in offering care to wounded of domestic violence, stating,

*“When these individuals come to us for services, the lack of private screening rooms becomes a significant barrier. For example, when a rape victim or any other patient comes to casualty, the space is often overcrowded with patients dealing with various issues. This lack of privacy makes it difficult for us to offer the necessary care and support effectively.”*

Furthermore, nurses also expressed the strong need for a private room in the casualty department as Nurse 2 stated that

*“We can also say for especially at the casualty, we might need more private rooms so patients can be very comfortable and not fear of stigma, a lot of social workers and counsellors to help them.”*

#### **4.7.3 Sub-theme 3: Ensuring Safe Living Spaces in Oshakati**

The study found that there is no place for safety or shelter in Oshakati. That makes it difficult to work with domestic violence cases. The study found that the lack of non-violent housing is contributing to the increasing incidence of domestic violence in Oshakati town, as victims have no temporary relocation options. Social worker 3 stated that

*“The Ministry of Gender and Child Welfare because they are the custodian of these issues uh to really have you know you know enough shelter we need shelters for people that are facing violence in their household uh so that we do not leave them in the street or we do not they are not forced to go back in*

*in in the environment which is toxic and where their lives are really or at a higher risk other than that.”*

Consequently, it becomes challenging for both professionals and victims to control violence in the town. Providing safe houses in Oshakati may help reduce the increase in domestic violence. Victims have expressed a preference for relocation to a safety home rather than seeking refuge with family members or at a police station. One participant stated,

*“He's abusing me, and I should feel safe enough to say I will leave the house. However, I wouldn't want to move in with my family or his family. I would prefer to go somewhere that ensures my safety, like a proper shelter for victims or survivors, rather than spending the night at a police station. There should be safe homes specifically designed to provide security and support for individuals in situations like mine.”*

#### **4.7.4 Sub-theme 4: Encouraging help-seeking behaviour through counselling services**

The study found that both women and men believe that seeking professional counselling, whether from social workers or pastors, provides them with new techniques to effectively cope with their problems without resorting to violence. Further, the study emphasised the need for ethical principles, such as non-judgmental attitudes and confidentiality, as it found that these principles were often lacking among most professionals. As perpetrator stated that

*“I think people are too judgmental so once you try to approach someone and then they will just judge you like no you are a monster you are what what so to prevent all that you just have to keep it to yourself and prevent going to*

*people, prevent all those misunderstandings and judgments, judgmentalism from people.”*

Healthcare workers also encourage other professionals to maintain a high level of professionalism when assisting victims or perpetrators of violence. Social Worker 3 mentioned that

*“We can also say we have to be accountable for everything that we. We have to be very accountable and also very professional. Now here we are talking about professionalism. We have to act in a manner that is professional as professionals. We are all guided by some acts which we are also working under. We are encouraged at all times to be accountable when we are dealing with our clients, to respect them so that they can trust us Because if you are not respecting the person, they will not be open up to you. So we have to listen to them without judging them, as the previous speaker has indicated. Just to assure them that despite what happened to them, they are still who they are. They still have that dignity. They still need their respect.”*

#### **4.7.5 Sub-theme 5 :Inservice training for health care workers**

The findings now provide evidence of a lack of knowledge among some health care workers specifically, that the new Medical Officers at causality departments need to be trained in clinical support of survivors of domestic violence and also, the strengthening of collaboration between stakeholders within the town. Police officers explained how the gap in knowledge affects the service rendering for victims of domestic violence Police officer 4 stated that

*“So if the person needs the medical attention yeah in case of maybe yeah access the maybe it's a rape matter or something yeah that one it's the one that is having a challenge because the some doctor are not well trained on*

*the if you are even having a rape kit it can take some time for a doctor to come and attend or some of them they will say ah wait for the gynecologist and as time goes it also becomes a stressful encounter for the for the for the victim."*

Capacitating the health care workers on the latest guidelines and policies in assisting victims of domestic violence. In order to reduce violence in Oshakati the study found that most of the Police officer receive once-off training therefore, they identified a strong need for ongoing trainings for them. The Police Officer mentioned

*"Just to add on here, in terms of the police, they normally or we normally just receive these domestic violence workshops, whereby one learns how to either attempt to rape and kill, how to obtain evidence, how to interview the suspects and also how to protect and also to keep the evidence so that it can be used as evidence therefore, we need continues trainings as new staff members join us every year." While social workers stated that social worker: "I think the umbrella, the training need umbrella should be just the gender-based violence itself, gender-based violence sensitization, which will now include everything from what gender-based violence entails to the different types, how to identify victims and to add on to what the colleague from the police said and all of that. Because once staffs that are attending to victims, both victims and perpetrators of gender-based violence are trained, it will be easy for us to do everything from identifying to sensitizing to handling this, both victims and perpetrators accordingly, providing the necessary service, which is helpful and so forth."*

#### **4.8 Conclusion**

In conclusion, the study found how alcohol abuse, childhood traumatic experience, childhood trauma, money related issues, unavailability of safety homes and unfaithfulness in relationships are the contributing factors to domestic violence against women. The analysis provides evidence of the relationship between alcohol abuse and violence against women within households. The findings clearly indicate that excessive alcohol consumption significantly contributes to domestic violence against women by emboldening perpetrators to commit such acts. The results indicate that early exposure to domestic violence may lead children to internalise aggressive attitudes and behaviours, causing them to perceive these actions as normal or acceptable methods of interaction. The study found that perpetrators often use force to get things done or to instil fear in others. When in situations that require them to take charge, they mostly resort to violence to prove their masculinity. The participants identified various ways in which money contributes to domestic violence, such as women relying on men for financial support, encountering financial mismanagement at home, and aspiring to a luxurious lifestyle that remains out of reach. The results confirm that cultural beliefs and traditions significantly contribute to the prevalence of domestic violence within households, particularly emphasising the impact of family secrecy and the upbringing of male and female children. The research indicates that participants experiencing domestic violence endure severe stress, resulting in flashbacks that hinder their ability to parent effectively. Creating private consultation rooms in the emergency department for domestic violence cases would make women feel safer and more protected, encouraging them to come forward.



