

**AN EXPLORATION OF THE POSSIBLE FACTORS CONTRIBUTING TO
DOMESTIC VIOLENCE AGAINST WOMEN IN TSUMEB, NAMIBIA**

A THESIS SUBMITTED IN FULFILMENT
OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS IN SOCIAL WORK

AT

THE UNIVERSITY OF NAMIBIA

BY

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201000024

April 2019

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ABSTRACT

Domestic violence is a sensitive issue and challenging to discuss. In Namibia, domestic violence is a social issue of major concern, as the country is entrenched in a culture of male domination. At least one out of three women worldwide has reported physical, sexual, and emotional abuse by an intimate partner in her lifetime. The purpose of this study was to explore the possible contributing factors of physical violence to women in Tsumeb, Namibia. The study further examined the prevalence of and factors associated with physical violence against women and explored participants' personal insights into why domestic violence occurs. A qualitative research approach, using an exploratory research design, was adopted. Furthermore, purposive sampling was utilised to recruit 12 females, 18 years and older, who were victims of domestic violence. Data were collected through semi-structured face-to-face interviews to obtain comprehensive information from the participants. The eight steps of Tesch were followed to analyse the data. The study found that misunderstandings, alcohol, inferiority complex, and extramarital affairs were factors contributing to physical abuse against women. The study further found that the longer the victim prolongs to take action and keeping quiet about it, contributes to the continuation of the abuse. The study also established that victims often do not seek professional help, but rather confide in the family. Based on the findings of the study, it is suggested that the government should be more proactive in strengthening the judicial system. Further, there is a need for continuous awareness and education on domestic violence that can help to curb the scourge thereof. Finally, improving the level of literacy for women and educating men as the perpetrators of domestic violence will go a long way in abating this social ill.

ACKNOWLEDGEMENTS

I submit my foremost appreciation to the Almighty for having gracefully blessed me with knowledge, skills and patience.

I sincerely wish to express gratitude to the following individuals and institutions that have contributed in many ways to the accomplishment of this thesis:

- The participants of this study, you made this study a reality. I thank you wholeheartedly!
- Professor John Matthews, my main supervisor, without your support, patience and magnificent supervision this thesis would not have been produced. Your valuable input and expertise made all this possible and contributed immensely to my personal growth. Therefore, I salute you and I shall forever treasure you.
- Dr. Ndumba Kamwanyah, my co-supervisor, for your valued professional guidance and support.
- MOHSS for granting me permission to do the empirical study.
- My cousin, Dr. Michael Uusiku Akuupa, your tireless and professional input towards the success of this work.
- My friend, Ms Clothilde Narib, your expertise and assistance in the analysis.
- My husband, Keikabile, your love, consistent support and encouragement throughout my studies. Your faith in me keeps me going.
- My daughter, Naledi and son, Lesedi. The love and support. You are my angels!
- My aunt, Ms Kakuna Kerina, for the love and support during my thesis writing.

- My classmate, Ms Kakinda Kapata, your support and humour made life worth living even in the most difficult times.
- Creative Editors, for the work of editing this document to the required standard and expectations.

DEDICATION

This work is dedicated with love

- To my late mother, Danny Shikuambi, her massive contribution in paving my way in studying before she left this earth on 16 March 2009.
- My sister, Annchen Shikuambi, who died at a gunshot of an obsessed, abusive boyfriend on 16 December 2008 and
- To all women who suffered and are still suffering domestic violence in Namibia.

DECLARATION

I, Belinda Selebano, declare that this study is a true reflection of my own research, and that this work, or part thereof has not been submitted for a degree in any other institution of higher education.

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Date.....

Belinda Selebano

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LIST OF ABBREVIATIONS AND ACRONYMS

BCS	British Crime Survey
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
DSWS	Developmental Social Welfare Services
GBV	Gender-Based Violence
GRN	Government of the Republic of Namibia
HIV	Human Immunodeficiency Virus
IPV	Intimate Partner Violence
IVAWS	International Violence Against Women Survey
LAC	Legal Assistance Centre
LGBTI	Lesbian, gay, bisexual, transgender and intersex
LSHTM	London school of hygiene and tropical medicine
MGECW	Ministry of Gender Equality and Child Welfare
MOHSS	Ministry of Health and Social Services
MSM	Men who have sex with men
NAMPOL	Namibian Police
NDHS	Namibia Demographic Health Survey

NGP	National Gender Policy
PTSD	Post Traumatic Stress Disorder
SADHS	South African Demographic and Health Survey
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations Children’s Fund
UN	United Nations
USA	United States of America
WACPU	Women and Child Protection Unit
WHO	World Health Organization
VAW	Violence Against Women

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CHAPTER ONE

1. BACKGROUND OF THE STUDY

1.1 Introduction

Domestic violence is a traumatic experience which is influenced by complex factors. In Namibia, a week hardly passes without an incidence of physical and sexual violence committed against women reported in the local media. Gender-based violence has become a national scourge with 4,714 cases recorded for the year. President Hifikepunye Pohamba in 2014, rallied the Namibian nation to express solidarity through prayers for the many victims of gender-based violence. According to the Namibian Police, 10,142 gender-based violence and 2,151 cases of sexual violence were reported from January to November 2016, which is just the peripheral vision, as not all cases of gender-based violence are reported to the police (New Era, 2016). These figures indicate that gender-based violence has reached epidemic proportions in Namibia.

According to Namibia's National Gender Policy (NGP) 2010-2020, domestic violence and rape are the most common forms of gender-based violence in Namibia, with women much more significantly affected than men (MGECW, 2010). The Combating of Domestic Violence Act 4 of 2003 (LAC, 2003) defines domestic violence as violence that takes place within the family or inside the home and is also referred to as 'battering' when it takes place between husband and wife. Ellsberg, Arango, Morton, Gennari, Kiplesund, Contreras & Watts (2014) stated that sometimes it is called intimate partner violence, which is violence between two people involved in an intimate relationship.

They further found that it is found in all countries; cultures and societies (Ellsberg et al., 2014).

Numerous studies have been conducted related to domestic violence and other gender-based violence forms in Namibia. Moreover, many studies have attributed the cause of domestic violence to a variety of factors, including poverty, alcoholism, drugs, unemployment, masculinity, and culture differences (LAC, 2012). Despite the number of studies having been conducted in Namibia, there has been no known study conducted that explored abused women's experiences in Tsumeb. Therefore, the researcher found it important to study the possible factors contributing to domestic violence against women in this particular geographic and cultural context. Furthermore, the mining culture of Tsumeb as a Town, can make it possibly prone to domestic violence as the town is entrenched to male dominance. Notably, the impact of such traumatic experiences may have adverse consequences not only for the victims, but also their children, families, and friends including all of society.

Domestic violence is a violation of Namibian law and is also condemned by international agreements that Namibia has signed such as the Convention on the Elimination of All Forms of Discrimination Against Women and its Operational Protocol. Furthermore, domestic violence is contrary to the Namibian Constitution, as Article 8 [Respect for Human Dignity] states that "The dignity of all persons shall be inviolable. In any judicial proceedings or other proceedings before any organ of the state, and during the enforcement of a penalty, respect for human dignity shall be

guaranteed. No persons shall be subject to torture or cruel, inhuman or degrading treatment or punishment” (Namibian Constitution. 1990, p. 8).

Domestic violence, as the term itself suggests, is the assault, mostly against women and in many cases happens behind closed doors. The claim that women are mostly assaulted was supported by the findings from the British Crime Survey (BCS) in 2001 which found the percentage of women experiencing domestic violence was approximately twice that of men (Walby & Allen, 2004). For many abusers and perpetrators, domestic violence is considered as a private family matter and is not openly or commonly discussed.

The fact that men also suffer from domestic violence is not discounted; but for this study, the focus was on women as domestic violence is often seen as a gender issue which affects women more than men. Walby and Allen (2004) further assert that women are more prone to be the victims of assaults compared to men, especially in regards to sexual violence. In a study conducted in the United States by Ménard, Anderson, and Godboldt (2009), it was found that approximately 3.8 women are victims of intimate partner violence compared to 1.3 of men per 1,000 each year.

Giddens (2009) also concur that the most common type of domestic violence is against women by their partners. Giddens further states that women are at higher risk of violence from men in their own families than they are from strangers.

A study conducted by the World Health Organisation (WHO) in 2005 stated that nearly one-third (31 %) of Namibian women who have had an intimate partner (husband or

boyfriend) experienced physical violence through him and 17 % experienced sexual violence during their lives. The research focussed on female victims who cohabit-ate or are married and experienced domestic violence. For this study, domestic violence was defined as physical abuse which is a physical act that includes punching, beating, shaking, kicking and burning and all other causes of serious physical injury to the victim by partners (LAC, 2012). The primary focus was on domestic violence, which also comprises psychological and emotional abuse but these tend to be under reported, as there may be no witness to validate the experience (Lancer, 2015).

Heise, Raikes, Watts, and Zwi published a seminal paper in 1994 describing domestic violence as a significant social and public health problem in many countries. Besides being a tremendous burden to social services, health care, and the criminal justice system, the harm wrought by domestic violence causes greater individual problems. These include physical, emotional, psychological and behavioural damage (Berry, 2000). Thus, the government and the society need to consider the issues of domestic violence as an urgent and essential matter because a substantial proportion of resources are demanded from everyone in dealing with this problem.

The increasing rate of domestic violence against women in Namibia is worrisome, and is affecting families as well as the nation. It was against this background that the rationale of this study was to find out what the possible contributing factors to physical violence against women in Tsumeb, entails.

1.2 Statement of the problem

In an exploratory assessment in the Namibian capital Windhoek, Matthews and Von Hase (2013) found that one out of three women in Namibia has experienced gender-based violence in their lifetime. On 04 April 2014, the Namibian Sun newspaper also reported that one out of three women in Namibia had experienced gender-based violence, being physical and sexual abuse, in her lifetime and nine out of ten victims of domestic violence are female (Namibian Sun, 2014). On average there is approximately 1, 200 rape cases reported each year nationally, and it is likely that rape is under-reported in Namibia, (Namibian Sun, 2014). Statistics from the social workers' office at Tsumeb District Hospital indicated that there was an upward trend in domestic violence against women and men (Social workers' intake register, 2017). Research indicated that 29 cases of domestic violence had been reported at Tsumeb District hospital from January-June 2017 (Social workers' intake register, 2017), only 1 of the cases reported was a male victim. A global study on homicide conducted by United Nations in 2013 found that two thirds (43,600 in 2012) of homicide victims are women at the hands of their intimate partners.

1.3 Objectives of the Study

The following objectives guided this research:

- To explore the effects of domestic violence against women in Tsumeb.
- To provide recommendations to policy makers, community activists, cultural chiefs, faith-based organisations, community-based welfare organisations, regional councillors, and families.

1.4 Significance of the study

The research was significant for several reasons. First, the results of the study may serve to increase awareness and empower victims of domestic violence in Namibia with skills to deal with domestic violence. Further, the findings of the study may be used to guide policy makers and other stakeholders in efforts to address the pandemic of domestic violence and formulate innovative approaches to provide care and support to those affected in Namibia.

1.5 Conclusion

The emphasis of this chapter was on the introduction of the study. The objectives that guided the study were outlined. The scope and complexity of the problem of physical violence against women in Namibia and in Tsumeb were presented through the statement of the problem. Finally, the significance and desired outcomes of this study were also discussed in this chapter.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides a review of the critical literature and previous studies, with particular reference to the possible factors contributing to domestic violence against women, however physical violence served as a guide for the researcher. In this chapter, definitions and concepts are presented. A theoretical framework for understanding the influences of socio-economic and demographic characteristics on domestic violence is provided to illustrate the inter-linkages between the various concepts associated with physical violence, as well as theories that offer a lens through which to understand this phenomenon. Besides, Namibian sources are compared to regional and international research findings.

2.2 The concept of intimate partner violence

According to Breiding, Basile, Smith, Black and Mahendra (2015), an intimate partner is someone with whom a person is in a “close personal relationship with that may be characterised by partners’ emotional connectedness, regular contact, ongoing physical contact and sexual behaviour, identity as a couple, and familiarity and knowledge about each other’s lives” (p. 11). Furthermore, Ali and Naylor (2013) describe violence as being a situation that occurs when someone uses any force or, unequal power over another person. In general, people may behave aggressively when they are not happy with a situation.

Mirsky (2009) reported that violence could take many forms. In its simplest form, it involves the use of physical force and beating. Furthermore, he described violence as classed into three categories namely: self-directed (e.g., suicide), interpersonal violence (family and intimate partner violence and other violence caused by acquaintance and strangers called community violence) and collective violence (war) (Mirsky, 2009).

Following the above classification, domestic violence occurs in the family. Wahed & Bhuiya (2007) further describes family partner violence as violence between family members such as a husband, partner, uncle, father and in-laws. In Namibia, the Combating of Domestic Violence Act 4 of 2003 defines domestic violence as violence that takes place within the family or inside the home, and is also referred to as 'battering' when it takes place between husband and wife. It is also sometimes called intimate partner violence, which is violence between two people involved in an intimate relationship. Laisser et al., (2011) further revealed that the perpetrators of violence are usually persons close to the victims. Supporting this idea, Johnson and Leone (2005) assert that perpetrators of domestic violence are mostly men, although men can as well find themselves involved in abusive acts by women (Ellsberg & Heise, 2005).

Dutton (2011) further described domestic violence as dependent on the societal views and the boundaries people place on the acceptability of certain behaviours within a spousal relationship. In other words, definitions of domestic violence are culturally specific. Domestic violence is often used in an attempt to control another to get one's wishes fulfilled (Austin & Sootsman-Eicher, 2004).

Ogbonna, Iyoke, Nkwo, Nwakoby and Ezeonu (2014) added that domestic violence is a harmful behaviour and the most common form of Violence Against Women (VAW). According to UNICEF (2000), it is a kind of violence by intimate partners and other family members, and manifested with physical, psychological, economic and sexual abuse.

The UN describes violence Against Women (VAW) in *Worlds women* (2015) as: “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (p.139). There is no universally accepted definition of VAW. It can be defined as a crucial mechanism for women to force them to a subordinate position as compared to men and also includes discrimination of women concerning nutrition, education and access to health care (UNICEF, 2017).

On the other hand, Azhar et al also used the word power for defining VAW with factors of discrimination as: “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either result in or has a high likelihood of resulting in injury, death, psychological harm, poor development or deprivation” (2012, p. 1622).

Furthermore, Mashari and Mawire (2013) defines violence against women as a form of violence to which girls and women are primarily subjected to because of their female sex identity. Females regularly face systematic discrimination from an entrenched and rationalized system of gender-based power relations which then perpetuate an almost

universal pattern of subordination that leave girls and women highly vulnerable to acts of physical, sexual or psychological harm from male members of their families and communities, including husbands, lovers, brothers, fathers, teachers and employers (Mashiri & Mawire, 2013).

Besides, violence against women is defined by Sukhu (2013) as the intentional infliction of injury to women. Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will and is based on socially ascribed gender differences between males and females (Ward, 2006). A point to bear in mind is that gender-based violence intends to raise an element of subordination by men's believed or expected superiority. It is culturally acceptable to believe that men are superior in Namibia.. As a fact, in many societies, male dominance over women is entrenched in the minds of members in the community (Freedmann, 2012).

Giddens (2009) posits that the most common type of domestic violence is against women by their intimate partners or a family member and that women are at higher risk of violence from men in their own families than from strangers. Women are also at higher risk of being sexually assaulted or abused, either in childhood, adolescence or as adults than men.. Men tend to express their dominance over women in a physical way. Men who are more prominent and physically more robust have a propensity to strife, to dominate or control others including their partners, which may aggravate domestic violence (Giddens, 2009). All these explanations involve acts of violence in intimate settings where women are concerned.

Domestic violence is defined differently in different contexts, although all these definitions involve acts of violence. Therefore, domestic violence refers to abuse that could be physical, sexual, emotional, economic and or of a verbal nature. However, for this study, the physical nature of such violence is the focus of the investigation.

2.3 Defining Physical Violence

The Legal Assistance Centre (2012) defines physical violence as “physical assault or any use of physical force against the complainant, forcibly confining or detaining the complainant or physically depriving the complainant of access to food, water, clothing, shelter or rest.” (p. 44).

January (2005) further stated that physical violence means that a woman had been “slapped, or had something thrown at her; pushed or shoved; hit with a fist or something else that could hurt; kicked, dragged or beaten up; choked or burnt; threatened with or had a weapon used against her. Violence against women and girls continues to be a global epidemic that kills, tortures, and abuses women physically, psychologically, sexually and economically” (p. 1). Physical abuse is the most obvious, pervasive and discussed form of violence; it takes the form of minor acts and escalates over time. Furthermore, regardless of its form, physical abuse results in some injury that leaves certain marks on the victim, which can be easily detectable.

