

PSYCHOLOGICAL EXPERIENCES OF PARENTS OF VICTIMS OF INTIMATE
PARTNER HOMICIDE IN THE KHOMAS REGION

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BY

Hilma Ndapewa Mbandeka

200611577

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Supervisor: Dr M. Mberira (UNAM)

ABSTRACT

Research on Intimate Partner Homicide (IPH), particularly the study on parents of murdered victims is not widely documented. In Namibia, little is known about the impact of IPH on the parents, since more attention is directed to either the victims or perpetrators of these crimes with less focus on the parents of the victims. The purpose of this study was to explore the psychological experiences for parents of IPH victims in the Khomas region. To answer the research question, “How do parents of intimate partner homicide victims experience the events of IPH?” a qualitative research design using a narrative interview guide was undertaken. Data were collected through face-to-face interviews with six (6) parents who lost their children due to IPH.

An ATLAS.ti was used to analyse the data. Five (5) themes emerged from the results of the study. The study revealed that parents who have lost their children through IPH have different psychological experiences. The experiences varied from negative thoughts and emotions such as hopelessness, anger and pain, self-blame, and negative feelings towards the perpetrator such as hate. Parents also reported that they became isolated from the community and family, while they also experienced disturbed sleep and mental illnesses. It was gathered that parents suffer immensely from the events of IPH and it could be beneficial if they get help. Recommendations that were proposed included offering psycho-education on IPH, psychological counselling and facilitating support groups for the parents.

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LIST OF ABBREVIATIONS AND/OR ACRONYMS

GBV	:	Gender-Based Violence
IPH	:	Intimate Partner Homicide
IPV	:	Intimate Partner Violence
MGECW	:	Ministry of Gender Equality and Child Welfare
MSS	:	Ministry of Safety and Security
PTSD	:	Posttraumatic Stress Disorder
SA	:	South Africa
UK	:	United Kingdom
UREC	:	University of Namibia Research Ethics Committee
USA	:	United States of America

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DEDICATION

I dedicate this mini-thesis to all the people who have lost their lives as a result of intimate partner homicide.

CHAPTER 1

INTRODUCTION

This chapter contains the introduction and background of the study. It therefore gives a general overview of the problem of the study. The chapter also includes the research question and the motivations for carrying out this particular study. The limitations of the study are also briefly discussed in this chapter.

1.1 BACKGROUND OF THE STUDY

Intimate partner homicide (IPH) is a crime committed by people in a close relationship or people who were previously in a close relationship and it results in loss of life. IPH is a form of intimate partner violence (IPV) and it is the worst of its kind (Smith, Fowler, & Niolon, 2014). The fact that IPH results in the death of one of the partners in the relationship makes it worse (Smith et al., 2014; Smith & Wehrle, 2010). Any other type of violence may not necessarily cost a human life; however, IPH leads to loss of a person's life which makes it an extreme event in terms of the permanent end result (death). The extremity of this crime is characterised by the manner in which IPH is carried out and the closeness in terms of relationships between the people involved in the crime. The paradox of IPH phenomenon is that one is expected to feel safe and loved in an intimate relationship; however, it is also a place where one's life is in danger and one may be killed.

A study by Smith et al. (2014) has revealed that IPH has caused much loss of life throughout the world. When IPH takes place, it may impact the parents, neighbours of the victims or perpetrators, friends, children or even bystanders who watched as the crime

happened. One way or another, the outside people could be impacted owing to their presence during the time of the crime or their closeness in relation to either the victim or perpetrator, and they may be involved in having to give evidence or by dealing with the trauma.

There are a few challenges when it comes to information on IPH. One is the limited data available in developing countries (Mathews et al., 2008). In addition, other findings reveal that the availability and quality of records on IPH in low to middle income backgrounds are incomplete (Stöckl et al., 2013). This could be caused by a lack of resources needed to seek or maintain the records. Another challenge discovered was that in researching the issue of IPH, most authors focus on the causes and trends of this crime (Swatt & He, 2006). Studies have concentrated mainly on interviewing the perpetrators and this may lead to less attention being given to the parents of victims, who may also suffer trauma when their loved ones are gone. Generally, the topic of IPH has been relatively ignored in the past (Abrahams, Mathews, Jewkes, Martin, & Lombard, 2012; Mathews et al., 2004; Saunders & Browne, 2000). IPH is, therefore, a global concern which may affect all people in all places including Africa (Abrahams & Jewkes, 2005).

In Namibia, IPH has been reported to be on the increase and has become a national concern (Haidula, Marques, & Shikongo, 2014). Statistics reveal that many lives are lost because of this crime (Namibian Police, 2016). Parents are affected and research has to be conducted to explore the experiences of these parents.

The fact that IPH was not widely attended to may have led to the issue escalating leaving a gap on what needs to be done. It is, therefore, important to look into the issue and explore how parents of IPH victims cope after the tragedies have happened. This will assist in addressing a crucial aspect of IPH, which is attending to other people who are affected by this crime but who are not the perpetrator or the victim.

1.1.1 Definitions

Intimate Partner Homicide (IPH)

Intimate Partner Homicide (IPH) is defined as “the intentional killing of one’s current or former intimate partner” (Kivisto, 2015, p. 300).

Parent

“A parent means a woman or a man in respect of whom parentage has been acknowledged or otherwise established in terms of the law and includes the adoptive parent of a child” (Namibian Parliament, 2015, p. 16).

For the purpose of this research, the meanings of “intimate partner homicide” and “a parent” are guided by the above-mentioned definitions.

1.2 STATEMENT OF THE PROBLEM

There has been an increase in IPH cases in Namibia over the past few years (Haidula et al., 2014). Statistics from the Namibian Police (2016) reveal that from 2009 to 2016, a total number of 182 people were murdered as a result of IPH. These statistics are an indication that the issue of IPH is prevalent.

There are some studies done to investigate the history of perpetrators, for example, a South African study by Mathews, Jewkes, and Abrahams (2011) focused on interviewing men who were incarcerated as a result of IPH crimes. They found that these men experienced traumatic events during their childhood, which caused them to adopt violent methods to deal with emotional issues in their relationships. They grew up lacking approval and love, hence they resorted to unhealthy ways of expressing their feelings in order to feel accepted. Another similar study by Abrahams and Jewkes (2005) in South Africa also focused on interviewing men on their childhood experiences as a predictor for adulthood violent behaviour. In contrast, a study conducted in the Netherlands by Alisic, Groot, Snetselaar, Stroeken, and van de Putte (2015) investigated how children were impacted by the loss of their parents who are lost as a result of IPH.

Other studies have widely explored violence in intimate relationships and health-related aspects (Gass, Stein, Williams, & Seedat, 2010; King, 2004; Mastrocinque et al., 2015). However, there have been few investigation of cases that result in death from this type of violence (Abrahams et al., 2009). The same authors emphasise that violence between intimate partners appears to be a huge health concern. The area which has been particularly under investigated is that of the aftermath of IPH on the families that are affected. Less focus has been directed to the experiences of the parents of the deceased and how they find meaning and what they go through after the death of their loved ones. Given that these parents or other family members hold crucial information regarding the relationship between the perpetrator and the deceased, it is important to interview these parents or the families. Information from the parents or other family members can also help with finding

methods to improve the systems to assist the affected people or to reduce cases of IPH (Mastrocinque et al., 2015; Sheehan, Murphy, Moynihan, Dudley-Fennessey, & Stapleton, 2015).

Given the findings of some of the studies conducted, this may mean that less attention is given to the parents of survivors and it leaves a gap in the knowledge about what they experience and in what manner. The purpose of this study is to explore the psychological experiences of parents of victims of IPH in the Khomas Region.

1.3. RESEARCH QUESTIONS

This study will seek to explore the following question:

- 1.3.1 How do parents of intimate partner homicide victims experience the events of IPH?

1.4. SIGNIFICANCE OF THE STUDY

This study may create awareness of what some parents experience after losing a child through IPH. After creating awareness of the parents' experiences, the study may also inform interventions to address the challenges that they go through. It may also enlighten the Namibian government, in particular the Ministry of Gender Equality and Child Welfare (MGECW), the Ministry of Safety and Security (MSS) and also mental health practitioners, to make relevant health services available for parents of IPH victims. Ultimately parents may then get the help they need.

1.5 LIMITATIONS OF THE STUDY

One limitation that can be foreseen in this study is the reluctance of parents to open up and discuss their experiences. To address this challenge, interviews will be pre-arranged.

1.6 OUTLINE OF CHAPTERS

This mini-thesis is presented as follows:

Chapter 1: This chapter contains the introduction and background of the study. The questions of the study are also discussed, including the statement of the problem, the significance of the study and it also outlines the expected limitations of the study.

Chapter 2: The literature review is discussed in this chapter.

Chapter 3: This chapter consists of the research design and methods, the population and the sample and sampling method. The data collection process, ethical principles and measures for ensuring trustworthiness are also discussed in this chapter.

Chapter 4: Data analysis is reflected in this chapter including the themes and subthemes that have emerged. The chapter incorporates literature that supports the findings.

Chapter 5: This is the concluding chapter of the mini-thesis, which illustrates the conclusions of the study, the limitations noted by the researcher and the proposed recommendations.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter outlines the synthesis and integration of studies that other scholars have done related to the topic of intimate partner homicide.

Intimate Partner Homicide (IPH) is murder that involves purposely taking the life of another person with whom one may have had an intimate relationship or with whom one may have been romantically involved with at the time of the crime (Kivisto, 2015). At times, when partners are in a relationship, they may experience problems which go unresolved and cause misunderstandings. By the time one or both decide to end their relationship, and agree to the separation or termination of the relationship, it could be that one of the partners may not want to accept the breakup, which later lead to one partner killing the other. IPH is the worst act a partner can perpetrate against another and it is also the common type of murder occurring between intimate partners and it always results in loss of life (Liem & Roberts, 2009).

Several authors have found that over the years, as much as the topic of IPH has not been widely researched, it has gained some attention yielding some concern to look into the matter deeply (Kübler-Ross & Kessler 2014; Reckdenwald & Parker, 2010). One of the reasons found by the scholars is that research in this field has now gained attention because of the categories of research areas that are now clearer and more distinct than before when there were no segregates. In addition, violence against women has become a global

concern, thereby increasing the interest in research in this area (Krug, Mercy, Dahlberg, & Zwi, 2002).

The killings that occur between intimate partners are the worst form of Gender-Based Violence (GBV), and they usually occur within relationships where GBV has been prevalent (Abrahams et al., 2013; Abrahams et al., 2012; Mathews et al., 2008).

More studies have discovered that there are various causes and risk factors of IPH. One of the causal factors found to contribute to IPH was abusive relationships (Norman, 2013; Smith et al., 2014). People may stay in abusive relationships where they are experiencing some sort of violence and this may get out of hand and result in death. Jealousy was another factor which was found to lead to IPH (Saunders & Browne, 2000). For example, these authors note that when a man or woman does not feel safe or secure in their intimate relationships these insecurities may lead them to be constantly controlling their partner and this control in turn can become physical. Diem and Pizzaro (2010) have argued that self-defense and safety were also found to contribute to IPH. Frequently, factors such as mistrust, controlling behaviour or abuse, which may occur when two people are in an unhealthy relationship, may lead one of the partners who feels victimised to go to the extreme of hurting the other as a way to escape from the situation.