## **CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATIONS**

### **5.1 Introduction**

This chapter analyzes the data provided by participants, as detailed in the previous chapter, and interprets the findings in relation to the study's objectives. It also offers recommendations based on the investigation's results. The primary aim of the study was to examine the factors contributing to domestic violence against women in households in Oshakati town. To guide this inquiry, the following research questions were formulated:

- (a) What are the contributing factors related to domestic violence?
- (b) What are the effects of violence on the lives of women?
- (c) What strategies can be used/employed to reduce violence in Oshakati

### **5.2 The contributing factors related to domestic violence**

The first research question of the study was, what are the contributing factors related to domestic violence against women within households. Alcohol abuse significantly contributes to domestic violence. As a result, excessive drinking impairs judgment and lowers inhibitions, resulting in increased aggression and violent behaviours within households. Participants noted that the presence of alcohol tends to escalate conflicts and misunderstandings more quickly, often leading men to commit acts of violence against women. Other scholars have found that alcohol abuse is associated with an increase in various forms of abuse, including physical abuse (such as slapping, kicking, and throwing objects), psychological abuse (including humiliation and verbal abuse), and sexual violence (such as forced sexual intercourse) (Bhattacharya et al., 2020).

The study found that women in households with husbands who consume alcohol were at a greater risk of facing these multiple forms of abuse regularly. Alcohol use often worsens spousal violence in multiple ways. It impairs judgment, heightens aggression, and diminishes self-control, all of which increase the likelihood of violent behaviours (Das & Basu Roy, 2020). Additionally, participants noted that alcohol addiction hindered the victims from seeking help, as their abuser alternated between remorseful behaviours and violent outbursts, thereby trapping them in a cycle of abuse. Furthermore, the victims explained how the pattern of violence occurs more when alcohol is involved. Men talked about how they occasionally drink to cope with their own fears. For instance, it gets problematic when they return home after going out for a drink and seeing other men greet their women.

In the observed scenario, the man feels discomfort when he sees other men staring at and greeting his partner. This reaction sparks feelings of suspicion and jealousy, prompting him to confront her when they return home. When her responses do not meet his expectations or provide reassurance, the situation escalates into conflict and ultimately results in violence. This illustrates the complex interplay of perceived external threats to the relationship, unmet emotional needs, and the use of violence as a coping mechanism. It underscores the need for further exploration of power dynamics, control, and emotional regulation in intimate relationships. Participants consistently identified a relationship between alcohol abuse and an increase in domestic violence. From a social learning perspective, repeated exposure to alcohol-induced aggression whether during childhood or within intimate relationships teaches individuals that violence is an acceptable means of resolving conflicts or expressing

emotions. Empirical research indicates that alcohol consumption impairs judgment and heightens impulsivity, which can subsequently lead to increased aggression (Devries et al., 2014). Furthermore, men who have observed caregivers or male role models engaging in violent behavior while under the influence of alcohol are more likely to replicate these behaviors in adulthood (Fernandes et al., 2023). The normalization of alcohol as a coping mechanism, coupled with insufficient conflict management skills, establishes a cyclical relationship in which substance abuse and violence mutually reinforce one another.

The primary conclusion from the study is that individuals who have experienced traumatic events during childhood, such as exposure to violence, neglect, or abuse, are at a heightened risk of becoming either victims or perpetrators of domestic violence in adulthood. Thus, children raised in violent households may come to see aggression as a normal way to resolve conflicts, which can perpetuate the cycle of abuse in their future relationships. Both men and women who grew up in abusive homes normalized aggressive behaviours and did not find anything wrong with them, according to the study. Cultural norms that endorse male dominance and female submission are intricately linked to the justification and perpetuation of violence. Social Learning Theory asserts that when these beliefs are consistently reinforced through familial, communal, and religious teachings, individuals internalize gendered power dynamics. Males are socialized from an early age to perceive the assertion of control, sometimes manifested through the use of force, as an expression of masculinity, while females are instructed to endure and maintain silence (Saadi et al., 2022). This pattern is evident in the

accounts of participants who reported societal pressure to remain silent about abuse in order to protect the family's reputation. These findings align with the arguments put forth by Luvo and Saunders (2022), who contend that patriarchal socialization cultivates environments in which domestic violence is not only tolerated but also expected in certain contexts.

The findings enhanced the understanding of how financial instability significantly contributes to domestic violence. Additionally, when families experience financial strain, it intensifies stress and tension within the household, increasing the likelihood of violent incidents. In households facing economic stress, poverty, or unemployment, alcohol consumption often serves as an escape mechanism for men, simultaneously exacerbating the risk of violence, particularly toward their spouses (Das & Basu Roy, 2020). Furthermore, perpetrators who experience feelings of emasculation due to unemployment or an inability to provide for their families mostly resort to violence as a means of asserting control.

On the contrary, victims articulated that financial dependence on their husbands often inhibits them from leaving violent relationships, as they lack the resources to support themselves and their children independently. Other researchers have discovered that victims frequently experience financial abuse, which restricts their autonomy and complicates their ability to leave abusive relationships (Walker-Descartes et al., 2021). The study also found that some young women prioritize a luxurious lifestyle, frequently aspiring to acquire expensive gadgets and material possessions that exceed their financial means.

Men have more power to make these women feel like they own them since they receive money in the form of an allowance. These men eventually exhibit domineering behaviours that lead to feelings of jealousy and insecurity. These women find it challenging to regain their independence or even to break off these kinds of partnerships. They ultimately bear the suffering and depart from a sad household. Furthermore, the study discovered that when women are given money to purchase necessities for the home, they occasionally spend it on personal expenses or items that were not included in the budget. The man eventually becomes so enraged by these behaviours that he resorts to violence to ensure that he has made his point clear.