The World Health Organisation (WHO) assessed that up to one-half of all women globally suffer physical abuse at the hands of intimate partners. The proportion is higher in some countries (WHO, 2005). Currently, women in abusive relationships, at different spheres of life, whether they are educated, uneducated, working wives or homemakers

are beaten up, slapped, pushed, kicked or hurt at the slightest provocation or without any fair reason. Besides, there are situations where it can also be severe, especially when the perpetrator makes use of a gun, knife, or another weapon. As already mentioned, men are likely to express their dominance over women in a physical way, which may intensify domestic violence. For example, a man who wants to control his partner with his violence and believes that it is socially acceptable for him to do so, over time, his inhibitions against hurting her become weak, and he injures her more seriously.

This study investigated physical violence suffered by women, which is a form of domestic violence. Thus, the literature on physical violence served as a guide for the researcher investigating the type of physical violence perpetrated on women and the possible causes thereof.

2.4 Causes of Domestic Violence

A vital part to understanding a social problem and a precursor to preventing it is to have an idea of what causes it. The causes of domestic violence include socially constructed gender practices, physical strength, power relations, socio-economic factors, and community influences. As such, no evidence has been found to confirm that domestic violence is a genetic disease (Dutton, 2011). Therefore, it is assumed that violence is learned since no one is born with violent attitudes or behaviours. Violence is linked to an individual, the environment and the gender. What causes violence in a relationship is complex as the circumstances and factors that can lead or expose women to physical abuse by an intimate partner are different in every relationship.

As reviewed from many sources, the current understanding suggests that a single factor does not cause violent behaviour. Therefore, simplistic conceptions and unique approaches may not be adequate to understand the phenomena. Multidimensional interactive factors are needed to identify as to why and how domestic violence against women occurs. These possible factors have been classified as extrinsic and intrinsic factors.

2.4.1 Extrinsic factors

Extrinsic factors are explained by Azam and Irma (2008) as a context in which violence against women occurred. Male dominance, control and power hierarchies are some extrinsic factors of VAW and men are mostly the initiators of violence in a relationship. The masculine dominance; male power and control are taken as an honour in cultures and if a woman is getting stronger than men either in education or employment, he wants to control her, to stop or limit her growth and progress by using several forms of violent acts to maintain his supremacy (Niaz, 2013). VAW is a common issue where men are subjected to toughness or dominance, and their role is based on rigidity (Deyessa et al., 2010).

Alcohol abuse and the intake of drugs are significant risk factors to violence in general and domestic violence in particular (Zaleski et al., 2010). Alcohol tends to reduce self-control and causes anxiety. Coker et al., (2000) in their survey to assess the possible factors associated with intimate partner violence (IPV) in the United States of America (USA) clinic indicated that amongst the women aged 15 to 65 who had experienced

physical, sexual and psychological abuse, 55.1 % of abuses were strongly associated with alcohol and drugs.

The literature on domestic violence has confirmed the negative impact of alcohol and drug abuse in a household. McKinney et al., (2010) revealed that when alcohol is involved, then the risks of the female partner being abused increases. The same study found that 30.2 % of couples aged 18 and over who have reported intimate abuse, said their partners were under the influence of alcohol (McKinney et al., 2010). Ellen et al., (2012) discovered that women in South Africa are more at risk of physical violence when the intimate partner is under the influence of alcohol. Also, Zaleski et al., (2010) assessed the contribution of drinking and socio-demographic factors to the risk of IPV amongst couples living under the same roof, and estimated that 38.1 % of violence in the household occurs because the partner or husband was under the influence of alcohol.

The relationship of alcohol to violence is complicated, and it involves physiological, psychosocial, and socio-cultural factors. The precise effects of alcohol on the central nervous system remain in question, but non-experimental evidence argues that alcohol may interact with neurotransmitters, such as serotonin, that have been linked with effects on aggression (Linnoila et al., 1983; Virkkunen et al., 1989). The fact that alcohol abuse and antisocial personality often co-occur has led to the speculation of common genetic bases, but the evidence remains inconclusive (Reiss and Roth, 2017).

Further, in Namibia, there are still traditions that promote structural and direct violence against women, such as early and forced marriages. This violence built on social systems by privileging some genders. This practice continues to negatively impact the girl-child.

Disproportionally, high school drop-out rates amongst girls are mainly as a result of early marriages, teenage pregnancies, hunger and poverty (Kangootui, 2016).

There are certain traditional practices that subject women to forms of direct violence and humiliation. The payment of lobola/bride wealth is of a patriarchal nature in the society and therefore puts male in control over women's sexuality. Ipinge and Le Beau (2015), and McFadden and Khaxas (2017) argue that lobola represents an exchange relationship that enslaves and entraps women, because in some cultures, when women want a divorce, they have to double the amount of lobola, (be it in cattle or money) that was paid for them originally by the groom's family in order to get a divorce. What this suggests, is that lobola represents a further impediment to women's autonomy and strengthens patriarchal control. It acknowledges the notions of male ownership and control over females and often becomes the justification for sorority marriage and the inducement for child marriages (Edwards-Jauch, 2010; Wadesango, Rembe, & Chabaya, 2011).

Furthermore, using violence against women to regain masculinity is the men's stereotypical idea (Mariam, 2014). In recent times, many people, even if educated, believe that women are made for house chores and therefore men are abusive towards women. Hence gender inequality is difficult to handle (Shastri, 2014). Men are supposed to be the bread earners and women, being perceived as inferior, are supposed to be at home to look after the household and children (Shastri, 2014). In the case where women receive a higher education and have a better opportunity to contribute to family income, they have fewer chances of being violated by men (Mariam, 2014). If only the man

works or both man and woman work, then there are lower chances of violence, but if a woman is working and man does not work, or both of them do not work, then there are high chances of violence by an intimate partner occurring (Abramsky et al., 2011).

2.4.2 Intrinsic factors

Azam and Irma (2008) explained intrinsic factors in VAW as personal characteristics like age, education, income, the influence of personality and acceptance of violence. Azam and Irma (2008) also added some effects as intrinsic factors like witnessing marital violence as a child, mental health and being abused as a child.

According to Abramsky et al. (2011), women of young age are more vulnerable to intimate partner violence. In agreement, WHO (2013) found that age group between 15-19 years are more vulnerable, the prevalence of violence is lower in women aged 50 years. This is because the level of confidence also enhanced in women from this age, therefore, women aged 50 years and older have fewer levels of violence (WHO, 2013).

Furthermore, poverty can also enhance women's vulnerability to violent situations and also hinder their ability to get rid of abusive situations. Poverty can play a vital role in creating, maintaining and enhancing violence against women, but it does not mean that only poor women face violence, all women are vulnerable to abuse (Terry, 2014).

Lack of economic self-sufficiency is one of the possible causes of violence and women should be given enhanced provision of education, health benefits and decently paid jobs to overcome poverty and violence (Ogrodnik & Borzutzky, 2011). Inequality of educational level of husband or wife may also result in violence (Abramsky et al., 2011).

Deyessa et al. (2010) also indicated that if a woman is educated it can provide a shield to her against intimate partner violence because education enhances women empowerment and women with higher education are subjected to lower levels of violence.

Ogbonna et al. (2014) acknowledged that domestic violence is more in rural women than urban women and that it is because of the low literacy rate in rural areas. Furthermore, women in rural areas have no or less awareness about violence, and they have a view that violence with them is justified. However, women in the urban area are more aware as they are literate and therefore may have fewer chances of physical violence (Deyessa et al., 2010).

Silence is another possible factor. Most women remain silent about the violence because they do not want their neighbours to know about the abuse they go through, they want to maintain their social status (Madhani, Karmaliani, Patel, Bann, McClure, Pasha and Goldenberg, 2015). Besides, Babur (2007) supposed that the involvement of different people could escalate violence against women because these people are involved in pouring poison in husband's mind, and that can result in the worse form of VAW (ibid).

Furthermore, customary law in Zambia allows a man to chastise a wife for wrongdoing and does not allow a woman to sue for divorce due to ill-treatment by the husband, unless under extreme circumstances. Such ill-treatment may come by way of beatings resulting in bodily harm, for example, loss of teeth and hospitalisation (Sampa, 1994). Usually, when a wife goes to a local court and sues for divorce, she does not succeed. The traditional perception of values is that women constitute a sector of society which has low status and is expected to be subordinated. As such, whenever a woman seeks to

establish her human rights, a customary law would be very reluctant to appreciate that, (Sampa, 1994).

2.5 Effects of violence against women

Babur described the harmful effects of VAW as

VAW narrows women's options in almost every sphere of life, public and private at home, in school, in the workplace and more community spaces. It limits their choices directly by destroying their health, disrupting their lives and constricting the scope of their activity and indirectly by eroding their self-esteem and self-confidence. In all of these ways, violence hinders women's full participation in society, including participation in the full spectrum of development (Babur, 2007, p. 24).

Effects can be physical and psychological.

A study carried out by Cerulli et al. (2012) revealed that physical symptoms of battered women were primarily chronic pain and aches. Women were diagnosed with constant fatigue, weight and immune system problems, various injuries and breathing difficulties. Facial injuries were more common among abused women as well. Further, women in current abusive relationships also reported two to three times more injuries such as concussions, severe burns and more severe injuries requiring surgical care. Campbell found that these injuries were generally less reported than other health problems. (Campbell et al., 2002).

Another research by WHO (1997) revealed that violence has effects on children, for example, girls who witnessed violence from their male members in the home are more likely to accept the violence as a regular part of marriage in future and boys who witnessed domestic violence adopt the same behaviour to be violent male adults as husbands and fathers. UN also declared that VAW is harmful to families and also responsible for the outburst of other forms of inequalities in the societies (Azhar et al., 2012).

Research by Pico-Alfonso et al. (2006) on the severity of depression, post-traumatic stress disorder (PTSD), state anxiety (short-term anxiety) and thoughts of suicide in abused women found that 45.3 % of the physically and psychologically abused women and 36.4 % of psychologically abused women had only depressive symptoms. PTSD was rarely found as the only effect as its prevalence was 2.7 % of the physically and psychologically abused and 3.6 % of the psychologically abused. PTSD together with depressive symptoms occurred more frequently with scores of 25.3 % of the physically and psychologically and 30.9 % of the psychologically abused women. Furthermore, the women who also suffered from sexual abuse had a higher score of depressive symptoms (Pico-Alfonso et al., 2006).

Domestic violence can result in low self-esteem in women which consequently affect their health (Heise et al., 1994). Moreover, most women are unable to defend themselves in incidents of violence, and that is considered as a victory against her. Another effect of domestic violence is it can leave victims with the mental anguish which is enough to destroy their sense of self.

Besides, mental illnesses associated with domestic violence may range from depression to low self-esteem, suicidal thoughts, anger, guilt or shame. Consequently, a cross-sectional household survey conducted in some rural countries between 2000 and 2003 revealed that the prevalence of suicide attempts in a lifetime of an abused woman varies from 0.8 % to 12 % (Devries et al., 2011). Further Heise and Garcia-Moreno (2010) in investigations on suicidal thoughts find that across some low-income countries is an increase of suicidal thoughts amongst women who have reported acts of abuse by the intimate partner.

In a study conducted by Fox et al., (2007) in Zimbabwe, it was detected that there is an increased risk of HIV transmission among women experiencing violence than those who are not exposed to violence. To illustrate the latter view, a study conducted by Nyamayemombe et al., (2013) in Zimbabwe, revealed that 38 % of HIV positive women living in urban areas are physically abused compared to 29 % of healthy women. Furthermore, 47 % of HIV positive women aged 20 to 24, experienced domestic violence while the proportion of healthy but abused women of the same age is 41 %. To add on, most women do not consent to have sex but do so at the desire of their male partners and thus suffer from many sexually transmitted diseases.

Domestic violence has also been found to affect female fertility in ways such as unplanned pregnancy which can result in abortion (Kishor & Johnson, 2004). Taillieu and Brownridge (2010) in a study using representative demographic health survey data confirmed that women exposed to sexual and physical abuse or living in an abusive relationship are considerably prone to getting pregnant unexpectedly. Besides, some

studies have established some direct and indirect links to domestic violence increases the risk of unwanted pregnancies and sexually transmitted diseases (Shamu et al., 2011).

The prevalence of domestic violence among pregnant women is worrisome in developing countries. As pointed by Nasir & Hyder, (2003) and Campbell et al., (2004), the proportion of pregnant, abused women is 32 % in developing countries while the prevalence could be found at 12 % in developed countries. Implicitly, when there is a lack of sexual autonomy and control, a fear to be beaten or abused by the partner when some ideas are clashing on contraception methods, may directly lead to unwanted pregnancy and increased risk of HIV and sexually transmitted diseases (Jewkes, 2002).

Human development is a development paradigm that goes beyond the rise or fall of national incomes. It is about creating an environment in which people can develop their full potential and lead productive, creative lives following their needs and interests. Therefore, people are the real wealth of nations (Mashiri, 2013). Development is thus about expanding the choices people have to lead lives that they value. The expansion of such choices cannot be achieved if there is an un-enabling environment such as that which is characterised by gender-based violence. Gender-based violence, therefore, affects development as it hinders women to achieve their full potential (Mashiri, 2013).

2.6 An overview of domestic violence against women in Namibia

Gender-based violence has been acknowledged by the government as well as by previous studies as a severe situation in Namibia; it is widespread and described as an epidemic problem. According to a police report, the most recent reports indicate that 50,000 crimes related to gender-based violence were reported to police stations around the

country between 2012 and 2015 (Hartman, 2016). The above means averages of about 45 gender-based violence cases per day. Many gender-based violence crimes go unreported, and it is mainly assaults and rape that are reported. Therefore, it is likely to underestimate the actual number of GBV incidents (Hartman, 2016). Victims often choose not to report due to the fear of reprisal from the perpetrator, family pressure, self-blame and societal stigma and discrimination (Hartman, 2016).

According to a report by UNAIDS, there were about 1, 075 reported cases of rape nationwide from 2009 to 2012. Consequently, women and girls are overwhelmingly targeted by rape accounting for 92 % to 94 % of complainants in reported rape cases. Furthermore, one-third of rape victims are below the age of 18, and approximately 30 % of young women report their early sexual experiences before the age of 15 as forced (UNAIDS, 2013).

The most common form of GBV in Namibia is domestic violence, which includes physical violence perpetrated by an intimate partner. The majority of victims of domestic violence are women (86 %), and most of these crimes are perpetrated by men (93 %) (Matthews & von Hase, 2013). Additionally, UNAIDS (2013) found that Vulnerable Populations such as LGBTI (lesbian, gay, bisexual, transgender and intersex) persons, MSM (men who have sex with men) and sex workers are also affected by GBV in Namibia. However, there is currently no data available on the prevalence of GBV among these groups. Despite their heightened vulnerability they seem to be neglected in national GBV prevention and response efforts. The National Action Plan on GBV omits the heightened vulnerability of key populations, including the LGBTI community (UNAIDS, 2013).

According to the Namibia Demographic and Health Survey (2014), Namibia has a small population of approximately 2.4 million whereby 33 % of married women between 15 and 49 years have been victims of GBV. These women reported to experience physical, sexual and/or emotional violence from their spouse at some time, and 28 % had experienced such violence in the past 12 months. The survey further revealed that 21 % of the women who experienced abuse sought help from any source, with family members being the first option far more commonly than police. Furthermore, the incidence of violence was higher for women, who were divorced, separated or widowed (50 %), compared to women currently married (31 %). The NDHS (2013) further found that the experiences of rural and urban women were similar, but levels of espousal violence overall were highest in Kavango and lowest in Oshana. Unemployed women were particularly vulnerable to espousal violence.

One of the reasons for the high prevalence of GBV in Namibia is the widespread cultural acceptance of violence perpetrated by gender. More than one-third of Namibian men (35 %) feel that wife beating is justifiable for one or more reasons, and approximately one in three women feel that it is justifiable that husbands beat their wives (Matthews & von Hase, 2013).

Before the enactment of the Combating of Domestic Violence Act in 2003, there was no Namibian law explicitly aimed at domestic violence. There were various legal options when experiencing domestic violence one could lay an applicable criminal charge such as assault or trespass, seeking a High Court interdict or filing for divorce but the new law introduced specific remedies better tailored to the problem (Coomer, 2012).