Research has particularly focused on the health of women who have undergone violence, seeing that if this is not taken care of, it is one of the contributory factors for homicide to take place. Dugan, Nagin, and Rosenfeld (2003) found that IPH cases have declined over

the decades whilst cases of domestic violence have grown. This could mean that more is invested to prevent homicide, hence the reduction in homicide cases. Other approaches taken to ensure the reduction in numbers of homicides is to limit the contact between the potential violent person and the potential victim, as this is deemed helpful in not having the source of violence and the object of such violence present at the same time and place, thereby minimising the chances of violence. Another factor to be considered is that women have gained access to education and employment has reduced their dependency on men for living expenses, allowing them to make decisions and be independent (Reckdenwald & Parker, 2012). This empowers women, making them less vulnerable to abuse.

2.2 Trends of Intimate Partner Homicide cases

Intimate Partner Homicide (IPH) appears to be prevalent and is a global threat. Smith et al. (2014) reported that in 2007 IPH accounted for a significant portion of homicides in the United States of America (USA). Subsequently in 2008, it was reported that more cases of homicides were perpetrated by intimate partners, where females accounted for most of the victims, while in the United Kingdom (UK) most of the cases recorded for IPH were for male victims (Stöckl et al., 2013). In 2010, further studies revealed that about half a million people were murdered by their intimate partners (Stöckl et al., 2013). These trends indicate the global challenge of IPH as many people are affected by this issue.

In South Africa, between 1999 and 2009, approximately half of all murder cases consisted of IPH cases against women (Stöckl et al., 2013). In addition, men were found to be perpetrating most of the IPH cases in South Africa (Liem & Roberts, 2009). Other scholars such as DeJong, Pizarro, and McGarrell (2011) assert that females were more likely to be

both victims and perpetrators in IPH cases, compared to other types of crimes. This finding creates a picture that women tend to be affected more in IPH in comparison to other crimes because of their vulnerability and also because this crime is likely to take place in a private space. In a study by Mathews et al. (2004), it was found that every six hours in South Africa a woman is killed by her intimate partner. This means that many women are killed daily, contributing to a significant amount of people murdered yearly. In 2012, some researchers in South Africa investigated the trends of murders of women in intimate relationships, and found that the rates have declined slightly (Abrahams et al., 2012). The decline shows that an effort is being made to prevent further loss of life. In Namibia, a report from the Namibian Police reveal that between 2009 and 2016 a significant number of cases of IPH were reported to the police (Namibian Police, 2016). The issue of IPH appears to be prevalent and this means that many parents may then be affected by these cases and may be dealing with the aftershock in different ways.

2.3 Implications of loss

The loss of a person's life has implications on family networks, such as parents of the deceased who would usually be affected negatively (Vincent, McCormack, & Johnson, 2015). Asaro (2001) and King (2004) discovered that parents who are left behind after their loved one has been murdered suffer feelings of anger and isolation. Other conditions experienced by those parents dealing with a homicide death include Posttraumatic Stress Disorder (PTSD) or some sort of mental disorder such as depression (Miller, 2008). The consequences of IPH confirm the complex nature of dealing with losing a loved one for those left behind.

When a loved one is lost through homicide, it leaves much pain to deal with (Asaro, 2001). Concurring with this view, Miller (2008) established that survivors of homicide victims described the pain of homicide bereavement as “intense, persistent, and inescapable, and the cruel and purposeful nature of murder compounds the rage, grief and despair of survivors” (p. 368). Murder of a loved one is usually never anticipated and the shock of the event and subsequent feelings of loss bring many challenges for parents and others to cope with. A child is considered to live longer than their parents and once a child is lost, it brings shock and a shattering experience, so much that even after many years have passed, such a memory remains fresh. The manner which this crime plays out keeps haunting the parents, as they mostly never get answers concerning why their child was murdered in such a manner (Garstang, Griffiths, & Sidebotham, 2014).

Furthermore, Miller (2008) note that the sudden nature of losing a loved one through murder complicates the process of accepting the death; the healing process therefore becomes lengthy. In contrast, if a loved one had died from an illness, the surviving parents have anticipated the event and are likely to accept the death according to this author. In support of Miller, Morrall (2011) asserts that the bereavement process undergone by the parents for someone who is murdered causes more anguish than other forms of loss. The author further explains that a murder case often has court proceedings and police questioning which may be lengthy. The process of solving murder cases may also cause the parents to relive the pain of hearing their loved one’s life story and sometimes the parents of the victims have to be approached to give evidence of how their child died, and

this causes more sorrow (Morrall, 2011). Sharpe (2015) states that the multifaceted nature of homicide in a family complicates the experience for those left behind. It does not only involve the parent and their loss but there are cultural components one has to consider and the society at large. For example, IPH has been prominent in the black communities and men have been excused for perpetrating violence towards women for many years. Although there are laws that protect women today, some communities may still need to understand that IPH is a crime and should not be excused (Saunders & Browne, 2000). Therefore, the parents may have to deal with the larger society in this regard, which magnifies the incident, leading the experiences of parents to be complex.

2.4 Prevention of Intimate Partner Homicide

Efforts have been made to combat IPH. For example advancement in positions of women in society has been found to reduce IPH in the sense that women would be more independent and may be less exposed to men who may be perpetrators of IPH (Reckdenwald & Parker, 2012). It is however, predicted that as much as the emancipation of women will help them be resourceful and not dependent on men, it also takes away the power and control from men which again poses a challenge as men like to be in control (Reckdenwald & Parker, 2012).

One way that will help people stop IPH is to deal with Intimate Partner Violence (IPV). IPH comes as a result of IPV being ignored or not managed effectively. Another problem is that people may have easy access to firearms which makes it difficult to fully control this crime. It was also found that at times, people would kill their partners and commit suicide thereafter, either out of regret or intent. Sometimes, perpetrators had planned

suicide and wish to take their partners as well. These types of actions are normally committed using firearms (Abrahams et al., 2009). Other findings by Abrahams et al. (2013) suggest that where cases of GBV were reduced, regulating firearms would be one of the reasons for the decline in such cases.

In order to prevent IPH, clear focus has to be given to the power of inequalities between males and females, which generally lead to IPV (Abrahams et al., 2009). Additionally, limiting contact between perpetrator and victim was found to reduce abuse which eventually leads to IPH (Dugan et al., 2003). This suggests that generally someone is only able to inflict harm on another person when one is in physical contact with him/her. Needless to say, there has to be a source and an object of abuse for violence to take place. On the other hand, when legal orders are put in place to protect the victim, it may cause frustration to the perpetrator, which then can work against the victim. Where there is some kind of restraining order perpetrators may retaliate by acting more violently, as protecting the victim may mean taking power from them, to either control the victim or the situation of IPH (Dugan et al., 2003).

A study done by Campbell et al. (2002), discovered that women who were threatened with death by their partners were more likely to be killed. The same study also found that almost half of the women who were killed by their partners did not anticipate or judge that their partners would really do this. In another interview family members of the deceased reported that the perpetrator had a history of violent and jealous-like behaviour, while a large number of victims were found to have endured death threats prior to the actual murder

(Campbell et al., 2002). When threats are made, people may turn a blind eye with the thought that it may not happen; however, the reality may be that some of the threats are actually not threats but warnings from the perpetrator to the victim to take care.

2.5 Experiences of parents of murdered victims

According to Garstang, Griffiths, and Sidebotham (2014) losing a child is the most traumatic event in the life of any parent. It is not a norm for parents to understand the death of their child and therefore such a tragedy leaves an upsetting and overwhelming atmosphere for the parents. Often, parents have unique ways of grieving and making sense of the incidences that have happened, however given their different ways of handling the aftermath, it appears to be a challenging process either way. The news is usually shocking, overwhelming and unbelievable. This often does not allow one to have strength to deal with the news (King, 2004). Additionally, when a child is murdered other family members and friends are also affected apart from the parents (Mastrocinque et al., 2015). These may include the guardians of the deceased and other close family members.

Miller (2008) has found that people grieve differently based on the cause of death of their loved ones. If someone dies as a result of illness or from some sort of anticipated nature or cause, the impact is often less when compared to that from an unexpected murder. Given the unique experiences that parents go through after losing their child, a study by Parappully, Rosenbaum, van den Daele, and Nzewi (2002) revealed that parents of deceased children experience intense fear, helplessness, anxiety, rage, sadness, loss of interest in significant activities, aggressiveness, loss of meaning, isolation, hyper-vigilance,

disturbance of personal relationships amongst many other feelings. On the other hand King (2004) affirms that people suffer from issues of denial, anger, confusion, and feelings of powerlessness. In addition, parents who experience the loss of a child are also consumed with thoughts of the suffering of the victim during death, as often there is a struggle or force inflicted on the victim and parents want to have information regarding the perpetrator including their whereabouts (Miller, 2008). This view is supported by Sharpe (2015) who notes that the vicious nature of killing someone usually torments the parents, as often these thoughts could be intrusive, thus contributing to the complicated nature of dealing with grief. For example the intentional nature of murder in IPH makes the grieving process more gruesome (Miller, 2008). In addition, King (2004) notes that parents who lost their loved ones continue living in fear for their own lives. They may also fear for their surviving loved ones; this could be the uncertainty of whether they will lose someone else in a similar manner which brings about more fear as they do not want to go through the intense pain again.

Other findings such as those of King (2004) reveal that people do not heal with time, even where the murder has happened a year or five years ago, it was reported that the pain does not get better with time. Parents continue to deal with issues of guilt; a father once reported that “I should have taken that bastard out the first time I met him. I knew he was bad news” (p. 201). Another father struggles to deal with a murder of his daughter and sensed that everyone was talking about him, he had to change jobs at least five times, in a span of three years after his daughter was murdered, and this is what he reported: “I just couldn’t stand it when they looked at me like I was something other than normal. I’d leave and never

come back” (p. 201). Another mother had thought of taking her own life after losing her child one year earlier as she reported, “...taking too many pain pills so I don’t have to feel anything” (p. 202); similarly; a father reported that “I’m a trucker, and I keep seeing places I could drive off a bridge or just cross into the oncoming lanes of traffic. I never do it, but I think about it all the time. I don’t think my wife could take one more loss, but it sure would be easier for me” (p.205). Many parents struggle to deal with the loss of their child for a number of years, and this signifies how complex losing a child through murder can be.

King (2004) further argues that sometimes the justice system contributes to the negative experiences of the parents. In one report, a mother thought the police were insensitive and uncaring when she had to identify her dead child. “They didn’t warn me about it. They just let me walk in like it was something normal, something that happens every day. I threw up and they were trying not to laugh (p. 202).” Even after five years have passed this mother struggles to find meaning as her grief was deep and she still cries after many years. Other parents struggle with the sentencing of the perpetrator. If someone is given a number of years in prison, the parents know it is a matter of time before they get parole or serve their sentence and still continue to live their lives, while the family of the deceased is torn apart and they have to grieve and watch the perpetrator move on while they remain with so much pain.