Research findings indicate that some men believe they have reached a level of maturity that allows them to make informed financial decisions independently by a certain age. However, the study also reveals that some men experience frustration when women monitor and control their spending, including restricting their partner's access to their own funds. This restriction, along with the frustration of being unable to manage finances freely, is often perceived by men as disrespectful and inconsiderate. Over time, these frustrations can lead to emotional outbursts or, in extreme cases, violent behaviour as a form of retaliation. This situation highlights a significant concern regarding the dynamics of financial control and emotional well-being within relationships. Economic stress, characterised by unemployment and financial instability, has emerged as a significant catalyst for domestic violence. Social Learning Theory posits that individuals exposed to environments where economic stress fosters frustration and aggression may replicate these behaviors when confronted with financial

adversities. Additionally, financial dependence can entrap women in abusive relationships. According to Doroudchi et al. (2023) economic hardship increases the likelihood of violence by impairing an individual's capacity to manage stress nonviolently and by reinforcing power imbalances within interpersonal relationships. Men socialized to perceive financial provision as a central component of masculinity may respond with aggression when they perceive themselves as failing to fulfill this role.

This finding is pivotal in understanding how cultural beliefs and traditional norms significantly influence attitudes and behaviors that contribute to the prevalence of domestic violence. In some cultures, traditional gender roles, reinforced by patriarchal norms, perpetuate male dominance over women and contribute to unequal power relations within households, often legitimizing the use of violence as a means to maintain control within the household. Consequently, these societal norms hinder legal systems from. Furthermore, the study identified family secrecy as a contributing factor to domestic violence. Women often experience domestic violence due to this culture of secrecy. They are raised in environments that emphasise the importance of keeping personal information private within the home. Furthermore, women indicated that they often choose to remain silent due to the stigma attached to disclosing personal or family matters within the community. Other authors have identified that family secrecy plays a significant role in perpetuating abusive relationships by creating a closed environment in which the victim feels unable to share their experiences due to feelings of shame, fear of judgment, or concerns about retaliation. The abuser's moral disengagement enables them to rationalize their behaviours,

which further exacerbates the secrecy and hinders the victim from seeking external assistance (Maftai & Dănilă, 2023). Similarly, family secrecy is perpetuated by the fear of shame and blame from both societal sources and within the family unit. Women who experience domestic violence often fear being held responsible for the abuse or for causing disruption to the family if they decide to leave (Herrero-Arias et al., 2021). Additionally, some women in the study indicated that their families, particularly older women such as mothers-in-law, urged them to tolerate the abuse in order to safeguard the family's honor. These societal and familial pressures compel women to keep the violence a secret, as they feel a strong responsibility to preserve their family's reputation and harmony, often at significant personal expense.

The results of this study provide insights into the understanding of cheating in relationships and its connection to violence against women. Participants explained how infidelity triggers domestic violence in their homes. They described how partners lose trust in each other when one finds out that the other is unfaithful and involved in extra marital love affairs. As a result, it causes controlling behaviours, limited satisfaction of the others' sexual desires, betrayals, feelings of jealousy, and fear of losing the partner, which eventually leads to violent confrontations. In addition, some abusers use infidelity as an excuse or justification for their violent actions, placing the blame on their partners. This manipulation not only intensifies the emotional and psychological effects of the abuse but also traps victims in a cycle of guilt and violence. Infidelity has been recognized as a significant precursor to violence, particularly in contexts where male partners experience feelings of threat or challenge. Individuals may

engage in retaliatory or possessive behaviors as a response to perceived betrayal, a phenomenon that can be understood through the lens of observational learning. The normalization of jealousy, control, and violent retribution as acceptable responses to infidelity is extensively documented within the dynamics of intimate partnerships. Doroudchi et al. (2023) contend that such behaviors are frequently acquired through media portrayals or personal experiences, and are further reinforced by societal norms that validate aggressive responses to emotional distress. In these contexts, violence is employed as a performative act aimed at reinstating control and dominance.

The lack of safe shelters is the main reason why Oshakati town has not made much headway in lowering the number of domestic abuse cases against women, according to the study data. The issue is made worse by the victims' inability to find safe lodging. Participants clarified that they felt compelled to remain in their homes because they had nowhere else to go for protection. Without a safe haven, people are more inclined to stay in abusive relationships because they don't have a safe haven. For example, recent research suggests that the unavailability of safety homes significantly contributes to domestic violence against women by limiting their ability to escape abusive situations and find refuge (Klein et al., 2021).

The scarcity of accessible shelters and safe spaces for women experiencing violence constitutes a substantial barrier to exiting abusive relationships. Social Learning Theory elucidates the role of environmental reinforcement; when women find themselves in situations where seeking assistance is not feasible, the cycle of violence remains unchallenged. In the absence of visible alternatives and comprehensive support systems, victims may internalize the perception of

violence as an inevitable aspect of their existence. Brennan et al. (2021) contend that inadequate institutional support, including shelters, counseling services, and legal assistance, serves to normalize domestic abuse, thereby reflecting a broader societal indifference. Consequently, perpetrators may be emboldened by the absence of consequences or interventions. Furthermore, safety homes and shelters provide necessary services including counselling, legal assistance, and short-term lodging. However, Oshakati does not currently offer these services. Because there are no other options for protection and security, women who lack these support networks are left unprotected and are forced to put up with violence for an extended period of time. Victims explained that the lack of safe homes in the town exacerbates their suffering. Often, they prefer not to stay at friends' or relatives' houses; instead, they seek a secure place where their situation remains private, as it is a secret tied to their homes. Furthermore, the study discovered that social workers currently use the Intermediate Hospital Oshakati (IHO) as a place of safety when the victim has no family members to temporarily house her while they work on the problems. However, because the medical personnel will assert that the victim is stable and must be released, the hospital can only be used for a maximum of two days. In addition, because the hospital serves as a referral facility for all seven regions, it is unable to admit as many patients due to its bed capacity. As a result, holding the victims for an extended period of time is challenging.