The Namibian Combating of Domestic Violence Act, No. 4 of 2003 made legal provision for any person who suffers from domestic violence in a domestic relationship to apply for a protection order against the person who is abusing him or her and fighting against domestic violence. A protection order is a court order requesting the abuser to stop the violent behaviour, stay away from the people they abuse or even leave the family home. Disobeying a protection order can result in the perpetrator to be prosecuted. The application process is simple; a social worker or a clerk of court or someone from the community can help the victim to complete the application form.

Furthermore, when one is experiencing domestic violence, applying for a protection order is one way of dealing with domestic violence as well as laying a charge with the police, or asking the police to give the abuser a formal warning (Hubbard & Rimmer, 2007).

A study conducted by the Legal Assistance Centre (2012) on how women cope with domestic violence, discovered that many women never seek help and suffer in silence. Also, many victims wait for years or until the violence has escalated to severity before seeking assistance. Besides, women remain silent because of cultural perceptions that problems that occur within the household should remain private. Others remain silent because of fears of retribution or because of financial dependence on the abuser (Azam & Irma, 2008). Additionally, others do not speak out because they do not see domestic violence as being anything other than usual.

Furthermore, several studies indicate that victims of domestic violence seek help only when they notice the situation as having become extremely dangerous. For example, the

2001 study by the World Health Organization (WHO) of abused women in Windhoek, found that many women failed to seek help because the situation was not dangerous. While many women who did seek help indicated that they had done so only after the violence escalated to the point of causing a severe injury or encompassing a death threat (WHO, 2001).

The Legal Assistance Centre (2012) similarly found that women who are abused by their intimate partners tend to keep quiet about the problem. In this study, 21 % of the women who had experienced physical violence from intimate partners have never told anyone about it. Those who did talk to someone were more likely to turn to informal sources of support than regular services, approaching most frequently parents (35 %), friends (33 %) or siblings (26 %). Nevertheless, almost 40 % of the women who had experienced physical violence from an intimate partner had at some stage, approached some institution for assistance. Only 10 - 20 % of the abused women had reported their cases to the police, while about 21 % had approached hospitals or health centres. Social Workers had been approached by eight percent of the physically abused women, about six percent had sought legal advice, and six percent had approached a court for help, and only two percent of women had sought help from a shelter for abused women, and very few women had sought from religious leaders or counsellors. Some women have approached more than one agency for assistance (LAC, 2012).

According to Coomer (2012) more people, especially women in Namibia, apply for protection orders each year. More than half of the complainants reported that they had experienced physical abuse in the most recent incident of domestic violence, either alone

or in combination with other forms of abuse. Weapon use was reported in almost one-quarter of the applications. At least 97 % of the complainants had a history of abuse by the same accused, typically stretching back about two years, with almost 17 % reporting a history of abuse dating back more than ten years (Coomer, 2012).

Finally, the existing Namibian acts, such as the Domestic violence act 4 of 2003 and the Married Persons' Act 1 of 1996 , is evidence that domestic violence is acknowledged as a violation of human rights in Namibia.

2.7 An overview of domestic violence internationally

Domestic violence is present in every country over the world; nevertheless, the magnitude of domestic violence is less in developed countries (WHO, 2013). Besides, developed countries have more technical knowledge thus information on women's rights is disclosed more effectively, that could be the explainable difference to developing countries (Matczak et al., 2011). Besides, governments and non-governmental organizations provide shelters to help abused women and they are well organized in assisting victims of violence. They keep good records in hospitals, clinics and police station to track down individuals affected by domestic violence (Ramsay et al., 2012). Further, most of the published studies on domestic violence in Europe have been conducted in the medical setting, (e.g. Ramsay et al., 2012, Franz et al., 2010, Gracia & Herrero, 2006, Richardson et al., 2002).

Furthermore, statistics in Europe show an estimate of 12 to 15 % of women facing violence at home (Council of Europe, 2012), while the general prevalence of domestic violence varies from 1.9 % to 70 % in Hispanic environments (Gracia, 2004). Ruiz-

Perez et al. (2006) in their study found that 34 % of Spanish women have experienced violence in their lifespan while 14.4 % have been emotionally abused. Evidence from their study estimated that older women are also not protected from violence either, since they have reported a high prevalence of abuse. Furthermore, low monthly income in the family is predictive of physical and sexual violence. Habib et al., (2011) in a study in the rural area in Egypt disclosed that more than one-third of women with low educational background and many children were affected by domestic violence. Illika et al., (2002) in a clinical survey conducted on 300 women in Eastern Nigeria revealed an estimate of 40 % of women being victims of violence. Similarly, to Kenya, the Kenyan Demographic Health Survey (2003) revealed that 40 % of Kenyan women had experienced some violence and 13 % of the violence is related to sexual abuse, and 36 % is physical.

The South African Demographic and Health Survey (2017) revealed that 21 % of women over the age of 18 reported that they had experienced violence from their partners. The SADHS disclosed that Eastern Cape has the highest rate of physical violence with 32 %, with KwaZulu-Natal the lowest rate of 14 %, Other provinces also showed worryingly high figures; the North West (29,4 %); Mpumalanga (26,4%); Free State (21,4 %); Western Cape (21,2 %) and the Northern Cape (18,7 %) (SADHS, 2017). Even though there is constitutional protection against all forms of abuse, such as the Domestic Violence Act 4 of 2003, the statistics show that the problem is ongoing.

Vadnais et al, (2006) found that in many societies in sub-Saharan Africa, many women experience violence in diverse forms such as physical, emotional psychological and

sexual. Research has shown globally that an intimate partner has physically or sexually assaulted between 15 and 71 % of ever-partnered women at some time in their lives (Garcia-Moreno et al, 2011).

In Asian countries, the reported prevalence of domestic violence is high. In a study carried out in a remote area of Bangladesh, Bhuiya et al., (2011) revealed that around 50 % of women reported being assaulted by their husbands. Similarly, a study by Babu & Kar (2009) on violence against women in Eastern India revealed that the number of women who reported at least some type of violence is 56 %. In the meantime, the overall prevalence of physical, psychological and sexual abuse among women in Eastern India is 16 %, 52 % and 25 % respectively.

Johnson and Nevala (2006) conducted the international violence against women survey (IVAWS) which was coordinated by the European Institute for Crime Prevention and Control, affiliated with the United Nations. They assessed women's experiences of violence, in particular, partner violence and sexual assault. Many countries participated; one of the countries was Australia with 6, 677 women aged between 18 and 69 surveyed. The survey collected a diverse range of information on the prevalence and severity of violence, partner and non-partner violence, childhood victimization and women's perceptions and reactions to violence. This survey found that 57 % of all Australian women surveyed had experienced violence in their lifetime. Almost half the women surveyed had experienced physical violence in their lifetime (48 %).

Studies by the World Health Organization find from the world an estimated percentage of domestic violence to be one percent in Japan, two percent in Australia, Cambodia,

Denmark and Philippines, seven percent in Tanzania, 8 percent in Brazil and Ethiopia, 12 % in Bangladesh, and 28 % in Peru (WHO, 2010).

In a nutshell, WHO (2013) found that one out of three women globally will experience physical and/or sexual violence by a partner or sexual violence by a non-partner. Further statistics from WHO regions are as follow 29.8 % WHO Region of the Americas, 25.4 % WHO European Region, 37 % WHO Eastern Mediterranean Region, 36.6 % WHO African Region, 24.6 % Western Pacific Region and 37.7 % South-East Asia Region. Following the above worrisome statistics, it is evident that violence against women is a global pandemic.

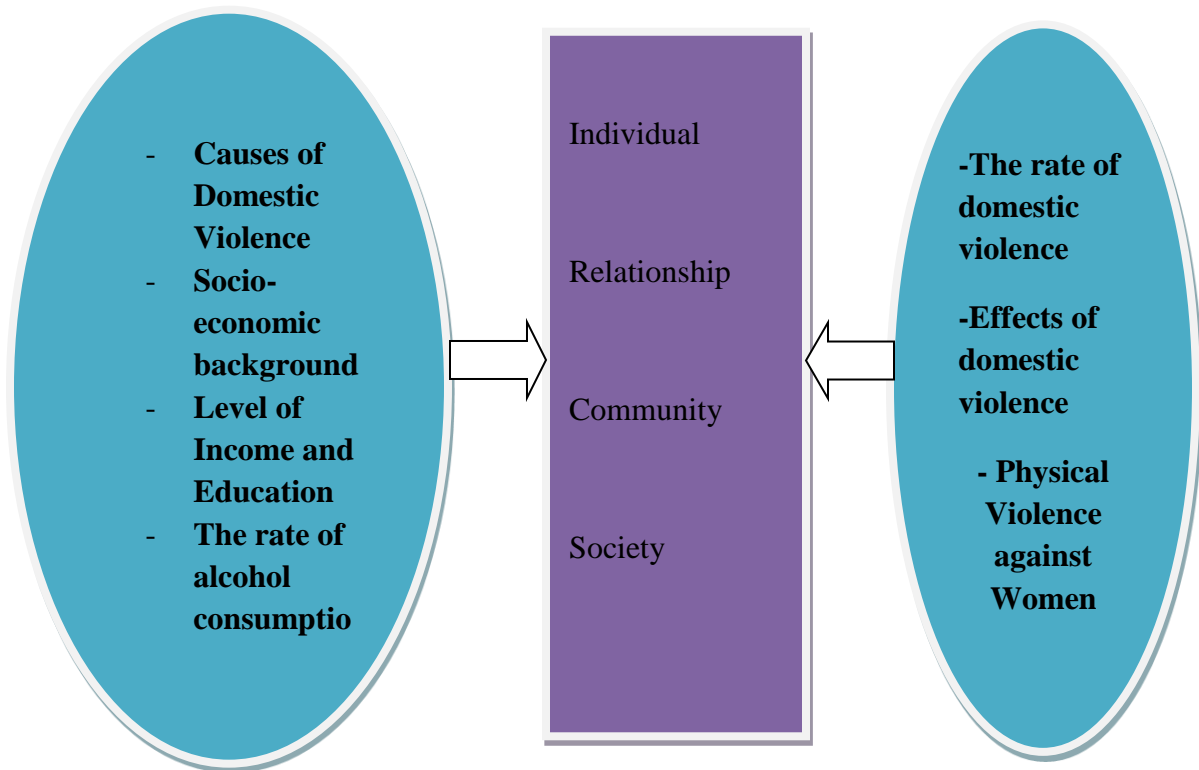
2.8 Conceptual and Theoretical Framework

2.8.1 Conceptual Frame Work

The conceptual framework of the study is the system of concepts, assumptions, expectations, beliefs, and theories that supports and informs the research as a crucial part of the design (Miles & Huberman, 1994; Robson, 2011).

The study was conceptualised, following Heise's ecological model (1998). Therefore, social learning theory, feminist theory and the ecological model for gender-based violence have given guidance in understanding the possible contributing factors of violence against women in this study. The figure 1. below indicates that violent behaviour is the result of an interaction among many possible factors at four levels—the individual, the relationship, the community, and the society that produces violent people.

Figure 1: Conceptual framework model



Source: Researcher's construct - 2018

2.8.2 Theoretical Framework

A theoretical framework comprises of theories that are formulated to explain, predict, and understand a phenomenon and, in many cases, to challenge and extend existing knowledge, within the limits of the critical bounding assumptions. The theoretical framework is the structure that can hold or support a theory of a research study. This section offers a review of theories that attempt to explain violence within intimate relationships (Abend, 2008).

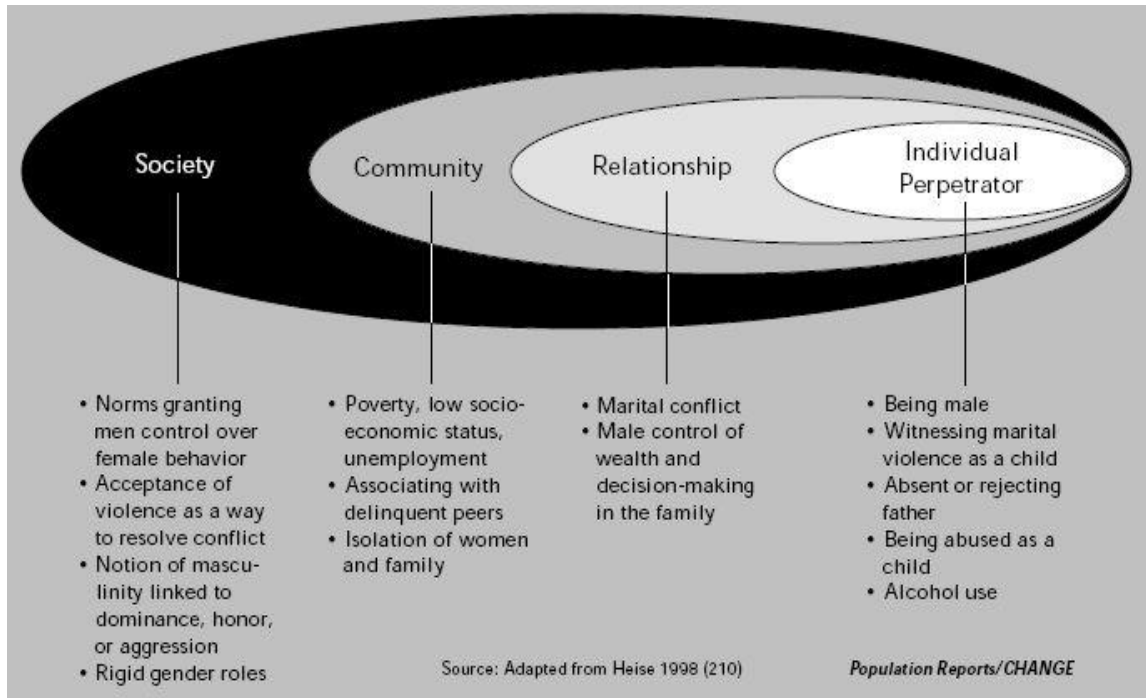
Many theories relating to the causes and consequences of domestic violence against women have been explored, whereby most of these theories are interrelated and enable a

better understanding of domestic violence. Some of these approaches include the ecological model, the social learning theory and feminist approach. The theories listed are discussed below.

2.8.2.1 Ecological Theory

The ecological framework is based on the evidence that not a single factor can explain why some people or groups are at higher risk of physical violence, while others are more protected from it. The ecological theory seeks to better understand the "influence of external environments on the functioning of families as contexts of human development" (Bronfenbrenner, 1986, p.87). It is used to explain or understand individual instances of espousal abuse as well as domestic violence as a social problem. It is also beneficial in helping to explain the cyclical nature of family violence both within a particular family and across generations. This framework views physical violence as the result of interaction among many factors at four levels - the individual, the relationship, the community, and the society. The same is depicted schematically in Figure 2.

Figure 2: Ecological Model



Source: Heise, L. (1998).

This ecological theory for domestic violence argues that no one issue alone causes violence, rather many reasons combine to raise the probability that a specific man in a specific setting may act violently towards a woman. This model breaks influencing factors down into four categories: The innermost circle of the ecological framework represents the biological and personal history that each brings to his or her behaviour in relationships. Each has his/her own beliefs, attitudes and behaviours. An individual may be influenced by demographic characteristics such as age, income and education. Protective factors could include high self-esteem, tolerance and good conflict resolution skills. Risk factors could include low self-esteem, childhood history of sexual or

physical violence and substance abuse. The second circle represents the immediate situation in which violence takes place – frequently the family or acquaintance relationship.

The third circle represents the institutions and social structures, both formal and informal, in which relationships are embedded – neighbourhood, workplace, social networks, and peer groups. The fourth, outermost circle is the economic and social environment, including cultural norms.

This study supports the ecological approach. In an ecological framework, social and cultural norms, such as those that assert men's inherent domination over women, combine with individual-level factors, such as whether a man was abused himself as a child to determine the likelihood of abuse. The more risk factors present, the higher the likelihood of violence.

2.8.2.2 Social Learning Theory

Socialization is a learning process, and it begins shortly after birth. Through socialisation, both genders learn what is right and wrong for both, and degrees of different expectations as a part of learning their gender identity and sex roles. The individuals have an impact of the culture in which they live, and they learn social behaviour by observing and should be imitating other people (Hamieh and Usta, 2011).