Continuing familial relationships was one of the challenging experiences reported after homicide has occurred (Mastrocinque et al., 2015). Equally, King (2004) argues that

families are transformed when someone is murdered, which affects grandparents and grandchildren who are left behind in a negative manner. Parents who struggle with loss may be dealing with having lost everything they had, especially those who had only one child. Moving on for such parents becomes challenging as finding hope may be difficult or impossible to find. On the other hand, sometimes grandparents not only lose their child who is killed but also access to their grandchildren, who may end up living with the other grandparents as guardians. Dealing with multiple losses is deemed as more painful than dealing with a single loss, as one may also feel helpless (Mastrocinque et al., 2015). Often, grandparents may find comfort in their grandchildren, however if the grandchildren are taken care of by another family member it becomes challenging for the person to fill the void or be able to move on.

Apart from the emotional turmoil, death through murder comes with an external complicated process which the parents or the entire family has to be a part of. Such as identifying the body of the deceased, organising the funeral, handling questions from the media and the court or legal professionals as well as notifying relatives (King, 2004). This is straining and emotionally draining. Miller (2008) has suggested that one needs to be sensitive when dealing with parents or family members who have lost a loved one through murder because of the sudden and malicious nature of death. One has to make sure children are safeguarded and that the timing is appropriate for the news to be told. One needs to see that people are taken care of emotionally and perhaps allow the parents to express their feelings. Often what people appreciate is for the listener to be genuine and comforting, and not to feel too much pity or offer advice where it is not needed.

Parents and other family members of the deceased usually have private information concerning the relationship of the perpetrator and victim. In the study by Sheehan et al. (2015, p.9) parents who had lost their son reported the following:

... a few weeks prior to his murder, Kevin believed his girlfriend was using drugs again and was having an affair. The day before he died, we went to the mall to buy new clothes. He said the next day he was getting off early from work. Despite the appearance that things were going well in the relationship, Kevin's fear that his girlfriend was having an affair led him to inquire with friends and acquaintances about her fidelity. On the night of the homicide, he questioned his girlfriend and a violent episode ensued. Violence escalated and ended with the perpetrator taking Kevin's life.

The above report has revealed that some victims have tried to free themselves from their malfunctioning relationship, since most of such relationships are unhealthy. They often try to notify close family members or friends and sometimes the police concerning what is going on. The family members and parents often know the status of the relationship between their child and perpetrator before the murder takes place, and usually speak about this after the event. Some relationships may have partners who abuse drugs and alcohol, which usually contributes to one partner hurting the other.

On the other hand, studies have revealed that whilst some parents suffer from the tragic events of losing their children in a negative manner, some of them find meaning through

the events. According to Parappully et al. (2002), some parents reported the following experiences on the impact their experiences had on society:

Darlene says: It is incredible, the goodness that has come out of this. Unfortunately, I have to say yes to that. So many wonderful things have happened to heal people, and deep inside themselves at a soul level, because of Mat's murder. I cannot deny it. (p.42)

Julia says: It wasn't a mindless tragedy. If it were a mindless tragedy, it wouldn't have made a difference. You know what I am saying? It wouldn't have made a difference. . . . But it did. It touched so many people . . . I feel that their death has helped people. I feel fortunate enough to be put in places to help others that have lost kids. (p. 43).

Anne reiterates: The murder rechanneled my energies into working with victims' issues and into crime and punishment, into working with victims and trying to help them understand the system. . . . Through these organizations it is my goal that change can and will happen and hopefully not everyone will have to endure what my family and myself has felt (p. 43).

These parents have become icons of hope in their communities, working with other people who have suffered similar ordeals. It has helped others to find meaning through their experiences and has contributed immensely on the healing process of others around them. Speaking about what has happened has a healing effect on its own and it may also help

transform the lives of those committing those crimes. Other positive outcomes reported were transforming the self, helping others to cope through their trauma, finding other activities to get involved in, for example, reading and gaining more strength after the traumatic experience. Some marriages could be negatively affected if the parents lost their child, faith would be tested by the ordeal and lives could be turned around dramatically. However, some parents do manage to find meaning through their experiences (Parappully et al., 2002).

It was further found that some of the resources that assisted the positive impact included personal qualities, determination, leadership, positive outlook, compassion, spirituality, religious belief and faith in God, belief in life after death, thankfulness, prayer and rituals, continuing bond with the victim, social support, friends, spouse, family, community, support group, psychotherapy, and grief (Parappully et al., 2002). Sometimes, it takes personal qualities to find meaning through loss; however, some resources could be external such as social support, psychotherapy or having a spouse. There are activities that the bereaved parents can involve themselves in to help them through their experience such as keeping the bond with the victim. This could include doing what the deceased enjoyed most, keeping their photograph or having a remembrance day. Each parent may have a particular way of dealing with grief or loss, and each of those ways are crucial as they each serves their purpose for the person choosing it.

2.6 Theoretical framework

This research study is informed by trauma theory. Caruth (1995) found that the term “trauma” could be traced back to the days of the Vietnam War in the 1960s. The aim of trauma theory is to help find meaning and understanding on the impact of war on the war veterans. After been to war, war veterans experienced nightmares and flashbacks which could not be understood clearly (Tseris, 2013). This theory then helps with piecing together the root of these nightmares and flashbacks, linking it to the earlier exposure to war. Hartman (1995) has established that trauma is usually registered in our brain more than it is experienced. It bypasses the usual channel of perception and awareness and these memories goes straight to the psyche. These memories were also found to be split rather than integrated. This means that, when a person is traumatised, he/she may not remember the event or story line as it had occur, however some pieces of the story may be missing.

In addition, Radstone (2007) argues that trauma theory includes the experiences of survivors of the holocaust and other catastrophic personal and collective experiences. It includes the experiences that were deemed to be traumatic. It was also found that trauma theory is influenced by psychoanalytic theory which focuses on treatment of mental disorders. Freud, who coined Psychoanalytic theory focuses on the unconscious role of the brain in storing traumatic experiences. Trauma theory appears to be studied by different authors over the years.

Radstone (2007) highlights three main components underlying trauma theory, which are referential, subjectivity and forgetting. Referential in trauma refers to when a person finds

a relationship between the imaginary picture they have of the traumatic event and the reality of what exactly happened in real life. At times, when people experience tragic events, they form images of the event in their brain, however it may be different from what has actually happened and referential finds the relationship between the two. Subjectivity concentrates on the memory of the witness or listener as they try to recall and bring to awareness earlier unintegrated memory. The principle of forgetting emphasises the notion of dissociated memories or the inability for one to trace back patterns of events.

The word trauma was officially recognised by the American Psychiatric Association as Posttraumatic Stress Disorder (PTSD) in 1980. According to the American Psychiatric Association (2013), PTSD is a condition which begins when someone has experienced a traumatic event or has learned that someone close to them has experienced a traumatic event. It also includes intrusive memories of the event and people may try to avoid memories that remind them of that particular traumatic experience. Experiencing death, especially sudden death of intimate partner homicide (IPH) may leave parents traumatised. Some parents may have witnessed the event of IPH while others have learned of the story of events that took place from witnesses who were there. Both situations may cause a person to be traumatised. Caruth (1995) noted that trauma involves some form of intense personal suffering and when one is traumatised, it is often accompanied by an image of the event. This suffering is usually subjective and only the person that has gone through the traumatic experience would understand.

Based on the findings by Caruth (1995) and the American Psychiatric Association (2013) regarding trauma theory, it could be gathered that the parents who have lost their children could be suffering immensely and may have hidden painful memories. This was caused by either having experienced the traumatic event of death as witnesses or imagining the pain that their loved ones have endured prior to death. Seeing that the pain is subjective and only those that have gone through it will really feel it, is important to interview parents who have experienced loss of their loved ones as a result of IPH to gain insight of their experiences. The experiences of parents who have lost their children through IPH varies, and may be encountered in different ways at different levels, and thus this study seeks to explore how the parents experience the phenomenon of IPH. Eventually, this would aid in understanding the subjective nature of the trauma that these parents are dealing with in order to assist these parents and also other people who may be going through similar experiences.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter discusses the methods and design engaged in conducting the study on the psychological experiences of parents of victims of Intimate Partner Homicide (IPH). The discussion includes the research design and methods, the population, the sample and sampling, the instruments used as well as the procedure followed during the study. Terre Blance, Durrheim and Painter (2006, p. 34) define a research design as “a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research”. Thus it encompasses the actual action required to carry out the study.

3.2 RESEARCH DESIGN AND METHODS

Qualitative and explorative designs were adopted by the researcher. The reason for opting for a qualitative and explorative approach was to enable an in-depth understanding of the psychological experiences of the parents who have lost their children as a result of IPH, in the Khomas Region.

3.2.1 Qualitative design

Terre Blance et al. (2006) maintain that qualitative research methods rely on information brought together in the form of written and spoken language. Thus, in qualitative research, exhaustive information is obtained and thereafter, themes emerge as the researcher is analysing the data. Some questions also develop during the research and in the end, the

researcher interprets the data collected and writes a report (Creswell, 2014). In addition, Coolican (2009) states that when dealing with qualitative data, the researchers deal with exactly what the respondents have said. Unique experiences are then understood through using qualitative research.

3.2.2 Exploratory design

An exploratory type of study generally investigates an area where little is known (Terre Blance et al., 2006). An exploratory study was employed to discover and learn about the psychological experiences of parents after losing a child due to IPH.

3.3 POPULATION

Coolican (2009, p. 26) defines population as “the whole group or category of people from among whom samples are selected”. For this study, the population is the parents of the 182 cases of IPH in Namibia that were recorded between 2009 and 2016 (Namibian Police, 2016).

3.4 SAMPLE AND SAMPLING

A sample is a group that will represent the population from which the researcher intends to draw conclusions (Terre Blance et al., 2006). On the other hand, sampling is defined as “the selection of research participants from the entire population, and involves decisions about which people, setting, events, behaviours, and/or social processes to observe” (Terre Blance et al., 2006, p. 49). A non-probability purposive sampling method was employed.

Purposive sampling refers to selecting cases that are archetypal of the population that the researcher is interested in exploring. Such participants should be willing to participate in the study as well as be accessible (Terre Blance et al., 2006). In addition, the sample should be relevant to the research conducted (Petty, Thomson, & Stew, 2012). This type of sampling enables the researcher to select participants who are considered representative of the cases that the researcher would like to study; in this case this refers to parents who have lost children murdered by their intimate partners, thereby excluding cases which do not fit this criterion.

The following selection criteria was used: Any person who is a biological parent or had adopted a child who was murdered through IPH. The parents should be at least 30 years or older to be part of the interview. The reason for the former criterion is to capture the experience of the parent of the victim because the study is interested in the parents. The latter criterion was considered since by the age of 30 a person could be well experienced in handling emotion-provoking situations, seeing that the issue of IPH is sensitive.

3.5 PREPARATION OF THE RESEARCH FIELD

The researcher consulted with the Namibian Police Force which is operating under the Ministry of Safety and Security (MSS), a year prior to conducting the research. More meetings were conducted with the Ministry of Gender Equality and Child Welfare (MGECW) in the Khomas Region, also a year before the study commenced. The people that were involved in the consultations consisted of the Permanent Secretaries of MGECW, MSS and also the Inspector General of the Namibian Police Force. The researcher worked closely with the inspectors and warrant officers who assisted with tracing the cases and

contacts of parents of the victims. The staff at the MGECCW and MSS were notified of the intention and objective of the study during this process.