### **5.3 The effects of domestic violence on the lives of women**

The second research question focused on exploring how domestic violence affects different aspects of women's lives. The finding of study reveals that stress is the main effect experienced by victims of violence. This finding is crucial for understanding how elevated stress levels in households, often worsened by abuse and suffering, impact women's physical, intellectual, emotional, and community well-being. Increased stress led to miscarriages, hinder women's ability to raise their children effectively, and impact their concentration at work. Conversely, victims of domestic violence endure chronic stress, which leads to serious psychological and physical health problems, such as depression and anxiety.

Over time, this ongoing stress negatively impacts the well-being and quality of life of these affected women. Other researchers have found that women exposed to domestic violence experience significantly higher levels of psychological distress, exhibiting greater prevalence of anxiety, depression, and suicidal thoughts compared to non-victims (Hisasue et al., 2020). Furthermore, victims of violence have developed emotional numbing as a psychological defense mechanism. By emotionally disengaging, these women attempt to protect themselves from the pain caused by violence. However, this numbing effect hinders their ability to seek help or build healthy relationships, diminishing their emotional responsiveness and sense of agency. As a result, disconnection from their emotions often leaves women feeling trapped and powerless, which perpetuates the cycle of violence.

The data indicate that women who experience violence rely on alcohol as a coping mechanism. This finding provides new insights into the dual role of alcohol dependence in contributing to domestic violence. As a result, many abusers resort to alcohol to cope with stress or emotional instability, which lowers their inhibitions and increases their likelihood of becoming violent. Conversely, victims developed alcohol dependence as a coping mechanism for trauma. This creates a detrimental cycle in which alcohol consumption exacerbates violence and intensifies the psychological and physical harm experienced by women. Other researchers (Hisasue et al., 2020) have also found that women exposed to domestic violence exhibited higher rates of excessive alcohol consumption and cannabis use, which served both as contributors to and coping mechanisms for the violence. This finding aligns with global trends that link substance abuse to an increased risk of violence in relationships.

The results indicate that injuries are a common and immediate consequence of domestic violence, ranging from minor bruises to severe physical harm, including broken bones and internal injuries. These injuries frequently result in long-term health complications, such as long-lasting pain and propagative well-being difficulties` to victims. Moreover, physical trauma often results in emotional scars that can profoundly affect a woman's well-being. The fear of recurring violence restricts their mobility, independence, and ability to engage in daily activities. Post-Traumatic Stress Disorder (PTSD) is a prevalent importance for women who have endured domestic violence. Survivors have reported experiencing intense fears in their daily lives, accompanied by recurring flashbacks of their traumatic experiences. Other researchers have found that long-lasting contact to

viciousness leads to unembellished depression, reduced social functioning, and a lower quality of life. Victims frequently experience both PTSD and depression at the same time, which complicates the recovery process (Walker-Descartes et al., 2021).

Researchers have discovered that the lack of safe housing affects not just physical safety but also the mental health of survivors. The instability resulting from insecure housing contributes to higher rates of post-traumatic stress disorder (PTSD), anxiety, and depression. As a result, the absence of safe homes not only exacerbates PTSD but also leads to physical injuries (Klein et al., 2021). Women who experience post-traumatic stress disorder (PTSD) often encounter profound disruptions in their daily functioning and overall well-being which impact their capacity to work, sustain relationships, and perform daily tasks. Furthermore, women who experience PTSD frequently struggle with severe trauma long after the physical violence has stopped because of the psychological implications of the disorder. The violence inflicts immediate physical and emotional harm and establishes long-term barriers to recovery and empowerment. Women who experience domestic violence frequently endure poor mental health, diminished self-esteem, and social isolation from support networks. These obstacles can impede individuals' ability to escape abusive situations, secure employment, achieve financial independence, and establish healthy relationships. The cumulative impact of these challenges results in substantial disruptions to their personal, social, and economic well-being.

#### **5.4 The strategies can be used/employed to reduce domestic violence in Oshakati**

The third research objective was to identify the possible strategies to reduce domestic violence in Oshakati. One of the greatest operative conducts to combat domestic violence is by raising awareness of the services and resources available to victims. The study revealed that many women remain in abusive situations due to a lack of knowledge about where to find help. Research has shown that awareness campaigns empower women by informing them about their rights and the support structures available to them. This knowledge can encourage more individuals to report cases of domestic violence and seek vital services, such as shelters or legal aid, ultimately reducing the likelihood of repeated abuse (Kalra et al., 2021). Additionally, to tackle this issue, it is essential to implement public awareness campaigns, community education programs, and provide easily accessible information through various media. These initiatives can inform women about the available legal services, hotlines, shelters, counselling, and other support systems. Raising awareness empowers women to make informed decisions and access the necessary support to escape abusive situations.

The study finding indicate that additional efforts are required to ensure the provision of safe housing. Establishing safe homes or shelters is essential for protecting women from domestic violence. These safe spaces provide immediate refuge for women fleeing abusive situations, offering temporary accommodation, legal assistance, and security. Safety homes support women by providing a stable environment where they can plan their next steps free from the fear of further abuse. It is essential to ensure that these shelters are widely available, adequately

funded, and staffed with trained professionals to offer the protection women need to escape violence.

The study found that, seeking counselling is essential for the recovery of ladies who have experienced domestic ferocity because counselling helps women process trauma, restore self-worth, and rebuild their lives. Additionally, the study emphasised that counselling services should be easily accessible and offered in various formats, including individual therapy, group support, and specialized programs for survivors of abuse. It also highlighted the importance of holding professionals accountable for their work and ensuring that they consistently adhere to core guiding principles. For instance, professionals are prohibited from disclosing client information and are required to maintain a non-judgmental attitude while assisting clients. Additionally, counselling addresses the psychological and emotional significances of domestic violence, facilitating the healing process and decreasing the likelihood of women returning to abusive relationships.