Social learning theorists believe that the behaviour of a person is shaped by observing well-known others in early childhood (Bandura, 1973). Thus, early life experiences of a child are believed to shape the child's basic personality, which later forms their future

violent adult relationships. Social learning theory applied to marital violence centres on the parent-child relationship and the experiences the child undergoes within that arrangement, which impacts behaviour in adulthood (Bandura, 1986). Rahmatian, (2009) in his study revealed that domestic violence occurs at a higher rate in intimate relationships where either the victim or the offender has been exposed to prior domestic violence, as opposed to those that have not been exposed. Social learning theory attempts to explain the presence of intergenerational transmission of violence.

2.8.2.3 Feminist Theory

Feminist theories provide the basis and justification for the existence of domestic violence throughout history. The feminist approach formulated in the early 1970s was identified as "the women's liberation movement" (Walker, 2009). The feminist model is a theory which offers support to women to protect them from abuse, and discrimination and establish gender equality. There is a long history of gender equity practices to reduce gender stereotyped behaviour and the notions of male domination in society at large.

At the centre of feminist explanations is the view that all violence is a reflection of unequal power relationships amidst men and women in society and also, therefore, within their relationships. The main factors that contribute to violence against women include the historically male-dominated social structure and social practice of teaching men and women gender-specific roles (Jaipur, 2017). Feminists attribute the pervasiveness of violence against women to institutionalised sexism -cultural norms and expectations that accept women as "legitimate victims" of male violence. In general,

cultural norms and expectations describe and prescribe the rights and responsibilities (i.e., the roles) of all people in a particular social status or category. They are learnt and transmitted from one generation to the next in the home, workplace, and in peer groups. In most societies, norms related to gender and violence, support female subordination and justify male violence (Levy. 2008). Society expects men to be 'head of the household' regarding earning and controlling the family income, directing decisions and authority. By the societal support of these attitudes, the use of violent behaviour to control women in relationships is legitimised.

Feminist explanations of violence also focus on the relationship between this cultural ideology of male dominance and structural forces that limit women's access to resources. Violence against women, consequently, is a result of the inferior position women occupy in the social structure, and this position is the cultural inheritance of the traditional family (Renzetti, 2001).

2.9 Conclusion

This chapter has provided the prevalence of domestic violence and its magnitude in order to provide a comprehensive understanding concerning the issues discussed. As the discussion continued, it provided an overview of domestic violence in Namibia and internationally and has also discussed the concepts of intimate partner violence. The discussion about the causes and factors contributing to domestic violence gives insights to the reader on how women are being oppressed by a patriarchal system prevalent in society and by the influence of culture. Moreover, the chapter uncovers the qualities of

the Namibian Domestic Violence Act 4 of 2003. In an overall view, domestic violence cannot be solved by one single solution.

The methodology engaged in this study, research instruments, procedures, data analysis, and ethics are explained in the following chapter.

CHAPTER THREE

3. METHODOLOGY

3.1. Introduction

The qualitative research methods employed in the study are presented in this chapter. The discussion begins with the study aims, the research approach, and then details the data collection stage. The sample, as well as the research instruments, procedure and data analysis are described. Additionally, ethical issues and considerations in this study are also highlighted in this chapter.

3.2. The aim of the study

According to Neuman (2011), the purposes of studies can be organised into three groups, namely to explore a new topic, describe a social phenomenon, or explain why something occurs. Kothari (2011) described aims of study as a means to find out the truth which is hidden and which has not been discovered as of yet.

The central aim of this study was to explore the possible factors that contribute to physical violence against women in Tsumeb. The study expects to be beneficial in forming part of the emerging literature on this subject and to add to the growing body of knowledge on domestic violence in Namibia. The outcomes from this study attempt to contribute to knowledge enhancement, raising awareness along with the policy developments and practices concerning the problem of domestic violence in Namibia. Furthermore, the study endeavours to assist social workers in their assessment and support of domestic violence victims.

3.3. Objectives of the study

The objectives of this study were three-fold. Specifically, the study aimed:

- To explore the effects of domestic violence against women in Tsumeb.
- To provide recommendations to policy makers, community activists, cultural chiefs, faith-based organisations, community-based welfare organisations, regional councillors, and families.
-

3.4. Research design

As the study sought to develop a comprehensive understanding of the contributing factors to physical violence against women, a qualitative approach was applied. Fouché and Schurink (2011) point out that the qualitative researcher is concerned with understanding rather than explaining, with naturalistic observations rather than controlled measurement, with the personal exploration of reality from the perspective of the insider.

Qualitative research design also allows researchers to gain valuable information on their subjects, generally by talking to them or observing (De Vos, Strydom, Fouche and Delport, 2011). Neuman (2011) affirmed that qualitative researchers speak a language of cases, contexts and cultural sensitivity, meaning that they are more focused on detailed examinations of cases that arise in the natural flow of social life. More specifically, the researcher used a phenomenological design to obtain descriptions of participants' experiences with regards to the domestic violence phenomena. The purpose of

phenomenology as explained by Fouché and Schurink (2011) is to understand the phenomena under study in their terms and provide a description of the human experience as the participant experiences it.

This approach was utilised with the aim of seeking in-depth understanding and insight of domestic violence in Tsumeb. This is because all women do not experience the same pattern of violence, meaning that research using qualitative interviews is most appropriate if one genuinely wants to understand the nature of violent relationships in this particular context.

3.5. Population

The population for this study was comprised of female, adults (18 years and older) who were victims of domestic violence in relationships, who cohabit-ate or who were married and resided in Tsumeb during the abusive relationship. The population were all woman who reported domestic violence to the social workers' office at Tsumeb District Hospital and Ebenezer Kingdom City Arts School for the period of January 2017 to December 2017. The period was selected due to the fact that permission to do the research was granted in December 2017, and the sampling process could only commence at that time.

3.6. Sample

The sample was drawn from Tsumeb in Namibia and consisted of 12 participants who were purposively selected from the social workers' case registry. All participants were adult females, aged 18 and older, who reported to the social workers' office to be physically abused by their partners. The researcher selected names randomly and

contacted them by way of telephone. The participants that were willing to take part in the study were added to the list until the sample size of 12 was reached. Unfortunately, there was only a small number of four from the social workers' case registry who were willing to participate. Therefore, the researcher recruited women from another welfare organisation, and those participants responded positively and were included in the study. Due to the sensitive nature of the study, to secure confidentiality between the researcher and the participants from Ebenezer Kingdom City Art School, the head of the organisation met the participants prior to the contact with the researcher. He informed them in detail about the aim of the study and also assured them of confidentiality. The participants indicated their willingness to participate in the study by completing a consent form (Appendix B). The purposive sampling was employed, which De Vos et al, (2011) describes as judgemental sampling because the judgement of the researcher is guiding the choice of participants. As a result, the researcher purposively targeted subjects whose life experiences matched what the researcher was most interested in learning.

3.7. Research instruments

Data was collected through face-to-face using semi-structured interview guides. Twelve women who have experienced physical violence in Tsumeb were interviewed. The researcher used a pre-determined standardised interview guide and a digital audio recorder to collect data during interviews. The face-to-face semi-structured interview was carried out in order to get participants' points of view about domestic violence and to explore the possible contributing factors thereof. De Vos et al, (2011) postulates that the open-ended responses allow the

researcher to understand the world as seen by the participants. De Vos et al, (2011) recommended the use of open-ended or free answer questions as they allow participants to state their answers in a way they see appropriate, in their way and their own words. Therefore, in this study a self-developed interview guide, consisting of 20 open-ended questions as focus questions, was utilised, for example one of the questions were: " This abuse towards you was done in a love relationship, do you remember the first time it happened?" followed by a probe: "What triggered your partner?". (Appendix A). ~~probes~~Probes and clarifying techniques were used to get sufficient information. Follow-up questions were used "to pursue the implications of answers to the main questions" (Greef, 2011, p. 349). Researchers such as Ray (1994) quoted in (Chan, et.al 2013) argued that phenomenological research questions are not pre-determined but rather the researcher follows the cues of the participants. Englander (2012) on the other hand suggests that one or two questions be formulated to explore the phenomenon under study. The pilot study was conducted following the suggestions by the two researchers above to estimate the length of the interviews, to test the relevance of the research instrument, and should the instrument not work to decide on another route in attaining the research objectives. The researcher may revise it. Each interview lasted approximately 45 minutes.

3.8. Procedures

The researcher was granted ethical approval to conduct the research activities by the University of Namibia's School of Postgraduate Studies (Appendix C). Permission to carry out the current study was also given to the researcher by the Ministry of Health and Social Services (Appendix D).

The participants were selected from the cases in the registry of the Developmental Social Welfare Services (DSWS) of the Ministry of Health and Social Services in the Tsumeb District Hospital and also from Ebenezer Kingdom City School. Potential participants were contacted via telephone to make appointments to visit them, to build rapport, introduce the purpose of the study and to emphasize the importance of the study. The participants' telephone numbers were obtained from the case registry books in the social workers' offices and from Ebenezer Kingdom City School. The interviews were conducted in an environment that was conducive to the participants' comfort and safety, such as at the participants' residence and/ or at the social workers' office. Interviews were audio-recorded for more accurate transcription of the participants' insights. Extensive and detailed notes of the three participants who did not consent to be audio recorded were taken. Owing to the sensitive nature of the study, the researcher offered referrals for counselling and support if the participants felt like they wanted to process their experiences with a trained professional helper.

3.9. Data Management and Analysis

Data analysis is the process of systematically searching and arranging the interview transcripts that you accumulated to increase your understanding of them and to enable you to present what you have discovered to others. The analysis involves working with data, organizing them, breaking them into manageable units, synthesizing them, searching for patterns, discovering what is important and what is to be learned and deciding what you will tell others. (Bogden and Biklen, 2007, p.153)

Data interpretation and analysis also involves making sense out of transcripts, looking for patterns and combine what different people have said. Data analysis was conducted according to the eight steps of Tesch in (Creswell, 2009).

Step 1: The researcher read the entire transcript carefully to obtain a sense of the whole and jotted down some ideas.

Step 2: The researcher selected one case, asked ‘what is this about?’ and thought about the underlying meaning of the information.

Step 3: A list was made of all the themes or topics. From the transcripts similar themes or topics were clustered together.

Step 4: The researcher applied the list of themes or topics to the data. The themes or topics were abbreviated as codes, which are written next to the appropriate segments of the transcripts..

Step 5: The researcher found the most descriptive wording for the themes or topics and categorised them. Lines were drawn between categories to show the relationships.

Step 6: The researcher made a final decision on the abbreviation for each category and alphabetised the codes.

Step 7: The data material belonging to each category was assembled, and a preliminary analysis was performed.

Step 8: The researcher recoded existing material as need aroused.

Data of the spoken words that were obtained during comprehensive, face-to-face interviews by audio recording and field notes were transcribed. The researcher carefully listened to the audio-recordings, read the field notes and compared them to the transcripts to ensure that the participants' verbatim transcriptions of exact words were recorded.

The researcher repeatedly listened to, and read through the recordings, and familiarised herself with the contents of the interviews. The researcher worked on a soft copy where words and phrases that were used to give meaning to certain feelings and behaviour and/or concepts were categorised into sub-categories as per the interview schedule. The sub-categories were clustered to form categorised themes which will be discussed in Chapter Four. The primary purpose of this qualitative data analysis was to sift and sort the masses of words, ideas and information collected from the research participants in order to derive categories related to the research questions so as to identify the similarities and differences presented by individuals and the possible links between them (Hill, et al., 2005). It is essential for the analysis not to look at just the response but also at the emotional atmosphere surrounding the response and the question that was responded to. The analysis was "a back-and-forth sort of process in order to produce rich and meaningful findings. It involved many re-readings and re-workings as new insight appeared" (Hill, et al., 2005, p. 274). The data was presented, focussing on each of the themes identified. The themes, sub themes and categories will be discussed in detail in Chapter four of this study.

3.10. Research ethics

"Research should be based on mutual trust, acceptance, cooperation, promises, and well-accepted conventions and expectations between all parties involved in a research project" (Strydom, 2011, p. 113). Therefore, the following ethical principles were adhered to in this study:

3.10.1. Written informed consent

The aims, objectives, nature and future use of the findings of the study were communicated to participants. It helped them to make informed decisions to participate in a voluntary manner, as they knew that they could withdraw at any time. Written informed consent was a prerequisite. (Appendix B). According to Silverman (2010) consent has to be freely given in order to be valid.

However, Silverman (2010) viewed that initial consent may not be enough, especially when the researcher is audio recording the interviews. In such a case, Silverman (2010) suggests a further consent on how data may be used. Thus for this study, the researcher asked permission to audio record the interviews. The researcher also explained the purpose of audio recording. Participants were also reassured that they could withdraw at any time from the research if they did not wish to continue their participation.

3.10.2. Voluntarily participation

Participation in this study was voluntary, and no one was forced or coerced in any way to take part. The participants were not given any incentives or paid any money to participate in the study.

3.10.3. Avoidance of harm

Strydom (2011) maintains that during participation in research, there is the possibility that the negative behaviour of the past might be recalled to memory during the investigation and this could cause trauma while telling their stories. For this reason, the researcher offered referrals to trained professional helpers for counselling to avoid any harm caused by memories. The researcher established rapport by breaking the ice by asking general questions, such as their demographic backgrounds. The researcher explained the purpose and the importance of the study.

3.10.4. Confidentiality

According to De Vos et al., (2011), a researcher has to protect privacy by not disclosing the participant's identity after the information is gathered. Thus the names of the participants were kept confidential throughout this study. Participants were given pseudo/fictitious names to protect their identity, for example Participant 1 = Mary. The data was stored on a computer and protected with a password. The informed consent documents were stored in a locked cabinet.

3.10.5. Data management

The data has been kept in a protected place and locked in a cabinet in the office of the social worker and it will be destroyed after 2 years. Only the researcher and supervisors had access to the information.

3.10.6 Trustworthiness and Authenticity

An empirical researcher frequently criticises qualitative researchers under the pretext that qualitative findings cannot be controlled (Creswell, 2003). According to Streubert and Carpenter (2003), trustworthiness is defined as a "process to establish the validity and reliability of qualitative research" (p. 364). They continue by saying that quality research is trustworthy when it "actually presents the experience of the study participants" (p. 318). Trustworthiness also means being honest and checking the soundness of the data and having the processes open for inspection (Gillham, 2000). The quality of the study will be safeguarded by authenticity and trustworthiness. Shank (2006) stated that credibility is a strategy of exact value criteria and that it is related to the degree of believability of research findings. The researcher spent sufficient time with each participant to establish rapport and to increase the participants' willingness to disclose sensitive information. Furthermore, two supervisors who are experienced in research, assisted to ensure the maintenance of high standards throughout the study. The researcher listened carefully and repeatedly to the recordings and double-checked the transcripts to ensure that the information was captured verbatim, to ensure authenticity.

3.11. Conclusion

This chapter reviewed the research methodology, including the research design, population, sample, research instruments, and the trustworthiness of the data, procedures, data analyses and research ethics.

The research findings will be presented in Chapter Four.

CHAPTER FOUR

4. RESULTS AND DISCUSSIONS

4.1 Introduction

This chapter presents the analysis of results, using socio-demographical information along with analytical data of women in the study. The study gathered data in the form of main categories and sub-categories to make connections and develop an understanding of the participants' experiences and viewpoints. Each of these main categories consisted of sub-categories, that made it easier to gather data that helped to elaborate and explain each theme.

The real names of the participants have not been mentioned to ensure that the information presented does not make the participants identifiable. Most of the women were still in relationships with their perpetrators, and some were still in contact with social workers at the time of the interview. Therefore, a pseudonym replaced all participant names and also identified each transcript. The table below indicates the pseudonyms of the participants.

Table 1: Pseudonyms

Participant	Pseudonym
Participant 1	Mary
Participant 2	Esther
Participant 3	Ruth

Participant 4	Deborah
Participant 5	Sarah
Participant 6	Rachel
Participant 7	Magdalene
Participant 8	Delilah
Participant 9	Naomi
Participant 10	Rebecca
Participant 11	Martha
Participant 12	Abigail

The sections that follow present data and the research findings and discusses them under each of the main categories and sub-categories.

4.2 Socio-demographic data of the participants

The researcher found it empirical to collect socio-demographic information of the participants that would help in getting a more complete understanding of their lives. Hence, the socio-demographic data of the women who are victims of domestic violence in Tsumeb are presented in Table 2 below.