The participants were called prior to the interviews and informed of the intention of the study. It was found that, at this stage of the study, it is crucial to negotiate with participants to participate in one's research (Orb, Eisenhauer, & Wynaden, 2001). In addition, an enclosed office was organised for privacy.

3.6 DATA COLLECTION

When a researcher is observing or talking with participants, information is collected whether in form of numbers or language (Terre Blance et al., 2006). For this study, data collection included the procedure of obtaining information from the participants and framing this information to achieve an understanding of the psychological experiences of the parents who have lost their children as a result of IPH, in the Khomas Region.

The researcher made use of an audio recorder and field notes to ensure that every aspect of the informants' experience is captured and that nothing is missed out. This is in line with what Creswell (2014) has suggested, in terms of using field notes to write down the behaviour of participants and also recording them using a digital recording device.

The researcher did a pilot test to ensure that the interview guide was understandable and that it was valid for the objective of the study.

Table 3.1: Key demographics and experiential variables

Participants	sex	Age	Relationship to deceased	Nature of exposure to IPH
Participant 1	female	39	Adoptive mother	Saw the deceased
Participant 2	Male	66	Father	Saw his daughter dead
Participant 3	Male	67	Father	Informed by niece
Participant 4	Female	49	Mother	Called by the police
Participant 5	Female	52	Mother	Saw the deceased
Participant 6	Female	56	Mother	Told by a her sister

3.6.1 Individual interviews

Conducting an interview is a method which is usually utilised when collecting data in qualitative research (Terre Blance et al., 2006). Similarly, for this study, individual interviews were employed to collect rich data on the psychological experiences of parents who had lost their children as a result of IPH. The interviews were deemed as trustworthy in terms of collecting data on the psychological experiences of the parents who were participants.

The researcher was primarily involved in the data collection process, to oversee that the information collected is reliable. Thus the researcher was also an observer during this process, which is advantageous in a way that the researcher gains first-hand information as it is from the participant (Creswell, 2014). Face to face interviews were conducted, which was beneficial because not all the information can be obtained by observing the participant; some crucial information can be acquired through talking to the participant (Creswell,

2014). This also allowed contact and created better communication and understanding between the researcher and the participants.

Another aspect of the study was to allocate sufficient time (at least two (2) to three (3) hours of the day) to the participants for the interview. In this way, they are not inconvenienced and would be fully attentive during the interview (Terre Blance et al., 2006).

Prior to the interview, when the participant arrived at the venue, the researcher welcomed him/her and offered him/her a seat. The introduction of the researcher was done, before reassuring the participant of the confidential nature of the interview. The informed consent and information leaflet was read to the participants and they were given the opportunity to ask questions. The leaflet consisted of information about the study, the responsibilities of both the researcher and the participant, the consent forms both for the entire interview and for audio recordings as well as the rights of the participant. Creswell (2014) suggests that researchers should have an observation protocol where observations are recorded. Another plan suggested was an interview protocol, which is a guideline of the questions that need to be asked. The author also highlighted the advantage of writing down notes, which would help the researcher capture the information in case the audio recorder stops working or if anything should go wrong. The researcher requested consent and the participants granted both verbal and written consent.

The researcher made use of an interview guide, which was narrative in nature and because of the sensitivity of the topic. Research on death may be a sensitive matter because the

topic of death can be emotionally draining. Dickson-Swift, James, and Liamputtong (2008) assert that topics such as death have the potential of inducing strong memories for the participants, however such topics should not be avoided but should be researched with caution and care for the participants. It was found that the possibility of causing harm is often a concern (Corbin & Morse, 2003). Researchers are therefore called to be mindful of this fact. Sometimes, participants opt to avoid discussing certain topics because they are painful. If participants discuss these painful topics, they may trigger repressed issues which have not been dealt with.

In this study, a narrative guide was used to lead participants to talk about their psychological experiences when they lost their children. As it was found that death is a sensitive topic to deal with (Dickson-Swift et al., 2008), it was crucial to consider that the researcher reduces harm to participants by using narrative stories to avoid emotional distress. This was done by reading stories of parents that have lost their children to introduce the participants to talk about their own experiences. The stories, opened a way for participants to lead the discussion in a manner that was comfortable to themselves. This way, harm was reduced because, the questions were indirect and this gave the participants an opportunity to choose what they were prepared to talk about as they were listening to the stories. Probing as a technique was used cautiously, during the interview in order to gain more insight on what the participants were presenting.

The total number of interviews conducted were six (6), after the fifth participant interviewed the information became redundant, which is referred to as data saturation.

Bowen (2008) has found that data saturation involves interviewing more participants until no more new information or themes emerge. Hence, data saturation entails bringing in new participants frequently until you have achieved the information you aim to gain. Then no new information is given since everything said is likely to be similar to what has already been stated by other participants. If researchers are purposeful in what they are studying and if the question of the research is more specific, it allows earlier data saturation (Suri, 2011). This particular study had an interview guide which had a specific guideline to lead the discussion with each participant for the sake of consistency.

After the interview, a debriefing session was conducted to ensure that the participants were emotionally settled and also to ask how they experienced the interview. The researcher also provided the participant with contact details as well as directions to the state counselling services where they may get psychological counselling for free. The participants were also given another opportunity to ask questions if they were unclear of anything. The recordings were then transcribed thereafter, in verbatim form.

No translators were used during the interviews, as the researcher understood the languages spoken by all the participants. Transport arrangements were also made for the participants.

3.7 DATA ANALYSIS

Data analysis deals with explaining the procedure of understanding the data collected. Data should be meaningful whether they are fragmented or together. According to Creswell (2014) qualitative data analysis works in coordination with data collection. It comprises

formulating and categorising data in terms of written texts of transcribed data that need to be analysed, thereafter coding the data which narrows down the data to themes and lastly to write up and discuss the outcomes. ATLAS t.i qualitative data analysis software was used to support the data analysis procedure (Creswell, 2014; Hwang, 2008; Tajuddin & Jauhar, 2015).

The steps applied in the data analysis procedure are those found in Creswell (2014) and are as follows:

Step 1. The first step is to organise the information, which includes grouping together similar raw data, sorting filed notes and transcribing the data.

Step 2. At this stage, the researcher reads and tries to generally understand the information at hand.

Step 3. Start coding, which means tagging groups of words with a word usually used by the participant. Creswell (2014) states that usually in social sciences, researchers should use emerging codes. At this stage, ATLAS t.i qualitative data analysis software was used to create codes for the data.

Step 4. Themes are then generated using the codes. It is common that a research study may have major themes which then become part of the research findings.

Step 5. Discussion of the themes is undertaken at this stage. The researcher creates a link between themes and finds a relationship between them. Subthemes may also be generated at this stage.

Step 6. The researcher then interprets the results and may learn that the results may support what has already been studied or may deviate from already existing findings.

3.8 ETHICAL CONSIDERATIONS

Orb et al. (2001) state that ethical considerations are relevant to every research; however, what has been realised is that investigations create a controversy between achieving the objectives of the study, which usually entails benefiting the larger population and honouring the rights of the participants involved in the research. It was also found that in the past, research was carried out at the expense of the participants and to avoid this, applicable ethical standards have to be exercised and should be mandatory during research. This study was conducted with approval of the School of Post Graduate Studies of the University of Namibia, the University of Namibia Research Ethics Committee (UREC), the Ministry of Gender Equality and Child Welfare (MGECW) and the Ministry of Safety and Security (MSS).

The participants were given the opportunity to ask questions, to withdraw from the study at any stage if need be and also explained about their rights as far as the study was concerned. This study was guided mainly by the following ethical principles: autonomy and respect for the dignity of the person, beneficence, non-maleficence, integrity and justice (Coolican, 2009; Terre Blance et al., 2006).

3.8.1 Autonomy and respect for the dignity of the person

According to Terre Blanche et al. (2006), this principle affirms that participants should voluntarily give informed consent prior to participating in the study. It also includes protecting the confidentiality of the individual or the institution. Similarly, this principle includes the participant owning the right to agree or reject to participate in a particular study (Orb et al., 2001). Participants need to be independent in making decisions that

involve their lives, without feeling discriminated in anyway. In addition, their dignity needs to be upheld at all times. In this study, the above principle was adhered to, by informing the participants of their right to withdraw from the study whenever they wished and also by requesting their full permission preceding the interviews, thereby ensuring voluntary participation.

3.8.2 Beneficence

Beneficence means “doing good for others and preventing harm” (Orb et al., 2001, p. 95). The principle of beneficence maintains that the researcher tries to maximise the benefits of the research in favour of the participants. The researcher weighs the risks involved versus the benefits that may arise for the participant or the entire public. Benefits that are considered have to be direct, such as an improvement in health care, better access to psychological services or acquired knowledge for the participant (Terre Blance et al., 2006). In line with this principle, this study ensured that the risks of the study were minimal, thus the study did not conduct any physical or psychological examinations that might be of risk to the participant or expose them to physical or emotional harm. The participant benefitted in a manner since they were informed about organisations where they could seek psychological services if they or other family members needed help. For the entire public, recommendations will be made to the MGECW and MSS to establish systems to support the bereaved families.

3.8.3 Non-maleficence

The principle of non-maleficence ensures that participants are not harmed in any way during the research or they do not suffer any harm directly or indirectly as a result of the study. Additionally, researchers are also called to prevent doing harm or wrong to participants during their studies (Terre Blance et al., 2006). Participants who were interviewed were taken care of and the researcher was also transparent and maintained honesty about the study, for example, the participants were informed that they will not receive any payment and also of the possible risks involved such as the study evoking emotions.

3.8.4 Justice

Justice implies treating people fairly, being unbiased and giving credit to participants when you ought to (Orb et al., 2001; Terre Blance et al., 2006). Researchers also need to be aware of the possibility of participants being vulnerable by virtue of their circumstances (Orb et al., 2001). All participants were treated equally in this study by applying the same interview guide and also by providing transport as had been promised to them. Additionally, the participants who took part in the study were selected using the purposive sampling method and not because they were conveniently available.

3.9 MEASURES FOR ENSURING TRUSTWORTHINESS OF THE DATA

When doing research, the researcher needs to ensure that he/she improves the total quality and trustworthiness of the study (Baxter & Jack, 2008). The common methods used for

data trustworthiness include confirmability, dependability, credibility and transferability (Petty et al., 2012).

3.9.1 Confirmability

The component of confirmability is to avoid researcher bias, to focus on the question of the study and be as objective as possible. A method used to ensure confirmability during this study was to conduct a literature review which the researcher used to compare previous findings from earlier studies with findings from her interviews.

3.9.2 Dependability

Dependability was also measured during this study. There may be variations in the study, however, due to the fact that information collected came from various sources such as observations and the spoken word, it was helpful to ensure that information could be reliable. The researcher was also guided by a supervisor who advised that the methodology and interview guide were appropriate for the study. A review of literature was also conducted to search for similar studies and the resultant findings.