Previous research indicates that therapy assists individuals and couples in identifying detrimental behaviours and patterns within their relationships, facilitating the unlearning of these behaviours (Dunkle et al., 2020). Furthermore, the study emphasised the importance of seeking therapy, especially when couples are experiencing challenges. This proactive approach can help prevent misunderstandings that may later escalate into violence. By addressing root causes such as jealousy, communication issues, or alcohol abuse, therapy equips couples with tools to resolve conflicts without resorting to violence. Dunkle et al. (2020) domestic violence is strongly correlated with negative mental health

outcomes, particularly depression, anxiety disorders, and post-traumatic stress disorder (PTSD). Therapy can help address the psychological effects of domestic violence, facilitating healing for both victims and perpetrators.

The study found that, training health care workers on the latest guidelines and policies is essential, as they are often the first point of contact for women experiencing domestic violence. It further suggests that, equipping them with the latest guidelines and policies ensures they can deliver appropriate care. Health workers must be trained to recognize signs of abuse, provide trauma-informed care, and refer patients to appropriate services, including legal aid, shelters, and counselling. Other scholars suggested that, many women visit healthcare facilities for issues indirectly linked to violence, such as stress, physical injuries, or chronic conditions worsened by abuse. When healthcare providers are trained to identify these signs, they can intervene before the situation escalates (Corboz et al., 2023). Hence, ongoing education and training on updated policies, screening procedures, and intervention protocols can empower healthcare professionals to respond effectively and sensitively to cases of domestic violence, ensuring that women receive the necessary care and protection. Corboz et al. (2023) recent study indicates that educating healthcare professionals can have significant benefits by fostering a safe environment for victims to disclose their experiences. Women are more likely to share information about abuse when they perceive healthcare providers as understanding, nonjudgmental, and equipped to manage sensitive situations. This approach increases the likelihood that more cases of domestic violence will be highlighted.

Overall, the results indicate that addressing domestic violence against women requires a multifaceted approach. Through raising awareness about available services is essential for informing women about resources that can assist them. Healthcare providers can also assist in ending the cycle of abuse by regularly educating women about domestic violence and assisting them in their recovery. In addition to addressing urgent health issues, they can support long-term solutions and actions that support women's freedom and safety.

## **5.5 Conclusion**

Overall, the main objective of the study was to explore the contributing factors related to domestic violence against women within households in Oshakati. Due to limited financial support, this study was restricted to Oshakati town only. As a result, the findings cannot be generalised to the broader context of Namibia. To ensure the quality of the study, comprehensive crosschecks with existing literature were conducted to identify correlations with the study's results.

**Objective 1: To identify the contributing factors related to domestic violence against women within households in Oshakati.**

The findings of this study indicate that this objective has been successfully achieved. Analysis of the data revealed several factors that contribute to domestic violence in Oshakati households, including alcohol abuse, childhood trauma, the unavailability of safe homes, cultural norms and traditions, financial challenges, and infidelity.

**Objective 2: To examine the effects of domestic violence on the lives of women.**

The results show that this objective was met, as the study demonstrated that

domestic violence has significant adverse effects on women's physical, emotional, and psychological well-being.

**Objective 3: To explore strategies for reducing domestic violence in Oshakati.**

The study also achieved this objective, with findings indicating that various strategies could be implemented to mitigate domestic violence, including awareness raising on the services available in terms of domestic violence, provision of safety places, seeking counselling therapy and capacitating health care worker on the latest guidelines and policies in health. Were the identified key strategies to reduce domestic violence against women within households in Oshakati.

## **5.6 Key lessons learned**

Upon conducting the study, the researcher can confidently conclude that the research has successfully met its objectives. After carrying out the interviews and focus group discussions, the researcher has learned the following: Through the researcher's experience conducting this study, valuable insights were gained into methodologies, tools, and professional interactions that shaped the research approach. One key lesson was the use of Dedoose software for data coding and analysis. This tool enabled systematic organization and analysis of qualitative data, providing a structured method for identifying and formulating themes. Thematic analysis was integral to this process, requiring the researcher to interpret the data to uncover patterns and meanings within the responses. This

approach enhanced the researcher's analytical skills and deepened her understanding of the research topic.

Another significant lesson the researcher learned was the importance of engaging with professionals, including medical officers, nurses, and police officers. These interactions provided context for the study and facilitated the development of robust interpersonal communication skills. Collaborating with professionals from diverse fields allowed the researcher to refine her communication and teamwork skills while engaging with individuals who contributed unique perspectives and expertise to the research.

Conducting interviews was a critical component of the research process, and the researcher refined her questioning skills to gather meaningful data. It was essential to formulate thoughtful, open-ended questions that encouraged participants to share their experiences and perspectives, allowing the researcher to obtain the depth of information required for the study.

Through this process, the researcher gained a deeper appreciation for the significance of establishing rapport with participants. Their willingness to engage in the study often depended on the level of comfort and respect they experienced. Another notable aspect was the use of Zoom for discussions with participants. This approach allowed individuals to engage from the comfort of their own homes, significantly increasing attendance and encouraging more open and honest conversations. It underscored the importance of adaptability in research methods to meet the needs and preferences of participants. Time management emerged as a crucial lesson. Balancing aspects of the research process, such as data collection, analysis, and communication with stakeholders, required careful

planning and organization. By adopting a structured approach, the researcher was able to stay focused and ensure that each phase of the project was completed thoroughly and within the designated timeframe.

## **5.7 Challenges and areas for improvement**

Throughout the research, several challenges emerged that required careful adjustments and problem-solving. A major challenge was coordinating the off-duty schedules of medical officers and nurses, who were essential participants in the study. Due to their demanding work hours, arranging interviews or discussions with them proved to be challenging. To address this, the researcher made efforts to schedule interviews during their off-peak hours or on days when they had lighter shifts, thereby increasing convenience for the participants. The researcher demonstrated flexibility by accommodating rescheduling, when necessary, thereby facilitating participation while ensuring that professional responsibilities remained unaffected.