Table 2: Socio-demographic data

Variable	Frequency
Sex	Female: 12 participants
Age range	18 - 53 years old

Marital status	<p>Married: 7 participants</p> <p>Cohabiting: 1 participant</p> <p>In a relationship: 2 participants</p> <p>Separated: 1 participant</p> <p>Divorced: 1 participant</p>
Family status	<p>Living with husband and children: 6 participants</p> <p>Living with husband, children, and stepchildren: 2 participants</p> <p>Living with children: 2 participant</p> <p>Living with parents: 2 participants</p>
Number of children	<p>No child: 2 participants</p> <p>1 child: 3 participants</p> <p>2 children: 3 participants</p> <p>3 children: 3 participants</p> <p>4 children: 1 participant</p>
Educational level	<p>Primary education: 1 participant</p> <p>Secondary education: 6 participants</p> <p>Tertiary education: 1 participant</p> <p>Not disclosed: 4 participants</p>
Employment status	<p>Unemployed: 1 participant</p> <p>Learner: 1 participant</p> <p>Self-employed: 1 participant</p>

	Full time employed: 9 participants
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4.2.1 Age

The researcher interviewed 12 women aged 18 years and above. The youngest woman was 18 years old, and the oldest 53 years (mean age of 34 years). This indicates that relatively young middle-aged women took part in the study. It is significant for the study to distinguish the age groups to be able to attest to which age group is prone to physical violence.

Furthermore, data on the age of women were categorised into five-year age groups. Majority of women were 38 years. The second highest was the age group of 23 – 27 years. The lowest number of women is in the middle groups of 28 – 32 and 33 – 37 years. The majority age group showed that they were women who have some years of experiencing life in general and some abuse in their lifetime.

Heise (1998) found women's age to be a determining factor in domestic violence, as well as the age difference among partners which may lead to violence in a relationship. Furthermore, a multi-country survey study done by Heise et al., (1994) and supported by Kishor & Johnson, (2004) revealed that in most countries, women of reproductive age (25 to 34 years) are more exposed to violence by an intimate partner in a relationship. However, age in some studies is not found to be a predictive factor of violence in a relationship (Kimuna & Djamba, 2008).

In this study, the age of the women was found not to be a factor in physical abuse. Men are not concerned about the women's age to physically abuse them. The above is a factual finding as young and older women both experience physical abuse in Tsumeb.

4.2.2 Marital status

The participants who were married, formed the largest group with a total of seven. The one had been married for twenty-one years as the longest in marriage. Five years have been found to be the shortest in marriage. WHO & LSHTM (2010) found that longevity in marriage has been found to be associated with lesser physical, sexual or emotional abuse. Two participants reported being in relationships with boyfriends. Three participants were divorced, separated and cohabiting respectively.

4.2.3 Family status

At the time of the interviews, six participants indicated living with their husbands and children. Two participants were living with their husbands, children, and stepchildren respectively. Two participants were living with their parents, and the other two were only staying with their children, they were divorced and separated.

4.2.4 Number of children

Ten out of twelve participants had one to four children. Two participants had no children at the time the study was conducted. These children witnessed domestic violence from their parents and it has had an impact on the participants. Therefore, the impact can be measured using the women with children.

4.2.5 Level of education

Six of the women completed their secondary education, and one had a bachelor degree. One participant finished the primary school level. The socio-demographic data table indicates that four of the women did not report their educational level during the interview. The results above show that the majority of women had obtained some higher level of education, therefore their perception of the research topic can influence the outcome of the study.

Hence, Kishor & Johnson (2004) in a cross-sectional study found that women with low educational level, having earned less than high school, experience the highest rate of violence. Findings in a study across 17 countries (Abramsky et al., 2011) also revealed that women with secondary background as level of education, were highly affected by abuse from their partners. Correspondingly, Mikton (2010) found education to be a risk and protective factor for domestic violence in couples.

4.2.6 Employment status

The analysis shows that nine of the women interviewed are in full-time employment, while one is self-employed. Only one is unemployed, and one is still a learner. It can be positive towards the quality of life but at the same time it can be negative as well. As explained later in this chapter, some primary reasons for physical abuse against women were due to the inferiority complex of their abusers being not employed. Babu & Kar (2009) revealed that women who work and earn money are in control to resist violence in the house. Women in relationships who do not have an income are more vulnerable

and are at higher risk of violence from their partners. Indeed, employment is amongst the determining factors of violence in a relationship (Khrishnan et al., 2010).

4.3 Categories and sub-categories identified during the study

Categories and sub-categories were developed to give meaning to the collected data.

4.3.1 Forms of abuse

The criterion for inclusion in the study required that participants have to be in a physically abusive relationship or had to have been in such a relationship. The range of abuses that women may suffer is wide, however, the participants in this study mentioned that they suffered physical, emotional and sexual abuse. This study recounts the experiences of the abused women of Tsumeb regarding the violence perpetrated by their partners.

4.3.1.1 Physical abuse

All the participants reported that they experienced physical assault from their partners. Majority of the women reported being beaten. Some women used the term that they were physically abused, as they did not want to go into detail how it was done to them. Some of the participants reported that they were assaulted with fists and were kicked, to the extent of losing teeth, breaking an arm and getting physical scars on their faces and bodies. One of the participants reported that her partner nearly stabbed her with a knife and another informed the researcher that her partner used a broomstick to beat her. Rebecca, Ruth and Martha shared their experiences:

“Yes, I was physically abused, beating me with the broomstick, throwing things at me and kicking me”. Rebecca

“It was assault... Assault, beatings it will also be sometimes sexual abuse by the person could force you to go home with him and sometimes it will end up being beaten up.”

Ruth shared her experience in an emotional manner

Martha shared that her husband insulted her, sometimes belittled her in front of other people and beat her with fists.

4.3.1.2 Emotional abuse

The findings showed that four out of the 12 participants reported psychological and emotional abuse by their partners. One of the women interviewed noted that she did not know that emotional abuse was part of domestic violence. Some of the abused women did not know that they had suffered such abuse all the time as this kind of abuse can be very subtle. More often, abuse regarding psychological and emotional behaviours are regarded as non-physical and are often overlooked by people. During the interviews, women were asked: “How was the abuse committed against you?” Only a few mentioned that they were emotionally abused. Shockingly, as the interviews progress, they mentioned that they experienced such abuse as being called names, receiving threats and insulting comments or criticism. They also reported false accusations made towards them, such as having an affair with another man. One participant reported that her partner often broke down her self-image and confidence by consistently saying she was worthless. Psychological and emotional abuse is severe as it may have effects that last longer than physical abuse and can cause enduring damage to the well-being of the

victims and their children. Esther reported: “I can say the most bad part for me was the emotional abuse, the breakdown of you as a person that you feel worthless and with that came the physical abuse also when you are really low it can escalate to physical abuse hitting in the face.”

Rachel reported: “Yes there’s a time that I did experience that and mostly it started off as emotional abuse. My partner would abuse me emotionally he will, he would tell me aggressive words, words that are really painful and all that, and after it went to the next stage whereby he went to the extent whereby he took a “knife and almost wanted stabbed me because we had an argument.”

4.3.1.3 Sexual abuse

Two out of the 12 participants reported to have been sexually abused by their partners, but they refused to elaborate on the incidents. It was obvious that they were embarrassed to talk about sex. Sexual abuse in marriage is not seen as abuse in the black Namibian context. The culture restrains women and men to talk about their sexual life outside the marriage. Hence, sexual abuse is still treated as personal and private matters within society. Correspondingly, interviewing abused women regarding their sexual issues was a challenge. Abigail reported that: “Yes, my husband would beat me, there were also times that he forced himself on me to have sex with him, while I am even on my periods. If I refuse he says I have other men that I satisfy, He will have sex with me and beat me up”.

4.3.2 The time when abuse has started

The variable intended to describe the time frame at which women are mostly started to be abused by their partners. The purpose of these questions was to test the assumption that many women either experience violence right at the start of the relationships or after some time. The analysis shows that only four of the 12 women experienced abuse at later stages of their relationship or marriage, whereas the majority indicated that they experienced abuse at the start of such relationships. Many women acknowledge that they were physically and emotionally abused but were ignorant or accepted it to be a normal practice in a relationship. Naomi testified that “my last born is now 5 years and he was still a baby that time when it all started.”

4.3.3 Escalation of abuse

Of the 12 participants, 11 reported that the abuse increased over time. It was important to note whether abuse decreased or increased for the participants. Escalation is described as the process by which controlling behaviour becomes more frequent, less disguised, more damaging and closer to fatal over time. Most of the participants reported that the period between the physical abuse became less and the assaults more fatal as time passed. One participant, who claimed that the abuse decreased, reported that it stopped. Esther told the researcher that: “It definitely increased with time and he promised not to do it again, and again, but it always escalated. The periods between the abuse became less and less so that was alarming and I realized that me and my child will get seriously hurt if I don’t get out of this circle of violence.” Delilah reported that: “It increased as he was also increasing his drinking, that’s how it also increased.” Rebecca

recounted that: “The abuse increased, it seemed it increased as our son was growing.”

Abigail narrated: “My daughter turned 5 years and we had a party for her. My husband was drinking with his friends. We were just fine. I was busy with the kids who came to the party. My husband called me, I said I was coming, the next moment he was telling me that I am a spoilt brat and that he would show me that day. When everybody left, he said we should talk, that is when he started beating me. The next day he said he was sorry, he did not know why he lost his temper and all that. He said that he was drunk and did not know what was happening. I would not say it is the alcohol that triggered the abuse, because the abuse increased and many times he was not drunk, he just came from work and say anything like how can you give me cold food? Or what was I doing the whole day that I am still cooking. Then the beatings start”.

4.3.4 Factors contributing to physical abuse

This category serves as the main area of the study, as the purpose of the study was to explore the possible factors that contribute to physical violence against women in Tsumeb. To determine these factors, the women were asked if they remember the first time the abuse happened and what triggered the physical abuse. The results discovered many risk factors that may help to understand the attributes of partner abuse occurrences among women in Tsumeb. Following are the causes of abuse that were in relation with the perpetrator to avoid placing quilt on the victims.

4.3.4.1 Extramarital affairs

Most of the women noticed that many domestic violence incidents started when their partners were involved in love affairs with other women. Five of the women's partners were engaged in extramarital relationships. Extramarital affairs were found to be the major contributing factor to physical abuse in some relationships. These affairs are believed to be a common reason for either separation or divorce among the couples in the Tsumeb community. The women's excerpts from the transcriptions were as follows:

“You know it's, the moment his caught out on, like he was involved with other woman and when its uhm you know you just mention something that uhm that let him feel guilty or maybe cornered he act out.ja” (Esther)

“Ya the first time it happened, as he came he got a new job, so we had to move to a new town and this town we stay together now, he even started sleeping out and stuff like that so had to, ask what is happening, is he seeing somebody? First he said no and then later find out, when I later had to ask him he then started abusing me physically.”
(Magdalene)

“Yes I do remember the first time it happened is when I started asking the question, the like when I asked the question about his ex, that's when it started.” (Sarah)

4.3.4.2 Alcohol abuse

Two of the participants reported alcohol to influence their partners' acts of violence. These women find themselves trapped in the cycle of violence and even justify their partners' violent behaviours. Men often use alcohol as an excuse not to be held accountable for their abusive behaviour. Further, these participants' partners accuse them of disrespect and unfaithfulness. For example, Delilah and Abigail claimed that:

“As I said it started like after 5 years and what triggered it it’s alcohol, because the time we got married he was not drinking, he was just drinking a little bit like social, certain occasions and then there was a time that he was no more working, that is when he started drinking too much and that is also where everything worsens”. Delilah

4.3.4.3 Inferiority complex

Two participants reported the inferiority complex of their partners to contribute to their abuse. One woman indicated that she had a high position at work, while her partner was just a normal shift worker; she also mentioned that he constantly reminded her that her salary is higher than his. The other participant reported that the partner had no work and started abusing alcohol; she claimed it is when the abuse started. Delilah and Naomi narrated,

“Ja experienced a form of abuse, whereby my husband was abusing alcohol and every time that he came back home, he just starts asking me questions especially person asking you questions while you were sleeping and if you don’t answer he start beating me and at times his suspecting that I’m having affairs from nowhere things ja people are telling him but then, his not telling me what exactly with am I having an affair all those type of things so he just start beating me for all those allegations.” Delilah

“I think that he was having a low self-esteem, because my colleagues used to visit me at home and they were forever proud of me that I am the deputy director and he is just a normal shift worker at the mine so I think that is the main cause, because his forever telling me that ya ‘Your salary is bigger than mine’ and that’s it, but I don’t treat him

like that he still remains my husband my kids father so I don't show that to him.”

(Naomi)

4.3.4.4 Misunderstandings

Two participants indicated having arguments over family, and that led to the misunderstanding then physical violence. One of the participants reported that the abuse started when their baby was born, but the abuse continued even when she put the baby in her grandmother's care. There must have been underlying causes of the violence; hence the participants did not know. Rebecca and Rachel shared their stories,

“I'll never forget, the first time it happened, was after the baby was born, my child was almost a month old. He said I am not giving him any attention, it's just the baby. It became a regular thing, when the child is crying he will beat me saying my child is making a noise or irritating him, or the child is crying I must not attend to him.”

(Rebecca)

“Uhm, I, I, I Don't remember the first time I just know we had we had an argument because of my grandmother. My grandmother came over and then he was all complaining and what what and then when she left he was like “ya this is what you do, you all bring your family what, what and all those things. So ya that's how it just started just because of an argument a simple thing” (Rachel)

4.3.4.5 Anger

One participant reported her partner to get angry over anything. She reported that her partner would sometimes come from somewhere and start to quarrel and then would

start with physical violence. For example, Mary claimed that, “No he just used to come like home and when you talk to him then the abuse start or maybe if the family is there and you talk to the family that something is wrong then he will be angry and later on the fight will start.”

Various factors contributing to physical violence were found in the study. The list of reasons mentioned by the abused women showed the complexity of abusive relationships in Tsumeb. It is important to remember that acts of violence may be influenced by more than one factor and that they usually escalate over time. As a result, without proper professional help to break the cycle of abuse, victims may remain in the abusive relationships.

4.3.5 Domestic violence impacts on abused women

The effects of domestic violence range from physical health impacts to psychological and emotional problems. The impacts of domestic violence are massive. Abused women are not the only persons who suffer the damage caused by domestic violence. In many cases, children are found to be very vulnerable to the long-term effects of family violence, just like the mothers themselves.

4.3.5.1 Physical effects

Nine out of the twelve women stated having been severely affected as some have external physical scars, such as black eyes. One woman disclosed that she contracted HIV during the period of abuse. One participant reportedly suffers from back pain, and another reported having developed a stomach ulcer. One woman reported that she lost her front teeth, which caused her to be mocked by people for the way she speaks. One

woman narrated that she was physically abused while she was pregnant and that caused the baby to breech. Three participants testified that they were not physically affected by the domestic violence. Some of the women's excerpts from the transcriptions were as follows,

Martha attests: "As I said, we were staying together before we got married, we stayed together for almost 8 years, the year we got married is when things started, we are now married for 5 years. My husband started to go out a lot and when I ask him what is chasing him away from home, he would start to insult me and then it's when the physical fight begin. I think my husband had an affair somewhere and he did not want me to confront him, sometimes, he will only come in the morning to shower and go to work, the fight will start that morning time if I ask. He said I am just jealous and don't want him to have a life. See now he brought me sickness, while he was always beating me for confronting him." When probed what she meant by sickness she continued "We are now HIV positive, it came from where? Our last born is 5 years old and he is not sick, I took him for a test. It means I was infected after his birth"

"Yes it did, it affects me physically it also affects me emotionally due to the fact that I was like my appearance kom ek se maar my voorkoms(Let me say that my appearance) was like damaged and I have lost four, because of this abuse I have lost my teeth which was really something that affects me emotionally it also caused me not to speak properly and so on, and it also really it has got a negative effect on my appearance, my personal appearance and then I have to rely on vals tande (artificial teeth)." (Ruth)

(Martha) “Sometimes I was beaten blue eyes. There was also a time that I broke my arm during the fight”. She further narrated: “Look at the way I am looking, many ladies my age look young and beautiful. Look at my eye (showing on the left side eye). I don’t visit my family any more because they always ask me what I am still doing with my husband. But we got married in church and I swore that till death do us part. I don’t have friends; I am just home with my children.”

4.3.5.2 Mental effects

It was found that all women in the study reported having experienced psychological and emotional effects due to partner violence. One woman from the total of 12 admitted facing stress. Three women claimed that their lives were full of fear and constant despair. Data shows that all women who participated in the study reported that their self-esteem has been dramatically affected. Consequently, their self-confidence was destroyed and isolated themselves to avoid stigmatisation from friends, families and the community. One participant reported to have feelings of anger; two participants reported that they felt embarrassed in the community as they felt that everybody knew that she was abused. The women also noted that they felt worthless. Besides, the impact of domestic violence reached the extent of making one participant having suicidal thoughts. Esther, Deborah and Rachel shared how they were affected mentally by the violence toward them:

“Yes I have no self-confidence, a very bad self-esteem, constantly telling me that I am worthless, I am nothing.”