3.9.3 Credibility

In order for researchers to gain a broader understanding of the focus under study, they need to invest time (Petty et al., 2012). For this study, the researcher spent sufficient time, about a month, collecting data, observing the participants and widening the understanding of the subject. In addition, data were collected from various sources to ensure its credibility.

3.9.4 Transferability

Transferability entails the findings of the study being applied to other contexts. One way of ensuring that this is possible is by providing the thorough research procedure used (Terre Blanche et al., 2006). Two ways in which the aspect of transferability was accounted for are that the researcher provided thorough information on the research procedures for other scholars to utilise and purposive sampling was used to select participants who would give in-depth information on their experiences as parents who have lost their children as a result of IPH.

3.9.5 Triangulation

In this study different methods were used to collect data, such as observations, use of field notes and also audio-recording so that data could be compared and matched from the various sources. Terre Blanche et al. (2006) termed this triangulation. This was done by comparing the information from the audio recorders and the observations to see whether they correlated.

3.10 SUMMARY

This chapter discussed the qualitative and exploratory designs employed in the investigation. It also outlined the population that was studied, the sample and sampling procedures used and the mechanisms of data collection. Thereafter, the data analysis procedure was discussed, followed by the ethical considerations in the study and finally measures for ensuring trustworthiness of data were outlined. In the next chapter, a discussion on the themes will ensue.

CHAPTER 4

DATA ANALYSIS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

The preceding chapter focused on the research design, the data collection process, data analysis, ethical considerations and measures for ensuring trustworthiness. This chapter will focus on the data analysis process and discussion of the findings. “Qualitative data analysis is the classification and interpretation of linguistic (or visual) material to make statements about implicit and explicit dimensions and structures of meaning-making in the material and what is represented in it” (Flick, 2013, p. 5). Data analysis is a crucial stage in research and it is where the results of the research comes from. Whichever technique the researcher decides to use to collect their data, it is the data collected which is examined to search for meaning and conclusions (Flick, 2013). In this study, the parts that comprise of similar meanings were clustered together through the data analysis process as supported by Ratcliff (2008). Flick (2013) has identified a few aims of data analysis. The primary purpose of analysing data is to describe an event. An event could be a subjective experience of losing a loved one through murder, for example. The other aim is to identify situations in which the differences between cases being studied are based. The other aim is to realise a theory from the area that is being investigated. The objective of this study was to explore and describe the psychological experiences of the parents of the victims of Intimate Partner Homicide (IPH) in the Khomas Region and this will allow the researcher to gain in-depth understandings of the psychological experiences of the parents who have lost children through IPH. The participants were selected using a purposive sampling technique.

The one main question that the participants had to answer was:

- **“How do parents of intimate partner homicide victims experience the events of IPH?”**

Rapport was created using appropriate communications skills and participants were encouraged to open up. Six (6) face-to-face interviews were conducted as a means of data collection technique, in a period of one month. Interviews are beneficial because one can capture rich information during this period (Petty et al., 2012). The interviews commenced with the researcher interviewing the parents in the Khomas Region, whose details were provided by the Namibian Police. The researcher used an interview guide to support the data collection process and the information from the participants was recorded verbatim.

The participants gave consent to the researcher for the usage of an audio recorder during the interviews and the information was later transcribed verbatim. The advantage of audio recording is that, it captures all the details of the interview. This is in line with what Petty et al. (2012) have found. There are times when the researcher may not write down everything or may miss some important aspects of the interview, the audio recorder then helps to obtain the parts forgotten, to complete the interview during the transcribing process.

The process of qualitative data analysis and data collection happens concurrently. When the researcher begins to collect data, it is advised that data analysis should follow immediately to avoid data mounting up (Ratcliff, 2008). Beginning the data analysis procedure earlier will also help the researcher to avoid overwhelming of information and

the researcher may find it easier to deal with data if it is little, compared to dealing with mass volumes of data at once. In this study, Atlas t.i qualitative analysis software was used to support the data analysis process.

4.2 RESEARCH FINDINGS

The first stage of acquiring research results begins with coding data. This simply means breaking down information (St. Pierre & Jackson, 2014). After coding data then the researcher begins with establishing categories of information and followed by finding relations between these categories (Ratcliff, 2008). After this step, data is then arranged into themes which usually emerges as the research progresses (St. Pierre & Jackson, 2014).

A theme summarises the experience discussed in the text. Some themes will appear more than once and will appear at different parts of the transcript (Coolican, 2009). In this study, codes were used to form themes and they were taken from the stories that the participants told. A total of 166 codes were initially established which were then linked and collated to narrow them to five main themes and some subthemes were also identified under the main themes.

The first theme that was elicited is participants experiencing negative thoughts and emotions. These thoughts were found to begin after the participant had lost their child. The second theme is self-blame. Many parents feel they failed their child which led him/her to lose his/her life through murder, the parents also feel that they could have done something to help their child and avoid the murder in the first place. The third theme is negative

feelings towards the perpetrator. Many of the parents “hate” the perpetrator and some wish he/she could just die. Some parents even wish for the death penalty upon the perpetrator. The fourth theme is changed behaviour towards the community and family. The event of losing a child has led the behaviour of parents to change within their homes or in the community at large. The fifth and last theme is sickness, as some parents have acquired various illnesses especially those related to mental sicknesses, after losing their child. The researcher will make use of excerpts to facilitate the understanding of the reader.

The table below shows the main themes and subthemes that were developed from the results of this study.

Table 4.1: Themes and sub-themes

Main themes	Sub-themes
4.1.1 Participants experience negative thoughts and emotions	4.1.1.1 Difficult to forget the child
	4.1.1.2 Missing their daughter
	4.1.1.3 Hopeless about the future
	4.1.1.4 Anger and pain
4.1.2 Self-blame	4.1.2.1 Feeling guilty and responsible
	4.1.2.2 Wishing one could save their child
4.1.3 Negative feelings towards the perpetrator	4.1.3.1 Anger towards the perpetrator
	4.1.3.2 Hate towards the perpetrator
	4.1.3.3 Wishing the perpetrator will also die/even kill them
4.1.4 Changed behaviour towards the	4.1.4.1 Cannot face others in society

community and family	4.1.4.4. Feeling ashamed
	4.1.4.5 Isolation
4.1.5 Sickness	4.1.6.1 Mental disorders
	4.1.6.2 Sleep disturbances
	4.1.6.3. Falling sick

4.2.1 Results: Discussion of themes

4.2.1.1 Theme 1: Participants experience negative thoughts and emotions

This theme focuses on the thoughts and emotions that parents often have after losing a child. Parents indicated that they suffer a great deal of negative thoughts and emotions when they lose a child. At times, it appears that they do not know what to do with their thoughts as the thinking becomes too much. The issue of wondering without getting answers leaves a parent overwhelmed and often struggles to make meaning of the experience. Some of the sub-themes identified within this theme included, missing one's child, difficulties in forgetting the deceased or the event, hopeless about the future and anger and pain. This is in line with what Dannemiller (2002) has found, that parents often feel empty and they miss their child especially during significant events and occasions within the family setup.

This is what one of the participants had to say:

- “They long for her, they wish she was alive...so that will also be something that will also be in their mind. ... or always think about the loss of that person in many cases. The person might also end up, could be seen as being absent minded... they are being tormented actually by the loss of their daughter. ”.[P3]*

Another participant said:

- *“...it’s a pain that you are going on and on... You see her picture, you think of her birthday, you see her children... it’s not easy to come over coz it’s not easy... maybe even take two to three days or a week to forget about the child but in a week or two weeks but there will be a day get back that thinking you will remember it’s like you cannot even go to a funeral”. [p1]*

It was further found that parents struggle to have hope for the future once they lose their child (Wickie & Marwit, 2001). Others struggle to understand what has happened to their child and often end up in shock. In some instances, parents feel that they have reached a dead-end once they lose their child to murder (Dannemiller, 2002). It was found that, children often represent their parents and once they are gone, parents also feel a part of them has gone too (Wickie & Marwit, 2001). This is because parents find hope and meaning through their children and they wish to see them prosper and enjoy all the milestones of their children’s lives. If a child goes too soon, the dream of looking forward to the child’s next step is shattered and the parent struggles to move forward with the tragic experience.

One participant reported this:

- *“No! I think she just froze and that’s it!...yes, even when she went to the funeral she probably spend two days without talk...yes, maybe she starting speaking on the third day”. [P2]*

Another participant reported that:

- *“... it’s not easy to think forward because she is feeling the pain...It’s like you don’t know. Are you going forward or backward or left or right”. [P1]*

Losing a child changes a parent in ways which they may not have imagined. It was found that parents adopt a negative world-view after losing a child to murder (Wickie & Marwit, 2001). They lose hope and trust in other people. The kindness and compassion picture of others starts to fade and the world becomes a dangerous place for them due to the bad experience, King (2004) also supports this fact. DeYoung and Buzzi (2003) added that parents go through various emotional responses such as confusion, crying, anger, denial, depression, fear, frustration, guilt, blame and shock, as a way to deal with the tragic death of their child. Anger is usually prominent and parents struggle to be happy during the period of the tragic death of a murdered child. One parent could be angry with themselves, the other could be angry with the perpetrator while the other may be angry with the deceased. Sometimes a person may feel that the deceased left them with so much pain and that they should have lived to be happy with their parents. At times, anger may not be directed to anyone or to anything, however it is an emotion that parents usually respond with after the loss of their child (Parappully et al., 2002).

4.2.1.2 Theme 2: Self-blame

Self-blame was elicited as a theme with sub-themes of feeling guilty and responsible and wishing one could save their child. One of the immediate reactions that a parent gets after the murder of their child is self-blame. Parents often feel guilty because they are naturally

supposed to protect their child and once their child faces a tragic encounter, they feel they have failed to fulfil their duty of protection as parents. Parents may feel that they are incompetent and that has led to their child being murdered (Wickie & Marwit, 2001). Similarly, King (2004) has found that sometimes, parents also feel others will blame them for the death of their child, even if there is no evidence that someone is actually blaming them. The expectation by society of protecting one's children, puts a burden on the parent when their child dies, because they feel they should have protected their child and not allowed anything horrible to happen to them. This further contributes to unexpected changes in the parent's life, such as abrupt change in jobs as a way of coping.

One parent reported this:

- *"They also take blame for themselves that they didn't do well to prevent the unfortunate marriage. So that will also be something that will also be in their mind. Actually blaming themselves for what eventually happened, you see. Why didn't we go to the extent of preventing this marriage from taking place"?[P3]*

Another participant also mentioned this:

- *"...and guilty due to the fact that they couldn't help their daughter". [P5]*

DeYoung and Buzzi (2003) found supporting evidence that blame and guilt are some of the reactions that parents suffer when they lose their children. At that point the parent may wish events played out differently so that they could help their child, however the reality of the death of their child is not an easy fact to comprehend. The parent therefore remains

with the wish of hoping to have saved their child, which is impossible when the murder has already taken place.