Another challenge encountered was poor internet connectivity, which affected some participants' ability to join and remain connected during Zoom discussions. This issue frequently necessitated that participants rejoin the meeting multiple times, disrupting the flow of conversation. To address this, the researcher adopted a patient and understanding approach, acknowledging that these technical difficulties were beyond the participants' control. Ensuring that everyone had the opportunity to contribute, despite these challenges, remained a priority. Limited resources, particularly the shortage of funds for lunch and airtime vouchers, posed a significant challenge. These incentives were initially

intended to enhance participant engagement and mitigate costs associated with their involvement. Due to financial constraints, the researcher was unable to provide monetary incentives. Instead, the researcher emphasised non-monetary forms of appreciation, expressing gratitude for the participants' time and involvement, and underscoring the significance of their contributions to the study. Although this approach did not completely substitute for the intended incentives, the researcher observed that participants continued to engage, motivated by their interest in the research topic.

Another limitation of the study was its focus on the behaviours and attitudes of perpetrators, resulting in insufficient attention to the responses of women to violence. While the interview questions aimed to explore the motivations and actions of perpetrators, they did not adequately consider the perspectives of female survivors or the factors that may provoke violent behaviour in perpetrators. This gap in the study was addressed by revising the interview guide for future research to include questions that capture both women's reactions to violence and the context of the perpetrator's actions. While this revision could not be fully integrated into the current study, the researcher recognized this oversight as a crucial area for further exploration.

## **5.8 Recommendations for the study**

This study's findings led to several recommendations aimed at addressing the increasing incidence of domestic violence against women in households within Oshakati Town. These recommendations aim to provide actionable insights for stakeholders and ministries to enhance the quality of services offered to victims

of violence. They also seek to motivate researchers to advance social work knowledge in addressing this issue. Therefore, the researcher recommends that:

- Social workers, police officers, and nurses should develop educational programs to raise awareness about the connection between alcohol abuse and domestic violence.
- Enhancing support services for clients with alcohol dependence by providing accessible and affordable resources, such as counselling and rehabilitation programs offered by the Ministry of Health and Social Services.
- The Ministry of Gender Equality, Poverty Eradication, and Social Welfare should strengthen policies and initiatives that help women become financially independent through education, skill development, and job opportunities in order to advance women's economic empowerment.
- Working together of social workers, nurses, police officers, and medical professionals can enhance support for women transitioning from violent relationships.
- It is recommended to establish comprehensive screening programs in schools, pediatrics care facilities, and community centers to identify children affected by trauma. These programs should be facilitated by trained teachers, nurses, social workers, and medical officers to ensure early detection and appropriate support for affected children.
- Social workers should engage with community and religious leaders, as they hold significant influence in shaping cultural values, to advocate against domestic violence.

- Social workers should educate individuals on healthy relationship dynamics through the implementation of educational programs focused on relationship-building, emotional communication, and conflict management.
- The Ministry of Health and Social Services provide safety homes in Oshakati.

### **5.9 Recommendations for future studies**

- The researchers should examine the connection between domestic violence, unemployment, and financial hardship in households.
- The researchers should investigate how social norms, gender roles, and cultural expectations affect domestic violence.
- The researchers should explore the understanding of the challenges women encounter in reporting domestic violence in Oshakati, Namibia.
- The researchers should explore the coping strategies and resilience of women facing domestic violence in Oshakati.

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## Appendix 1: Ethical clearance Certificate



### ETHICAL CLEARANCE CERTIFICATE

**Ethical Clearance Reference Number: SAH3/24**      **Date: 27/04/2024**

This Ethical Clearance Certificate is issued by the University of Namibia Decentralized Ethics Committee (DEC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the School of Allied Health Sciences Decentralized Ethics Committee.

**Title of Project:** An exploratory study on the contributing factors related to domestic violence against women within households in Oshakati.

**Principal Researcher:** Frieda Nangula Kahima  
**Student Number:** 201156059

**Centre for Research Services**

Take note of the following:

1. Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the ethics committee. An application to make amendments may be necessary.
2. Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the ethics committee
3. The Principal Researcher must report issues of ethical compliance to the ethics committee (through the Chairperson) at the end of the Project or as may be requested by the ethics committee
4. The ethics committee retains the right to:
  - i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
  - ii) Request for an ethical compliance report at any point during the course of the research.

The ethics committee wishes you the best in your research.

A handwritten signature in black ink, appearing to read 'T. W. Shumba', is written over a horizontal line.

Dr T. W. Shumba (Chairperson, Ethics Committee)

A handwritten signature in black ink, appearing to read 'Davis Mumbengewi', is written over a horizontal line.

Prof. Davis Mumbengewi (Head, Multidisciplinary Research)

## Appendix 2: Research permission letter

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**CENTRE FOR RESEARCH SERVICES**

*Office of the Pro-Vice Chancellor: Research, Innovation & Development*

University of Namibia, Private Bag 13301, Windhoek, Namibia

340 Mandume Ndemufayo Avenue, Pioneers Park, Office F223 - Fblock, Second Floor

☎ +264 61 206 4673; E-mail: [kmbulu@unam.na](mailto:kmbulu@unam.na); URL: <http://www.unam.edu.na>



**RESEARCH PERMISSION LETTER**

**Date: 04/10/2024**

**Student Name:** Frieda Nangula Kahima

**Student Number:** 201156059

**Programme:** Master of Arts in Social Work

**Approved Research Title:** An exploratory study on the contributing factors related to domestic violence against women within households in Oshakati

**TO WHOM IT MAY CONCERN:**

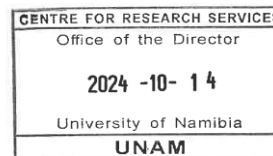
I hereby confirm that the above-mentioned student is registered at the University of Namibia for the programme indicated. The proposed study met all the requirements as stipulated in the University guidelines and has been approved by the relevant committees.