“You know it’s, the moment his caught out on, like he was involved with other woman and when its uhm you know you just mention something that uhm that let him feel guilty or maybe cornered he act out.ja” (Esther)

“Physically not so much, but mentally yes it lowered myself esteem very much the way I used to be before I started dating him I was so totally different, I was vibrant looking forward in future I was a type of a girl who never used to take nonsense from a guy but with him everything just changes, it’s like he lowered me to make me feel like I was nothing.” (Deborah)

“Yes it did affect me it affected me mentally because there are times that I even want to commit suicide, I’ll be thinking of bad things and all that and now I would just want to leave this world and I feel like there is nothing left for me here to do.” (Rachel)

4.3.6 Disclosing the violence

Disclosing partner violence as well as seeking help are the significant steps to take to change the circumstances of abusive relationships. It takes a strong woman who dares to come forward and disclose such abuses. The study allowed the participants to recall how long they have been abused before they disclosed it. At the time of the interviews, it was found that it took the participants between one to 16 years respectively to act on the abuse towards them. Several reasons cause victims not to disclose domestic violence.

The study also looked into the barriers that hinder abused women in Tsumeb from disclosing the violent incidents. The reasons for not disclosing the violence included: some participants believed that domestic violence was a private family problem, the

social stigma attached to the abused women in the community is too much to bear, and fear of retaliation from the partner. Some women reported they believe that their partners loved them but could not handle their anger. Others could not disclose the abuse because of shame and also blaming themselves for the abuse. Two out of the twelve women reported that they did not act, as they regarded the abuse as a usual practice. Some of the participants stayed in the abusive relationships for the reason that they believe children need to be raised by a father.

4.3.7 Self-defence

The study found that nine participants did not defend themselves during the violent incidents. The reasons the participants disclosed for not defending themselves vary from being scared, being too weak to fight against a man, whereas some thought they were disciplined and that it was a way of showing love. Four out of the twelve participants reported that they tried to defend themselves by fighting back. The women excerpts from the transcriptions were as follows:

“No I didn’t uh try to defend myself the reason I said I thought my husband was, was, was disciplining me, for instance if I go out for help would be putting my house business outside the house that’s what I thought.” (Magdalene)

“Yes I tried defending myself but then, when it was tough for me because he was too strong I tried holding back but then he was too strong again I just almost stabbed him so he stopped.” (Sarah)

“No, I felt too weak to be able to defend myself, my boyfriend made me believe that I am a nothing.” (Rebecca)

4.3.8 Help-seeking

The data collected from the study shows that all women have made an effort to seek help after several years of abuse. The women had different opinions about where they sought for help. Three participants sought help from their family members such as their mothers and grandmother. In contrast, these women had chosen to tell people closest to them about the violent incidents in their relationships yet received no help in return. It was found that three women reported the abuse to the police. Shockingly, one participant reported that the police talked to them and sent them back or to social workers. Another participant claimed that the police talked to them after a severe assault and they agreed to compensation. The high level of under-reporting domestic violence cases to the police is caused by the attitude or reaction of the police officers. Two women mentioned that they sought medical attention after the incidents. One confided in the doctor, who referred her to social workers. The other participant felt that it was a private matter to discuss with the health workers. Three women reported that they did not tell anyone about the abuse. One woman stated that she thought she would solve the problem herself as she was a social worker. Three participants reported seeking help from social workers, mainly after they had tried the family and was turned off with cultural believes and opinions that one has to deal with her issues internally. Abigail, Martha and Sarah shared their experience:

“Yes, those years when it started I talked to my late mother in law, she told me that she would talk to her son, but that I should not talk our house things to everybody, that was the first and last time I talked to her about that. The beatings continued and one day

while my husband was at work, I took my daughter, by then she was 7 years old and we went to my parents' house. My mother said that I have to go back home, and if my husband is having a problem they (him and his family) must take me back to my parents. I told her that I was suffering in the marriage, but she said I have to go back and handle things in a correct manner, as a married woman. That way I went back home and suffered in silence for years until I was really just tired and decided to talk to the social worker". Abigail

Yes, many times I will go to the police, they will talk to us and send us back or to the social workers. I don't have a mother any more, his mother is taking his side, when I tell her our problems. (Martha)

"Yes there was a time I looked for help, I went for a social worker I spoke to her and she gave me some ideas how speak, yes it stops there." (Sarah)

4.3.9 The emotional impact of a child witnessing violence on participant

The data shows that all participants who reported to have children, stated that their children witnessed the abuse done towards them, both emotionally and physically. The participants indicated that they were worried about their children and they also indicated to feel guilty about putting their children in such situations. One of the participants who reported her children to witness the abuse, mentioned that she did not want to lose her husband, even though she felt terrible about her children. The participants without children and one with a baby could not confirm what the other women testified. The women excerpts from the transcriptions were as follows:

“You know that fact that my son witnessed it uhm make me feel very guilty and I realized that I cannot go on, because of the reaction of my child and that was also the motivation to leave this abusive marriage.” (Esther)

“I have 2 children, a daughter of 21 years and a son of 10 years. You know I thought that if I get another child, things will change and become better. I made a big mistake. My children witnessed this abuse and I feel it is because of me that they have to go through this. My daughter kept on asking how long we are going to stay like this.” (Abigail)

In many societies, children symbolize the couple's fertility and also strengthen the bonds of relationships; therefore, they are playing an important role. Contrastingly, some children are exposed to domestic violence by witnessing or even intervene in trying to defend their mother when abused, consequently affecting children negatively.

4.3.10 Women’s knowledge of abuse and awareness of domestic violence service provisions

The majority of women in the study knew what abuse was; only one had no precise knowledge of abuse. All the participants were also aware that they were being abused. Knowing the different services available and how to access them, can make a difference for abused women. The collaboration between various helping organisations should be improved so that more effective services can be provided for the abused women. The culture of considering domestic violence as a private family matter, should be changed as partner violence is a serious crime. As well, the accomplishment of educating the public on such matters is also a key component of such efforts.

Ruth claimed: “Yes I am aware of it and the law system is trying its best it’s only that most of the time, sometimes things are not being, cases are not being registered or cases are not being reported at the relevant authorities or sometimes even especially sometimes it can happen that due to the workload people are not reacting on time, which lead again to serious incidents whereby people can be killed, because of maybe the workload or not taking the case serious.” She further shared that: “Yes, domestic violence is really a serious problem in Namibia, and it is increasing on a daily basis. Its again the same thing that I have said that sometimes people maybe are too proud to come forth and they are suffering in silence and sometimes there are also people that are witnessing that this person is being misused or mistreated again the people do not have the power to go and report. Because when you go report the very same people that are in the problem it is not becoming their problem again but it is the third person that is reporting or sometimes is like “why are you interfering in my personal affairs, I did not ask you to play policeman”. You know all those uninformed perceptions that people are having. Sometimes it is again the culture, people in the culture are told that whatever is happening in the house should remain there, don’t speak out, don’t take out your house. And that is also one of the kind of the cultural aspects that are also paralysing the authorities to take action.”

The interviews revealed that the majority of the women were aware of laws available to protect them. Hence, out of 12 women interviewed, five argued that the enforcement of the Domestic Violence Act 4 of 2003 is not sufficient as no criminal charges are imposed on the perpetrators. Four participants reported the Act not to be very active. Another participant claimed that the Act is not implemented.

Esther reported: “I think uh it’s our uh victims that don’t use this constitution to protect us because we don’t speak out or ask for help uhm otherwise we will be protected, but if we don’t ask for help.”

The Domestic Violence Act 4 of 2003 is an expression of the State’s local and international commitments to protect the human rights of women through the elimination of domestic violence, promotion of equality and social progress of women (Usdin et al., 2000). The purpose of this Act is to make legal recourse much more accessible to any victim of domestic abuse. Thus, it aimed to put procedures in place. Several researchers (Amoakohene, 2004; Artz, 1999; Damon, 2003) however found that some victims of abuse are not willing to go to the police for assistance as these offices of the law are deemed to be ineffective or insensitive in dealing with domestic violence incidents.

Martha shared her point of view concerning the domestic violence act: “I heard about the domestic violence act, but I don’t think it is effective. You go to the police to report, go back home and you are beaten again. The police must lock up the man, or give the fine. Men are not even scared of police because they drink together.”

Seven out of the 12 participants did not know about the Namibian Constitution Article 8 that guarantees the rights of respect for human dignity and the upholding of universal human rights. The five participants who knew or heard about the Article, however, said that it is not applied.

The participants reported that the television and radio had exposed them to many issues concerning domestic violence. Two women said they did not know anything about the Domestic Violence Act until the researcher enlightened them.

4.3.11 Domestic violence and Police response

All the women in the study confirmed during the interview that domestic violence is a big problem in Namibia. They further reported that the abuse done towards young and older women are claiming many innocent lives of women in the country. Most of the participant reported that a week hardly passes without incidents of women being killed by their partners stated on the radio, television and in newspapers. Most of these cases are coming a long way, and had been reported many times to the police, but nothing was done.

The majority of the participants reported that the police are not doing enough, if not nothing at all, with regard to domestic violence cases. They further reported that police first want to see that a person is severely injured, then they respond, or otherwise, they tell the one reporting to settle the matter between them.

Deborah stated that: “Enough is not done to address the problem cause looking at the statistics and every time you hear the if it’s not the radio it’s the newspaper, the news like the media really, the domestic violence is just at another level in the country. So it’s not really, I don’t know which channel should be used but it’s not addressed that much”

The Namibian Police (NAMPOL) is responsible for law enforcement. Domestic violence can be reported at any NAMPOL charge office at any time. Police may not be

responding to domestic violence as they would do to housebreak or robbery. Historically the police viewed domestic violence as a family problem that can best be resolved by social interventions. The attitude of several police officers might have changed towards domestic violence, but an individual police officer may still view it as solely a domestic violence problem when responding to calls for assistance. Private initiatives, with the assistance of UNICEF established a more user-friendly process to bring the police in contact with abused women. The Women and Child Protection Centres were established in 1993, the service was later taken over by Ministry of Health and Social Services. The purpose of this centre is to provide a sensitive and integrated response to victims of rape or abuse, including domestic violence and child abuse. Furthermore, at the centres, victims can lay a charge with specially trained police officers, undergo a medical examination, and be referred to a social worker for appropriate intervention (CEDAW, 1993).

Esther claimed: “I don’t, I’m not satisfied with the respond because It’s very slow and from the police side and as I said when a protection order is issued until its served on the abuser there’s a long long time and that the critical part of it where you are threatened and you are exposed and you come to light that is the critical part when you need protection and that part is very slow.”

From the findings of the study, it appears that the necessary structures are in place, from the police side as well as from a legislative perspective. If only women can come to know them and believe in the structures, they might utilise it to the fullest.

4.3.12 Participants' recommendations to combat violence against women

All the women confirmed during the interviews that domestic violence is a big problem in Namibia. The women provided concrete suggestions that could aid in combating the pandemic.

- Women should get an education on the different legislations available to them (domestic violence/ married persons' act) and how to get protection orders.
- The authorities must respond quickly and effectively to protection order applications.
- More prevention programs must be put in place.
- Social workers should come up with more awareness campaigns, and it must be done on different platforms, to address the social norms and attitudes that promote different gender and sexual relationships, starting with children and adolescents, because most of the passion killings are from youth.
- Domestic violence must be part of school curriculum so that children can know from a young age that violence is not good at all.
- Men and women should be educated on how to treat their partners and deal with conflict without violence.
- The government should use electronic and print media to spread the message. Emphasize the private sector to advertise to "stop the violence" on their products, such as alcohol/ beer bottles.
- There must be a firm punishment in place for domestic violence perpetrators.
- Domestic violence must be part of pre-marital counselling sessions.

- Community education aimed at all age groups, men, and women (young and old) and at different levels of society.

4.3.13 Participants' advice to fellow women

The participants in the study shared their advices with other women to avoid any abuse in relationships. The majority of the women would like the young and older women to seek help on time, which means at the beginning of the abuse, find support. Another half of the women advised to end an abusive relationship immediately and to speak out in time. It is about the majority of women who kept silence while being abused for many years. A smaller portion of women advised other women not to get involved with an abuser. Once one sees the man shows elements of abuse, women are advised not to accept the relationship from the start, in that way the women might escape abusive treatment from their partners.

4.4 Discussion and Conclusion

4.4.1 Demographical characteristics

The interview data from the abused women of Tsumeb has made remarkable findings for this study. It was found that there were differences between the attributes of abused women.

The majority of the women were 38 and above. The majority of the women were married, a few in relationships and cohabiting for between five to 21 years, with the average length of the abusive relationship lasting between one year and 16 years. Even though, the abuse was reported to have started at various points for each woman. Some

women were divorced and separated from their partners. The results of this study brought into being that the perpetrators in this present study were identified as the women's former or current partners.

The study found that the majority of the participants had finished secondary education level. The majority of the women interviewed were in full-time employment.

Furthermore, the data reflected a high number of middle-aged couples with prolonged episodes of violence. The reason for this is not apparent, but it can perhaps have something to do with the formation of romantic bonding within the length of the relationship. It is thought that the longer a woman remains in a violent relationship, they become more attached in that relationship and may consider that the abuse is not avoidable due to the emotional bonding developed between themselves and their partners.

4.4.2 Descriptive findings

The following in Table 3 is a summary of the critical findings of the study on the prevalence of domestic violence according to the type of violence, weapons used and domestic violence cases.

Table 3: The summary of descriptive findings

Characteristic	Frequency (out of 12 women)	Description
Types of abuse		

Psychological/ Emotional	12	Name calling/ accusation/ threat/ criticism
Physical	12	Slapping/ kicking/ punching/ choking/ burning
Sexual	2	Forced sexual intercourse (marital rape)
Types of weapon used		
Unarmed	10	Hands/ fists/ feet
Armed	2	Knife/ broomstick
Factors contributing to domestic violence		
Love affair	5	Relationship with another woman
Alcohol abuse	2	Alcohol drinking habits
Inferiority complex	2	Exaggerated inferiority
Misunderstandings	2	Arguments/ family
Anger	1	Hot-tempered

The table above shows that all of the women interviewed reported that they were abused physically and psychologically by their partners. Some of them were also sexually abused, or in other words, raped by their partners. In some cases, weapons such as a knife and broomstick were used during the mistreating. The study found that the

contributing factors to physical violence had varied from extramarital affairs, alcohol abuse, inferiority complex to misunderstandings and anger.

The findings of the study confirmed that most of the participants in the study experienced at least one form of abuse. The violence reported included physical, emotional and sexual. The most interesting finding was that all participants in the study had reported physical and emotional abuse, one can conclude that these two types of abuse are closely associated. On the other hand, even though the women reported sexual violence, the researcher encountered difficulties in discussing the issue due to the barrier of culture in the society. Further, these women appeared to be uncomfortable for a lengthy talk regarding this matter.

The study found that domestic violence starts at different stages of different relationships. Some start at the beginning and other later and escalates and worsens over time. The abuse starts with small damages and then escalates to more severe injuries. Thus, the effects of domestic violence on the women's physical health can be seen in short-term and long-term damage. It is thought that minor injuries usually can heal by themselves within a short period. Therefore, many women do not necessitate the disclosure of the abuse as they believe that it may make the situation worse.

However, most of the participants reported that the decision of disclosing partner violence was because of the severe violence perpetrated by the abuser. Regardless of the duration, they remain in that abusive relationship.

Concerning the factors that contribute to domestic violence in the women's relationships, this study found that the women concur with their partner's affair with other women as a reason for physical violence. It was evident that all women in the study had reported being abused in several forms of violence due to arguments, disputes, and disapproval over their husband's extramarital affairs. Boo (2010) found in a study in Malaysia that 53 % of the first wives reported that their multi-marriage circumstances had increased the incidents of domestic violence.

This study further found that partner's alcohol abuse was significantly associated with domestic violence occurrences. These findings seem to be consistent with another research by Povey et al. (2009) that in 38 % of domestic violence perpetrators were under the influence of alcohol, whereas another 11 % were under the influence of drugs during the violent incidents. Similarly, Lee (2007) found that drinking habits significantly impacted the type and level of domestic violence committed.

Concerning misunderstandings, inferiority complex and anger were linked to psychological and personality disorders. Regardless of any factors that may cause the husband to feel agitated, angry or annoyed, it is believed that there are always other ways to deal with it other than violence.