Another parent reported the following:

- *“...regretting, that time she was regretting. That is what is (sic) think because I was regretting that time. I was not having words, even for that moment I was not even crying and people were like say something, do something, cry, scream... It might be because he didn’t.... or maybe because her (sic) son didn’t even tell him what he’s going through or what he’s going in his marriage life or maybe he’s regretting why didn’t I listen why didn’t I talk with him. If I could’ve listened, if I could’ve have talked with him everybody can see if there is something wrong in the relationship. [P1]*

4.2.1.3 Theme 3: Negative feelings towards the perpetrator

The sub-themes found under this main theme are anger towards the perpetrator, hate towards the perpetrator and wishing the perpetrator would also die/even kill them. The perpetrator is often the “most hated” person in the lives of grieving parents and the entire family. The perpetrator is seen as the one who robbed the parents off their child, in whom happiness, hope and comfort was embedded. As stated earlier, parents feel their children are a part of them and once they are gone, a part of them is taken away (Wickie & Marwit, 2001). Often, parents have strong feelings towards the perpetrator including, anger, hate and even the wish of them to die. Regarding these strong feelings, this is what one participant had to say:

- *“So sometimes you are also thinking that argh can someone just kill him while he was in the jail?” [P1]*

The case of the perpetrator taking away a life and continuing living theirs does not sit well with grieving parents who have lost their children to murder. Parents at times feel that the perpetrator does not deserve to live happily and often follow up with law enforcement on the status of the punishment of the perpetrator (Rynearson, 1994). The parents wish that the perpetrator should be punished severely as this will not necessarily bring back the deceased from death but the parents may feel a bit better. Some parents wish that the perpetrator should lose their life too because they have taken a life away. Some parents even wish they could take the life of the perpetrator themselves. A study by King (2004) reports of a parent who fantasizes of killing the perpetrator who took away her child’s life. She owns a gun and often imagines going to jail and wait for the perpetrator to come out so that she shoots him and this to her will solve her problems, however she knows she will not do it although it makes her feel better for a while.

A participant had this to say concerning anger towards the perpetrator and wishing death upon the perpetrator:

- *“Because the moment after my daughter died like that the person was still around here throwing us with stones... I was even telling one police guy to just give me a little bit of time... let’s just see the man find him first then we will call you. And I hope I will bring you the head I will just bring you the head and tell*

you here is the head of the man we found him and you can go get the body. So if it's a feeling that is taking you to somewhere that you are not into". [P1]

Another participant added:

- *"They hate the person, they wish he was actually killed actually, they, they will also wish for the death penalty, so that actually they can feel that, what he deserves, he gets you see". [P3]*

Another participant reported that:

- *"...just want maybe to kill him themselves... they hate him". [P5]*

All these strong feelings are triggered by the pain and frustration that the parents feel because of the loss of their child. This anger is usually directed to the perpetrator who is viewed as the cause of the problem in their lives (Wickie & Marwit, 2001).

4.2.1.4 Theme 4: Changed behaviour towards the community and family

This theme has three sub-themes, which are, cannot face others in society, feeling ashamed and isolation.

Often, the community is involved in the murder of any community member to a certain extent. Some are involved because it is their duty, such as the police members, others care about the family of the deceased while there are those who are usually just curious and have their own self-serving interests in the case (Dannemiller, 2002). This results in parents having different reactions. Some parents appreciate the fact that the public is interested in

the murder case, as this shows that people are putting in effort to solve the case (Dannemiller, 2002). On the other hand some parents do not appreciate some of the comments that society makes as it appears that society decides how one should mourn their child and how they should feel, which some parents find upsetting (King, 2004).

Other challenges which were explored during the process of losing a child is that, often court proceedings may take time, which causes parents to relive the event of losing their child every time they attend the proceedings (Dannemiller, 2002). This concern may bring mixed feelings, as parents wish to attend court hearings to conclude the case of their child and find peace, however it also brings unpleasant memories of the tragic event.

Some parents often isolate themselves from the rest of the people as a way of dealing with the loss of their child (King, 2004). When the public becomes too concerned and involved, parents feel the need to be alone and deal with the murder case privately, rather than having other people around. Wickie and Marwit (2001) also support this notion. The community at times has too many questions and concerns which the parents are not ready to share.

One parent had this to say:

- *“They must be ashamed,... they withdrew themselves from the community for the society, not wanting to face them. Nowadays in the society if something happens, like this in your family, and they know what was happening before that, they will blame you as the person that is still alive. You know... sometimes she withdrew herself from the community... the community also knew ... now she’s feeling ashamed, you see, she’s feeling ashamed to, to face the community.” [P6]*

Another parent had this to say:

- *“It will not be easy ... to walk around even because it’s like you are having such a behaviour that you just want to stay in your room, just to close your house and stay inside coz in every move that you are moving they are showing fingers it’s that one’s daughter”. [P1]*

4.2.1.5 Theme 5: Sickness

Sometimes parents fall sick after losing a child to murder. The event is so abrupt that it usually does not give the parent time to comprehend or understand what has happened so much that they react in different ways, which includes falling sick. Under this main theme, subthemes of mental disorders, sleep disturbances and falling sick were identified.

Several authors have found that parents suffer from a number of mental disorders such as depression, Posttraumatic Stress Disorder (PTSD) and thoughts of suicide after losing a child to murder (DeYoung & Buzzi, 2003; King, 2004; Rynearson, 1994; Wickie & Marwit, 2001). The crime of Intimate Partner Homicide (IPH) has intend in its nature and parents usually struggle to comprehend it. Parents were found to suffer mainly from depression, as this often constitutes one being hopeless about the future which some felt. Moreover parents who lose their children were found to often be hospitalised due to one or more mental disorders (Li, Laursen, Precht, Olsen, & Mortensen, 2005). This may mean that the health of parents who lose their children is at risk, and the tragic experience does not only affect them lightly but may also require professional attention, demonstrating the seriousness of this matter.

One participant narrated this:

- *“He’s becoming mentally distressed in this manner, he must cope with everything on his own now... Now she’s starting, she’s getting depressed, ne and thinking that husband... must suffer to provide for the six orphans and her and her medical bills and she is get, ya she’s getting depressed of this this this this...”*.
[P6]

Apart from the mental disorders identified, parents were found to suffer from other challenges such as sleep disturbances, over-thinking about the event and disturbances in concentration during the day (Rynearson, 1994). Some parents find it difficult to fall asleep at night because that is when the mind is at rest and many thoughts comes to one’s mind. Parents are occupied by the death of their child and this often wanders in their brain most of the time causing them to be awake. They may even feel helpless as the event has passed and they cannot go back to rewind the incident. Some parents cannot focus on other duties and responsibilities as the incident of losing their child is disturbing enough to redirect their attention from other activities in their lives. Thoughts of the event, especially how the incident took place and the suffering that the deceased endured occupies their brain and the thoughts keep coming back (Rynearson, 1994).

One participant told this:

- *“They are still longing for their child. They still hate, feel hatred towards the perpetrator ...it is not easy for them to fall asleep, it is still fresh in their mind...and they, I am sure that they vividly visualize that through their live... It*

will be difficult for her to fall asleep at night, and should she, should she perhaps also fall asleep, she will in the course of the night wake up and recall actually what transpired on that tragic day. I think that will be with her I think for the rest of her life". [P3]

4.3 SUMMARY

The chapter discussed the themes and sub-themes acquired from the analysis of data of the information collected from the participants. Five main themes and numerous subthemes were found. What can be drawn from the parents interviewed is that losing a child to IPH is challenging and parents go through a turmoil of different emotions. The matter of murder also affect the entire community and it becomes difficult to deal with it privately. The following chapter will outline the conclusion, limitations and recommendations.

CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The last chapter discussed the data analysis process and the results of the study. ATLAS.ti qualitative data analysis software was used to facilitate the data analysis process. Five main themes were obtained from the psychological experiences of parents who have lost their children as a result of Intimate Partner Homicide (IPH).

The current chapter will deal with conclusions, limitations and recommendations based on the results of this study.

5.2 CONCLUSIONS

The main question of this study was “How do parents of intimate partner homicide victims experience the events of IPH?” The question explored and described the psychological experiences of the parents who lost children to IPH. The researcher conducted face to face, individual interviews and the participants were selected using the purposive sampling method. Subsequently, the interviews were transcribed verbatim and further analysed using ATLAS.ti.

The findings reveal that most parents adopt negative patterns of thinking, such as imagining and dwelling on the circumstances around the murder of their child. They also have to deal with unpleasant emotions such as anger, hate, frustration, guilt and pain. Moreover, parents reported that they have to deal with the reactions and involvement of community in the matter of the murder of their child. One of the reactions reported was that the community

asks questions about the murder and parents expressed discomfort on these types of questions from the community. The parents also indicated that the community often blame the parents and this causes parents to struggle to move on. On the positive sentiments shared by the parents, they reported that the community is sometimes helpful by offering support to the parents for example, by talking to them. It was also found that parents have to deal with negative feelings towards the perpetrator and most of them mentioned that they hate the perpetrator and wish that they also should die. The behaviour of the parents in the community was reported to change after the incident of IPH. One of the negative results that parents experienced following such a tragic incident is too much negative thinking and the challenges of moving on from the incident.

5.3 LIMITATIONS

Some of the limitations experienced in this study are that firstly, it is a qualitative study and secondly the study focused on parents who have lost their children as a result of IPH in the Khomas Region only. Therefore, the results of this study cannot be generalised to other parts of Namibia because of the limited location of the study. Other regions may have parents who may be having different experiences from what this study reveals. The findings of the study can, however, be utilised in suggesting recommendations to the specific stakeholders such as the Gender Based Violence (GBV) unit, which is situated in the Khomas Region, to create therapeutic systems to support parents who are grieving. The results may also be used as reference for other future researchers who wish to study other areas related to IPH in the Khomas Region.

5.4 RECOMMENDATIONS

The recommendations of this study are built on the psychological experiences that the parents reported and recommendations that they suggested.

5.4.1 PSYCHO-EDUCATION

- It is necessary to create a programme such as a slot on the indigenous languages radio stations where a psychologist or a social worker can have dialogues to educate the communities from which the interviewed parents come from, on IPH. The parents reported that sometimes the community has misconceptions about the events leading to IPH and often blame parents for not preventing the crime. This may lead to prejudice. However, that is not relevant at the stage when parents are struggling with various emotions; therefore, more needs to be done to educate communities on the seriousness of the event and what grieving parents go through.

5.4.2 SUPPORT GROUPS

- Dealing with a challenging case alone may be more difficult and if a parent meets other parents who are in the same situation, they may gain hope. It is therefore recommended that the GBV unit sets up support groups of parents who have lost their children to IPH. This can be one way for bereaved parents to find comfort. Social workers at the GBV unit can facilitate these support groups. Support groups can incorporate forgiveness rituals to assist parents deal with their anger towards the perpetrators.