The proposal adheres to ethical principles as per attached Ethical Clearance Certificate. Permission is hereby granted to carry out the research as described in the approved proposal.


Best Regards

A handwritten signature in black ink, appearing to read "AEE Shikongo".


**Dr. AEE Shikongo**  
**Head: Postgraduate Research Support Services**  
**Tel: +264 61 206 3129**  
**E-mail: [aeshikongo@unam.na](mailto:aeshikongo@unam.na)**



**Appendix 3: Permission letter from Ministry of Home Affairs,  
Immigration, Safety and Security**

	<b>REPUBLIC OF NAMIBIA</b>	POL 716  Namibian Police Force
<b>MINISTRY OF HOME AFFAIRS, IMMIGRATION, SAFETY AND SECURITY</b>		
Tel No: (+264 61) 209 3111 Fax No: (+264 61) 220 621	<b>CONFIDENTIAL</b>	OFFICE OF THE INSPECTOR-GENERAL Namibian Police Force Private Bag 12024 Ausspannplatz WINDHOEK Namibia
Enquiries: Comm Mafwila/ W/O (1) Kauyolwa		
Our Ref.: 8/3/1		
Your Ref.:		
 Ms. Frieda Kahima P.O. Box 2879 <b>ONDANGWA</b>		
Dear Madam		
<b>RE: APPLICATION FOR PERMISSION TO CONDUCT AN ACADEMIC RESEARCH AT GENDER BASED VIOLENCE INVESTIGATION UNIT, OSHANA REGION</b>		
1. The above subject matter refers.		
2. Your request to conduct an academic research study at the Police Regional Headquarters, Khomas Region, Namibian Police Force, titled: <i>"An exploratory study on the contribution factors related to domestic violence against women within households in Oshakati"</i> is hereby <b>approved</b> .		
3. Therefore, you are urged to ensure that information that will be provided to you will be treated with high level of confidentiality and will not be used for any other purpose except for this academic research.		
4. Your interest and willingness to carry out a research study within the Namibian Police Force is highly appreciated. It would be appreciated if the final research paper could be shared with Human Capital Management Directorate, Police National Headquarters.		
Thanking you in anticipation.		
Yours Sincerely,		
		
_____: LT GEN		
<b>A. S. SHIKONGO, OMS</b> <b>INSPECTOR GENERAL OF POLICE: NAMIBIAN POLICE FORCE</b>		
Cc: Policy, Planning and Development Directorate		

## Appendix 4: Permission letter from Ministry of Health and Social Services

  
REPUBLIC OF NAMIBIA

**MINISTRY OF HEALTH AND SOCIAL SERVICES**  
OFFICE OF THE EXECUTIVE DIRECTOR

Ministerial Building  
Harvey Street  
Private Bag 13198, Windhoek

Tel: No: 061 -203 2507  
Fax No: 061-222 558  
Andreas.Shipanga@mhss.gov.na

Ref: 22/4/2/3  
Enquiries: Mr. A. Haufiku

Date: 14 June 2024


Ms. Frieda N. Kahima  
PO Box 2879  
Ondangwa  
Namibia

Dear Ms. Kahima


**Re: An explanatory study on the contributing factors related to domestic violence against women within households in Oshakati.**

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
  - 3.1 The data to be collected must only be used for academic purpose;
  - 3.2 No other data should be collected other than the data stated in the proposal;
  - 3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to. any violation thereof will lead to termination of the study at any stage;
  - 3.4 A quarterly report to be submitted to the Ministry's Research Unit;
  - 3.5 Preliminary findings to be submitted upon completion of the study;
  - 3.6 Final report to be submitted upon completion of the study;
  - 3.7 Separate permission should be sought from the Ministry for the publication of the findings.
4. All the cost implications that will result from this study will be the responsibility of the applicant and **not** of the MoHSS.

Yours sincerely

  
REN NANGOMBE  
EXECUTIVE DIRECTOR

All official correspondence must be addressed to the Executive Director.



## Appendix 5: Participant information leaflet and consent form



**TITLE OF THE RESEARCH PROJECT:** An exploratory study on the contributing factors related to domestic violence against women within households in Oshakati.

**REFERENCE NUMBER:** 201156059

**PRINCIPAL INVESTIGATOR** Frieda N Kahima

**ADDRESS** 1725, Ehenye north

**CONTACT NUMBER** 0814746098

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask me any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Research Ethics Committee at The University of Namibia and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and Namibian National Research Ethics Guidelines.

What is this research study all about?

- a) *Where will the study be conducted; are there other sites; total number of participants to be recruited at your site and altogether.*
- b) *Explain in participant friendly language what your project aims to do and why you are doing it?*
- c) *Explain all procedures.*
  - d) *Explain any randomization process that may occur.*
  - e) *Explain the use of any medication, if applicable.*

Why have you been invited to participate?

- a) *Explain this question clearly.*

What will your responsibilities be?

- a) *Explain this question clearly.*
- b) *Explain the duration the participant is expected to participate in the study (i.e. 2 hours, 4 days, etc.)*

Will you benefit from taking part in this research?

- a) Explain all benefits objectively. If there are no personal benefits then indicate who is likely to benefit from this research e.g. future patients.

Are there in risks involved in your taking part in this research?

- a) Identify any risks objectively.

If you do not agree to take part, what alternatives do you have?

- b) *Clearly indicate in broad terms what alternative treatment is available and where it can be accessed, if applicable.*

Who will have access to your medical records?(Where applicable)

- a) *Explain that the information collected will be treated as confidential and protected. If it is used in a publication or thesis, the identity of the participant will remain anonymous. Clearly indicate who will have access to the information.*

What will happen in the unlikely event of some form injury occurring as a direct result of your taking part in this research study?