The impacts of abuse ranged from physical to psychological and emotional dimensions. The study found that most women admitted that they have faced stressful experiences and have been traumatised by the abuse. Abused women who participated in this study narrated how the violence affected them not only physically but also emotionally and psychologically.

The study further found that the women tried to endure their partner's abuse for an extended period. It is believed that emotional disturbance is associated with the exposure to domestic violence. The same effects have been raised in many other studies such as Ellsberg et al. (2008), Dorahy et al. (2007) as well as Phillips et al. (2006). Further, the investigation revealed that there were feelings of despair, fear, stress as well as suicidal thoughts. These results seem to be in line with other research. A study by Dorahy et al also pointed out that victims of domestic violence in a Northern Ireland sample had displayed higher levels of psychological distress as compared to non-abused women in a corresponding group (Dorahy et al., 2007).

Many factors may explain this correlation between domestic violence and mental health issues. Domestic violence is culturally perceived as a 'private matter' in the Tsumeb society. So, women are expected to keep their relationship issues within the family. The disclosure of abuse may lead to shame as well as to feelings of embarrassment. Hence, these feelings and emotional reactions are concealed and eventually may contribute to PTSD symptoms as well as depressive episodes in the women's lives.

Many of the women in this study were reported to be disconnected from their social networks and therefore might receive less support from their families and or friends, because of the isolation. Abusive behaviours such as constant criticisms, humiliation, belittling, and name calling were deliberately used to weaken the women's confidence, which leads to the women believing that they themselves are worthless.

The abusive partner may as well have used intimidation and threats in order to control and manipulate the victim. In this study, domestic violence experiences were found to

cause harmful effects on the women's self-hood. Many participants in the study considered that their sense of identity changed due to the exposure to violent experiences in the relationships. Another substantial finding was the feelings of low self-esteem, as well as lack of self-worth of the women. Those women had reported feeling embarrassed and undignified. Damage to the women's sense of self in this study corroborates these earlier findings of Hague and Mullender (2006) through their qualitative interviews with abused women.

In this study, the women reported suffering long-term effects on their physical health due to domestic violence. These problems included back pain, stomach ulcers, and permanent external body scars. Furthermore, permanent damages due to extreme violence, such as losing front teeth, were reported.

Apart from discovering instant injuries reported by these women, the effects of domestic violence can occur even after the abuse had ended. It is believed that long-term consequences of abuse may lead to the limitation of physical functioning of the women. The literature reported a strong relationship between violence against women and the risk of physical health problems (Dutton et al., 2003; Campbell et al., 2004).

The results highlighted that many women remain silent in abusive relationships. They keep the violent incidents unreported. It was identified that there were barriers that hinder abused women to disclose their violent relationships.

The list of barriers ranged from shame and self-blame, private family matters, social stigma, fear of retaliation of partner; the victims thought they were loved and disciplined by their partners and for the sake of the children.

By standard norms, as the society generally perceives it, it is expected that women should keep marriage and the family unit together. Women are more likely to be blamed as incompetent or 'not a good wife' if the family structure is ruined. Therefore, women do not disclose abuse due to these cultural values.

The study found that some women reported the violent incidents to the police. Further results showed that although various professional resources were available, some of the abused women chose to seek informal support such as the family as an alternative approach to deal with their problems.

It is believed that the cultural perspective regarding domestic violence in Tsumeb has contributed to low awareness among the community members. This result may be related to it being a 'private matter' as perceived by the people concerning domestic violence.

Although domestic violence has been considered as a social problem, the context of the crime is within the family domain. Therefore, many people have assumed that couples should settle arguments, disputes, and conflicts among intimate partners. These data must be interpreted with caution because the cases reported by the women in the study cannot be generalised to all domestic violence victims within Tsumeb.

The feelings of guilt and self-blame are commonly experienced by women living in a domestic violence relationship. Some participants described their experience of being abused as justified. The women also believed that they were partly responsible for provoking as well as challenging the partner's ego.

Literature revealed that feeling guilty is a self-destructive expression with an inner clash inside an individual (Hansen & Elklit, 2004). Self-blame is described as one of the characteristics of a victim of domestic violence (Davhana-Maselesele, 2011; Randa, 2005; New Jersey Division of Criminal Justice, 2003). It is also used as a coping strategy in the abusive relationships (Davhana-Maselesele, 2011; Che Din et al., 2010). In a domestic violence sermon in Washington, self-blame has been considered as the most significant barrier to seek help for abused victims (Bochonok, 2001). The findings of the current study are consistent with those of Randa (2005), who concluded that self-blame attributions were commonly found among battered women as well as rape victims in North Carolina.

There are various potential explanations for this result. Firstly, the women's depressive symptoms may have influenced this 'distorted thinking' of blaming themselves for causing their partner's violence. Secondly, the adverse effects found on the women's sense of self-esteem and their self-worthiness is associated with the feelings of self-blame and guilt. It is a widely held view that abused women are emotionally attached to their partner and developed contrary affections towards family members, friends, and neighbours. It is generally assumed that women who are generally exposed to abuse for a long time, find it difficult to escape the situation, let alone to press charges and

prosecute the abuser. As Gartner and Macmillan (1995) state: “The more intimate the relationship between a victim of violence and her offender, the less likely the criminal justice system will learn about the violence” (p.398). Therefore, many domestic violence victims attempt to relate the feelings of guilt and self-blaming as a barrier that inhibits their disclosure of violent incidents to others.

It was discovered that the reasons why women did not report domestic violence were intertwined with the cultural perceptions within society, and the women's judgement as to their roles as wives.

The experience of domestic violence is alleged to affect children negatively, therefore may also be directly and indirectly abuse children when they witness such behaviour. Therefore, child abuse among families with domestic violence issues are a common subject and it became evident that many of these children have behavioural problems.

During the interviews, the researcher acknowledged the women's intense feelings of parental responsibility towards their children. The norms and values instilled in the communities have made the abused women believe that the children's interests should be put above all other matters.

It is thought that the women in the study had profound hope to keep the family united. They were also hoping the abusers will change and they may ‘work it out’ especially for the sake of the children. It is for these reasons that the women decided to stay silent about their violence experiences in order not to be stigmatised by the community.

The findings in the study showed that protecting the children's interests forms part of the barriers that inhibit the abused women from disclosing abuse. The study found that women believed that it is imperative to have a father figure in the family regardless of the violent situation in that relationship.

The results of this study show that the children's safety and well being was a central concern to many abused women because they felt guilty about putting their children through these situations.

The findings of the study indicated that the participants knew what abuse was and they were aware that they are abused. Majority of the participants knew about services available, such as social workers and the police (WACPU). Knowing the various services available and how accessible they are, can make a difference for abused women. The various helping organisations should cooperate in order to offer more effective service for the abused women. The study also found that the participants argued that the enforcement of the Domestic Violence Act is not sufficient as no criminal penalties are imposed on their male partners. Therefore, some victims of abuse are reluctant to approach the police. Most of the women in the study did not know about the Namibian Constitution Article 8 that guarantees the rights of respect for human dignity and the upholding of universal human rights.

A potential explanation for this might be that the community is ignorant to the facts and knowledge about domestic violence because even though violence against women is classified as a nation's social problem, the encouragement of feminist accepting thought

within this dominant male society is undoubtedly problematic. These shortcomings may cause women's issues to receive less attention from social policy makers.

Therefore, accurate information and awareness on abuse and the legal resources might enable women to utilise official services and subsequently build up their confidence concerning help-seeking. The professionals should also be knowledgeable, empathic and sensitive towards the women's needs in order to cope with domestic violence issues confidentially and more effectively.

Further, it is believed that the reassurance about the provision of support systems for the abused women is paramount. Based on the interviews conducted, women reported encountering unpleasant experiences when they try to get help from the police.

Regrettably, the kind of experiences may lead to low levels of reporting domestic violence and as well may obstruct the women from seeking assistance in due course.

The results from the study indicated that some of the abused women had lost their faith in the police due to their negative experiences when seeking assistance. Besides, many of the interviewees states their disappointment as well as frustration because what they have experienced was not what is expected from the police. As a result, the abused women may consider not contacting the police in the future when they are in need of help, and that this circumstance may lead to abused women not to disclose domestic violence.

Insufficient knowledge and the influence of cultural perceptions on domestic violence appear to be among the contributing factors to the police' poor response in handling

violent relationship cases. It was evident in this study that some police officers mediate for the couple to reconcile and do not take a statement from the victim because they regard domestic violence as a private marital affair.

There are similarities between the attitudes expressed by the police in this study and those described by Dunlop et al. (2005) and Senturia et al. (2000). For example, Dunlop et al. (2005) in their study on older women's understanding toward domestic violence issues concluded that respondents described negative feelings regarding police responses, explicitly concerning insensitivity shown by officers as well as the ignorance of competently dealing with the victims of domestic violence. Meanwhile, Senturia et al. (2000) found that some participants recruited in their study from eight ethnic minority communities in the United States reported being dissatisfied with the police treatment during the help-seeking process as the women's pleas for help were often ignored.

The reason for this is not apparent, but it can be caused by professional incompetence linked with the mishandling of domestic abuse cases. In order to address the officer's poor performance in most cases, the specialisation, as well as the expertise are crucial to improve the services. Not only in the sensitivity case of victims, but professionals are also advised to be aware of domestic violence cases involving issues of substance abuse, mental health problems, abuse of children, polygamy and so on. Despite everything, the role of the professional is inherently broad. Apart from serving as a mediator, they should also be good listeners. Therefore, the professionals should not impose their values and beliefs on cases of domestic abuse.

In addition to the unpleasant experiences when accessing the services, the women also claimed to face many procedural issues to their help-seeking attempts with the formal supportive networks. For example, if the victim has to apply for a protection order, she must go to the court to complete the application and they take time to process the protection order. Common practice demonstrates that the police usually work towards mediation to reconcile the couple as domestic violence cases are culturally perceived as the issue of marital discord. The victim has the right to press charges on the abuser providing they submit relevant evidence such as medical reports.

The issues mentioned by the women in the study reflected the necessity of reviewing the current services of legal remedies to domestic violence nationwide. Nonetheless, Currently, there are specific standard procedures as well as standard practices to handle domestic abuse cases in Namibia. Disputes over the effectiveness of the services usually may occur if the clients are not well informed about the procedures of those resources. On the other hand, the Police and Welfare Department were maybe also bound within their limitations. It is a usual practice to handle domestic violence cases along with several agencies involved, and this may influence the effectiveness of the service delivery. Based on the women's accounts, the researcher believes that the difficulties and impediments in the procedures faced by abused women during the reporting of partner violence should be minimised for future service enhancements in Tsumeb.

The interview method utilised appeared to be a successful strategy in collecting the qualitative data presented in this study. Employing this method, the researcher was able to draw together suggestions and recommendations from the women's perspective.

The participants emphasised the need to improve on the effectiveness of protection orders as well as the authorities must respond quickly and effectively to protection orders applications. A stiff punishment must be implemented for domestic violence perpetrators.

Women suggested that they should get an adequate education on the different legal acts such as the Domestic Violence and the Married Persons' Act and the procedure to apply for protection orders. Further, Men and women should be educated on how to treat their partners and deal with conflicts without violence. Domestic violence must be part of pre-marital counselling sessions.

Part of the recommendations was that more prevention programs must be put in place. Social workers should come up with more awareness campaigns. This should be done on different platforms, to address the social norms and attitudes that promote different gender and sexual relationships, starting with children and adolescents, because most of the crimes of passion are committed by the youth.

In order to implement these recommendations successfully, effort and courage at all levels of people within society is needed, from the government to women in particular.

To overcome domestic violence problems, a partnership between various types of resources, namely socio-legal provision, health care services, emotional support is needed. Hence, effective collaboration and networking among these service providers are recommended in order to offer consistent, hassle-free procedural pathways for battered women. This finding has important implications for strengthening written

protocols about related procedures and specific guidelines for helping victims of domestic violence during their help-seeking process.

4.5 Conclusion

This study has investigated the perception of abused women in Tsumeb regarding their experience of living in domestic violence relationships and the contributing factors thereof. This investigation aimed to assess the participants' experiences of violence particularly regarding the possible causes, impacts and the barriers of disclosing abuse. The study found that the impacts of domestic violence on abused women ranged from physical harm to isolation and emotional disturbance.

Undoubtedly, the damage wrought by this social problem against women go beyond themselves, and the most affected individual may be those children growing up in abusive homes. The exposure of children to domestic violence, stated by some authors as the 'witnessing' of the assaults, involves seeing physical injuries, broken furniture as well as overhearing arguments (Cunningham & Baker, 2004; Mullender, Hague, Iman, Kelly, Malos & Regan, 2002). The results also found a link that existed between domestic violence and a detrimental impact on women's self-identity (Crawford et al., 2009; Hague & Mullender, 2006; Pilar Matud, 2005). These negative effects observed are the result of domestic violence. They include lack of confidence, a reduced sense of self-worth as well as lower self-esteem among the victims. Therefore, based on the evidence revealed, it can be concluded that domestic violence in relationships are caused by different factors and frequently contribute to several forms of adverse outcomes in the victims as well as to their children.

The results and discussions of the data collected were presented in this chapter. The causes of violence against women were identified and themed as misunderstandings, alcohol, inferiority complex, extramarital affairs, and anger. Despite the study purpose, which was to explore the possible contributing factors of violence against women in Tsumeb, the researcher went beyond the study purpose to get fully detailed information about domestic violence. Therefore, the effects of domestic violence, the experiences and the feelings of the participants were looked into. The study also investigated the legal service provision system. In the end, the participants' views with regards to violence prevention in Tsumeb were also discussed during the data collection of the study.

The following chapter focuses on the conclusions, the limitations of the study and recommendations for practical implementation and future research.

CHAPTER FIVE

5. CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the research recommendations and limitations as well as the overview of this investigation. This chapter also details the outcomes of the research concerning its significance for practice and the strengthening of social policy pertinent to violence against women in Namibia. Subsequently, the following section addresses the suggestions for future research. The concluding remarks are also presented in the closing section of this dissertation.

5.2 Summary of the study

The study presented an exploration of the possible factors contributing to domestic violence in Tsumeb. Twelve women were interviewed, and their reports were analysed qualitatively to uncover their experiences of domestic violence in the context of their lives. This study, guided by principles of qualitative research, aimed to identify the themes demonstrating the possible causes, impacts, the obstacles of disclosing of violence, as well as the underlying issues about domestic violence resources in Tsumeb.

While Western studies on domestic violence experiences among women are extensive, knowledge about Tsumeb, Namibia's literature is sparse. The contribution of this research is in its exploration of domestic violence that includes knowledge and awareness of women in the study and the responses of the law enforcement when victims report domestic violence within the Tsumeb society. Moreover, the approach of

qualitative interviews employed in the study enabled the researcher to better understand the views of abused women in a more understandable manner as well as to allowed for flexibility within the interview structure.

The results of this investigation show that extramarital affairs, alcohol misuse, inferiority complex, anger and misunderstandings were factors that contributed to violence against women in Tsumeb. Additionally, employed women are often regarded as competition by their partners. Thus, the participants' level of education combined with employment status equipped them with all necessary information and power to act timely when in an abusive situation. The only limitation with the women described above is that they are still subjected to cultural norms and other factors that might hinder them to act on time. Further, the impacts of domestic violence include a weakening of mental health well-being, physical injury as well as the social isolation of the victims.

Further, one of the significant findings from the study is that domestic violence not only affects victims but also imposes adverse effects on their children witnessing the violence against their mothers. This study has found that there were several reasons why women in Tsumeb were reluctant to disclose and seek external assistance. These findings suggest that barriers to cultural beliefs and values and the silence of women while abused also played an essential role in influencing the women's decisions.

The evidence from this study recommends that bureaucratic responses and administrative structures need to be improved in order for the professionals to deliver the services more efficiently. These results suggest that educating the community, especially women, as well as establishing a specific guideline is among the various strategic plans

proposed in the study. These findings enhance the understanding of the women of Tsumeb who experienced domestic violence and subsequently add to the growing body of literature in Namibia about this particular subject matter.

In conclusion, it can be said that this research came up with many questions in need of further investigation. It would be interesting to assess the perpetrator's point of view relevant to domestic violence, and future research might explore the efficiency of intervention programmes in the current situation, align with such programmes with the customs of its people. A reasonable approach to tackle the domestic violence issue in Namibia could be through the strengthening of social policy development as well as involving education and information to address issues of violence against women.