5.4.3 PSYCHOLOGICAL COUNSELLING

- Parents reported that they have to deal with many negative emotions and feelings such as anger, pain and hopelessness, which are accompanied by disturbed thoughts and changed behaviour, as some reported to be isolated after the death of their child. This calls for professional social workers and psychologists to become involved and offer counselling to these parents. Parents showed that they are struggling to deal with loss, pain and accepting that their child has left them in a troubling manner as they were murdered. Therefore, the social workers and psychologists are needed to help these parents firstly with comprehending the events of IPH and secondly to deal with the loss.
- Most parents expressed that they hate the perpetrator and may never find peace for as long as the perpetrator remains unpunished and they indicated that they wish for the death penalty upon the perpetrators who murder their children. Parents and the families that have lost their loved ones through IPH need to be supported through grief and process the events of murder. They also need support to eventually help them to let go even in the absence of answers or the punishment they wish upon the perpetrator.
- One of the most sensitive part of IPH for the police is notifying the family of the deceased (Miller, 2008). The police officers need special training on how to sensitively notify the families. A counselling professional such as a psychologist is necessary to be present to help parents deal with their emotions as they view their

child's body at the mortuary and offer them psychological counselling throughout the grieving period. Miller (2008) states that the support shown to grieving families has an impact on how they cope with the murder of their loved one.

5.5 FUTURE RESEARCH

Other parts of the world conduct research on IPH particularly in South Africa (SA) and the United States of America (USA) (Stöckl et al., 2013), however research within the Namibia context is limited and more needs to be done concerning the matter of IPH. For future research, the following are some recommendations:

Children feel the most impact when a parent is lost as a result of IPH. One of the problems that children experience is the absence of guardianship (Alisic et al., 2015). Children are usually vulnerable, therefore, it is crucial to investigate the experiences that children of the victims of IPH and where possible assist the families who have taken over guardianship of such children. When a parent is lost through IPH, a child may be left no with parent, because one parent is deceased while the remaining parent may end up in prison. Research suggests that, these children suffer from mental disorders and seek social support (Alisic et al., 2015). Investigation is needed to see how children in the Namibian context are affected by IPH.

5.6 SUMMARY

This chapter focused on the conclusions, limitations and recommendations of this study. Some limitations were outlined as a guideline for future researchers to bear in mind should they wish to embark on a similar topic. Recommendations were also highlighted and the

primary focus should be to render services to people affected by IPH. Services may include psychological counselling, training of staff to effectively assist the people affected, and the establishment of support groups to help people deal with their tragic experience. More research needs to be done on topics similar to IPH, so that Namibia can have its own data and facts to effectively help its own people.

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APPENDICES

APPENDIX A: Ethical Clearance certificate



ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: FHSS/246/2017 Date: 27 September, 2017

This Ethical Clearance Certificate is issued by the University of Namibia Research Ethics Committee (UREC) 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 Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

Title of Project: PSYCHOLOGICAL EXPERIENCES OF PARENTS OF VICTIMS OF INTIMATE PARTNER HOMICIDE IN THE KHOMAS REGION

Researcher: Hilma Ndapewa Mbandeka

Student Number: 200611577

Faculty: Faculty of Humanities and Social Sciences

Supervisor: Dr M. Mberira

Take note of the following:

- (a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the UREC. An application to make amendments may be necessary.
- (b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the UREC.
- (c) The Principal Researcher must report issues of ethical compliance to the UREC (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by UREC.
- (d) The UREC 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;

UREC wishes you the best in your research.

Prof. P. Odonkor: UREC Chairperson

A handwritten signature in black ink, appearing to be "P. Odonkor", written over a horizontal line.

Ms. P. Claassen: UREC Secretary

A handwritten signature in black ink, appearing to be "P. Claassen", written over a horizontal line.

APPENDIX B: Research permission letter to the Ministry of Gender Equality and Child Welfare

P.O Box 32395
Pionierspark

19 July 2017

The Permanent Secretary
Ministry of Gender Equality and Child Welfare
Private Bag 13295
Windhoek

Dear Sir/Madam:

Request for permission and access to interview parents of victims of Intimate Partner Homicide in Khomas region

My name is Hilma Ndapewa Mbandeka, ID 88030900015. I am a student enrolling for my Masters degree in Clinical Psychology at the University of Namibia (UNAM). As part of our curriculum, we are required to conduct a research study on a Psychological topic/problem that our Namibia nation is facing. I have chosen the topic of Intimate Partner Homicide.

My interest is to interview the Parents of the victims who have died as a result of this crime and I would like to do a qualitative, exploratory study.

I am aware and understand that this is a sensitive topic, and therefore humbly request your good office if it can grant me or provide me access to contact these people for the purpose of my research. My purpose for this contact is for research purposes only. As part of the ethics, I will therefore keep such information highly confidential and use it ONLY for research.

I trust you will find the above in order. We are facing many challenges in this country of which Intimate Partner Homicide is one, and I as a citizen of this country would like to take a step to contribute to the wellbeing of our people.

Thank you for reading and considering my request. I hope to hear from your good office soon.

Sincerely yours,



Hilma Ndapewa Mbandeka

Contacts: Mobile: 0813025437
Email: ndapewambandeka@gmail.com

**APPENDIX C: Research permission letter to the Ministry of Safety and Security
(Namibian Police)**

P.O Box 32395
Pionierspark

09 August 2017

Gen. S.N Ndeitunga
The Inspector General
Namibian Police Force
Private Bag 12024
Windhoek

Dear General Ndeitunga

Request for permission to access the family/parents of victims of Intimate Partner Homicide (PASSION KILLINGS) in Khomas region for research purposes

My name is Hilma Ndapewa Mbandeka, ID 88030900015. I am a Clinical Psychology student enrolling for my Master's degree at the University of Namibia (UNAM). As part of our curriculum, we are required to conduct a research study in our community on a psychological problem that our Namibian nation is facing and I have chosen the topic of Intimate Partner Homicide also referred to as passion killings.

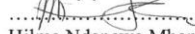
My interest is to interview the Parents of the victims who have passed away as a result of this crime. Literature has proven to have minimal information on the families of the victims and more attention is given to the perpetrators, whilst the families of the victims continue to suffer the aftermath. After my findings, recommendations can be proposed to the relevant stake holders such as the Ministry of Safety and Security and the Ministry of Gender Equality and Child welfare, to create systems to assist the affected families.

My efforts for accessing participants has yielded minimal results and has thus posed a challenge for me as I intend on involving 10 participants. I am aware and understand that this is a sensitive topic, and therefore humbly request your good office if it can grant me permission or provide me access and contact details of these people. My purpose for this contact is for research purposes only. As part of the ethics, I will therefore keep such information highly confidential as no real identities will be used and all the information collected will be used ONLY for research purposes. Furthermore, the participants can only be interviewed if they give written consent and they will be awarded the opportunity to withdraw from the study at any stage. Information concerning counselling services will also be available to the participants.

I trust you will find the above in order. We are facing many challenges in this country of which Intimate Partner Homicide is one, and I as a citizen of this country would like to take a step to contribute to the wellbeing of our people. Thank you for reading and considering my request.

Kindly see attached supporting documents. I hope to hear from your good office soon.

Sincerely yours,


.....
Hilma Ndapewa Mbandeka

Email: ndapewambandeka@gmail.com

**APPENDIX D: Research permission letter to the Ministry of Safety and Security
(Permanent Secretary)**

P.O Box 32395
Pionierspark

03 August 2017

The Permanent Secretary
Ministry of Safety and Security
Private Bag 13281
Windhoek

Dear Sir/Madam:

Request for permission to access parents of victims of Intimate Partner Homicide in Khomas region

My name is Hilma Ndapewa Mbandeka, ID 88030900015. I am a student enrolling for my Masters of Arts degree in Clinical Psychology at the University of Namibia (UNAM). As part of our curriculum, we are required to conduct a research study on a Psychological topic/problem that our Namibian nation is facing. I have chosen the topic of Intimate Partner Homicide.

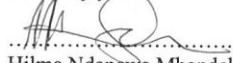
My interest is to interview the Parents of the victims who have passed away as a result of this crime and I would like to do a qualitative, exploratory study.

I am aware and understand that this is a sensitive topic, and therefore humbly request your good office if it can grant me or provide me access and contact details of these people for the purpose of my research. My purpose for this contact is for research purposes only. As part of the ethics, I will therefore keep such information highly confidential and use it ONLY for research. Furthermore, the participants can only be interviewed if they give consent.

I trust you will find the above in order. We are facing many challenges in this country of which Intimate Partner Homicide is one, and I as a citizen of this country would like to take a step to contribute to the wellbeing of our people.

Thank you for reading and considering my request. I hope to hear from your good office soon.

Sincerely yours,


.....
Hilma Ndapewa Mbandeka

**Contacts: Mobile: 0813025437
Email: ndapewambandeka@gmail.com**

APPENDIX E: Permission letter from Ministry of Gender Equality and Child Welfare (Permanent Secretary) to conduct a research study



REPUBLIC OF NAMIBIA

MINISTRY OF GENDER EQUALITY AND CHILD WELFARE

Tel: + 264 61 283 3111
Fax: + 264 61 238 941/240 898
E-mail: genderequality@mgecw.gov.na

Private Bag 13359
Windhoek
Namibia

Our Ref.:8/1.....
Your Ref.:
Inquiries:W.Kamaya.....

27 July 2017

Ms Hilma Ndapewa Mbandeka
P. O. Box 32395
PioniersPark
WINDHOEK

Dear Ms. Mbandeka

SUBJECT: PERMISSION TO CONDUCT RESEARCH ON PSYCHOLOGICAL EXPERIENCES OF PARENTS OF INTIMAT PARTNER HOMICIDE IN KHOMAS REGION

I acknowledge receipt of your letter dated 19 July 2017, with appreciation. The ministry has no objection for the study to be under taken and done with the consent of people to be interviewed.

The office of the Permanent Secretary requests that the data collected shall be used only for the purpose of the research study.

Yours sincerely



Ms Wilhencia Uiras
PERMANENT SECRETARY



All official correspondence must be addressed to the Permanent Secretary.

APPENDIX F: Permission letter from Ministry of Safety and Security (Namibian Police) to conduct a research study



We wish you all the best with your research and trust that the information collected will be used strictly for your research purposes.

Yours sincerely,



S.H. NDEITUNGA, OMS
INSPECTOR – GENERAL: NAMIBIAN POLICE FORCE



Cc: Head: Criminal Investigations Directorate.

APPENDIX H: Information leaflet and Consent Forms



TITLE OF THE RESEARCH PROJECT: PSYCHOLOGICAL EXPERIENCES OF PARENTS OF VICTIMS OF INTIMATE PARTNER HOMICIDE IN THE KHOMAS REGION

REFERENCE NUMBER: 200611577

PRINCIPAL INVESTIGATOR: Hilma Ndapewa Mbandeka

ADDRESS: University of Namibia, 340 Mandume Ndemufayo Avenue, Pionierpark

CONTACT NUMBER: +264 81 3025437

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 the study staff any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied and 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.

1. What is this research study all about?

You have been invited to take part in this research study to find out how parents experience the events of Intimate Partner Homicide (IPH) after losing a child. IPH is prevalent in Namibia and many of the people may be affected in unique ways, most especially parents of the victims. The purpose of this study is to get more information about you as a parent on how you have experienced the event of losing your child through IPH. We would be interested to know how you are feeling, what you may be struggling with, how you are handling the aftermath and other psychological experiences that you may like to share with us. The aim for this study is to create awareness on what some parents experience after losing a child through IPH. After creating awareness on your experiences, this will aid in creating interventions to address the challenges that you may be going through. The study will also shed light on our government, in particular the Ministry of Gender Equality and Child Welfare (MGECW), the Ministry of Safety and Security (MSS) and also mental health practitioners to avail relevant services for parents.