- a) *Clarify issues related to insurance cover if applicable. If any pharmaceutical agents are involved will compensation be according to ABPI guidelines? (Association of British Pharmaceutical Industry compensation guidelines for research related injury which is regarded as the international gold standard). If yes, please include the details here. If no, then explain what compensation will be available and under what conditions.*

**1. Will you be paid to take part in this study and are there any costs involved?**

**10 Is there anything else that you should know or do?**

- a) *You should inform your family practitioner or usual doctor that you are taking part in a research study. (Include if applicable)*
- b) *You should also inform your medical insurance company that you are participating in a research study. (Include if applicable)*
- c) *You can contact Prof. J. Ananias at cell 264812885344..... if you have any further queries or encounter any problems.*
- d) *You can contact the Centre for Research and Publications at **+264 061 2063061; pclaassen@unam.na** if you have any concerns or complaints that have not been adequately addressed by the investigator.*
- e) *You will receive a copy of this information and consent form for your own records.*

Declaration by participant

By signing below, I ..... agree to take part in a research study entitled (*insert title of study*).

**I declare that:**

- a) I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- b) I have had a chance to ask questions and all my questions have been adequately answered.

- c) I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- d) I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- e) I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ..... on (*date*) ..... 2024.

.....  
Signature of participant

.....  
Signature of witness

Declaration by investigator

I *Frieda Nangula Kahima* declare that:

- I explained the information in this document to .....
- I encouraged him/her to ask questions and took adequate time to answer them.

- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter. (*If a interpreter is used then the interpreter must sign the declaration below.*)

Signed at (*place*) ..... on (*date*) ..... 2005.

.....  
Signature of investigator

.....  
Signature of witness

## Appendix 6: Letter from the professional Editor

**JML**

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Cell: +264 811289616

P. O Box 98462, Windhoek

**PROFESSIONAL PROOFREADING & COPY-EDITING**

21 January 2025

To whom it may concern:

**RE: CONFIRMATION OF PROOFREADING AND EDITING**

This letter confirms that Dr. Justina Amakali has proofread and edited chapters 2 and 4 of the document detailed below. The editor concentrated on spelling, grammar, cohesion, accuracy, consistency, tone, structure, and references.

After editing, two documents were sent to the author, the document with the track changes and the ready-to-submit document.

**TITLE: AN EXPLORATORY STUDY ON THE CONTRIBUTING FACTORS RELATED TO DOMESTIC VIOLENCE AGAINST WOMEN WITHIN HOUSEHOLDS IN OSHAKATI**

**NAME: FRIEDA NANGULA KAHIMA**

**STUDENT NO: 201156059**

Sincerely,

Justina Amakali (PhD)



Justina Amakali, PhD (English Studies) UNAM; MPhil (Second Language Studies) Stellenbosch University; B. Hons (ETD)UJ; Further Diploma (English Language Teaching) UJ; Diploma (Proofreading & Copy-editing) Black Ford Centre, UK.

## Appendix 7: Turnitin report

turnitin Page 2 of 183 - Integrity Overview Submission ID: 11111111-11111111-11111111-11111111

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Page count: 164  
Word count: 37,635  
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## Appendix 8: Interview questions

1. gender
2. What is your age?
3. What is your highest qualification (educational level)?
4. What is your relationship status?
5. Your ethnicity/tribe?
6. How much do you earn per month?
7. Tell me about the members of your household?
8. Have you previously experienced violence? Did you grow up in a household where violence was present? Tell me more.
9. Can you describe your experiences of violence in your current household? What incidences or events led to this abusive behaviour?
10. How have your experiences of domestic violence affected your mental, physical, emotional and reproductive health?
11. How do you interpret and understand the domestic violence you have experienced?
12. How do you cope with and navigate the challenges of living with domestic violence in your household?
13. How do you think cultural factors and power dynamics influence the domestic violence you have experienced?
14. How do notions of honor and shame impact your experiences of domestic violence?

15. What are your suggestions for improving the support and services available to individuals dealing with domestic violence in households?

Interview Questions for Perpetrators of Violence:

1. gender
  2. What is your age?
  3. What is your highest qualification (educational level)?
  4. What is your relationship status?
  5. Your ethnicity/tribe?
  6. How much do you earn per month and
  7. Tell me about the members of your household
  8. Have you previously experienced violence? Did you grow up in a household where violence/conflict was present? Tell me more
  9. Describe your experiences of perpetrating domestic violence in your relationships. Further probe: What incidences or events triggers conflict or violence in your household?
  - 10.
  11. What are the motives or reasons for using violence in your relationships?
  12. How do you perceive the impact of your violence on your partner, both physically and emotionally?
  13. Have you ever experienced violence or abuse in your own upbringing or previous relationships? If so, how do you think it has influenced your behaviour?
1. How do you justify or rationalize using violence in intimate relationships?

2. What are your thoughts on the power dynamics and control issues that may be present in relationships involving domestic violence?
3. How do you perceive the consequences of your violence on the mental health and well-being of your partner?
4. Have you sought help or intervention to address your violent behaviour? If not, what barriers or challenges have prevented you from doing so?
5. How do you view the role of substance use or substance abuse concerning your perpetration of domestic violence?
6. What do you think are effective strategies or interventions for individuals who engage in domestic violence to change their behaviour and prevent further harm?

Focus Group Questions:

1. How do you define and understand domestic violence in your professional role?
2. In your professional opinion, what are the main causes of domestic violence in households?
3. What are the key challenges you face when working with perpetrators and victims of domestic violence?
4. How do you assess and identify domestic violence situations in your respective roles?
5. What strategies or interventions do you employ when working with perpetrators to address their violent behaviour?

6. How do you ensure the safety and well-being of victims when providing support and assistance?
7. What barriers or limitations do you encounter in collaborating with other professionals from different disciplines in addressing domestic violence cases?
8. How do you approach cultural sensitivity and diversity when working with perpetrators and victims from different tribal backgrounds?
9. What training or resources do you believe would be beneficial in enhancing your ability to respond effectively to domestic violence cases?
10. In your professional opinion, how can we reduce domestic violence in Oshakati and Namibia in general?
11. What are the ethical considerations you encounter when working with individuals involved in domestic violence situations, and how do you navigate them?