5.3 Limitations of the study

This study was only conducted in Tsumeb; thus findings cannot be generalised. Tsumeb has a population of nearly 33, 250 residents, considering the sample of twelve women which was designed for the present study; it is not enough to represent Tsumeb as a whole. Even though the findings might not be generalised to the population, this small-scale qualitative study certainly offers a better understanding of abused women's experiences in Namibia, about the causes of it, the impacts on women and children and the disclosure of domestic violence. Another challenge was that victims of domestic violence were reluctant to take part in the study as they were scared that the information will reach their partners. Nevertheless, they were reassured of confidentiality as part of the research ethics. There were a small number of women from the social workers' case registry who were willing to participate in the study. Therefore, the researcher recruited

women from another welfare organisation. Many cautions need to be noted regarding this research. The most critical limitation lies in the fact that abused women are not easily recruited, and it is a prevailing attitude within society that marital affairs should be treated as a private issue. On this basis, with small sample size, caution must be applied, as the findings might not be transferable to all domestic violence victims and survivors in Tsumeb.

Participants did not want to be audio recorded as they were scared their voices will be recognised. In the Tsumeb society, sensitive issues such as marriage disputes and abusive relationships are not commonly brought into the open discussion. However, as an alternative, the researcher took detailed and narrative notes during the interviews.

Another potential limitation of the study was that some women had been concerned that they would recall bad memories, hence the researcher had a referral ready for professional help if required.

Furthermore, this study was the researcher's first independent attempt. The researcher had no experience in conducting research and producing an academic paper of such a large size. However, the researcher worked hand in hand with the experienced supervisors to develop expertise. Further, the researcher learnt many things concerning research, gender-based violence and domestic violence. The researcher also learnt that as a researcher, one has to be flexible with everything and be patient, as ones' plans at times might go a different route. For example, the researcher had to recruit participants from another organisation as the initial ones withdrew from participating in the study.

5.4 Recommendations

Even though domestic violence continues to be a disturbing concern worldwide and in Namibia, there is a potential for prevention interventions. Knowing the contributing factors of physical violence against women in Tsumeb is a stepping stone for creating precautionary intervention programs. Victims' views with regards to domestic violence prevention in Tsumeb are the key aspects that need to be considered when planning for the prevention interventions and programs.

5.4.1 Recommendations for policy makers

Namibia has regarded violence against women as one of the national social problems since 1992 under the ratification of the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (GRN, 1993). Alongside the patriarchal system maintained within society, male dominance as a tradition is widely practised especially concerning marriage and family matters. Even after 28 years of independence, women's rights and inequality issues are still controversial in the Namibian society. The findings of this study have many essential suggestions for both government and non-governmental organisations who work with domestic violence victims in Namibia.

Firstly, serious attention needs to be given to law enforcement regarding domestic violence. In order to reduce and prevent the problem, the laws must be strengthened. The strengthened regulations in social and policy-making should produce positive changes regarding domestic violence developments within the nation.

Secondly, the findings of this study highlighted that the police do not take legal action against the offender of domestic violence, such as interrogate or arrest them, in many circumstances. The police officers dealing with domestic violence should go through specific training on how to handle domestic violence cases.

Similarly, the accounts from the abused women mostly identified that the police have been insensitive, unsympathetic and do not share information when the women reported the abuse incidents. Police should be sensitised on the sensitivity of domestic violence. In fact, in the few cases reported in the study, the police have instead classified the case of domestic violence as a family matter, and it has not been treated as a criminal offence. Therefore, it is recommended that domestic and family violence legislation, should be enforced to ensure improvements regarding prosecution of domestic violence cases in Namibia.

The policy makers should also outline updated, standardised guidelines or written protocols and policies about domestic violence with the purpose of disseminating specific domestic violence procedures to all related organisations that have direct or indirect involvement with cases of domestic violence. These would include for instance the police, healthcare workers and social workers, cultural chiefs and regional councillors, community based welfare organisations . These forefront workers carry the vital responsibility of ensuring the safety of the victims as well as guiding them to further appropriate services according to the victim's needs. Therefore, the generic protocols function as a practical tool to help the professionals respond and effectively intervene in each domestic violence case within their respective authorities.

Conclusions about this study indicate that women had experienced unpleasant situations when accessing the police services and faced many procedural issues about their help-seeking attempts. Mainly problems regarding extensive periods waiting to apply for protection orders and for it to be implemented, lack of enforcement, and bureaucracy are matters that need to be addressed and overcome literally in order to help abused women to receive quality services. The application for protection orders and the implementation thereof should be handled as soon as possible.

Finally, a reasonable approach to tackle domestic violence issues could be to draw more attention to it from all levels within society.

5.4.2 Recommendations for professional practice

The organisations (i.e. governmental and non-governmental) should be established in Tsumeb that provide a full range of appropriate services to victims of domestic violence. The services should include counselling-based interventions, for example, individual counselling, family and marriage counselling as well as crisis counselling. Besides, such services should focus on emergency responses that involve a healthcare team (medical aspect), social care professionals (psychological support and safe accommodation options) and legal experts including the police force for legal aid provisions. Regarding the availability of the resources, equal distribution of service centre locations should be planned strategically to facilitate access for women especially in small towns and rural areas. More importantly, organisations which are involved with domestic violence cases should establish effective networking along with the exchange of information to develop

systematic coordination arrangements particularly with regard to confidential referrals and follow up support.

Secondly, professionals who work with domestic violence victims should be equipped with more extensive knowledge relating to domestic violence nationally through trainings. The professionals should also be acquainted with domestic violence information including policy reviews and legislative changes. They should be trained with communication specialized skills over and above then basic training. They should also attend training and cross-training between organisations that dealt with domestic violence for knowledge development on a periodic basis. These strategies will improve human capital competency among the professionals in order to more effectively advocate for victims of domestic violence.

Thirdly, the use of early interventions such as a domestic violence screening test and mandatory reporting following the screening at primary health care settings cannot be ruled out. The implementation of routine screening for domestic violence in primary health care settings will help to detect a history of domestic violence among women and identify women who are at risk of domestic violence. After the screening, mandatory reporting, as well as referral to appropriate resources, should be made to prevent the dangerous consequences for the women who are subject to domestic violence. In parallel, psychological support systems must also be available to resolve any possible causes of distress or concern that arise following the screening. In the Namibian context, it is vital to establish informed service provisions networking before the implementation

of routine screening for domestic violence to all primary health care providers in the country.

Public campaigns which aim to increase community awareness of this social problem, as well as disseminating knowledge about violence against women to the general public, particularly to women, will help to eliminate the cultural stigma experienced by victims of violence. It will hopefully subsequently also change the social attitudes of the general public regarding domestic violence in the country. Over and above this, existing domestic violence resources available in the country should be empowered and improved in order to benefit the service providers and create facilities for battered women.

Finally, rehabilitation and treatment programmes for the perpetrators should be developed. As noted from the accounts of some women, substance abuse problems and behavioural issues were reported as part of the factors that contribute to the violence within their relationships. This proposed programme requires effective coordination between the court system and other service providers such as the Social Welfare Department and the police authorities. Inter-Agency collaboration with the Alcohol Anonymous, for example, will establish good practices and allow various kinds of interventions to take place within the programme. Nonetheless, despite focusing on providing rehabilitation for the offenders, the programme should also mainly remain accountable for the safety of the victims and their children.

5.4.3 Recommendations for Future Research

Further research on domestic violence should be undertaken to gain greater insight into how to break this cycle of violence. The other issues regarding domestic violence that could be researched may involve the profile of the abused woman; the profile of the perpetrator; the effect of domestic violence on children; and the role of the police. The count system, the effectiveness of the acts

As derived from the findings and the issues raised in the course of the study, the following suggestions are outlined for future research:

1. The replication of this study is proposed with a more significant number of participants from the abused women population to enhance the credibility of the data.
2. Upcoming research could further explore issues such as battered women parenting and male perceptions of domestic violence within the Namibian context.
3. Mixed method approaches are suggested for future studies, namely triangulation research focusing on different types of data collection methods and dimensional analysis. Such a study would benefit from data diversity to better understand the perpetrator's violent behaviour and subsequently propose effective intervention strategies for combating the domestic violence problem.
4. This study confirmed that domestic violence does exist among women of Tsumeb. Therefore, additional research that focuses on the socio-cultural variables such as ethnic groupings, religious beliefs as well as other crucial

information related to the unique characteristics of the community needs to be taken into account in order to provide helpful insights into the country's profile of domestic violence.

5. The culture urgently needs serious research in order to design appropriate therapies and intervention programmes for domestic violence which align themselves with the customs of its people. By establishing such mechanisms, issues in respect to social, psychological and health problems may effectively be resolved.

Ultimately, research on domestic violence should be viewed as a high priority to attempt to break the cycle of domestic violence in Namibia.

5.5 Concluding Remarks

This study has investigated the possible factors that contribute to physical violence against women in Tsumeb. Returning to the research objectives presented at the beginning of this study, it is now possible to state that the following are contributing factors to physical violence and they are; extramarital affairs, alcohol abuse, misunderstandings, inferiority complex and anger. Further, the impacts of domestic violence include physical injuries, mental health problems, social exclusion, erosion of self-identity and self-esteem as well as having adverse effects on the children witnessing violence. The second significant finding was that many barriers inhibit abused women from disclosing the abuse. The study has found that generally violence disclosure was discouraged by the cultural belief of concealing their marriage and family matters at all cost, by thoughts of safeguarding the children's interests, by feelings of self-blame and

guilt. It was also shown in the study that the women identified significant issues about the effectiveness of the police service when it comes to domestic violence. Firstly, the unpleasant experiences when the women access the services and the battle of overcoming the procedural troubles during the help-seeking process.

The evidence from this study highlighted the value of research that provides an opportunity for abused women to express their feelings as well as share their stories. The purpose of this is to help people understand their experiences better and to make a difference in other women's lives.

The findings of this study add to a growing body of literature on abused women in Namibia. It is clear from this research that the context of culture and beliefs among the Namibian society play an important role in determining how these women perceived their experiences of violence, as well as the challenges they are facing pertinent to this matter. However, with a relatively small sample size, caution must be applied, as the findings may not be transferable to the general population of domestic violence victims in the country. As a final remark, it is paramount to integrate intervention strategies, increase public awareness and strengthening of the national policy structures with the aim of preventing and combating domestic violence in the Namibian society.

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APPENDIX A

Exploring the factors that contribute to physical violence against women in Tsumeb, Namibia.

SEMI-STRUCTURED INTERVIEW GUIDE

1. Tell me about yourself (age, marital status, children, family, school, work) ...
2. When you hear the term/word abuse, what does it mean to you?
3. Was there ever a time in your life that you experienced any form of abuse? Based on your answer to the previous question, would you say there was a time you experienced abuse and how was this abuse done/committed against you/to you.
4. During this period of abuse, were you aware that you were being abused and that it was wrong?
5. Was there ever a time you wanted it to stop and for how long did it go on before you took action?
6. How would you say this abuse affected you physically?
7. How would you say this abuse affected you mentally?
8. This abuse towards you was done in a love relationship, do you remember the first time it happened and what triggered your partner?
9. During the time the relationship continued, how would you say you experienced the abuse, taking into to account whether it increased or decreased?
10. During the time that you were in this abusive relationship, was there ever a time you defended yourself? In what way(s) did you defend yourself?
11. We believe that this abuse could have impacted on your self-esteem/confidence, could please share how this was for you?

12. Was there ever a time during the time you experienced this abuse, that you sort for help and how was this/how did you do this?
13. Was there ever a time (your children, if any) have witnessed this abuse and how did this impact on you/make you feel?
14. Have you ever heard of /read the Namibian Constitution?
15. According to Article 8 in the Namibian Constitution, it guarantees the rights of respect for human dignity and the upholding of universal human rights, would you say this Article is being applied/ working in Namibia?
16. How would you say it is being applied, give examples?
17. Should you be of the opinion it's not working in Namibian, please give examples?
18. Our country has Acts and Laws against domestic violence and punishments thereof, are you aware of them and would you say they are working effectively? Can you tell how you are experiencing the use and implementation of this Acts and Laws?
19. Would you say domestic violence is one of the biggest problems in Namibia today? Are you of the opinion that enough is being done to address this problem or do you think more could/should be done?
20. Do you have any suggestions things that could be done to address this problem?
21. As a person who has experienced abuse, where you ever involved with the legal justice system and are you happy with the way they respond to reports on domestic violence?

Closing:

22. What are your future goals and did this experience affect your plans you had for your future?
23. What would you tell women who are in abusive relationships or to any young girls growing up?

APPENDIX B

Informed and Voluntary Consent Letter

Title of Study:

An exploration of the factors contributing to physical violence against women in Tsumeb, Namibia.

Investigator: Belinda Selebano Cell: 0814688199

Purpose of the Study:

The purpose of this study is *“To explore the factors that contribute to physical violence against women in Tsumeb, Namibia”*.

Procedures

As a research participant you will be asked to participate in an individual interview to be conducted at a location that is convenient to you. It is anticipated that this interview will take approximately 1 hour to complete.

Digital recording

As a research participant your permission is required to record your voice. The voice recording will allow the researcher to pay attention to what is said. The recordings will be kept safely in a lockable cabinet in the researcher’s office and will be deleted and destroyed as soon as the study is finalised.

.....
PARTICIPANT

.....
DATE

Risks and Benefits

The potential risks to participating in this study are some level of discomfort at answering personal questions. The potential benefits to participation could be that your views and recommendations on domestic violence will be published and this may create awareness and empower victims with skills to deal with domestic violence.

Confidentiality/ Anonymity

The information you will give in this research shall be used for the research purpose only and your name will not be published to ensure that the information given remains confidential and anonymous. All digital recordings will be deleted and destroyed at the conclusion of the research project.

Voluntary Participation

Participation in this study is strictly voluntary and you may refuse to participate in this research at any time, without any negative repercussion.

In the event that you have any questions about the study, please do not hesitate to contact:

1. Belinda Selebano at Cell number +264(0) 814688199 or via email at bselebano@yahoo.com
2. Professor John Matthews at John.Matthews264@gmail.com
3. Mr. Ndumba Kamwanyah at Cell number +264(0) 816616861 or via email at nkamwanyah@unam.na

If you are willing to take part in this study, please sign:

Participant Name: _____

Signature: _____

Phone number: _____

Date: _____

APPENDIX C

University of Namibia, Private Bag 13301, Windhoek, Namibia
340 Mandume Ndemutayo Avenue, Pioneerspark
☎ +264 61 206 3111 - URL - <http://www.unam.edu.na>



16 November 2017

The Research Supervisor: **Prof J Matthews**
Department of Social Work
Faculty of Humanities and Social Sciences
University of Namibia
Windhoek

Dear Prof Matthews

Re: Ethical Clearance for Research Project of MA Student Belinda Lazzanna Selebano (201000024)

It is with great pleasure that the Faculty of Humanities and Social Sciences' Research and Publications Committee wants to inform you that your student's ethical clearance for the research project titled "**An exploration of the factors contributing to violence against women in Tsumeb, Namibia**" has been granted by the Faculty.

The details of this study that Ms Belinda Selebano intends to do have been reviewed during an ethics meeting on 13 October 2017.

The FHSS FRPC wishes you and Ms Selebano all the best with this noble project.

Kindly,

A handwritten signature in black ink, consisting of a large, stylized initial 'J' followed by a horizontal line extending to the right.

Dr M Janik
Chairperson: FHSS FRPC
University of Namibia
mjanik@unam.na

**REPUBLIC OF NAMIBIA***Ministry of Health and Social Services*

Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
Windhoek

Tel: 061 - 2032150
Fax: 061 - 222558
Email: shimenghipangelwa71@gmail.com

OFFICE OF THE PERMANENT SECRETARY

Ref: 17/3/3 BS
Enquiries: Mr. J. Nghipangelwa

Date: 20 December 2017

Ms. Belinda Selebano
University of Namibia
Windhoek

Dear Ms. Selebano

RE: An exploration on the factors contributing to physical violence against women in Tsumeb, Namibia.

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
 - 3.1 The data to be collected must only be used for academic purposes;
 - 3.2 No other data should be collected other than the data stated in the proposal;
 - 3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects' should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;
 - 3.4 A quarterly report to be submitted to the Ministry's Research Unit;

3.5 Preliminary findings to be submitted upon completion of the study;

3.6 Final report to be submitted upon completion of the study;

3.7 Separate permission should be sought from the Ministry of Health and Social Services for the publication of the findings.

Yours sincerely,

Masabane
Ms. P Masabane
Acting Permanent Secretary



"Your Health Our Concern"