The interviews will be conducted in a private room. The interviews will be individual interviews, meaning that each parent will be interviewed alone. There will also be audio recordings to record the interview so as to capture every detail of the interview and some notes will also be taken during the interview.

2. Why have you been invited to participate?

We have found you to be matching the group of participants that we would like to interview concerning their experiences of losing a child through IPH. You then received a phone call asking if you would like to be part of an interview. You agreed to take part and had shown interest to share your experiences of the event, hence have been invited to participate in this interview today.

3. What will your responsibilities be?

Participation in this study will involve two sessions. Both sessions will take place today. The first session is an interview session and the duration will be between 30 minutes to two (2) hours. During the first session we will discuss a few stories on how parents experience losing a child through IPH and you may also share your experiences. The second session will basically be a debriefing session to find out how you feel after the interview, seeing that you will be sharing important information which may also be sensitive. The duration for the second session will be anything between five (5) minutes to 30 minutes.

If the need to see a professional counsellor arises, that will also be organized for further sessions.

4. Will you benefit from taking part in this research?

The findings from this research will be available to you. Should we be worried that you may need help, we will discuss it with you and with your consent, we will recommend you to see one of the counselling professionals. There may be no direct benefits for you, however the information from this study may help other people and may also aid into

creating programs to assist parents who may need help after going through such experiences, which may include yourself.

The information from the findings will be used for research purposes only. No information about you will be given to any other person, unless you agree to it.

5. Are there any risks involved in your taking part in this research?

The procedures that will be used in this study are not dangerous and we can assure you that you will not experience any physical pain. However, the questions that we will ask and ultimately the information that you will share may be sensitive and may induce emotional discomfort. If at any stage, you feel you are unable to proceed with the interview due to overwhelming feelings, the interview will be discontinued for your benefit and we will refer you for professional counselling.

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

You can always say **No** if you are uncomfortable to take part in the research at any stage. We will not be angry with you. If you indicate that you need counselling either way or any other assistance, we will refer you to appropriate professionals.

7. Who will have access to your records?

The information collected through the interviews will be kept confidential and protected. One of the ways of protecting it is to lock it up in a locker where the principal researcher will be the only one having access to it. Another way to protect your information is by using pseudonyms (unreal names) during the entire research, meaning that we will not record or document your real identity and therefore, no one will be able to link the information to you. Your information may be reviewed by the MGECW or MSS who may

use it to improve services, the University of Namibia, it may be published in journals and presented at meetings. However, you should remember that your names and private information will be kept a secret.

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

The risks of taking part in this study are minimal. However, the University of Namibia (UNAM) undertakes that in the event that you suffer any significant deterioration in your wellbeing or any unexpected sensitivity caused by participating in the study, the university will provide immediate care. UNAM has appropriate insurance cover to provide prompt payment of compensation for any trial-related injury according to the *ABPI guidelines?* (*Association of British Pharmaceutical Industry compensation guidelines for research related injury which is regarded as the international gold standard*). *ABPI guidelines state that an insured university like UNAM, without legal commitment should compensate you. You are required to notify the principal researcher immediately if such should occur.*

The university however will not be responsible for injuries caused by a participant who did not follow instructions. For any other added information. You can contact the Health Research Ethics Committee at +264 61 2063061 if you have any concerns or complaints that have not been adequately addressed by your study staff.

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

No, you will not be paid to take part in this research, but transport money will be provided for you. There will be no costs expected for you to pay either when you partake in this research.

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

You can contact Dr Mberira at +264 61 206 3798 if you have any further queries or encounter any problems. You can also contact the Health Research Ethics Committee at +264 61 206 3061 if you have any concerns or complaints that have not been adequately addressed by your study staff.

You will receive a copy of this information and consent form for your own records.

11. Declaration by participant

By signing below, I agree to take part in a research study entitled (*Psychological experiences of parents of victims of intimate partner homicide in the khomas region*).

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 staff 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*) 2017.

.....

.....

Signature of participant

Signature of witness

12. Declaration by investigator

I 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 an interpreter. (*If an interpreter is used then the interpreter must sign the declaration below.*)

Signed at (*place*) on (*date*) 2017.

.....

.....

Signature of participant

Signature of witness

13. Declaration by interpreter

Ideclare that:

- a) I assisted the investigator (*name*) to explain the information in this document to (*name of participant*) using the language medium of(Oshiwambo, Otjiherero, Afrikaans, etc.)

14. Consent form for audio recordings and transcriptions

This study involves the audio recordings of your interview with the researcher. Your name or other identifying information will not be used in this audio recording nor in the transcriptions. Only the research team will be able to listen to the recordings.

The researcher will transcribe the data and the recordings will be kept for two years and then destroyed thereafter. The transcriptions may be used in academic presentations or meetings, however your real name or identifying data will not be used and therefore no information will be linked to you.

By signing this form, I..... am allowing the researcher to audio record me as part of this research. I also understand that this consent for recording is effective as from today 2017 until the following date: November 2019. On or before that date, the tapes will be destroyed.

Signed at (*place*) on (*date*) 2017.

.....

Signature of participant

.....

Signature of witness

APPENDIX I: Data collection instrument/ interview guide

Student name: Hilma Ndapewa Mbandeka

Student number: 200611577

Interview guide for the research: Psychological experiences of parents of victims of intimate partner homicide in the Khomas region

Participant Pseudonym: _____
Age: _____
Language of interview: _____
Date: _____
Time: _____
Place: _____

Introduction: Good morning/Good afternoon madam/sir. My name is Hilma Ndapewa Mbandeka and I am a student at the University of Namibia. I am doing a research on the psychological experiences of parents of victims of intimate partner homicide in the Khomas region. This study will allow me to understand the psychological experiences of parents who lost their children as a result of intimate partner homicide. It will also assist me to make recommendations to the various stake-holders such as the Ministry of Gender Equality and Child Welfare and the private mental health practitioners in terms of how they can support parents with their challenges.

As I have already explained earlier, your real name will not be used in this study, therefore your identity will in no way be linked to the information that you present. The results of this study will be used solely for the purpose of the study. Shall you please grant me permission to interview you? *(after the participant has agreed)*

Now we will start with our interview:

Scenario 1.

Mark and Mary have been dating for 9 years and they have two children of their own. Mary had another daughter from a previous relationship, Meagan who is 15 years old. Five years back when Meagan was only 10 years, she noticed that her mother was often crying and had bruises on her arm. She then decided to ask her, however her mother would brush it off. Meagan decided to tell her grandmother, Louisa who is 62 years old, however Louisa was thinking that perhaps her daughter just had a misunderstanding with Mark, and Meagan had always been overprotective of her mother and never liked Mark anyway. Louisa at this stage was fond of Mark as he was supporting her family financially and always spend time with the children.

Two years later, Meagan called her grandmother again reporting of screams that she heard from her mother's room. Louisa went to their house and found both Mark and Mary asleep soundly and nothing was alarming for her, and reprimanded Meagan for wasting her time.

Early this year, Mark killed Mary in front of Meagan. Mark is now awaiting trial, while his family is taking care of their younger children and Louisa is taking care of Meagan.

1. How do you think Louisa is feeling after her daughter's death?
2. Why do you think she is feeling that way?
3. What do you think Louisa did after she learned of her daughter's death?
4. How do you think Louisa is behaving towards Meagan?
5. Why do you think she is behaving this way?
6. Explain some of the emotions Louisa could be struggling with.
7. How do you think Louisa feels towards Mark?

8. Why do you think she feels that way towards Mark?
9. Generally, explain Louisa's behaviour towards other people in her community.
10. Why do you think she is behaving this way?
11. What could Louisa be thinking of currently?
12. What can be done to assist women like Louisa in similar situations

Scenario 2.

Mathew, a victim of Intimate Partner Homicide was buried 5 years ago. He died after his wife Rosa of 15 years handcuffed him and suffocated him. It is reported that his wife endured 15 years of abuse from Mathew. She is now in jail serving a life sentence. They did not have any children and Mathew was the bread winner of his parents, who are both unemployed and his mother is disabled. His father James, who is 66 years old, now struggles to feed his wife, pay for medical expenses for her and take care of their other six orphaned grandchildren. Ever since Mathew died, James has started acting strangely towards his own family and his wife has not been well either.

1. What sort of strange behaviour could James be exhibiting after his son's death?
2. Why do you think James is acting in this manner?
3. What could James be thinking of right now?
4. How do you think James feels towards Rosa?
5. Why do you think James feel that way towards Rosa?
6. How do you think James feels towards his grandchildren?
7. Why do you think James feels that way towards them?
8. By saying that "his wife is unwell", what could this mean?
9. Why do you think his wife (mother to deceased) is unwell now?

10. What could the mother of the deceased be thinking of?

11. What can be done to assist men like James in similar situations?

Scenario 3.

Marques and Loide buried their 22 year-year-old daughter Ndapandula in 2016, who was killed by her husband (John, 54 years) of one year. From the beginning, two years earlier when Ndapandula started dating John, both Marques and Loide did not approve their relationship. John used to abuse alcohol, he was older and it was reported that he often cheated on Ndapandula. There have been rumours that he had impregnated two other girls prior to his wedding with Ndapandula. John was a business man and had a lot of money, he bought Ndapandula the latest Mercedes, which her parents did not approve of then and often urged her to leave the relationship due to John's notorious nature.

Ndapandula did not listen to her parents. One day, things got out of hand when John found a younger man in their house, who happened to be Ndapandula's cousin. He accused Ndapandula of cheating on him and slapped her in front of her cousin, who then reported the incident, however nothing was done as John bribed the police. The parents were furious and went to get Ndapandula who stayed with them for a few weeks. John, came begging for Ndapandula's forgiveness on numerous occasions, and after he had gone to the pastor and apologized, Ndapandula to moved back to their marital home.

After two days of calling their daughter with no answer, Marques and Loide decided visit her. They walked into a life-less body in a pool of blood, reported to have died two days earlier. John was nowhere to be found, and a week later he was arrested at Oliver Thambo International Airport in his attempt to flee to American. He is now in jail while Marques

and Loide now struggle to come to terms with what has happened to their daughter and why she was killed in that manner. Their lives will never be the same, as they now say.

1. What do you think Marques and Loide are going through today?
2. What do you think Marques and Loide did after their daughter's death?
3. How do you think Marques and Loide feel towards their daughter?
4. Why do you think Marques and Loide feel that way towards their daughter?
5. How do you think Marques and Loide feel towards John?
6. Why do you think Marques and Loide feel that way towards John?
7. What could Marques and Loide be thinking of right now?
8. How is Marques and Loide's behaviour in society?
9. Why do you think they behave this way?
10. What can be done to assist parents like Marques and Loide in similar situations?
 - a. Before we end our interview, by listening at the stories above, would you like to explain generally, how parents who lost their children may be feeling?
 - b. Is there anything that parents that have lost their children can do to help themselves?
 - c. Is there anything else you would like to add?
 - d. Do you have any questions?

Thank you so much for your time